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Special Topic: Translation and Global Communication of Traditional Chinese Medicine: Historical and Contemporary Perspectives

Guest Editors-in-Chief

WANG Yinquan（王银泉）



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About the Special Topic

The globalization of TCM has sparked interest in its education, practice, and partnerships beyond China's borders. Throughout history and into the present, TCM's journey across cultures highlights its adaptability and integration into diverse medical landscapes worldwide. TCM concepts and practices are embraced, adapted, and integrated into various cultural contexts, fostering mutual understanding and collaboration. Amid the global COVID-19 pandemic, TCM has made unique contributions in prevention, treatment, and recovery. However, challenges persist across different fronts: accurately translating ancient texts into modern languages and developing strategies for translating TCM terminology to bridge linguistic and cultural gaps, enhancing international cooperation and initiatives in TCM education, research, and practice, as well as ensuring clarity and consistency in sharing centuries-old knowledge with a global audience, etc. It is crucial to thoroughly explore how TCM is understood, translated, and practiced from both historical and contemporary viewpoints. The special topic explores diverse aspects of TCM through the lens of translation, cross-cultural communication, and international cooperation.

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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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OPEN

Yin and Yang: As Described by a German Sinologist in the Early Twentieth Century

Yemeng Chen (陈业孟)[1,✉]

1 Introduction

Yin-yang (阴阳) theory is an important concept which has influenced China spanning over two thousand years, especially in the practice of traditional Chinese medicine (TCM). Yin-yang is now depicted as the well-known symbol of Chinese wisdom. The theory basically refers to the interdependent unity of opposites between two fundamental attributes. Its origins can be traced back to ancient observations of natural phenomena which subsequently developed into a fundamental principle underlying the composition and evolution of the universe. Its development began with descriptions of natural phenomena, and then led to the concept of yin and yang, which was used to explain the formation and evolution of the universe. Ultimately, it influenced numerous fields, such as TCM, forming a comprehensive cosmological perspective and methodology.

Dating back to the 17th century, the yin-yang concept was introduced to the Western society by Michael Boym (卜弥格, 1612–1659), a Polish Jesuit missionary who came to China, published several books about TCM, and also introduced the yin-yang concept.[1,2] Since then, many sinologists have continued to study the Chinese philosophies. This paper aims to introduce Alfred Forke (1867–1944), a German sinologist in the early 20th century, who described the yin-yang theory in English to the Western world.

Alfred Forke was a prominent German sinologist in the early 20th century. His in-depth research of Chinese culture and translation, including philosophy, literature, and drama, occupied a significant position in the field of Sinology. His legacy is often praised, and his works have been compiled, edited, and published by later scholars. This study focuses on the medical perspective, specifically his translation of *Su Wen* (《素问》*Basic Questions*), to understand his research clues and achievements on the yin-yang theory, to explore the interpretations of the theory by overseas scholars and their impact on the dissemination of Chinese culture and medicine internationally.

2 An introduction to Alfred Forke

Alfred Forke (1867–1944) was born in Schöningen, Germany (Fig. 1). After he studied law at the universities of Geneva and Berlin, he worked as a translator in the German consulate in Beijing, China, since 1890. He spent a considerable amount of time in China as a translator until he returned to Berlin and worked at the Seminar for Oriental Languages to teach Chinese in 1903.

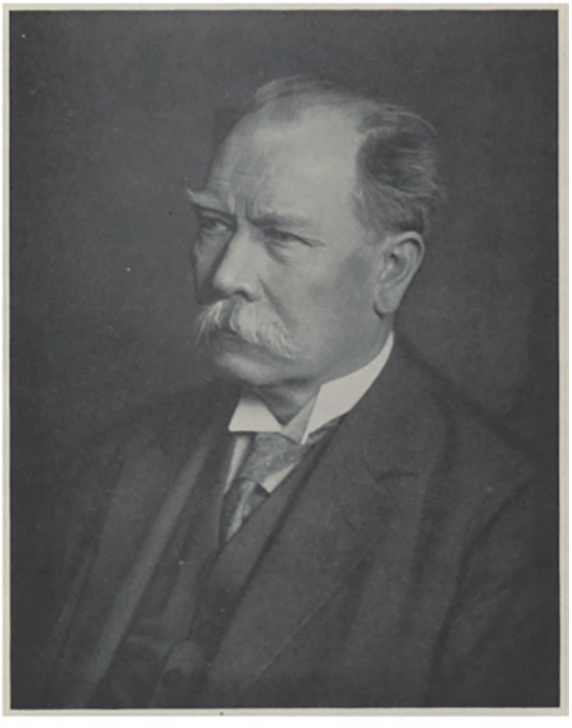


Figure 1 Alfred Forke (source with permission from: Alfred Forke[3])

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Alfred Forke accepted an offer by the University of California, Berkeley, to teach from 1914 to 1917. During that time, he was the chair for East Asian Languages and Cultures.[4] In 1923, Forke went to Hamburg and was appointed as a professor in University of Hamburg. As mentioned in one article "German sinology today", he held the chair of Sinology at the University until 1935.[5] In Hamburg, he became the successor of Otto Franke (1863–1946), one of central figures in the development of traditional Chinese studies in Germany in the early twentieth century.[4]

Forke's area of specialization was Chinese philosophy. Although this was not the career of his choice, he devoted himself to translation. He published *The Chinese Sophists* in 1901. Between 1906 and 1922, he published his original translation of *Lun Heng* (《论衡》*The Scales that Weighs the Merit of Contemporary Discourse*) and *Mo Zi* (《墨子》*Master Mo*). His distinguished translation of *Lun Heng* earned him the Prix Stanislas Julien in 1908. This award was to recognize scholars who made outstanding contribution in the field of Sinology. His well-known 3-volume *History of Ancient Chinese Philosophy* (in German, 1927) is still an important work for German students of Chinese philosophy. Forke also translated other literature selections, such as Tang and Song poetry, drama of the Yuan dynasty, and singspiels from the Yuan and Qing dynasties.[6] His publication included *Blossoms of Chinese Poetry from Han & Six Dynasties* (1899) and *Tang Song Shi Ji* (*Tang and Song Dynasty Poetry Collection*, 1929–1930).[7] After his death, Martin Gimm (1930–) , a German sinologist and Professor Emeritus in Cologne University, edited and published Forke's works related to literature: *Chinese Dramas of the Yuan Dynasty: Ten Posthumous* (1978), *Two Chinese Singspiels of the Qing Dynasty* (1993), and *Eleven Chinese Singspiel Texts from Modern Times, along with Two Dramas in Western Style* (1993). This fully demonstrates his love for Chinese culture.

In 1925, he published *The World-Conception of the Chinese* which introduced Chinese astronomical, cosmological, and physico-philosophical speculations of Chinese, including the yin-yang and the five element theories.

3 Overview of the monograph *The World-Conception of the Chinese*

3.1 Writing motivation and publication history of the monograph

As very limited information on the Chinese conception of the world and natural phenomena was provided at the time, Alfred Forke wanted to give a systematic digest of the ancient astronomical and cosmological concepts of the Chinese and their attempts at natural science. Besides the principal philosophical systems of the Chinese, Confucianism and Daoism, he would also like to introduce the independent thinkers and Neo-Confucianism. This was his motivation to write this book (Fig. 2, Fig. 3).

The publication of this book was delayed. The manuscript was returned in 1918 since Forke was dismissed from the University of California due to World War I for "imaginary inimical acts against the United States" as he claimed. Later it became one of *Probsthain's Oriental Series*, the 14th volume. This book was divided into four sections: The Universe, Heaven, Yin and Yang, and The Five Elements.

3.2 Core content framework of the monograph

Universe Section: the section was separated as Ancient Times and Modern Times, later referred as the Song dynasty (960–1279). In the Ancient Times part, Forke introduced in detail about the beginning of Chinese astronomy, six astronomical systems, infinity of time and space, and heaven and earth as the physical viewpoint and mythological-religious viewpoint. In the Modern Times part, he detailed the system of universe, infinity, heaven and earth in natural science and philosophy, analogies between heaven, earth and man, and heavenly bodies.

Heaven section: In this section, Forke introduced physical heaven view point as its subdivisions and qualities and

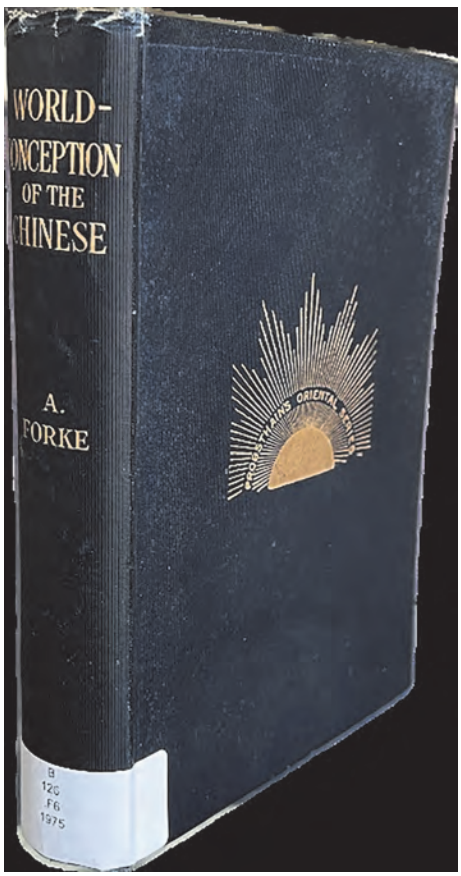
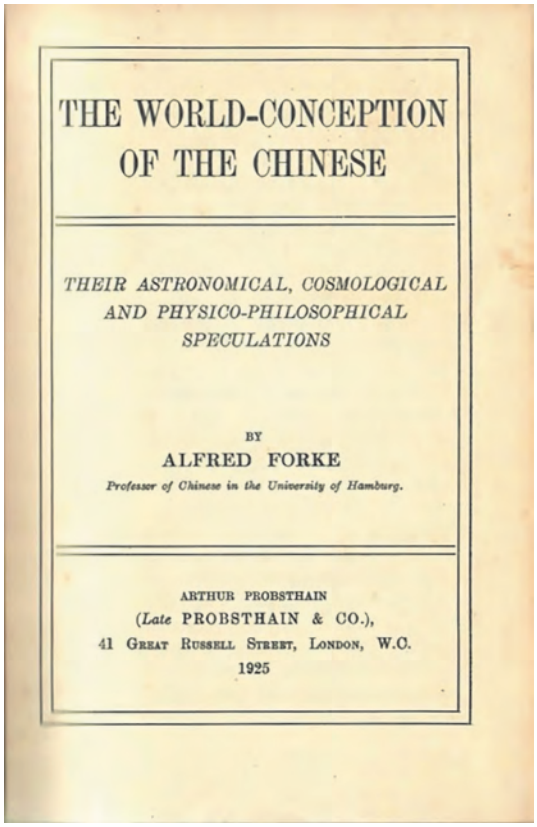


Figure 2 *World-Conception of the Chinese* (published in London, 1925, 13 cm width × 19.3 cm length × 2.8 cm height) (source with permission from: photo taken by the author)


THE WORLD-CONCEPTION
OF THE CHINESE

THEIR ASTRONOMICAL, COSMOLOGICAL
AND PHYSICO-PHILOSOPHICAL
SPECULATIONS

BY
ALFRED FORKE
Professor of Chinese in the University of Hamburg.

ARTHUR PROBSTHAIN
(Late PROBSTHAIN & CO.),
41 GREAT RUSSELL STREET, LONDON, W.C.
1925

Figure 3 Inner cover of *World-Conception of the Chinese* (source with permission from: photo taken by the author)

religious-philosophical heaven with its nature, invocation and personification. It was interesting that Forke commented that in Chinese philosophy and religion, heaven played a much more important role than earth. He wrote: "Its anthropomorphosis has advanced much farther than that of earth, and just this aspect apart from the physical one is to be considered".

In the physical viewpoint, the book described the subdivisions of physical heaven like four seasons, nine regions, nine stories, and Buddhist and Daoist heavens. About the qualities of heaven, the author referred words from *Yi Jing* (《易经》*The Book of Changes*), that "the nature of heaven as follows: hard, strong, well-balanced, correct, pure, unalloyed, excellent". In the religious-philosophical viewpoint, it described the nature of heaven about (the origin of all things), invocation of heaven (providence, rule of the world), and personification of heaven (humanized heaven).

Forke introduced the concept of Nine-story Heaven that the vault of heaven has the shape of nine stories. He described that even in the fourth century B.C., the idea on nine heavens rising story like one upon another was familiar to the Chinese. "Later they were adopted by the Taoist, and we saw Chu Hsi (Zhu Xi 朱熹) incorporated them into his system, identifying them with nine strata of air of different density".

Yin and Yang section: this section will be introduced in detail in the following part.

Five Elements section: It included the contents of the oldest testimonies, various terms, transformation, local and numerical relations, different modes, regular changes, and five elements under their religious and metaphysical aspects.

It is clearly indicated that "the theory of the Five Elements is no doubt of Chinese origin and its existence in ancient times is proved by many old documents". In this section, He quoted many original literature in Chinese classics and made two tables for the five elements and correspondences, one according to *Li Ji* (《礼记》*The Book of Rites*), and one grouped by *Su Wen*. The latter one listed the correspondence related to medicine such as Five Fluids (it should be as qi), Five Parts of Body, Five Intestines (it should be as zang-organs), Five Impulses (it should be emotions), and Five Styles of Government (it should be energetic).

But to the end of this section, the author disagreed with the theory and mentioned that "to be a great extent built up on wrong analogies". He also mentioned the critics about the five elements theory from Wang Chong (王充) in his *Lun Heng*, since Forke particularly admired Wang Chong, and his well-known work was the translation of the entire book of *Lun Heng*.

3.3 Academic comments on the monograph

George Sarton (1854–1956), a Belgian-American chemist and historian, and the founder of the discipline of the history of science, wrote a book review in 1926.[8] Although he disliked ancient Chinese philosophy and criticized "not scientific in any sense, but an intolerable mixture of scholasticism and superstition", he still appreciated Forke's memoir as "an important contribution to our knowledge of Chinese thought". He wrote: "This work is very valuable because it is essentially based upon the Chinese sources and because the most relevant Chinese texts are quoted both in translation and in Chinese script".

In 1949, Ilza Veith (1915–2013) published her English translation with an introductory study on 34 chapters, originally 81 in total, of *Su Wen* from *Huang Di Nei Jing* (《黄帝内经》*The Yellow Emperor's Inner Classic*), which was still considered the first English publication of such a classic in the world. A new edition was published in 1966. At the beginning of the preface with a footnote, she mentioned that she had found five scholars who had translated some short texts of *Nei Jing* (《内经》*The Inner Classic*) in the beginning of the 20th century, and Alfred Forke was listed as the first one.[9] "In addition to brief quotations I have found translations of short passages of the *Nei Ching* in the following works: Alfred Forke, *The World-Conception of the Chinese*, *Their Astronomical, Cosmological, and Physical-philosophical Speculations* (London, 1925), pp. 250–252; K. Chimin Wong and Wu Lien-teh, *History of TCM* (Tientsin, [1934]), p. 20; Percy M. Dawson, "Su-wen, the Basis of TCM," *Annals of*

Medical History VII (1925), 59–64; William R. Morse, *TCM* (Clio Medica, XI, New York, 1934), p. 75; Franz Hübotter, *Die Chinesische Medizin zu Beginn des XX. Jahrhunderts und ihr Historischer Entwicklungsgang (TCM at the Beginning of the 20th Century and its Historical Development* in English) (China Bibliothek der 'Asia Major', Bd.1, Leipzig, 1929), pp. 69–71". This list with detailed indices included almost all scholars who translated very brief texts of *Nei Jing* at that time, and Forke was listed as the first.

It is remarkable that Forke's work stood as one of the few English translations of *Huang Di Nei Jing* and its associated philosophies (e.g., the yin-yang theory) available in the early twentieth century.

4 Interpretation of the yin-yang theory in *The World-Conception of the Chinese*

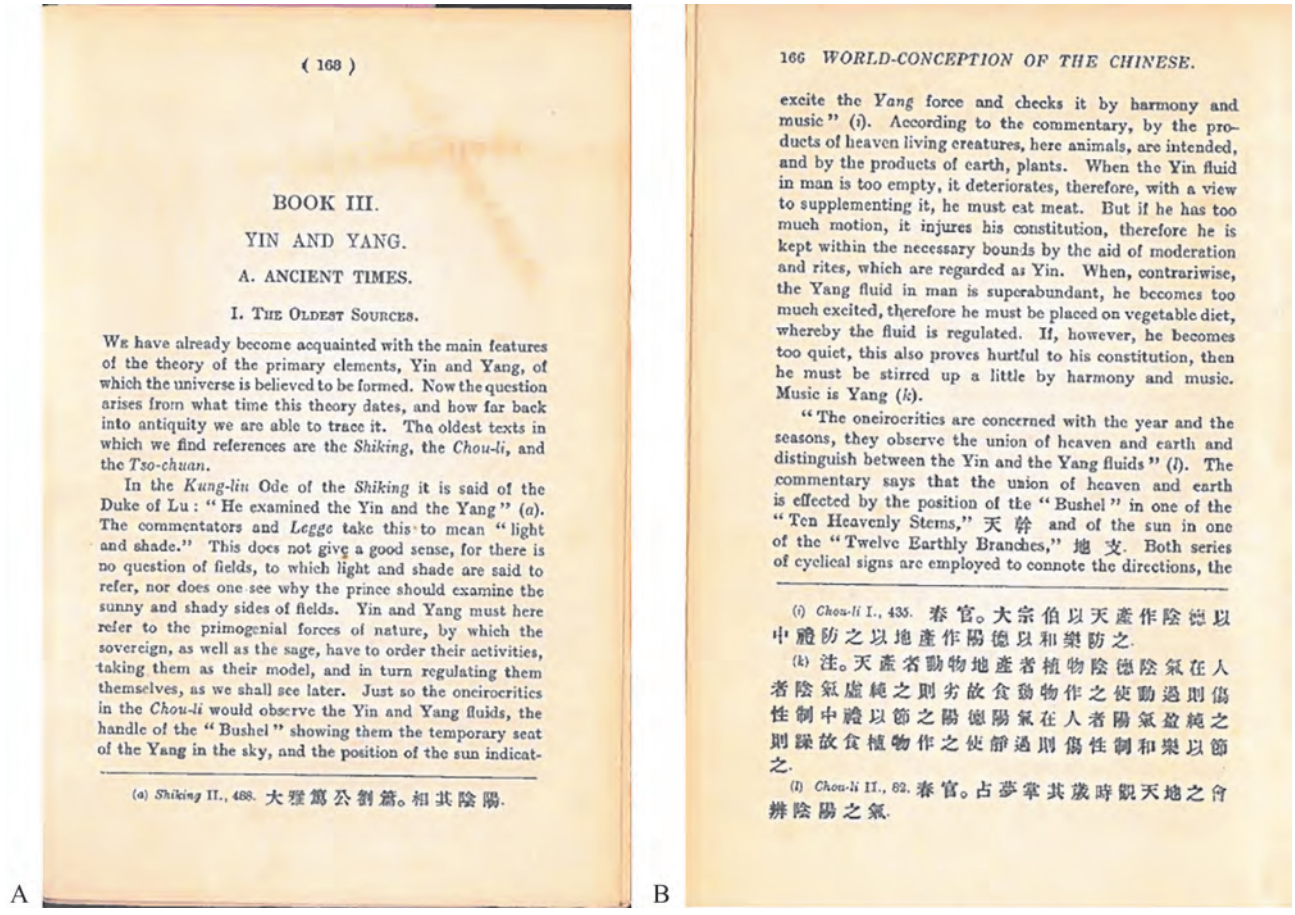
Although he discussed yin-yang in his translation of *Lun Heng*, Forke described yin-yang systematically in this book in the following three aspects: the oldest resources, modern times (considered as the Song period and later), and analogy to yin-yang-like theory in other countries. He quoted numerous ancient Chinese classics as his resources. In the section of Universe and Five Elements, yin and yang were also mentioned.

4.1 Interpretation of the yin-yang theory in ancient classics

4.1.1 The oldest textual resources and original meaning of yin and yang

Forke tried to find as many of the oldest textual sources as possible, such as *Shi Jing* (《诗经》*The Book of Poetry*), *Zhou Li* (《周礼》*Rites of the Zhou Dynasty*), and *Zuo Zhuan* (《左传》*Zuo Qiuming's Commentary on Spring and Autumn Annals*). He summarized that yin and yang existed not only as terms and concepts but also as a complete theory as early as the 12th to 11th centuries BC. Forke listed detail quotations from poets in *Shi Jing* and words from *Zhou Li*, *Chun Qiu* (《春秋》*The Spring and Autumn Annals*) and *Zuo Zhuan,* even from books of Huai Nan Zi (淮南子) and Dong Zhongshu (董仲舒), and remarks from *Xing Li Da Quan* (《性理大全》*The Complete Works of Neo-Confucianism*) (Fig. 4). He discovered the existence and origination of yin and yang, and affirmed that this theory originated from ancient China.

He concluded that "Yin and Yang must here refer to the primogenial forces of nature, by which the sovereign, as well as the sage, has to order their activities, taking them as their model, and turn regulating them themselves, as we shall see later... Yin and Yang being in harmony".



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BOOK III.

YIN AND YANG.

A. ANCIENT TIMES.

I. THE OLDEST SOURCES.

WE have already become acquainted with the main features of the theory of the primary elements, Yin and Yang, of which the universe is believed to be formed. Now the question arises from what time this theory dates, and how far back into antiquity we are able to trace it. The oldest texts in which we find references are the *Shiking*, the *Chou-li*, and the *Tso-chuan*.

In the *Kung-liu* Ode of the *Shiking* it is said of the Duke of Lu: "He examined the Yin and the Yang" (*a*). The commentators and *Legge* take this to mean "light and shade." This does not give a good sense, for there is no question of fields, to which light and shade are said to refer, nor does one see why the prince should examine the sunny and shady sides of fields. Yin and Yang must here refer to the primogenial forces of nature, by which the sovereign, as well as the sage, have to order their activities, taking them as their model, and in turn regulating them themselves, as we shall see later. Just so the oneirocritics in the *Chou-li* would observe the Yin and Yang fluids, the handle of the "Bushel" showing them the temporary seat of the Yang in the sky, and the position of the sun indicat-

(*a*) *Shiking* II., 488. 大雅篤公劉篇。相其陰陽.

A

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excite the *Yang* force and checks it by harmony and music" (*i*). According to the commentary, by the products of heaven living creatures, here animals, are intended, and by the products of earth, plants. When the Yin fluid in man is too empty, it deteriorates, therefore, with a view to supplementing it, he must eat meat. But if he has too much motion, it injures his constitution, therefore he is kept within the necessary bounds by the aid of moderation and rites, which are regarded as Yin. When, contrariwise, the Yang fluid in man is superabundant, he becomes too much excited, therefore he must be placed on vegetable diet, whereby the fluid is regulated. If, however, he becomes too quiet, this also proves hurtful to his constitution, then he must be stirred up a little by harmony and music. Music is Yang (*k*).

"The oneirocritics are concerned with the year and the seasons, they observe the union of heaven and earth and distinguish between the Yin and the Yang fluids" (*l*). The commentary says that the union of heaven and earth is effected by the position of the "Bushel" in one of the "Ten Heavenly Stems," 天 幹 and of the sun in one of the "Twelve Earthly Branches," 地 支. Both series of cyclical signs are employed to connote the directions, the

(*i*) *Chou-li* I., 435. 春 官。大宗伯以天產作陰德以中體防之以地產作陽德以和樂防之.

(*k*) 注。天產者動物地產者植物陰德陰氣在人者陰氣虛純之則劣故食動物作之使動過則傷性制中體以節之陽德陽氣在人者陽氣盈純之則躁故食植物作之使靜過則傷性制和樂以節之.

(*l*) *Chou-li* II., 82. 春 官。占夢掌其歲時觀天地之會辨陰陽之氣.

B

Figure 4 A quotation of Chinese classics in original Chinese as footnotes (source with permission from: photos taken by the author)

In this chapter, Forke also explained yin and yang from the radicals of the old Chinese scripts, and found the fundamental meaning.

4.1.2 Yin and yang as moving "fluids"

In the book, Forke described yin and yang using the word of "fluid" as annex, such as "Yin fluid" and "Yang fluid", which were considered as primary elements. "Fluid" is a substance such as liquid or gas. His translation arguably failed to capture the core connotation of qi, as Forke appeared to convey its dynamic, flowing nature, rather than a static material substance, and "energy" or "qi" could be a word to replace it. He wrote: "From the fiery solar fluid and the moist nebular masses forming clouds to fire and water, the primogenial elements from which we saw the world evolved, there is but one step. Yin and Yang conceived as substances are nothing else".

Forke didn't explain why he chose "fluid" as annex of yin and yang. In the other section, he also frequently used for both yin and yang in that way.

> "In the morning the sun issues from the Yang, and in the evening vanishes in the Yin, the dark fluid... Conversely, in winter the Yin fluid is excessive. (The Universe, p. 14)
> Yin and Yang are often used by old writers as direct synonyms of the fluid of heaven and earth. (The Universe, p. 55)
> The Sun is the principal centre of the Yang fluid of heaven...the sun as the heavenly fluid or fire. (The Universe, p. 83)
> The moon consists of the Yin fluid or water. (The Universe, p. 89)
> One may call to mind that the sun is the representative of masculine, fiery Yang fluid, whereas the moon is the repository of the feminine, moist Yin essence. (The Universe, p. 90)
> From the fiery solar fluid and the moist nebular masses forming clouds to fire and water, the primogenial elements from which we saw the world evolved, there is but one step. Yin and yang conceived as substances are nothing else. (Yin and Yang, p. 172)"

Forke likely held that yin and yang were substantial, energetic, and dynamic; he therefore adopted the term "fluid" to characterize their essential nature.

4.1.3 Yin and yang as the fundamental substances constituting the universe

In the Universe section, Forke mentioned that yin and yang were the two substances of heaven and earth. "When the world issued from chaos the lighter and purer substances ascended and formed heaven, whereas the heavier and more turbid ones descended and became earth. These lighter substances are the Yang, the heavier substances the Yin fluid, Yang is the primogenial matter of heaven, Yin the primary matter of earth, ergo we have two kinds of matter".

Forke stated that the universe evolved from the primordial elements yin and yang. The fiery ether becoming heaven, and the moist fogs being condensed into earth. But he expressed doubts as follows. Why yin was declared to be calm and motionless, since it had motion, which particularly manifested itself in producing the weather and seasons? He further questioned how it was possible that the moon consisted of the yin energy whereas the entire heaven was yang. Also, how the fire on earth could be yang although earth itself belonged to the yin element.

But he answered this question by himself in the later chapters. It is important that yin and yang should be compared at the same reference point. The yin-yang theory has concepts of relativity, divisibility, interdependence, and transformation. Forke touched on the core of this philosophy.

4.1.4 The application of the yin-yang theory in TCM

Huang Di Nei Jing, which was the earliest completed work of TCM, consisted of two parts: *Su Wen* and *Ling Shu* (《灵枢》*The Spiritual Pivot*). In separated sections, Forke listed certain sentences quoted from *Su Wen*, chapter 5, *Yin Yang Ying Xiang Da Lun* (《阴阳应象大论》Comprehensive disclosure on phenomena corresponding to yin and yang). The quotations included "With excessive Yang the body becomes hot without, however, being able to perspire, whereas with excessive Yin it becomes cold and perspires", "Heaven and earth are regarded as yin and yang", and "Bitter and sweet are supposed to be Yang, sour and acrid to the Yin".

In the special section describing yin and yang in medicine, there were a total of six paragraphs which quoted a few sentences in several chapters from *Su Wen* as follows to explain the examples of application of the yin-yang theory in physiology and pathology. Forke mentioned that "the human body, as we saw, is built up from the yin and yang fluids. Consequently the conditions of the body, its well-being, and especially its diseases, depend on the two fluids. The oldest Chinese system of medicine, for which the *Su-wen* is the fundamental work, is closely connected with the Yin-yang theory". In this section, the author explained in the following five paragraphs "according to the *Su-wen*" (Table 1).

Some short texts or ideas from *Su Wen* were quoted or mentioned in the other parts of the book. In the Universe section, he wrote "The *Su-wen* does not hesitate to identify heaven and earth with their substances. 'Heaven and earth,' it says, 'are considered as yin and yang'" (p. 57). In the other section of Yin and Yang, he wrote "The *Su-wen* claims that with excessive Yang the body becomes hot without, however, being able to perspire, whereas with excessive Yin it becomes cold and perspires" (p. 173). He also wrote "The *Su-wen* states: 'Heaven and earth are regarded as yin and yang'" (p. 176). Forke also quoted "Bitter and sweet are supposed to be Yang, sour and acrid to be Yin" (p. 190) from *Su Wen*.

Table 1 Application of the yin-yang theory in TCM cited from *Su Wen*

No.	Text	Chapter from *Su Wen*	Summary
1	A young man reaches his puberty with 2 x 8 = 16 years. Then the yin and yang are in perfect harmony, and the generative power is fully developed. With 6 x 8, i.e., 48 years, the Yang fluid begins to be exhausted, the face dries up, and the hair turns grey.	Chapter 1, *Shang Gu Tian Zhen Lun* (《上古天真论》Disclosure of the true heaven in high antiquity)	Talked about the important factor of yin and yang in explaining human's maturity, growth, and aging
2	Since the Yang reigns in spring and summer, and the Yin in autumn and winter, the sage cultivates these forces during their seasons. Living accordingly, he enjoys immunity from maladies, otherwise he is liable to attacks upon his health and other disasters.	Chapter 2, *Si Qi Tiao Shen Da Lun* (《四气调神大论》Comprehensive disclosure on regulating the spirit of the four seasons' qi)	Explained yin and yang with seasonal alternation
3	The Yang prevailing, the Yin suffers; and the Yin predominating, the Yang suffers. Excessive Yang evokes heat, and excessive Yin cold, of the body. Heat is usually combined with obstruction of pores, dryness of the skin, and heavy breathing. Cold leads to a secretion of sweat, shivers, and convulsions. Sudden anger injures the Yin, sudden joy the Yang.	Chapter 5, *Yin Yang Ying Xiang Da Lun* (《阴阳应象大论》Comprehensive disclosure on phenomena corresponding to yin and yang)	Introduced the pathogenesis related to yin and yang
4	As regards epileptic fits, the Su-wen distinguishes such as are connected with heat and those combined with cold. The former are said to be produced when the Yin fluid in the lower part of the body is spoiled, and the latter when the Yang fluid is used up. The heat comes forth at the soles; the cold advances from the feet up to the knees.	Chapter 45, *Jue Lun* (《厥论》Disclosure on recessions)	Utilized yin and yang to distinguish two types of *Jue* (厥 recession) disorders
5	*Raving madness* also has its causes in the Yang fluid, which breaks forth all of sudden and cannot be deflected quickly enough.	Chapter 46, *Bing Neng Lun* (《病能论》Disclosure on disease manifestations)	Analyzed the action of *Yang Qi* (阳气) in the disorder of *Yang Jue* (阳厥 Syncope)
6	Insanity comes from the entire Yang being concentrated in the upper part of the body, and the entire Yin in the lower part; for thus the body is full above and empty in its lower part, Yin admittedly corresponding to vacuity.	Chapter 49, *Mai Jie Pian* (《脉解篇》Explanations from the vessels)	Identified yin and yang in the formation of mental insanity syndrome

Those scattered translation fragments from *Su Wen* are now considered among the earliest English renderings of the text in the West together with Percy Dowson's general introduction to *Su Wen* (in 1925).[10] Ilza Veith mentioned both of them in her book.[9] Interestingly, Ilza Veith was a German-born American historian of medicine. Almost one century after Alfred Forke, another German sinologist Paul Unschuld (文树德) completed entire book of *Nei Jing* in English translation, *Huang Di Nei Jing Su Wen* and *Huang Di Nei Jing Ling Shu*.[11,12] It is remarkable to trace the century-long journey of Chinese classics being translated into English by successive generations of German scholars.

Another point of interest is that the University of California Press was the publisher of the English versions of *Nei Jing* for both Ilza Veith (1949) and Paul Unschuld (2011 and 2016). As it happens, Forke's book was originally composed for the University of California Press, yet it was ultimately published by Probsthain & Co., Oriental Publishers.

Below is a comparison of a well-known passage from Chapter 1 of *Nei Jing*, translated by the three scholars.

> "A young man reaches his puberty with 2 × 8=16 years. Then the yin and yang are in perfect harmony, and the generative power is fully developed. With 6 × 8, i.e., 48 years, the Yang fluid begins to be exhausted, the face dries up, and the hair turns grey. (p. 198. *World-Conception of the Chinese* by Alfred Forke)
>
> When he is sixteen years of age the emanations of his testicles become abundant and he begins to secrete semen. He has an abundance of semen which he seeks to dispel; and if at this point the male and female element unite in harmony, a child can be conceived... At forty eight his masculine vigor is reduced or exhausted; wrinkles appear on his face and the hair on his temples turns white. (p. 99. *The Yellow Emperor's Classic of Internal Medicine*, by Ilza Veith)
>
> With two times eight, the qi of the kidneys abounds; the heaven gui arrives and the essence qi flows away. yin and yang find harmony. Hence, he can have children... With six times eight, the yang qi weakens and is exhausted in the upper sections. The face dries out and the hair on the head and on the temples shows streaks of white. (p. 40. *An Annotated Translation of HuangDi's Inner Classic-Basic Questions*. Volume 1, by Paul Unschuld and Hermann Tessenow)"

Obviously, Forke's translation was relatively simple, and also conformed to the writing style and meaning of the ancient *Nei Jing*. But the term "fluid" was not correct to describe the meaning of "qi" in TCM. Veith's translation employed actual cases to elaborate concepts in ancient classical texts. Although her interpretations touched on partial meanings, they did not grasp the overarching concepts and even presented erroneous understandings of core theoretical notions. Unschuld's new version of the complete set of *Nei Jing* was widely regarded as a rigorous, authoritative, and philologically precise rendering, and this classic was interpreted in line with the original meaning and concept.

Even though Forke only translated a few sentences of *Nei Jing*, he was still regarded as a distinguished scholar who translated *Nei Jing* in the early 20th century.

4.1.5 The application of the yin-yang theory in natural phenomena

Forke also explores other dimensions of yin and yang in this book, such as their alternation with the seasons and according to the points of the compass, the cause of weather (wind; thunder and lightning; clouds, fog, rain, and dew; rain, dew, frost-ice, and snow), numerous correlated items, the primary substances of five elements, etc.

To explain the alternation of yin and yang in four seasons, Forke quoted texts from *Li Ji*, *Wen Zi* (《文子》*Master Wen*), *Guan Zi* (《管子》*Master Guan*), *Huai Nan Zi* (《淮南子》*Book of Prince of Huainan*) and others such as "As soon as the Yang fluid has attained its highest development, there comes a reverse, and the Yin takes its place, and no sooner has the Yin fluid reached its acme, than a reverse sets in and Yang again supplants it" and "At the winter solstice the 'Bushel' points direct north, the Yin fluid has reached its climax, and Yang fluid begins to grow...At the summer solstice the Bushel points direct south, the Yang fluid has reached its cynosure, and Yin fluid starts growing". He not only found appropriate texts in numerous classics but also listed accordingly.

Forke listed many correlates of yin and yang, and concluded that the reason for transferring the categories yin and yang to the two correlative notions was for easy apprehension. But he still doubted that "it is not always possible to trace the Chinese line of reasoning". Besides the above-mentioned matters, the book touched upon the yin and yang of humans and animals, divination, and even warfare.

4.2 The yin-yang theory development through Neo-Confucianism

In the book, "Modern Times" was used as a title on multiple occasions, because Forke held that Chinese philosophy and its related sciences had undergone a renaissance during the Song dynasty. He regarded this period as the modern times of Chinese sciences. He believed that Confucianism was rejuvenated by the Song philosophers and came to be known as Neo-Confucianism. In their speculations on natural philosophy, they likewise revived the old ideas and further developed them.

Forke specifically mentioned *Tai Ji Tu* (太极图 The Taiji Graph) by Zhou Dunyi (周敦颐, 1017–1073), which was a symbol of yin-yang and revealed the core meaning of the yin-yang theory. He translated the important paragraph from *Tai Ji Tu Shuo* (《太极图说》*Explanations of the Diagram of the Supreme Ultimate*):

> "The Absolute moves and engenders Yang. The movement having reached its climax, rest ensues. From rest springs Yin, and when rest has reached its utmost limit, again movement follows. So we have alternately now movement, now rest. They together form the basis from which by separation grow yin and yang, so that these are the two modes. (p. 201.)"

He further elaborated that yang was consistently framed as activity and motion, while yin was defined as passivity and quiescence. Just these two attributes of the dual forces henceforth appeared in the foreground, and the notion of substantiality, i.e., fire and water, was not forgotten, but less insisted upon in the disquisitions of the Song period. He also explained that Zhu Xi (朱熹, 1130–1200) assumed but one single energy of which yin and yang merely constituted two phases, and quoted *Tai Ji Tu* as the authority.

Forke believed that Neo-Confucianism scholars attempted to conceive and define the nature of yin and yang. He mentioned the old notion of substantiality described by Cheng Zi (程子) as "Of the yin and yang fluids, that which is permanent and never scatters, are the sun and the moon; that which continually grows and decreases is heat and cold". He also distinguished the qualities of expansion and contraction (advancing and retreating, dispersion and accumulation), motion and rest, manifestation and body, as well as spirit and body.

He took an example of the spirit and body then analyzed. The idea that yang was the spirit and yin the body was a later development, which was nothing of the kind in ancient times. He introduced one scholar Wang Tingxiang (王廷相, 1474–1544), and his claim of the spirit belonged to both yin and yang. He also mentioned that scholars in the Song dynasty assigned to yin and yang the same qualities always ascribed to them.

Contemporary scholarship defines the core principles of yin-yang theory as interdependence, mutual consumption, mutual transformation, relativity, and divisibility. Forke found certain clues in the work of scholars of Neo-Confucianism like Shao Yong (邵雍, 1012–1277). He quoted that in every yang there was yin, and in every yin there was yang, but likewise assumed other combinations, and drew therefrom the most peculiar consequences. Also, if heaven was considered as yang, the sun as fire and the moon as water, we could understand that sun was defined as yang in yang and the moon as yin in yang.

As mentioned earlier, yin-yang has the character of divisibility. Forke discussed this topic from the perspective of *Si Xiang* (四象 four phases) and *Ba Gua* (八卦 eight diagrams). He also quoted from He Tang (何瑭, 1474–1543) about yin-yang duplication (four seasons, twelve months, twenty-four periods, and seventy-two sections of the year). He stated that during all the enumerated sections of the year, there were yin and yang in quite determinate mixtures, and in so far as one may say that all these different mixtures determine

the sections of the year are developed from yin and yang.

4.3 Cross-civilization comparison: the yin-yang theory and analogous thoughts in other ancient civilizations

Interestingly, Forke tried to compare and analyze the yin-yang-like theories in the other countries which represented primary understanding and thoughts about the universe in different civilizations. Persian dualism and three Greek thinkers' theories in the ancient time were also mentioned in the book.

Persian Dualism: The author stated that "Like yin and yang, the Persian deities represent light and darkness, good and evil, but the fundamental ideas of both nations differ to such an extent that a mutual influence can hardly be thought of". Also, in point of fact, the yin-yang theory is purely physical, while the Persian conception is religious-mystical. Where the former overlaps the sphere of religion, it distinguishes itself quite clearly from the Persian dualism.

Anaxagoras: The author noted that the striking parallels between Anaxagoras' (500–428 BC, Greek)[13] physical theories and the yin-yang theory had already been pointed out by other scholars. There were all fundamental attributes of the yin and the yang as the Greek thinker's two masses that were separated (the thick and the thin, the cold and warm, the dark and the bright, and the moist and the dry).

Parmenides: The primogenial elements of Parmenides (around 500 BC, Greek)[14] were very much alike. He was said to have taken the fiery for the active and the dark for the passive or material principle. Later he identified it with the earth, denoting the fire as light and the earth as darkness.

Pythagorism: The author believed that Pythagorism (570–495 BC, Greek)[15] "is much less closely related to the yin-yang doctrine than are the systems of Anaxagoras and Parmenides, though it shows some remarkable agreement". Pythagoreans formed ten contrasts with two series: one set as (limit, odd, one, right, male, quiet, straight, light, good, square) and the other set (unlimited, even, multitude, left, female, moved, crooked, darkness, bad, rectangle) which seems as yang qualities and yin qualities, but their core connotations are fundamentally different from Chinese conceptions.

But Forke concluded that all these similarities could not alter the fact that Pythagorism in essence was entirely different from the Chinese doctrine even though there was a great similarity.

Of course, although there were similarities between ancient philosophers' observations of the universe and nature, Eastern and Western civilizations and their subsequent theoretical guidance and development paths were two completely different systems. However, such an analogy is meaningful.

5 Academic value and historical significance of Alfred Forke's interpretation of the yin-yang theory

When Alfred Forke made efforts to translate Chinese classics in the West, a cultural upheaval known as the New Culture Movement (新文化运动) was unfolding in China, the very homeland of these classics. This was a cultural movement that advocated democracy and science, and the introduction of various Western ideas. Many sinologists in the West, including German scholars, tried their best to translate Chinese classics. This contrast was ironic and worth pondering. As one of the preeminent sinologists of his era, Forke produced invaluable scholarship, translations, and introductions of traditional Chinese classics for Western audiences.

Some sinologists have a profound foundation of ancient Chinese language and an incredible understanding of Chinese classics. Their mastery of these literary works is also astonishing. In this book, Alfred Forke had enumerated quotations from ancient classics with breadth and depth to affirm the primitiveness of the yin-yang theory in China. As a Western scholar, he produced a study of Chinese philosophy that is both convincing and highly commendable.

Forke described the yin-yang theory not only as presented in pre-Qin classics from Spring and Autumn and Warring States periods, or even earlier, but also as developed by Neo-Confucian scholars in the Song dynasty and later. He also drew an analogy between different philosophical thoughts in ancient Greece and Persian Dualism. This thorough comparative study about the yin-yang theory, vertically and horizontally, is still meaningful. Few works have analyzed the yin-yang theory as profoundly and comprehensively as this volume.

On almost each page in the book, Forke provided the footnotes of original Chinese text and the classics quoted from. This rigorous scholarly approach merits high commendation and remains a model for cross-cultural philosophical research. This makes it much easier for researchers to study and analyze the original works, and facilitates comparison. Otherwise, researchers would struggle to locate and verify the original source texts.

Due to cultural differences, especially in the interpretation of classical theories and concepts, some deviations are understandable. Some English translations, such as using "fluid" to refer to yin and yang, were not appropriate, and some interpretations may not represent their original meaning. Nevertheless, this work remains an invaluable historical document and a foundational reference for Western scholars seeking to understand yin-yang theory and translate Chinese philosophical concepts into English for Westerners to understand the yin-yang theory or for translating this ancient philosophy into English.

6 Conclusion

Although the work *The World-Conception of the Chinese* was published almost a century ago, Alfred Forke was still respected as one of the pioneers of English translations of Chinese philosophy such as the yin-yang theory, and considered as a distinguished scholar who translated *Nei Jing* into English in the early 20th century.

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Yemeng Chen drafted and revised the manuscript.

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Yemeng Chen is an Editorial Board member of *Chinese Medicine and Culture*. The article was subject to the journal's standard procedures, with peer review handled independently of the Editorial Board member, and his research groups.

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OPEN

The Birth of Ilza Veith's *The Yellow Emperor's Classic of Internal Medicine*

GUI Ting (桂婷)[1,✉]

Abstract

Ilza Veith is renowned for her 1949 publication *The Yellow Emperor's Classic of Internal Medicine*, the pioneering English translation of the ancient Chinese medical classic *Huang Di Nei Jing* (《黄帝内经》*The Yellow Emperor's Inner Classic*). This article explores the birth of Veith's translation, drawing on archives from the Alan Mason Chesney Medical Archives at Johns Hopkins University and Yale University Library. Sponsored by Mrs. Theresa Lindau, Ilza Veith began her translation work by editing J. W. Lindau's manuscripts. Later, with support from the Rockefeller Foundation, she continued the translation by pursuing a Ph.D. in the History of Medicine. The insights and efforts of Henry E. Sigerist and Edward H. Hume facilitated the birth of Ilza Veith's translation of *Huang Di Nei Jing*. As a landmark in the history of traditional Chinese medicine in the West, Veith's work was the converging result of the development of medical history and Asian studies in the United States during the first half of the 20th century.

Keywords: Ilza Veith; *The Yellow Emperor's Classic of Internal Medicine*; *Huang Di Nei Jing* (《黄帝内经》*The Yellow Emperor's Inner Classic*); Translation; Henry E. Sigerist; Edward H. Hume; Dissemination; Traditional Chinese medicine

1 Introduction

Ilza Veith (1912–2013) gained recognition for her 1949 book, *The Yellow Emperor's Classic of Internal Medicine*, which included an introduction and translation of the first 34 chapters of *Huang Di Nei Jing* (《黄帝内经》 *The Yellow Emperor's Inner Classic*).[1] This work is considered the first relatively complete English translation of the ancient Chinese medical text. Scholars have examined her translations through the lenses of textual analysis and translation studies.[2–4] However, in the book's preface, Veith emphasized that her translation "represents the approach of a medical historian rather than that of a Chinese philologist".[1] Why did she make this distinction? It is also noteworthy that she completed this translation as her doctoral dissertation while graduating from the Department of the History of Medicine at Johns Hopkins University. Why was her translation of this Chinese medical classic developed in the Department of the History of Medicine? This article draws on original archives from the Alan Mason Chesney Medical Archives (AMCMA) at Johns Hopkins University and Yale University Library to uncover the story behind the birth of Ilza Veith's translation of *Huang Di Nei Jing*.

2 Ilza Veith's educational background

Ilza Veith was born in Ludwigshafen, Germany on May 13th, 1912. She was educated in a German gymnasium and then studied medicine in Geneva and Vienna between 1934 and 1936. It was at the University of Geneva in Switzerland that Ilza Veith learned Chinese.[5] In 1935, Veith married Hans Veith (1899–1991) and changed her name from Ilza Hirschmann to Ilza Veith.[6] She gave up medical studies after marriage. Two years later, to escape persecution, the family moved to the United States. According to a report from *The Sun*, the family first stayed in New York for six months, and then Veith's interest in medicine and language brought her to Johns Hopkins.[7]

Johns Hopkins was known for its high standard of medical education, and had been regarded as the model for scientific medicine since the establishment of its medical school in 1893. Given Veith's medical education background, it is unsurprising that she was drawn to Johns Hopkins. But it is also important to note another fact about this university—when it was established in 1876, Johns Hopkins followed the German model of universities. This strong kinship with German scholarship during Johns Hopkins' early years partly explained why the university attracted Veith.

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In 1942, Veith resumed her studies and enrolled in a master's program in the Department of History at Johns Hopkins. However, her research there focused on Japan rather than China. Shortly before that, on December 7th, 1941, the Japanese army attacked Pearl Harbor, which marked the beginning of the Pacific War. The next day, the United States declared war on Japan. Japanese studies were practical needs at that time. Besides, considering Japan's cultural affinity with China, Veith's command of the Chinese language prepared her to research Japanese history.

Her master's thesis in 1944 was first abridged into a paper titled "Englishmen or samurai: the story of Will Adams", published in *Far Eastern Quarterly*, a new periodical focusing on Asian studies in 1945.[8] Adams was the first British man to set foot in Japan. In 1598, he traveled across the Atlantic and Pacific Oceans to reach Japan. Tokugawa Ieyasu (德川家康, 1543–1616) later hired him as a diplomatic adviser, and he became the first British-born samurai in Japan. Veith's master's thesis demonstrated her expertise in the Japanese language and history. In 1981, her research on Will Adams was published by Coronado Press.[9]

When Veith wrote the "Preface" and "Introduction" for her translation of *Huang Di Nei Jing*, her academic background in Japanese history shaped her unique perspective. In the first few lines of her preface, she immediately pointed out this classic's significance in Chinese and Japanese medical history: "...the book constitutes the basis of Chinese and Japanese orthodox medicine".[1] In the "Introduction" part, the work she cited most frequently was *Acupuncture et Médecine Chinoise Vérifiées au Japon*, written by a Japanese scholar Dr. T. Nakayama and translated by T. Sakurazawa and George Soulié de Morant (1878–1955).[10] She relied heavily on Japan's reflections on traditional Chinese medicine (TCM) to explain TCM's effectiveness in the modern world. This unique framework, sharply different from the stereotypic descriptions of TCM by medical missionaries, has partly accounted for the popularity of her translation in the West since 1949.

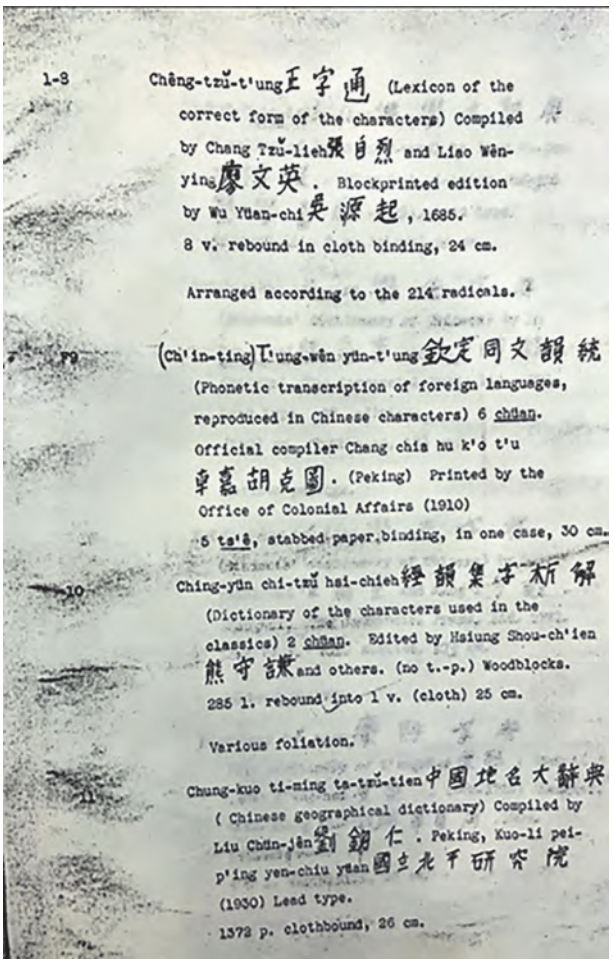
3 Cataloging the Hauer Collection

While working on her master's degree, Ilza Veith taught German in the Army Specialized Training Program. This program was approved by the United States War Department in September 1942 to provide training for officers and soldiers to meet wartime needs. Starting from December 1942, 227 universities conducted special training programs in engineering, foreign languages, medicine, and other fields. German language training was one of these programs. Veith's language ability was again put to good use.

Veith also found a special job at Johns Hopkins—cataloging the Oriental book collection that the university had just acquired. These books belonged to Erich Hauer (1878–1936), a respected sinologist at the University of Berlin in Germany. After his death, Hopkins purchased his Oriental collection, which was transported to Baltimore in 1939. With this collection, "Johns Hopkins instantly formed a top-notch East Asian studies collection".[11]

Veith's proficiency in German and Chinese enabled her to undertake this cataloging task. But she didn't finish it until the end of 1943. In 1945, her catalog work was published as *Catalog of the Oriental Language Books in the Hauer Collection*.[12] This catalog demonstrated that in 1943, Veith already had a strong command of the Chinese language (Fig. 1).

Cataloging the Hauer Collection laid a solid foundation for Veith's forthcoming translation work. It allowed her to become familiar with Erich Hauer's reference books and English-Chinese dictionaries, which became indispensable tools for her translation work. In the bibliography of *The Yellow Emperor's Classic of Internal Medicine*, "Books and reference works in Chinese" she used were sourced from the Hauer Collection. By cataloging Erich Hauer's collection, Veith also gained a general understanding of German sinology (Fig. 2).

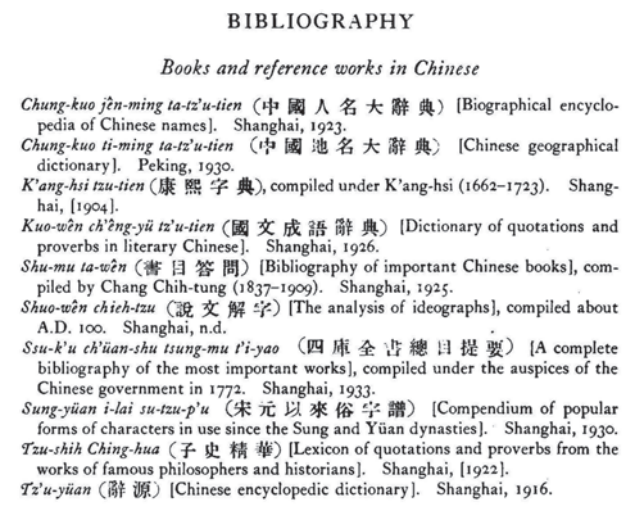

1-8 Chêng-tzŭ-t'ung正字通 (Lexicon of the correct form of the characters) Compiled by Chang Tzŭ-lieh張自烈 and Liao Wên-ying廖文英. Blockprinted edition by Wu Yüan-chi吳源起, 1685. 8 v. rebound in cloth binding, 24 cm. Arranged according to the 214 radicals.

F9 (Ch'in-ting)Tung-wên yün-t'ung欽定同文韻統 (Phonetic transcription of foreign languages, reproduced in Chinese characters) 6 chüan. Official compiler Chang chia hu k'o t'u 卓嘉胡克圖. (Peking) Printed by the Office of Colonial Affairs (1910) 6 ts'ê, stabbed paper binding, in one case, 30 cm.

10 Ching-yün chi-tzŭ hsi-chieh經韻集字析解 (Dictionary of the characters used in the classics) 2 chüan. Edited by Hsiung Shou-ch'ien 熊守謙 and others. (no t.-p.) Woodblocks. 285 l. rebound into 1 v. (cloth) 25 cm. Various foliation.

11 Chung-kuo ti-ming ta-tzŭ-tien中國地名大辭典 (Chinese geographical dictionary) Compiled by Liu Chün-jên劉鈞仁. Peking, Kuo-li pei-p'ing yen-chiu yüan國立北平研究院 (1930) Lead type. 1372 p. clothbound, 26 cm.

Figure 1 First page of *Catalog of the Oriental Language Books in the Hauer Collection* (source with permission from: photo taken by the author)



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Sung-yüan i-lai su-tzu-p'u (宋元以來俗字譜) [Compendium of popular forms of characters in use since the Sung and Yüan dynasties]. Shanghai, 1930.
Tzu-shih Ching-hua (子史精華) [Lexicon of quotations and proverbs from the works of famous philosophers and historians]. Shanghai, [1922].
Tz'u-yüan (辭源) [Chinese encyclopedic dictionary]. Shanghai, 1916.

Figure 2 "Books and reference works in Chinese" in *The Yellow Emperor's Classic of Internal Medicine* (source with permission from: photo taken by the author)

4 Meeting Henry E. Sigerist

In 1943, while translating and analyzing *Zhou Guan Xin Yi* (《周官新义》*New Meanings of Zhou Guan*) written by Chinese politician Wang Anshi (王安石), Veith heard that Henry E. Sigerist (1891–1957) was interested in medical planning. At a meeting of the History of Ideas Club at Johns Hopkins, Veith brought up the government's health care reform plan mentioned in the book to Sigerist. Sigerist expressed keen interest and invited Veith to share her translation with him. In her article "Henry E. Sigerist: orientalist", Veith later recollected the details of this meeting:

> "...a few days later, I had my first glimpse of Henry Sigerist's Oriental side. He greeted me with a few Chinese words of welcome and then suggested that we have a cup of tea while he read my manuscript. The tea was Hu-kwa, a brand to which he was so partial that he had it sent from Boston when, years later, he was unable to obtain it in Switzerland. Sigerist prepared it ceremoniously and expertly, and served it in a tea set that had been imported from China."[13]

Sigerist held the esteemed position of Welch Professor of the History of Medicine and had been the director of the Institute of the History of Medicine at Johns Hopkins since 1932. Following his visit to the Soviet Union in 1937, he became a strong proponent of the Soviet model of socialized medicine and wrote *Socialized Medicine in the Soviet Union*.[14] At that time, he was deeply enthusiastic about the state-promoted medical reform plan.

Besides, Sigerist had a special love for Chinese culture. His colleague Erwin H. Ackerknecht (1906–1988) once remarked that: "Even his 'Sinophilia', his 'Chinoiseries'—he occasionally wrote poems in the Chinese manner—are of the eighteenth century".[15] The eighteenth century was the era when Europe was fascinated by China. Sigerist's passion for Chinese culture came from his early training in Oriental studies when he started his academic career as a student of oriental philology at the University of Zurich. He learned some Chinese at King's College in London during that period.[16]

After Sigerist came to Johns Hopkins, he also became interested in Chinese medical history. Edward H. Hume (胡美, 1876–1957), an Indian-born American, a graduate of Hopkins, and the founder of Xiangya Hospital (湘雅医院) and Xiangya Medical School (湘雅医学专门学校), played a key role in directing Sigerist's attention to the history of TCM.

Hume had spent 20 years in China and developed a strong passion for exploring history of medicine in China.[17] In 1931, during Sigerist's first visit to America, he met Hume, who suggested to Sigerist that "something should be done about the incorporation of Chinese medical history into the stream of history which you have been studying from the Western World".[18] Sharing Hume's enthusiasm for Indian and Chinese cultures, Sigerist gradually developed an interest in the history of TCM too.

Sigerist accepted the position at Johns Hopkins in 1932. Since then, he and Hume had discussed exploring Chinese medical history several times. On February 3rd, 1934, Sigerist expressed his hope to establish an Institute of History of Medicine in China.[19] He then invited Hume to lecture at the prestigious History Club of Johns Hopkins. On May 17th, Hume presented his article "The square kettle", which was soon published in *Bulletin of the Institute of the History of Medicine*.[20] In 1938, Hume was invited to deliver the Noguchi Hideyo lecture on TCM (Fig. 3). After the lectures, as an expert on TCM, Hume was appointed part-time lecturer of Far Eastern medicine in the department. Two years later, Hume's lectures were published as a monograph, *The Chinese Way in Medicine*.[21] During Sigerist's tenure as director of the Institute of History of Medicine, he worked closely with Hume to advance research on the history of TCM.

Considering Henry Sigerist's enthusiasm for Chinese culture and medicine, and his advocacy for socialized medicine, Veith's article suited his taste very well. After reading Veith's translation, Sigerist expressed his willingness to publish it in *Bulletin of the History of Medicine*. This translation, titled "Government control and medicine in eleventh century China", was soon published in the July issue of that year.[23] This was also Veith's first publication on history of medicine.

5 Editing J. W. Lindau's manuscripts

Approximately at the same time that Veith showed her translation to Sigerist in January 1943, Theresa Lindau (1866–1957), wife of Jacob W. Lindau (1861–1942), took her husband's manuscripts to Sigerist to inquire about the possibility of publication. Mr. Lindau was a chemist in Baltimore. He became very interested in *Huang Di Nei Jing*, so he taught himself Chinese and



Figure 3 Henry E. Sigerist and Edward H. Hume at the Institute of History of Medicine, taken during the 1938 Noguchi Hideyo Lecture (source with permission from: Manuscripts and Archives, Yale University Library[22])

devoted 25 years to translating it (Fig. 4). Records showed that in 1922–1923, Mr. Lindau once registered as an attendant on a Chinese course in Johns Hopkins' division of "College Courses for Teachers".[24] He was the first man to attempt to translate the whole book of *Huang Di Nei Jing*. Unfortunately, Mr. Lindau passed away in 1942, leaving behind a body of manuscripts. Judging from the remaining pages of Lindau's manuscripts at Alan Chesney Medical Archives Centre, his typed manuscripts had at least 939 pages.[25]

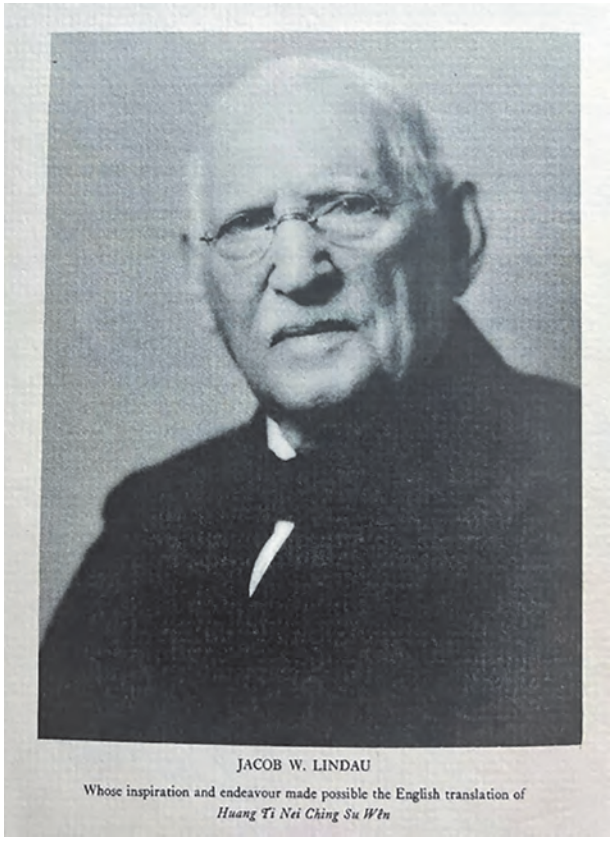


Figure 4 Portrait of J. W. Lindau in Ilza Veith's *The Yellow Emperor's Classic of Internal Medicine* (1949) (source with permission from: photo taken by the author)

After Mr. Lindau's death, Mrs. Lindau sought to publish her late husband's lifelong work but failed again and again. When she reached out to Sigerist, Sigerist enthusiastically extended a helping hand. He immediately wrote to Hume, asking him to check whether Lindau's translation was accurate. At the end of the letter, he added: "A translation of the *Nei Ching*, of course, would be most welcome".[26]

Sigerist clearly understood the importance of translating *Huang Di Nei Jing* because he and Hume had discussed translating Chinese medical classics for many years. As early as 1934, Hume proposed translating Chinese medical classics in his article "The square kettle". In 1940, Sigerist and Hume submitted a proposal to the American Council of Learned Societies (ACLS) to seek funds to translate Chinese medical classics, including *Huang Di Nei Jing*.[27] In 1941, K. C. Wong (王吉民), a renowned Chinese medical historian, also wrote to seek Sigerist's financial help for translating Chinese medical classics into English.[28] Hume and Sigerist tried several times to secure financial support for translating Chinese medical classics and bringing K. C. Wong to Johns Hopkins, but they failed. They were fully aware of the necessity and significance of translating Chinese medical classics but could not find a way to fulfill their dreams. That's why Mr. Lindau's manuscripts instantly caught Sigerist's attention.

However, Hume was abroad at that time. He didn't reply to Sigerist's letter until May 3rd. Hume wrote back excitedly:

> "What a task to undertake, and how assiduous he must have been to give it 25 years! I shall be glad to look over the manuscript with you and to discuss it with competent scholars who are here, including my good friend, the eminent physicist from China, Professor C. T. Kwei (桂质廷), just here from the Far East, with Professor Y. R. Chao (赵元任); with Professor S. Y. Chen (陈受颐) of Claremont Colleges; and, of course, with Professor Hu Shih (胡适). It is a most important translation."[29]

It was highly possible that these Chinese experts didn't read Mr. Lindau's manuscripts, for Veith mentioned none of them in her "Acknowledgements". It's unclear whom Sigerist invited to check the quality of these manuscripts. However, it was concluded that Mr. Lindau's translation needed to be revised and edited to meet publication standards. Around the time Mr. Lindau's manuscripts appeared, Veith approached Sigerist to discuss her translation of *Zhou Guan Xin Yi*. Sigerist realized that Veith was well-suited to undertake the revision and editing work of Lindau's manuscripts.

In June 1943, Sigerist asked Veith to compile an inventory of Mr. Lindau's manuscripts and reference books sent by Mrs. Lindau and to store all documents in the Welch Medical Library's vault for safekeeping.[30] After finishing this job, Veith became familiar with Mr. Lindau's reference books, which would be beneficial for her own translation too.

Mrs. Lindau told Sigerist that Mr. Lindau often met Berthold Laufer (1874–1934) when they visited Chicago, and the manuscripts were initially planned to be reviewed by Laufer.[31] Berthold Laufer was the most distinguished sinologist in America at that time. Born and educated in Germany, Laufer had worked in the United States since 1904. From 1908, he worked for the Field Museum in Chicago. His expertise in sinology and anthropology made him an ardent advocate for studying the history of medicine since 1907.[32] He also helped establish the Committee on the Promotion of Chinese Studies in 1929 and became its first chairman. In 1932, he was elected president of the History of Science Society. Unfortunately, he died early in 1934. Considering Laufer's authority in the history of medicine and sinology, what Mrs. Lindau claimed was highly possible.

However, Sigerist and Veith checked the manuscript and found that Laufer had not reviewed it before he died.[33] On August 25th, Sigerist wrote to Mrs. Lindau, proposing she fund $1,200 for one year to revise the manuscript to meet publication standards.[34] On September 29th, Mrs. Lindau sent a check of $1,200 to Johns Hopkins University to support Veith in editing the manuscript.[35] At that time, Veith had not yet completed the cataloging of the Hauer Collection, and she suggested that she start revising Lindau's manuscript after January 1944.[36]

At the end of December 1943, Mrs. Lindau was injured and hospitalized because of a car accident. She became increasingly concerned about the editing progress of the manuscripts and kept writing to Sigerist. To alleviate Mrs. Lindau's concerns, in July 1944, Sigerist agreed with President of Johns Hopkins University Isaiah Bowman (1878–1950) that the university would appoint a committee to supervise and assist Veith's work.[37] The committee's chairman was Henry Sigerist, and members were Edward Hume and Kemp Malone (1889–1971), the director of the English Department and a representative of the Hopkins Press.

6 Seeking Rockefeller Foundation's support

However, soon after starting the editing work in 1944, Veith found it was almost impossible to edit the original manuscripts, and she nearly needed to retranslate the entire book. It turned out that the manuscripts they checked beforehand were only the introduction part, which was quite readable because it had been edited by Mr. Lindau's Chinese teacher at Hopkins, Dr. Chao Ming Chen (1880–1961).[38] Mr. Lindau's translation lasted for 25 years, and there were too many inconsistencies to be solved by simple editing.[1] That's why, later, when Veith started her translation work, she first established her glossary of terms to ensure the consistency of key Chinese medical and philosophical terms used in the book.

The $1,200 sponsored by Mrs. Lindau would be used up soon at the end of 1944, but the translation work turned out to be a much larger project than they had initially estimated. In October 1944, following Hume's advice, Sigerist wrote to David H. Stevens (1884–1980), director of the Humanities Division of the Rockefeller Foundation, to seek further financial help for supporting the translation work. Sigerist hoped the Foundation could continue to donate $100 per month for one year so that Veith could translate full-time instead of looking for another job.[39] This would prevent interruptions to the translation work and allow the book manuscripts to be published as soon as possible. Sigerist wrote:

> "Dr. Edward Hume will call upon you and being one of our foremost experts in the history of Chinese medicine, he can tell you better than I could what the significance of this book is. It has never been translated into any Western language and is undoubtedly equally important to the history of medicine, history of philology and religion, and to the history of Chinese culture at large."[39]

On December 20th, Stevens replied that he had shown Sigerist's letter to people interested in the project for public discussion and had conversed with Hume and Veith respectively.[40] Although he acknowledged the value

of Veith's English translation work, the Rockefeller Foundation's program could not provide direct funding for individual translation projects. Stevens suggested that Sigerist admit Veith as his doctoral student working on this translation work as "an element for a higher degree", and this was the only way to support her personally for the long term. In January 1945, when Sigerist returned from India, he agreed to Stevens's suggestion, saying that there would be no problem with him admitting Veith as a doctoral student.[41] From 1932 to 1945, Sigerist served as the director of the Institute for over 10 years, but he didn't train students for Ph.D. degrees because of the dim prospect of finding a job in the history of medicine.[42] Veith became his first Ph.D. student and the only one.

7 Pursuing a doctoral degree in history of medicine

In February 1945, Ilza Veith officially became the first doctoral student in the Department of History of Medicine and was awarded a Rockefeller Foundation Fellowship. Veith began studying for a doctoral degree under the guidance of Sigerist. In July, Sigerist introduced Veith's translation work in the report of "The Johns Hopkins Institute of the History of Medicine during the Year 1943–1944":

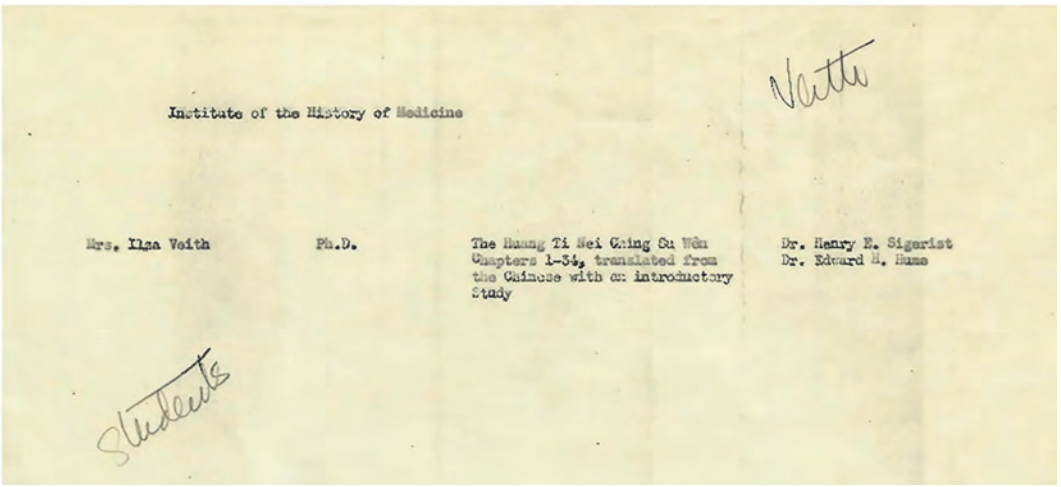
> "Mrs. Ilza Veith of the School of Higher Studies of the Faculty of Philosophy is engaged in an unusual project. A Baltimore gentleman, Mr. J. W. Lindau spent a lifetime translating a Chinese medical classic, the Nei Ching of Huang Ti from Chinese into English. When he died a few years ago, he left a completed manuscript of the translation which, however, requires careful revision and editing before it can be published. Under a generous grant of Mr. Lindau's widow, Mrs. Veith is carrying out the work. The revised translation is very beautiful and will for the first time make this famous classic of Chinese medicine available to the Western world."[43]

Veith graduated in June 1947, completing her course studies and doctoral dissertation in two and a half years. Even when accounting for the previous year she spent editing Lindau's manuscripts, completing the translation of the first thirty-four chapters of *Huang Di Nei Jing* within three and a half years was still challenging. To help Veith complete the translation and obtain her degree as soon as possible, Sigerist created the most favorable conditions for her. Veith had been trained in medicine before coming to Hopkins and general history in her master's program, but she had little knowledge of medical history. Sigerist designed a special course plan for her, according to which Veith participated in seminar courses, thereby systematically completing her study in the history of medicine. At the end of 1945, to support Veith's second-year study, Sigerist wrote another letter of recommendation for her to renew the Rockefeller Foundation Fellowship.[44]

In March 1946, Sigerist asked Hume if he could discuss Veith's translation with him during the Chinese medicine seminar scheduled at the end of April.[45] Sigerist said Veith was making rapid progress and hoped Hume would join him as referee for Veith's doctoral dissertation. At the end of November, after confirming that Veith could complete her doctoral dissertation as expected, Sigerist began communicating with the Board of University Studies about Veith's graduation date.[46] In December, when Veith had completed her graduation dissertation, Hume and Sigerist jointly served as advisers for her (Fig. 5). [47]

On February 4th, 1947, Sigerist wrote to Hume that he had finished reading Veith's work, and his comments would focus on the overall importance of this dissertation to medical history. He hoped Hume, as another referee and an expert on Chinese medicine, could "emphasize particularly the translation and all that goes with it".[49]

The following week, Veith traveled to New York to meet Hume, who carefully read and revised her translation. In his letter to Sigerist on February 21st, 1947,


Institute of the History of Medicine

Veith

Mrs. Ilza Veith | Ph.D. | The Huang Ti Nei Ching Su Wên Chapters 1-34, translated from the Chinese with an introductory Study | Dr. Henry E. Sigerist Dr. Edward H. Hume

Students

Figure 5 Record showing Sigerist and Hume as Ilza Veith's advisers (source with permission from: Alan Mason Chesney Medical Archives[48])

Hume recommended Veith seek help from knowledgeable Chinese scholars to ensure the accuracy of the translation, as there are many allusions in ancient Chinese medical literature that Westerners may not fully understand.[50] It's unclear whether Veith followed his advice. In her "Acknowledgments", Veith expressed thanks to Edward Hume, Homer H. Dubs (1892–1969), Karl August Wittfogel (1896–1988), and Shih Yu-Chung (施友忠, 1902–2001). Homer H. Dubs was formerly a professor at Columbia University and was known for his translation of *Han Shu* (《汉书》 *History of the Han Dynasty*) by Ban Gu (班固). Karl August Wittfogel was a German-born sinologist working at Columbia University too. Shih Yu-Chung was a Chinese scholar teaching Chinese language and literature at Washington University. Veith had consulted Homer H. Dubs before her translation work, and Dubs advised her to "make a rough translation".[1] This was also the way Dubs translated *Han Shu*. Shih Yu-Chung was the only Chinese expert Veith had consulted, but he was not an expert in TCM. Without a real TCM expert's help, Veith's translation could not avoid faults and errors.

On May 7th, 1947, in comments submitted to the Board of University Studies, Sigerist made the following evaluation of Ilza Veith's paper:

> "Mrs. Ilza Veith's dissertation entitled "Huangdi Neijing" [The Yellow Emperor's Classic of Internal Medicine] is a very valuable contribution to the history of medicine. For the first time it makes available one of the earliest classics of Chinese medicine and presents a critical evaluation of its content. The result is surprising in that it shows that the earliest Chinese medical literature does not consist of mere receipts and charms but appears as part of a well-rounded philosophic system in which the phenomena of health and disease are considered aspects of a cosmic process. Mrs. Veith has shown great acumen in the translation, interpretation and evaluation of a difficult text and her work will undoubtedly arouse much interest far beyond the circle of medical historians."[51]

As a voracious reader of translations of Chinese literature, Sigerist offered an evaluation of Veith's translation that may represent the reading experience of Western readers. In June 1947, with the assistance of Sigerist and Hume, Veith completed her studies at Johns Hopkins and obtained her degree. *The Sun* reported: "Written in classical Chinese, this earliest known history of Chinese medicine hitherto has been available to historians only through descriptions by Chinese scholars".[7] Being the first Ph.D. graduate from the Institute of History of Medicine, Veith naturally became the first individual in the US to receive a Ph.D. in the History of Medicine. At the end of June, Sigerist resigned from Johns Hopkins.

8 Publication of Ilza Veith's doctoral dissertation

However, seeing the news of Veith's graduation from *The Sun*, Mrs. Lindau was astonished to find Veith was awarded a doctoral degree for translating *Huang Di Nei Jing*.[52] She had assumed her grant of 1200 dollars would help publish her late husband's manuscripts. But worrying about her health, Sigerist and Veith hadn't clearly told her that her husband's lifelong work could never meet publication standards. Mrs. Lindau still insisted her husband's work be published, so Veith had to seek a publisher for the translation work as soon as possible.

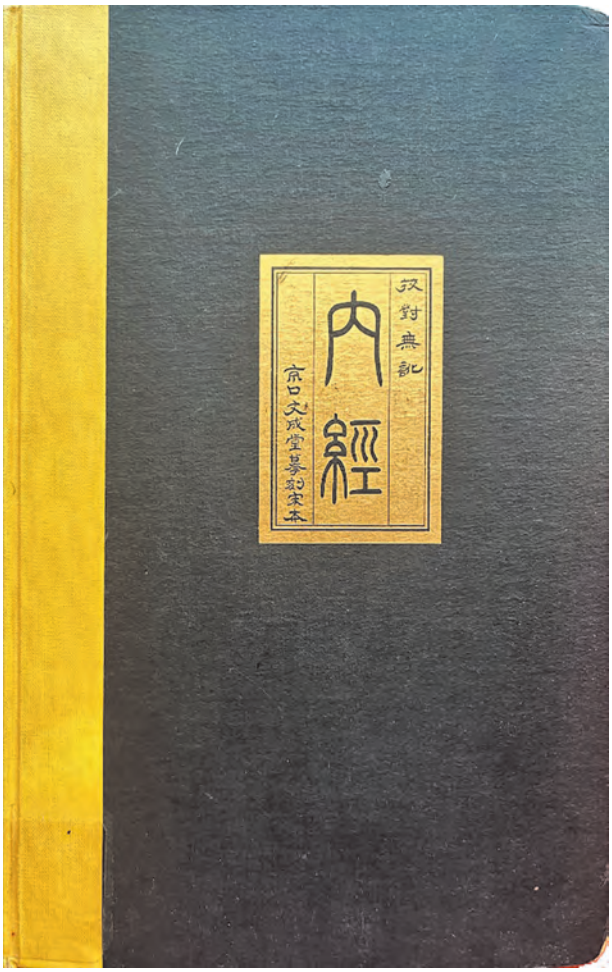


Figure 6 Book cover of the 1949 version of Ilza Veith's *The Yellow Emperor's Classic of Internal Medicine* (source with permission from: photo taken by the author)

Luckily, shortly after Veith's graduation, The Williams & Wilkins Company, a professional medical publisher in Baltimore, heard about Veith's doctoral dissertation and expressed interest in reviewing the work. Following a meeting with the editor a week later, on November 4th, 1947, the company agreed to publish it with only minor necessary editorial changes.[53]

But the legal disputes over Mr. Lindau's manuscripts and Veith's translation work hadn't yet been resolved. After a long and strenuous negotiation among all parties including Johns Hopkins University, it was decided that Johns Hopkins refund Mrs. Lindau 1200 dollars. To honor Mr. Lindau's contributions, his portrait was printed on the front page of Veith's book. Sigerist also

wrote a preface to pay tribute to Mr. Lindau for his courage and effort.

With all disputes resolved, in 1949, the Williams & Wilkins Company finally published Veith's dissertation with fine printing. The book's first half is an analysis and introduction of the medical thoughts of *Huang Di Nei Jing*, followed by the English translation of chapters 1–34 of *Huang Di Nei Jing* (Fig. 6). This significant Chinese medical classic became accessible to Western readers.

9 Between sinology and history of medicine

When Veith's book was published, sharp criticism came first from American sinologists. In 1950, James R. Ware (1901–1977) at Harvard University pointed out Veith's errors and directly attached his retranslation of the three appendices and pages 97–98 to his review.[54] Ware also criticized Veith for mentioning James Legge (1815–1897) and Edouard Chavannes (1865–1918) using Chinese assistants. In response to Ware's book review, Veith reiterated that her translation "represents the approach of a medical historian rather than that of a Chinese philologist".[55] She also quoted evidence to prove how Legge and Chavannes collaborated with Chinese assistants.

The argument between Veith and Ware was not about the history of medicine, but rather a sinological controversy over how to understand and translate ancient Chinese texts. Similar criticisms of Veith's misunderstanding of the original Chinese text abound in the academic research of *The Yellow Emperor's Classic of Internal Medicine* in the following years. Veith's work started with translation, which inevitably was to be first scrutinized by sinologists. But born and trained in Germany with backgrounds in Oriental studies, Veith and Sigerist knew well about the long tradition of German philology and how philologists worked on translating Chinese works. In fact, she already showed the habit of a philologist in discussing the history of *Huang Di Nei Jing*. But Veith still saw her work as research on the history of medicine rather than philological work. Besides, Veith was familiar with the intimate cooperation between sinologists and Chinese assistants. However, she didn't collaborate with Chinese assistants but chose to do it independently.

Veith repeatedly emphasized that this translation was made by a medical historian, which was criticized as an excuse for the roughness of her translation. But in my opinion, the main reason was that she had seen the "untranslatability" of medical texts from the dual perspectives of sinology and medical history.

As Veith stated in her preface, she was quite clear about sophisticated textual and linguistic problems arising from translating Chinese texts. It is difficult for TCM scholars to reach a conclusion about the "correct understanding" of the original texts. How to translate the original text into English is another issue. In America, at that time, "rough translation" was a popular way to get a general understanding of Chinese classics quickly. Rising studies on China were changing from the traditional European way focusing on philology to a new "Chinese Studies" model emphasizing cultural studies. As a part of this transformation, Veith's work was influenced by European sinology but was striving to shift towards American way of Asian studies.

Her training in the history of medicine also meant that she could not undertake a serious philological work, which would be time-consuming and almost impossible to finish. She had noticed the changing concepts of disease in history. How to relate Chinese medical terms to or distinguish them from Western medical terms also involves complex questions of conceptual history, intellectual history, and even global history.

Behind this complexity is the untranslatability of TCM knowledge. In the end, translation can only play an intermediary role, serving as a medium to invite more people into the world of original text. To better understand the original work, it is necessary to cross the language barrier. Even Willy Hartner (1905–1981), a historian of science who criticized Veith's translation, had to admit:

> "Thus a first translation cannot be expected to be perfect. The great philologist will in most cases know but little about the history of medicine; the historian of medicine, on the other hand, will hardly be a well enough trained philologist to decide in every single instance whether the interpretation he deems adequate from a medical and historical viewpoint is undoubtedly in accordance with the grammatical rules (which, though of course existing, are not as easily definable as in our western languages)."[56]

10 Conclusion

Veith's work, though imperfect, was born at the right time. Sponsored by Mrs. Theresa Lindau, Ilza Veith began her translation work by editing J. W. Lindau's manuscripts. With support from the Rockefeller Foundation, she could continue the translation by pursuing a Ph.D. in History of Medicine. Veith's educational background in Japanese history and Chinese language, her previous working experience in cataloging the Hauer Collection, and editing Mr. Lindau's manuscripts all prepared her to undertake the translation of *Huang Di Nei Jing*. With a good command of German, French, Japanese, Chinese, and English, Veith was capable of using global resources to help with her translation. As a result of promoting Chinese studies in America since 1929, a new generation of scholars like Veith could research China independently with abundant resources. Veith could have access to sinological collections like the Hauer Collection at Johns Hopkins. She could also consult sinologists and

Chinese scholars in America. The insights and efforts of Sigerist and Hume accelerated this book's birth.

As a landmark translation of TCM classics, Veith's work was the converging result of the development of medical history and Asian studies in the first half of the 20th century in the United States. Although Veith's translation was flawed, it was the only relatively complete resource illustrating TCM theory for over 30 years.

In 1966, 17 years after its publication, *The Yellow Emperor's Classic of Internal Medicine* was reprinted by the University of California Press. By this time, the rising interest in acupuncture in the West, which started in France in the 1930s, had spread to the United States. The Counterculture Movement was at its height, and Chinese classics like *Yi Jing* (《易经》*The Book of Changes*) were fashionable. The reprint of Veith's work caught this trend. Following Nixon's visit to China in 1972, enthusiasm for acupuncture in the United States further enhanced the reputation of Veith's work. Throughout the 1970s, four editions were printed in 1970, 1972, 1973, and 1975. It was not until 1978 that the Canadian–Chinese herbalist Henry C. Lu (吕聪明, 1936–2022) published another complete English translation of *Huang Di Nei Jing* with nearly 10 years of effort.[57]

In 1951, Hume once remarked: "Later scholars may revise and retranslate". [58] After Veith, translating *Huang Di Nei Jing* did spark the enthusiasm of generations of scholars. Although new translations of this classic continue to appear, Veith's book is still being reprinted. In the preface to the most recent reprint in 2016, Linda L. Barnes (1953–) at Boston University commented:

> "...as Chinese acupuncture in particular seized the imagination of individuals and groups outside of China, and as that interest exploded in the early 1970s, Veith's translation became a core resource. Her explanations of Chinese medical theories and diagnostics, and of acupuncture and moxibustion, contributed to the intellectual formation of generations of practitioners. It supported their pursuit of a system that does not insist on a body/mind bifurcation, and that integrates the cosmic and the microcosmic. As such, it takes its rightful place as a core piece of the history of Chinese medicine in the West."[59]

Barnes's words remind us once again that the value of Veith's translation lies in "the history of Chinese medicine in the West". Looking back at the exchanges and interactions between Chinese and Western medicine before 1949, early attentions to TCM were scattered in its curative effects or superstitious elements. Few people explored TCM's theoretical system in depth. Veith was the first to complete the translation of the TCM theory system. Veith's work *The Yellow Emperor's Classic of Internal Medicine*, like her first Ph.D. in History of Medicine in the United States, is only the starting point for the realm of the history of TCM in the United States. Today, scholars interested in the history of TCM may come from various disciplines such as Asian/Chinese studies, the history of medicine, the history of science, and anthropology. This multidisciplinary diversity shows the fascinating facets of TCM, also echoing the interdisciplinary birth of Veith's work.

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

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GUI Ting wrote and revised the article.

Conflicts of interest

The author declares no financial or other conflicts of interest.

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Traditional Chinese Medicine, Daoism and Aldous Huxley's Holistic Health Vision in *Island*

ZHOU Chengyi (周城伊)[1,✉]

Abstract

Aldous Huxley underwent a gradual intellectual shift from Western scientific rationalism toward Eastern medical and philosophical traditions as a lifelong patient and a pacifist. This transition marked a movement from curing disease toward cultivating health in its full complexity across individual, social, and ecological dimensions. This late vision of holistic health is subtly shaped by traditional Chinese medicine (TCM) and Daoism. While merging into his writings as a pan-Eastern philosophy with Zen, Mahayana Buddhism and Tantra, acupuncture, *Tai Ji Quan* and Daoist thoughts influenced the writer's understanding of holistic health in a more physically oriented way. In Huxley's last novel, *Island* (1962), these three dimensions were respectively nurtured through body-mind alignment, non-coercive social organization guided by *Wu Wei* (无为 non-action), and harmonious coexistence with nature following the principle of "Order of Things", the synonym Huxley used for "Tao". Together, they form a vision of health that is preventive, relational, and fundamentally integrated, seeing mind and body, individual and society, human and nature as one interdependent whole. The reading of *Island* from the perspective of TCM and Daoist principles reveals their potential to reshape literary and cultural understandings of well-being. The convergence of TCM, Daoism, and literary imagination in *Island* opens fertile ground for interdisciplinary inquiry toward a more balanced, sustainable, and holistically healthier future for humanity.

Keywords: Traditional Chinese medicine; Daoism; Aldous Huxley; Holistic health; *Island*

1 Introduction

With the dissemination of traditional Chinese medicine (TCM) abroad, it is increasingly noticed that TCM is not only a medical issue for physical health, but a culture that embodies Chinese living philosophy. Since the early 20th century, the wisdom has flowed into British life. Researchers who study the dissemination of TCM usually follow the records and interviews of doctors and patients, while literary works are scarcely attended to. Yet, fiction combining reality and imagination can offer an alternative and deeper perspective of how TCM thoughts are accepted by and integrated into foreign cultures. The British novelist Aldous Huxley's fictional novel *Island* (1962) is such an example reflecting TCM's influence on his health visions.

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For a long time, Aldous Huxley (1894–1963) had been considered a dystopian novelist whose contribution resided in scientific and political reflection. Most literary criticism discussed thoughts about evolution, technology, and liberal education in his early works, especially *Brave New World* (1932), and neglected his later works, which were criticized for straying from his earlier rationalist path and turning instead to mysticism. While the criticism of the so-called mysticism trend faded away after Huxley's death, his interest in Eastern philosophies was not closely attended until the recent decade. Since the 21st century, some scholars have argued that without "a scholarly understanding of the subjects of mysticism and alternative spirituality, ...a nuanced understanding of Huxley's work is impossible".[1] Influences of Tantra, Zen, Mahayana Buddhism[2] and Daoism are gradually recognized and discussed based on his passion for ideas considered heretical in his time, such as "consciousness research, decentralization in government and the economy, paranormal healing, the uses of altered awareness, visual retraining, and acupuncture".[1] By mentioning acupuncture, Tai Chi, *Qi Gong* (气功 qi therapy) and Daoism, these studies also offered a vague clue and possibility of TCM's influence on Huxley, who did encounter and write about acupuncture in 1961.

Despite limited direct reference to TCM in Huxley's writings, its health conceptions and philosophy played specific roles in his pursuit of human health and societal peace. TCM and Daoism's way influenced Huxley

in the 1960s in an invisible and nuanced manner, and was integrated into a holistic health vision in his last novel, *Island*. This utopian novel, published one year after his encounter with acupuncture and a year before his death, constructed a human society combining Western science and Eastern philosophies. Since the island is grounded in Indian culture, Hinduism and Buddhism-based traditions—such as Mahayana Buddhism, Tantra, and Zen—form its dominant philosophical framework, and explicit references to TCM and Daoism are rare. However, subtle indications of a more physically oriented approach to holistic health, distinct from the mentally oriented Buddhist model, suggest the underlying influence of TCM and Daoist wisdom. This paper intends to explore Huxley's holistic health vision in *Island* and its consonance with TCM and Daoism by tracing their signs in his life and writings. As a patient and a pacifist, when Huxley transitioned from Western medicine to Eastern medicine, his concerns also shifted from disease to health in physical, social and ecological dimensions. These three dimensions are incorporated into the holistic health vision in the fictional society of Pala, including individual health of body-mind alignment (身心合一), social health guided by *Wu Wei* (无为 non-action), and ecological health of human-nature harmony (天人合一). By interpreting Huxley's *Island* from the perspective of TCM, the study intends to explore TCM's cultural influence on English literature, to bring new perspectives to Huxley studies, and to promote the interdisciplinary studies of TCM and literary criticism.

2 From patient to pacifist: Huxley's encounter with TCM and Daoism

Aldous Huxley had an increasing interest towards Eastern philosophies and alternative healing methods since the late 1920s, which led him to Daoism later in the 1940s and acupuncture in the 1960s (Fig. 1). These two interests seemed separate and unrelated on the surface: Huxley resorted to alternative therapies for his long-plagued body, and pursued Eastern philosophies out of humanistic concern for war-ridden society and his pacifist wishes. However, in the sense of metaphor (Note 1), they were both cures that Huxley searched for disease: the disease of the human body, soul, or society. It was through the holistic wisdom of Eastern philosophies that he envisioned a healthier possibility of the human future that cannot be nurtured on pure Western science of rationalism and reductionism. At the same time, it was TCM and Daoism in particular that inspired him to foster a more balanced, healthy dynamics between body and mind, as well as between humanity and nature.

Personally, Aldous Huxley's passion for alternative healing methods originated from his disease-ridden body. He was plagued by his vision problems and chronic health issues throughout his life. At age sixteen, he caught keratitis, an inflammation of the cornea, which



Figure 1 Photograph of Aldous Huxley in 1947 (source with permission from: https://commons.wikimedia.org/wiki/File:Aldous_Huxley_1947.png)

made him blind for two years, and permanently impaired his eyesight in the right eye. Throughout his life, Huxley was plagued by respiratory problems so severe, such as influenza, bronchitis, and pneumonia, that he had to live abroad to avoid the brumous air in British winters. He also suffered from eczema, hives, piles and oedema, not to mention frequent pains. As his friend Gerald Heard said, "Huxley's body hurt quite a lot most of the time; a little nearly all of the time; intensely, far too often".[3] Obviously, Western medicine did not solve these chronic sufferings, especially the eyesight problem, in a satisfying way. His frustration with the lack of improvement led him to explore alternative treatments, most notably the Bates method for vision improvement, which he wrote about in *The Art of Seeing* (1942).

Alternative therapies, or alternative healing methods, refer to diverse medical and healthcare interventions, practices, or products that are not considered part of conventional medicine. They have flourished alongside mainstream medicine since the 18th century, and prevailed along with the New Age Movement (Note 2) in the late 20th and early 21st centuries. Influenced by multiculturalism, many alternative therapies were introduced from non-Western cultures, such as Ayurveda from India, Curanderismo from Latin America, and Zar from Northeast Africa. They usually included herbal medicine, massage, meditation, spiritual healing, etc. To address his vision and other chronic health issues, Huxley extensively practiced a variety of alternative therapies, including yoga, meditation, biofeedback, the Alexander

technique, hypnotism, magnetic passes, Dianetics, and E-therapy. Through his continual exploration of new methods, and due to TCM's dissemination in Western society, he naturally encountered acupuncture and *Tai Ji Quan* (太极拳).

According to his letters and essays, Huxley encountered acupuncture around 1961, through his interactions with two acupuncturists, Felix Mann and Dr. Quaglia Senta. In a letter of July 8th, 1961, he mentioned a visit to an acupuncture expert, presumably Felix Mann, with whom he maintained correspondence "for some time" (Note 3). Felix Mann (1931–2014) was a representative of the British "Western Chinese Medicine" School of "Scientific Acupuncture". He published eight books and introduced scientific approaches to acupuncture, which subverted the traditional understandings of acupuncture points and meridians. When he contacted Huxley, Mann was a 31-year-old young man searching for a supporting preface for his first book, *Acupuncture: The Ancient Chinese Art of Healing*.[4] The book offered a detailed account of acupuncture, examining its neurophysiological mechanisms from a scientific perspective, and outlining its fundamental principles according to the theories of TCM. Huxley spoke highly of Mann as a doctor "with a good practice, based on the fact that he cures people who can't be cured by other doctors (mostly chronic cases)",[5] and especially appraised his way of thinking that captured "unusual facts" that were "ignored by the very people whose business is to investigate them". In the same month, he and his wife met Dr. Quaglia Senta, an Italian physician in Turin (Note 4), and "spent a memorable evening talking".[6] Later, Huxley wrote an essay recording his impressions of the meeting and the inspiration gained from acupuncture, a part of which was adapted into the foreword to Felix Mann's book.

In the essay, Huxley briefly addressed the origins, mechanisms, and significance of acupuncture brought to Western minds, recognizing it as a serious, coherent, and incredible system of healing. Noticing acupuncture's incredible effect on both physical and pathological symptoms, he rebutted the claims that dismissed acupuncture as superstition and hocus-pocus. Most importantly, the writer captured the body-mind holistic mechanism of TCM in acupuncture: "By pricking a number of judiciously selected points the skilled acupuncturist re-establishes the normal circulation of energy and brings the patient back to health. ... [V]arious undesirable mental states ... disappear as soon as the normal circulation of energy is restored".[6] From this fact, Huxley drew further inspiration for his long-standing inquiry into the body-mind dynamics: "To what extent are our thoughts, beliefs and actions the products of our inherited physique and temperament, and of the fluctuations, in response to internal and external events, of our body-chemistry?" This question reveals TCM's materialistic emphasis on body-mind treatment, which differs from Buddhist healing concepts: while Mahayana Buddhism and Zen primarily adjust the body with mindfulness, TCM focuses on transforming the mind via the body.

Moreover, Aldous Huxley has been interested in and practiced *Tai Ji Quan*, a therapeutic exercise derived from *Yi Jing* (《易经》*The Book of Changes*) and a daily practice for well-being in TCM. In a foreword that his wife Laura Huxley wrote for Wen-Shan Huang's *Fundamentals of Tai Ji Quan*, she recalled Huxley's practice and understanding of "Oriental psychophysical disciplines, of which *Tai Ji Quan* is one", that "they are not abstract but pragmatic, not conceptual only but intensely practical and experiential".[7] As Laura quoted, this very exercise also appeared in *Island* as a way of reuniting the body and mind along with other Buddhist and Tantric exercises such as meditation and yoga. Although Huxley didn't make a clear distinction between them, *Tai Ji Quan* placed greater emphasis on the integration of physical movement and mind, while meditation and yoga focused more on mindful deep breaths in still postures. This tendency of physical orientation became a key element to differentiate the TCM influence from other mind-body healing methods in his novel. By acknowledging acupuncture and *Tai Ji Quan*'s effects, Huxley not only reflected Western mindsets confined by empirical bias, but also saw the possibility of crossing the body-mind border, which had already attracted his attention when he encountered Daoism, the philosophical foundation of TCM.

Huxley's encounter with Daoism was much earlier than the one with acupuncture, driven by the surging anti-war impulse after the two World Wars. The devastation, disillusionment, and moral crises brought about by the wars led Huxley to question the values and assumptions of Western civilization, particularly its reliance on rationalism, materialism, and technological progress. In response to the violence and dehumanization he witnessed, Huxley sought alternative worldviews that emphasized harmony, balance, and spiritual well-being, believing that "mysticism was part and parcel of pacifism".[1] Daoism, with its focus on natural order, *Wu Wei*, and holistic integration of body and mind, offered a compelling contrast to the conflict and alienation. During World War II, he compiled a collection exploring the world's major religious traditions, *The Perennial Philosophy* (1945) (Note 5). The book reflected a deep engagement with Daoist thought as he explored ways to transcend the limitations of Western modernity and promote a more peaceful, integrated approach to life. In the book, Huxley argued that "personal sins and social maladjustments are all due to the fact that men ... live according to their own will and notions, not according to Tao—which is the Great Way, the Logos, the Nature of Things".[8] Increasingly influenced by Daoism, the writer incorporated the idea of "Orders of things" into the next novel, *Ape and Essence* (1948), considering it as the good against the devastating evil, "Belial".

While Huxley's portrayal of Daoism in *The Perennial Philosophy* was often interpreted through a mystical or religious lens, more importantly, it profoundly reshaped his understanding of health. He recognized early on the all-encompassing, emanationist cosmology inherent in Daoist philosophy, where the *Dao* (道 the way, Tao) gave rise to all things and "manifests itself on every plane, from the physical, through the animal and mental, to the spiritual".[8] Although Huxley ultimately emphasized spiritual awakening as the culmination, health remained a fundamental premise and an indispensable goal embedded within this trajectory. Despite widespread criticism of his interest in psychedelics, Huxley consistently opposed substances that damaged the body, drawing a clear distinction between visionary experience and harmful intoxication. He denounced such drug addiction as a "downward self-transcendence",[9] a liberation that led away from integration and toward disintegration. This stance revealed his core belief: the physical, biological, and spiritual dimensions were integrally connected, and only through comprehensive, holistic health could one truly approach the *Dao*.

Influenced by the Daoist conception of health, as well as his personal experiences as both a patient and a pacifist, Huxley gradually shifted his attention from disease to health, both in his medical thinking and in his literary production. In a 1945 letter he observed, "The whole gamut of therapeutic and spiritual procedures can best be thought about... in terms of Chinese conception of Tao—the Way, the Norm, the immanent and transcendent Suchness ... If he doesn't cooperate ... then everything goes wrong on every plane from the physiological to the spiritual".[10] His observation captured one of the most fundamental distinctions between Western medicine and TCM: whereas Western medicine primarily addresses disease through targeted intervention and symptom management, TCM emphasizes the maintenance of health, particularly the balance and harmony of yin and yang, and is grounded in the principle of treating illness before it arises (治未病). Huxley's movement from seeking cures toward contemplating the conditions for health closely parallels this philosophical shift from a Western biomedical framework to one aligned with Chinese medical thought.

This transformation is also evident in his fiction. After constructing multiple dystopian or flawed utopian worlds throughout his literary career, Huxley's final novel, *Island*, presents a vision of an ideal society, one that aligns with his mature philosophical convictions that were profoundly drawn from multiple Eastern wisdoms, including Daoism, Zen, Mahayana Buddhism, and Tantra (Note 6).[11] Crucially, this utopia is not centered on curing disease, but on cultivating health. From the individual body to the social body and the ecological system, Huxley articulates a holistic vision of health that resonates deeply with Daoism and TCM. This vision foregrounds the physically grounded alignment of body and mind, the principle of *Wu Wei*, and a harmonious relationship with nature following "the Order of Things", a synonym Huxley used for "Tao".

3 Three dimensions of holistic health vision in *Island*

As Huxley's final novel, *Island* represents the culmination of a lifetime of intellectual exploration, synthesizing Eastern philosophy with Western scientific thought. The novel adopts a traditional, linear, and straightforward narrative structure, following the perspective of Will Farnaby, a cynical journalist who arrives on the fictional Pacific island of Pala under a false pretense. Through Farnaby's encounters and dialogues with the island's inhabitants, the novel unfolds as a guided tour of Pala, offering insights into its unique systems of education, healthcare, family organization, social relationships, and spiritual practice. As a utopian counterpoint to the dystopian visions depicted in *Brave New World* and *Ape and Essence*, *Island* articulates a society founded on ecological harmony, sustainability, and a profound respect for nature. It emphasizes community-based family, holistic education, and practices of mindfulness, and most importantly, an attitude to tackle "all the fronts". These values reflect Huxley's mature vision of holistic health, which can be conceptualized through a three-dimensional structure encompassing individual health, social health, and ecological health, and each dimension aligns with several principles in TCM or Daoism (Fig. 2).

3.1 Individual health of body-mind alignment (身心合一)

The first layer of Huxley's holistic health vision, individual body-mind well-being, is foregrounded early in the novel.



Figure 2 Concept map of Huxley's holistic health vision in *Island* (source with permission from: picture made by the author)

Island begins with the protagonist, Will Farnaby, suffering a physical injury after falling from a cliff upon arriving in Pala. This incident immediately places him in the position of a patient, initiating his personal journey from external, bodily discomfort toward a deeper understanding of integrated physical and mental health. Through Will's gradual exposure to Pala's way of life, the novel explores various dimensions of individual health based on the alignment between mind and body. Among these dimensions, while the core propositions of preventive care and mental peacefulness are shared by Buddhism and Daoist TCM, methods such as lifestyle diversity and physical activity, especially a *Tai Ji Quan*-inspired dance, reflect a more physically oriented characteristic of TCM.

In Pala, the attention on body-mind alignment is grounded in an Eastern understanding of preventive care, a core health tenet shared by Buddhism and TCM. In *Island*, Huxley critiques the Western medical model through the ironic voice of a Palanese nurse, who highlights the West's overreliance on reactive interventions. She mocks the Westerners' obsession with "marvellous antibiotics" and "fantastic operations", contrasting it with their minimal commitment to true prevention, limited to "sewage systems" and "synthetic vitamins". Although the West commonly echoes the proverb "prevention is better than cure"[12] in practice, it remains largely curative rather than preventive in orientation. By contrast, the Palanese healthcare philosophy centers on resistance-building, danger-avoidance, and the continuous maintenance of balance, closely paralleling the Eastern approach of treating disease before it manifests. In this system, doctors are not rewarded for curing illness but for "keeping people well", emphasizing a proactive rather than reactive role for healthcare. Through daily practices and cultural conditioning, they embody the ideal of body-mind unity, integrating physical and mental harmony into the fabric of everyday life. In doing so, they minimize the likelihood of illness not merely through medical interventions, but by cultivating sustained psychosomatic equilibrium.

As one of the most prominent principles presented in *Island*, another manifestation of the unity of mind and body is the heightening of bodily awareness and present-moment perception, which, although originating from the Buddhist principle of mindfulness, is also articulated in classical TCM texts. In *Island*, this philosophical insight is encapsulated in a single, recurring word: "Attention". The Palanese mynah bird is trained to repeat this mantra throughout the novel, gently but persistently reminding the island's inhabitants to remain attuned to the present and their embodied experience. Huxley dramatizes this critique of Cartesian dualism through the voice of a Palanese nurse, who condemns the Western medical tendency to fragment the patient into separate domains of body or psyche. In her words, Western doctors and psychiatrists often "treated patients not as an organism", but rather as disjointed beings, either with no body or no mind. The repeated call to "attention", then, becomes a subtle therapeutic intervention in itself—a mindfulness practice that urges individuals to, as Huxley puts it, "be a little more conscious in [their] everyday life" and resist the dangers of a "mind abstracted from body".[12] As most researchers have noted, the mindfulness depicted here is rooted in Buddhism. Nevertheless, "attention" is also crucial in TCM's emphasis on form-spirit unity (形神合一): a disconnection from one's inner sensations and surroundings may lead to a disintegration of *Shen* (神 spirit), resulting in persistent illness—what *Huang Di Nei Jing* (《黄帝内经》*The Yellow Emperor's Inner Classic*) describes as "if man's vitality and energy do not propel his own will, his disease cannot be cured (神去之而病不愈)".[13] While the parallel in preventive care and awareness cannot serve as direct evidence of TCM's influence on the novel, the shared principle provides a conceptual basis for the integration of TCM's body-mind approach and Buddhist mind-body practice to health within the narrative.

The distinction between TCM and Buddhist approaches to health is reflected in their different orientations toward the relationship between body and mind. Upholding the inseparability of body and mind, TCM adopts a body-mind and form-spirit paradigm that is physically grounded, developing therapeutic practices such as acupuncture, herbal medicine, and *Qi Gong* to restore the body's yin-yang balance, while leaving the cultivation of mental and emotional states largely to the patient. Huxley recognized this foundational principle in his own reflections on acupuncture. He remarked that physical interventions could succeed where years of psychoanalysis might fail: "various undesirable mental states—certain kinds of depression and anxiety, for example—which, being presumably related to organic derangements, disappear as soon as the normal circulation of energy is restored. Results which several years on the analyst's couch have failed to produce may be obtained, in some cases, by two or three pricks with a silver needle".[6] This insight directly echoes the TCM notion that physiological harmonization can induce psychological transformation. By contrast, Buddhist healing traditions, particularly those rooted in mindfulness, begin from the mind, regarding mental transformation as the primary path to physical well-being. This divergence in emphasis underscores the novel's incorporation of both body-oriented and mind-oriented modalities, revealing a broader synthesis of Eastern medical and spiritual philosophies.

More specifically, in addition to approaches to mental well-being and psychological strategies, the Palanese embrace numerous physical approaches to sustain health, reflecting a reciprocal model of body-mind interaction that aligns more closely with TCM than with Buddhism. They criticize the disembodiment prevalent in modern Western life, where individuals are increasingly alienated from their bodies. As one of the Palanese

notes, whether a corporate tycoon or an office typist, modern Westerners "spend nine-tenths of time on foam rubber... an eternity of sitting", resulting in an imbalance between the physical and the mental. In Pala, by contrast, daily physical labor is treated as a universally applicable form of preventive healthcare. Every citizen engages in "ninety minutes" of manual work, including digging, planting, or other forms of labor, not for productivity, but as "prevention—to make therapy unnecessary".[12] Writing *Island* in the 1960s, Huxley already perceived the emerging problem of sedentary lifestyles that has become increasingly concerning today, and thus underscored the therapeutic importance of movement, echoing the TCM principle of "appropriate exertion (适劳)".

In *Island*, the most explicit textual evidence of TCM's influence is the depiction of *Tai Ji Quan*, which exemplifies TCM's physically oriented approach to body–mind integration: "No leaps, no high kicks, no running. The feet always firmly on the ground. Just bendings and sideways motions of the knees and hips. All expression is confined to the arms, wrists and hands, to the neck and head, the face and, above all, the eyes. Movement from the shoulders upwards and outwards—movement intrinsically beautiful and at the same time charged with symbolic meaning".[12] This passage is also cited by Laura Huxley in the foreword to Wen-Shan Huang's *Fundamentals of Tai Ji Quan*. As she observes, the typical feature of *Tai Ji Quan* is the upper body "as light and evanescent as a heavenly caress", while "the feet and legs are solidly planted on Earth", connecting heaven and earth as well as yin and yang. By calling *Tai Ji Quan* a form of "meditation in action", Laura not only draws attention to its contrast with the stillness of Buddhist meditation, but also reveals a synthesis of movement-based TCM practices with Buddhist contemplative traditions.

Moreover, the Palanese understanding of etiology reflects not only the Buddhist view that disease originates in the mind and karmic burdens, but also a more concrete, secular perspective characteristic of TCM. While Buddhist thought tends to trace illness to mental delusion or the residue of past actions, TCM identifies a diversity of tangible causes, ranging from dietary imbalance and environmental change to emotional disturbance and lifestyle patterns. In contrast to the reductionist tendencies of Western medicine, often summarized as "treating the head when the head aches and the foot when the foot hurts", the Palanese follow the principle that "there's no single cure for what can never have a single cause". They recognize that illness rarely arises from a singular factor but instead emerges from a complex interplay of elements spanning all aspects of life, from diet and environment to emotional conditioning and autosuggestion. Consequently, both prevention and treatment must be equally holistic, addressing everything from "what you eat, how you make love, what you see and hear, [to] how you feel about being who you are in this kind of world".[12] Such a multi-factorial, life-embedded conception departs from a purely Buddhist framework and aligns closely with the diagnostic principles of TCM, suggesting that Huxley's vision of holistic health was shaped in part by Chinese medical thought.

3.2 Social health of individual-community unity guided by *Wu Wei*

In *Island*, the principle of holistic health extends beyond the unity of body and mind within the individual. It encompasses interpersonal relationships, social structures, and the dynamic interplay between the individual and the community. This broader vision reflects an awareness of social holistic health. The World Health Organization's 1946 definition of health includes social well-being as one of its essential criteria (Note 7), positing that a healthy individual is well-adjusted to society. However, Huxley reflected on the potential pitfalls and incompleteness of this view. Through the narrative in *Island*, he argued that the idea that "a normal human being is one who is adjusted to his society" failed to evaluate the quality or sanity of the society to which one was expected to adapt. The Palanese provocatively asks, "The society you're supposed to adjust to... is it a mad society or a sane one?"[12] By raising this question, Huxley underscored the inseparable link between personal and societal well-being. He suggested that individual health cannot be meaningfully sustained in the absence of a healthy, rational, and humane social context. In this regard, *Island* presents a vision of social health that is consonant with the Daoist doctrine of *Wu Wei*, which underpins Pala's secular ethos of cultivating the "fully human being". As Jake Poller observed, although Huxley incorporated numerous religious elements from Mahayana Buddhism and Tantra, they were secularized in the service of "acquisition of human potentiality" instead of "supernormal powers".[2] The Palanese tendency to downplay overt religious and spiritual commitments in favor of practical, life-oriented governance points to an underlying influence of Daoism.

At first glance, the island of Pala may appear to be a land of anarchy. Superficially, it lacks many of the conventional markers of a structured society: there is no centralized authoritarian regime, no visible social stratification, and no rigid, dogmatic religious institution. However, Pala is not anarchic in the political sense. While "anarchy" typically denotes the absence of rulers or formal legal systems, often accompanied by disorder or instability, Pala presents quite the opposite. It is a highly organized society with established institutions, including schools, healthcare systems, familial structures, and a coherent philosophical framework passed down across generations. What distinguishes Pala is not the absence of order, but the absence of coercive or oppressive power structures. Its social harmony emerges

not from top-down control, but from internalized values of non-coercive and natural governance that are incorporated in the concept of *Wu Wei*.

Although *Wu Wei* is often translated into English as "non-action", "effortless action", or "actionless action", it does not suggest literal passivity, laziness, or complete inaction. Rather, *Wu Wei* refers to a mode of non-coercive, harmonious action, one that aligns with the natural flow of the world. It emphasizes achieving outcomes without force, manipulation, or domination. Importantly, following natural flow does not mean reverting to primitivism or abandoning social responsibility. Instead, it means maintaining harmony with the self-generating, spontaneous order inherent in the *Dao*, a principle that governs both the cosmos and the internal nature of beings. *Wu Wei* thus advocates that individuals take actions at the appropriate moment, in the appropriate manner, with minimal resistance and maximal alignment. It also implies a vision of social organization that is structured yet non-coercive, organic yet orderly, and free yet not anarchic. Huxley was acquainted with the essence of *Wu Wei*, and wished to take it as the philosophical basis for better policies. In a 1948 letter, he observed, "... for an ethical system that includes animate and inanimate Nature as well as man, one must go to Chinese Taoism, with its concept of an Order of Things, whose state of *Wu Wei*, or balance, must be preserved ... if we are to have a better policy towards Nature, we must also have a better philosophy".[10] By "Nature", Huxley was in fact referring not merely to the physical environment, but to the actions of human society—its ethical systems and governance—which he later addressed with a particular focus on population policy in *Island*.

Rather than relying on rigid control or coercive intervention, the Palanese system fosters social harmony by aligning with organic processes and respecting the natural balance of the human population. Huxley's concern with population control, first explored in *Brave New World*, continued in *Island*, but in a markedly different form. Whereas *Brave New World* relies on mechanized reproduction and genetic engineering to regulate birth rates, *Island* adopts a more humane and ecologically integrated approach. In Pala, population control is not achieved through technological domination but through social education and voluntary contraception. The society promotes responsible family planning as a moral and communal duty, embedded within its broader commitment to individual well-being and collective sustainability. Contraceptive methods are readily available, but what distinguishes Pala is its emphasis on informed choice and shared responsibility: both men and women are educated not only in the practical use of birth control but also in the ethical and ecological reasons for limiting reproduction. This population policy reflects the ethos of *Wu Wei*—achieving necessary outcomes not through force or manipulation, but through conscious alignment with the rhythms of nature and the needs of the community.

Besides achieving natural population quantity control, Pala focuses more on population quality. Unlike *Brave New World*, where embryos are categorized and ranked according to genetic potential for productivity, Pala's vision of population quality does not center on intelligence or utilitarian value. Instead, it emphasizes fostering each individual's full development according to their unique characteristics, while cultivating a society rooted in mutual respect and balance among diverse personality types. A central concern of Palanese education is the cultivation of self-awareness regarding one's desire for power. The Palanese believe that "power-loving trouble-makers" are a primary cause of inequality and social disruption, as the pursuit of power often entails manipulation and a breakdown of harmony. Thus, in addition to curbing power structurally "on the legal and political levels", they insist that "there must be prevention on the individual level", reinforcing the holistic unity between individual and society.

According to the Palanese, the tendency toward power-seeking is particularly prevalent in two psychological types that diverge from the natural, balanced type: "the Muscle People" and "the Peter Pans". The former are marked by excessive physical energy and strength, while the latter exhibit physiological developmental delays that affect psychological maturity. Both are understood as individuals whose psychological imbalances stem from somatic conditions. This design closely aligns with Huxley's argument in *The Perennial Philosophy* that "personal sins and social maladjustments" arise from men's failure to live "according to Tao", as noted above. Rather than relying on punishment or social exclusion, Pala's approach is rooted in early intervention: children undergo comprehensive physical and psychological health assessments to identify these tendencies as early as possible. Interventions are always grounded in a respect for natural development: Peter Pans receive appropriate medical care to support their growth. At the same time, Muscle People are guided toward activities that allow them to channel their energy constructively. In doing so, Pala exemplifies a holistic model of health that integrates body and mind, individual and society, where well-being is nurtured through alignment with human nature rather than imposed correction.

3.3 Ecological health of human-nature harmony (天人合一)

In *Island*, ecological health serves not merely as a background concern but as a foundational element of Huxley's holistic vision of well-being. His sustained engagement with Daoist philosophy significantly shaped his attitude toward nature and the environment. Echoing Daoist principles, Huxley believed that "Treat nature with charity and understanding, and Nature will repay

you with unfailing gifts. Treat nature aggressively, with greed and violence and incomprehension: wounded Nature will turn and destroy you".[14] This ethos underpins the Palanese way of life and their harmonious relationship with the ecological world. The environmental philosophy embedded in *Island* is not an isolated form of post-human naturalism, nor a romanticized return to wilderness. Rather, it is a deeply integrated ecological consciousness that places humanity, society, and nature within a single interdependent system. In Pala, ecological balance is neither passive nor accidental—it is actively cultivated through sustainable use of natural resources, environmentally attuned technologies, and everyday practices of moderation and mindfulness.

By weaving ecological health into the same framework as individual and social health, Huxley articulates a triadic model of holistic health that aligns with the traditional Chinese concept of "man-nature unity" (天人合一) and the Daoist Oneness. In this model, human well-being cannot be separated from the health of the environment; the flourishing of one depends on the flourishing of all. In one of the Palanese Shanta's words, "Wisdom doesn't make those insane separations", and this new conscious wisdom "was prophetically glimpsed in Zen and Taoism and Tantra".[12] Through Pala, Huxley envisions a society where ecological awareness is not peripheral but central to technology, human-animal relationships, and everyday use.

First of all, *Island* does not position science and nature as opposing forces; rather, it advocates for a measured, mindful integration of technology within the broader framework of ecological balance and human contentment. The Palanese do not reject Western science outright. Instead, they make selective, intentional use of scientific advancements, especially in ways that sustain rather than disrupt the natural world. Technology is employed not for domination or unchecked expansion, but to enhance daily life and support essential infrastructure within the limits of environmental responsibility. The emphasis in Pala is placed on "the sciences of life", not on technological supremacy or industrial growth. Scientific inquiry is directed toward understanding and fostering human well-being in harmony with all forms of life: the goal, as the novel puts it, is to enable Palanese "to live as fully human beings in harmony with the rest of life on this island at this latitude on this planet".[12] While they do adopt findings from Western disciplines such as physics and chemistry, they deliberately reject heavy industry and large-scale mechanization—technological choices often associated with environmental degradation, competition, and social imbalance. In this way, Pala's approach to technology reflects a rational and ethical discernment: technology is not vilified, but contextualized within a broader ecological and humanistic ethos. It is recognized as a product of human reason and, as such, is granted conditional legitimacy, so long as it serves the purpose of sustaining life, not disrupting it. This attitude underscores the fundamentally non-dogmatic, inclusive, and flexible nature of Pala's ideal of human-nature harmony, which neither romanticizes primitivism nor embraces progress uncritically. Instead, it seeks an adaptive middle path grounded in wisdom and restraint.

The Palanese mode of coexistence with animals exemplifies their deep-seated belief in the unity between humans and the natural world. In Pala, humans and local fauna interact in an atmosphere of mutual trust and respect: dogs are not treated as subordinates but as companions, while parrots and mynah birds perch unguardedly on people's shoulders and fingers, indicating a shared space free of fear or dominance. This harmony is not a romanticized fantasy, but the result of deliberate, compassionate socialization practices rooted in early childhood development. From infancy, Palanese children undergo a form of beneficial Pavlovian training (Note 8) in which physical contact with animals, such as stroking, holding, and touching, helps associate feelings of affection, trust, and compassion with other living beings. Through this process, children are not only taught to coexist peacefully with animals but to love them genuinely.

Crucially, this embrace of animal life is not limited to benign or domesticated species. Palanese extend their compassion even to creatures that are commonly feared or demonized, such as snakes, the animal portrayed in the *Bible* as a symbol of evil. In Pala, snakes are not vilified; their occasional biting is understood not as malice, but as an expression of their natural abilities. This perspective reveals a profound ethical stance: animals are not judged according to their utility or danger to humans, but are accepted and respected in their own right. They are seen not as instruments for human use, but as equal participants in the shared ecosystem. This egalitarian relationship with animals reflects a broader Palanese worldview, one that resists anthropocentrism and insists on honoring the intrinsic value of all life forms.

The presence of a Sung landscape painting in Pala's meditation room further illuminates the profound interconnection between nature and the self, and more broadly, between ecological health and individual psychological well-being. In *The Doors of Perception*, Huxley regarded Chinese landscape painting as the outcome of the Zen masters' wedded union of "Taoist naturalism" and "Buddhist transcendentalism".[15] Landscape, in this context, functions not merely as aesthetic decoration but as a "genuinely religious" image, because it is "always intrinsically meaningful" and has the unique capacity to "remind people of who they are".[12] In these paintings, elements such as mountains, clouds, light, and shadow are not symbols of deities or abstract concepts, but instead mean "precisely what they are". It is precisely this non-theistic, self-referential quality that enables such images to foster deep self-awareness and

inner reflection during meditation. The distinctive sense of distance often found in Sung landscapes further enhances this effect. As the narrative suggests, such distance reminds individuals that "there's a lot more to the universe than just people".[12] This spatial and symbolic distancing allows viewers to momentarily step outside of themselves, gaining perspective not only on the self but also on one's place in the greater universe. In meditative practice, these landscapes thus become portals to self-realization and humility, helping individuals recalibrate their inner world in relation to the outer one.

In this way, the contemplative engagement with landscape art exemplifies a closed feedback loop: ecological awareness leads to psychological insight, and self-awareness reinforces one's sense of ecological responsibility. The Sung landscape, then, is not simply a cultural artifact but a medium through which ecological health and individual health converge, grounding the Palanese vision of holistic living (Fig. 3).

4 Conclusion

In his transition from treating individual illness to envisioning a comprehensive model of health, Aldous Huxley drew inspiration from TCM and Daoism. In *Island*, he constructed the utopia of Pala as a society fostering holistic health across individual, social, and ecological levels, all of which suggested a hidden logic of Daoism beneath the culture of Buddhism and Tantra. For individual health, Pala prioritizes preventive care that ensures the union of mind and body. While Mahayana Buddhism and Tantra focus on mind-body practices such as meditation and yoga, the body-mind perspective, including physical labor and *Tai Ji Quan* exercise, indicates a more physically oriented feature of TCM. In terms of social health, Pala manifests Huxley's understanding of *Wu Wei*, or non-coercive action that follows and preserves "The Order of Things". Rather than imposing control, it encourages organic population balance through education, promoting both well-being and social equity by cultivating "fully human beings". By curbing power-seeking tendencies from an early stage, Pala addresses injustice at its roots and fosters harmony between the individual and the community. Ecological health in Pala follows the Daoist idea of human-nature harmony. Science is not rejected but used moderately to preserve ecological balance. Also, the Palanese live respectfully with animals and draw spiritual insight from nature, seeing humans as part of the ecosystem, not above it. For Huxley, a truly healthy future must be holistic: uniting body and mind, person and society, human and nature. These aspects are inseparable and mutually sustaining—each rooted in the Daoist "One" and returning to it.

Huxley's interest in TCM and Daoism represented a conscious critique of Western scientific reductionism, a gesture not unique, but certainly ahead of its time. Even today, TCM is often dismissed as superstition by both Western and Chinese audiences. Among those who do take it seriously, many still categorize it under the vague and marginal label of "mysticism". This persistent Orientalist framing overlooks the philosophical and cultural complexity embedded in TCM. To move beyond such misconceptions, one must strip away the mysticism bias and engage with TCM as a coherent and historically grounded system of thought. In this regard, *Island* makes a meaningful contribution. Huxley's fictional utopia does not merely adopt aesthetic elements of Eastern tradition, but also seeks to internalize the conceptual depth of holistic health rooted in Daoist and Chinese medical philosophies. His work, therefore, not only reflects the need for more vigorous and global dissemination of TCM culture and values, but also points to an underexplored dimension of British literature. The influence of TCM on the British literary imagination is a field rich with future potential for realizing the vision Huxley left us: a more holistic, balanced, and genuinely healthier future for humanity.

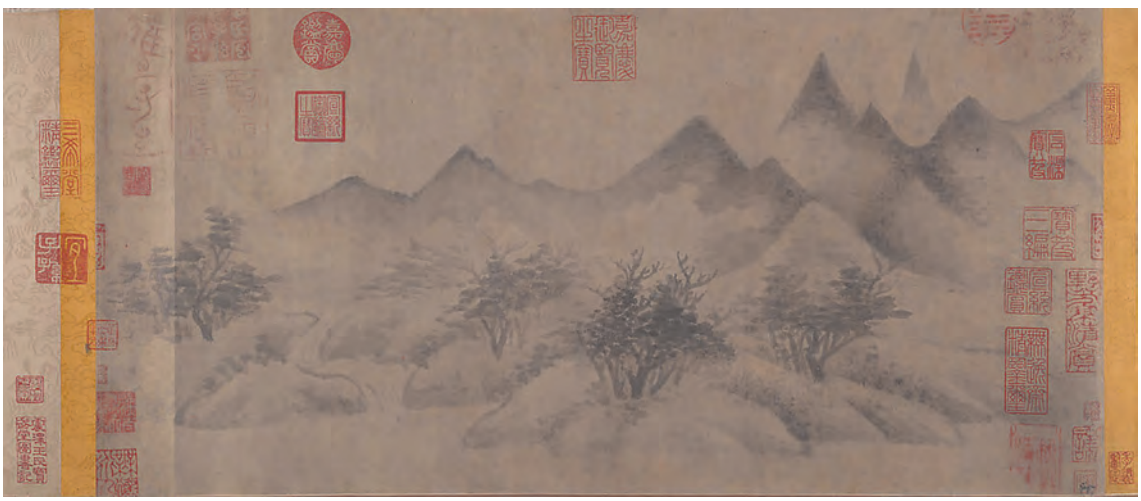


Figure 3 Landscape painting *Cloudy Mountains* (《云山图》) by Mi Youren (米友仁) (source with permission from: https://www.metmuseum.org/art/collection/search/40007)

Notes

1. Susan Sontag argued in *Illness as Metaphor* that society often used metaphorical language to describe diseases like cancer and tuberculosis, which led to stigma and moral judgment against the illness. Although Sontag argued against the use of metaphors for illness, in both real life and literature, such metaphors could effectively and vividly reveal the underlying problems of social issues.
2. The New Age Movement was a broad spiritual and cultural movement that emerged in the late 20th century, emphasizing personal transformation, holistic health, and a blend of Eastern and Western mystical traditions. Marilyn Ferguson, a leading figure of the New Age Movement, identified Aldous Huxley as one of the intellectual forerunners who laid the groundwork for the New Age.
3. According to Huxley's letters, he and Mann had been in touch since April 1961. However, unfortunately, among their correspondences, there was only one letter found, concerning Huxley's reply to Mann's invitation of writing the preface and an appointment of meeting in the summer.
4. The essay "Exploring the borderlands of the mind", published in *Fate* magazine in 1961, recounted Huxley's journey to a Parapsychology Conference in St. Paul-de-Vence, where he encountered an Italian doctor in Turin practicing traditional Chinese acupuncture, visited Dr. and Mrs. Albert Hofmann near Zurich, and later traveled to Copenhagen to attend the Congress of Applied Psychology.
5. *The Perennial Philosophy* argues that there are common factors or tenets in transnational and transcultural religions, including neo-Advaita, Mahayana Buddhism, Hebrew prophecy, Platonism and Neoplatonism, Christian mysticism, Sufism and Daoism. By then, Huxley believed these fundamental tenets helped humans to identify their eternal self and to unite with "a Divine Ground", and thus could defend human beings against further war and violence.
6. More than one scholar, such as Huxley's biographer Sybille Bedford, considered Daoism as a crucial philosophical source for *Island*.
7. According to WHO, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
8. Pavlov training is a method of behavioral conditioning proposed by Ivan Pavlov, a Russian physiologist. In the training, a subject learns to associate a neutral stimulus with a significant one, producing a conditioned response. In *Island*, the Palanese apply Pavlovian training for beneficial ends, reflecting their open and accepting attitude toward Western science.

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Ethical approval

The study does not contain any studies with human or animal subjects performed by the author.

Author contributions

ZHOU Chengyi drafted and revised the manuscript.

Conflicts of interest

The author declares no financial or other conflicts of interest.

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Original Article

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Traditional Chinese Medicine Images in English Newspaper Reports during Modern China

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Abstract

The North-China Herald (《北华捷报》), founded and operated by Westerners in Shanghai during the late Qing dynasty and early Republic of China, was an English newspaper widely circulated in that era. This paper explores the image of traditional Chinese medicine (TCM) constructed through the English translation of TCM knowledge in *The North-China Herald* and its successor *The North-China Daily News* (《字林西报》) in the hope of providing historical references for the current international dissemination of TCM. The TCM knowledge carried by the two newspapers included the history of TCM, basic theories of TCM, materia medica, as well as TCM practice and treatment. They maintained a relatively objective stance in the process by praising its long history, philosophical value, and significant efficacy. Meanwhile, they also held a critical attitude towards TCM, believing that some of its theories were superstitious, and certain diagnostic practices were inaccurate. Due to the fact that most translators were journalists rather than Chinese medical practitioners, the translation lacked in-depth and systematic research on TCM, thereby leading to a certain degree of misunderstanding and misconception. To sum up, *The North-China Herald* and *The North-China Daily News* played a contributing role in promoting the global dissemination of TCM knowledge during the late Qing dynasty and early Republic period by creating an objective and positive image of TCM from a third-party perspective.

Keywords: *The North-China Herald* (《北华捷报》); *The North-China Daily News* (《字林西报》); Translation; Traditional Chinese medicine; Dissemination; Culture

1 Introduction

The end of China's isolation following its defeat in the First Opium War triggered significant changes. As a designated treaty port, Shanghai witnessed the establishment of foreign concessions and the influx of a large number of Westerners, including officials, missionaries, and merchants. Driven by a thirst for cultural integration and genuine curiosity, these newcomers eagerly explored various aspects of the Chinese society. Traditional Chinese medicine (TCM) was one of the heterogeneous elements that particularly captivated their attention. TCM deeply attracted the Westerners with its ancient origins, unique philosophical foundation, and unique methods of treating diseases.

During the late Qing dynasty and early Republic of China periods, *The North-China Herald* (《北华捷报》) and *The North-China Daily News* (《字林西报》) were the most influential English-language newspapers in China, often likened to the Chinese version of *The Times* (Fig. 1). Their journalistic accounts chronicled the evolution of modern Chinese history over a century and provided a multifaceted portrayal of the contemporary Chinese society. The newspapers also demonstrated a strong interest in reporting on TCM, with extensive coverage serving as an important resource for the Western world to better understand and appreciate the complexities of the Chinese medical theory and practice.

The North-China Herald began as a small-scale publication with unfiltered content, highlighting the early editorial challenges and broader difficulties faced by foreign media in China.[1] However, a series of reforms marked a pivotal moment in the course of its development. In 1867, the newspaper rebranded itself as *The North-China Herald and Market Report*, signaling its dedication to editorial standardization and a significant boost in the quality of content. A key milestone in its evolution came in 1869 when *The North-China Herald* strategically integrated *The Supreme Court & Consular Gazette* from *The Shanghai Recorder,* its competitor. This acquisition expanded its offerings and significantly elevated its

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THE

NORTH-CHINA HERALD.

Vol. I. No. 1. SHANGHAE, SATURDAY, 3RD AUGUST, 1850. PRICE, 15 Dollars PER ANNUM.

SHIPPING.

FOR LONDON DIRECT.

THE A.1. Barque CORNHILL, Captain Ayres, will have immediate despatch. For freight apply to

J. M. SMITH & Co.

Shanghae, 2nd August, 1850.

FOR FREIGHT OR CHARTER.

THE A.1. Ship EAGLE, 395 Tons Register, H. P. Sawell, Commander. Apply to JARDINE, MATHESON & Co.

Shanghae, 1st August, 1850.

FOR LONDON.

THE Brig SALUS, 316 Tons Register, Captain Pattison. For freight apply to MACKENZIE, BROTHERS & Co.

Shanghae, 30th July, 1850.

FOR LONDON.

THE Dutch Ship PALEMBANG, Captain Hoekstra. For freight apply to MACKENZIE, BROTHERS & Co.

Shanghae, 30th July, 1850.

FOR FREIGHT OR CHARTER.

THE A. 1. Brig PLANTAGENET, 302 Tons. Apply to

JAMES MACDONALD.

Shanghae, 26th July, 1850.

INSURANCES.

ALLIANCE FIRE ASSURANCE COMPANY OF LONDON.

THE undersigned having been appointed Agents in China for the above COMPANY,

MARINE ASSURANCE.

THE undersigned are prepared to accept risks on behalf of the following Offices to the amounts indicated opposite each and payable in Hongkong, Canton, Calcutta, Bombay, and London.

Sea risk. Harbour risk.

Canton Insurance Office, Drs. 100,000 Drs. 200,000

Bombay Insurance Society,.. 40,000 " 40,000

Bengal Insurance Society,.. 40,000 " 12,000

Reliance Marine Insurance Office, " 25,000

JARDINE, MATHESON & Co.

Agents in Shanghae.

Shanghae, 1st August, 1850.

NOTICES OF FIRMS.

NOTICE.

THE business of the undersigned, in which Mr. David Olyphant Kehr, is this day admitted a partner, will in future be carried on under the Style and Firm of J. M. SMITH & Co.

J. MACKRILL SMITH.

Shanghae, 1st July, 1850.

NOTICE.

THE undersigned beg to give notice, that they have opened a Branch Establishment at CANTON, under the same Style as at SHANGHAE, and have authorized Mr. D. W. Schwenker to sign their Firm by Procuration at the former place.

Also, Mr. R. Powell Sale, is authorized to sign our Firm by Procuration.

WOLCOTT, BATES & Co.

Shanghae, 15th April, 1850.

FOR SALE.

BILLS ON LONDON at 90 days, and at six month's sight, drawn under confirmed credits, for Sale by

WOLCOTT, BATES & Co.

Shanghae, 1st August, 1850.

FOR SALE.

AMERICAN COTTON CANVAS, BEEF, PORK, and Seal's BUTTER. Apply at

BULL, NYE & Co.'s Godowns.

Shanghae, 29th July, 1850.

NOTICE.

THE undersigned also beg to intimate, that they can supply superior SODA WATER, and AERATED LEMONADE, at the following rates:

Soda Water, ... 80 Cents per dozen,

Aerated Lemonade, ..1.00 Dollar "

Bottles returned.

P. F. RICHARDS & Co.

Shanghae, 24th July, 1850.

PUBLIC SALE.

PUBLIC AUCTION.

MR. J. MILLER, has been favoured with instructions to Submit to Public Competition at the Hatiel, on Tuesday, 6th instant, at 8 o'clock P.M. A BILLIARD TABLE Complete, with Thurston and other marking boards, Cues by the best makers, Billiard and Pool Balls, Lamps, Irons for heating Cushions, Raised benches, &c.

Terms.—Cash in Shanghae Dollars.

Shanghae, 1st August, 1850.

MISCELLANEOUS.

NOTICE.

FOR PRINTING in all its branches, will be executed at our office, on the usual terms, with the greatest attention and despatch.

North-China Herald, Office,

Shanghae, 3rd August, 1850.

The last overland mail brought intelligence of the arrival of several vessels from Shanghae in London, and in the passages of the various ships is a subject of much interest to the community, we give the following:—

John Bowyer in 93 days.

Confucius in 114 "

Penang in 110 "

The Nerbudda, and Sir Edward Perry, which sailed after the above named had not arrived, but might be daily looked for. The arrival of the barque Sea Witch at this port in 96 days from London, is the shortest passage yet made, and a confirmation of such clipping work, will give us the start of our Canton friends in the home markets. The Sea Witch was built in the Thames, and the John Bowyer at Aberdeen; which bids fair to compete with any port in the world, in the building of fast-sailing ships. A friend has kindly furnished us with the following extract of a letter, from that quarter; which may be taken, (coupled with other information), as a fair indication of the general prosperity of the shipping interests at home; and if not a consequence, is at least, a very satisfactory sequence to the late abolition of our Navigation Laws:—

"There is a great deal doing here at present in ship-" building. The yards are all fully employed, and with " one exception the vessels are for London, Liverpool " and Leith. The Gladiator of 320 tons, was launched " on 13th May; two large vessels the week before."

His Excellency, the Governor of Hongkong, M. Bonham and suite embarked on Saturday, the 13th ultimo, from this Port, under a salute of H.M.S. Pilot. During his stay at Shanghae, H.E. received, with, and was a partaker of the magnificent hospitality of one of our leading merchants, the kind reception H. E. gave to the residents, on the general unceremoniousness of his intercourse, together with his earnest efforts to obtain all possible information, secured him the good opinion of his fellow countrymen, and the foreign residents.

In consequence of the death of Mr. Layton, late Consul at Amoy; Mr. Sullivan, R.N., has been appointed to that Port. The vacancy thereby occasioned at Ningpo, has been filled by our late Vice-Consul, Mr. Brooke Robertson, who proceeded to his post, in H. M. Brig Nile, on the 14th ultimo.

INDUSTRIAL EXHIBITION AT LONDON 1851.

We are glad to perceive that China is not destined to be left out of the list of Contributors to the "Grand Exhibition of the products of Industry of all Nations in 1851," to be opened in the Metropolis of Great Britain. Hongkong held a Meeting to consider about it on St. John's day, Canton has also had a Meeting for the same object. We indulge a hope, that Shanghae will not be left unrepresented, on this event supervene, as in our Native's history's. The Silk fabrics of the silk-ling districts, might at very rate furnish specimens for the admiration, and imitation of our manufacturers at home—and no doubt so various other articles may be collected worthy a [illegible] this grand exhibition—the Bamboo carvings, are many of them excellent.

Figure 1 The first issue of *The North-China Herald* (August 3rd, 1850) [source with permission from: *Quan Guo Bao Kan Suo Yin* (全国报刊索引, CNBKSY)]

political and social status within Shanghai's media landscape, solidifying its new identity as *The North-China Herald and Supreme Court and Consular Gazette*.[2]

The North-China Daily News, initially known as *The Daily Shipping News*, was an adjunct to *The North-China Herald*. It evolved into *The Daily Shipping and Commercial News* in 1862, was renamed *The North-China Daily News* in 1864, and eventually was published as a full-fledged daily newspaper. Initially, *The North-China Herald* focused on disseminating shipping news and related information. By 1852, Shanghai was home to 41 foreign firms engaging in the export trade, two-thirds of which were British. These firms dominated nearly all of China's coastal and inland waterway shipping.[3] To compensate for the limited space for shipping information in the leading publication, *The North-China Herald* launched a supplement *The Daily Shipping News* to cater to the burgeoning market demand for such information. Over time, this supplement further expanded and was rechristened *The Daily Shipping and Commercial News*, eventually becoming *The North-China Daily News*, whose influence surpassed that of its parent publication.

The present study intends to systematically sort out the TCM knowledge in the two newspapers, analyze the characteristics of TCM translation, and explore the TCM image constructed by them, with the expectation of providing insights for the international dissemination of TCM.

2 TCM knowledge in *The North-China Herald* (《北华捷报》)

2.1 History of TCM

The North-China Herald paid great attention to the long history of TCM by reporting on its development and progress from the aspects of classics, celebrities, medical techniques and instruments.

For Western readers, *Su Wen* (《素问》*Basic Questions*) and *Ling Shu* (《灵枢》 *The Spiritual Pivot*) were the most renowned canons of TCM. A report dated October 11th, 1881 provided an insightful exposition on the themes and the unique attributes of these two groundbreaking works.[4] Their resilience was highlighted in the face of the disaster of the book-burning initiated by Emperor Qin Shi Huang (秦始皇), and light was shed on their role in laying the theoretical foundation for TCM. Furthermore, the document regarded these two TCM masterpieces as pivotal works in the Daoist tradition by

elucidating key concepts of Daoism, such as "*Zhen Ren* (真人 perfected person)".

A report dated June 20th, 1890 acknowledged the ancient origin of *Su Wen* and *Ling Shu* by suggesting that they were composed concurrently with the Four Books (四书).[5] These classics are regarded as the cornerstone of TCM, with numerous theories and principles laying a solid foundation for the discipline. It is worth noting that philosophical insights, such as the distinction between cognitive processes within the soul and body, are elaborated on their pages. The document also cited other monumental TCM works, such as *Ben Cao Gang Mu* (《本草纲目》*The Grand Compendium of Materia Medica*), a renowned pharmacopoeia compiled by Li Shizhen (李时珍) during the Ming dynasty. [5] The translators of these medical texts claimed that in China, the creation of new medical literature had been a continuous effort that reflected a commitment to the development of medical knowledge. Standing the test of 2,500 years of medical experience, these TCM legacies were respected for their enduring practicality in contemporary times.

Demonstrating a keen interest in the luminaries of TCM, *The North-China Herald* provided brief introductions to legendary figures such as Huang Di (黄帝) and Shen Nong (神农), as well as their monumental contributions to TCM.[4] Huang Di was recognized for laying the foundation for the basic theories of TCM through his conversations with Qi Bo (岐伯) , in which he elucidated the etiologies and pathogenic mechanisms of diseases and their treatments. Shen Nong, fabled to have tasted 365 herbs, was venerated as China's "God of Medicines" for his foundational role in the establishment of the Chinese materia medica.[6] Furthermore, *The North-China Herald* also chronicled the life and works of Bian Que (扁鹊), one of the most renowned practitioners in the history of TCM, who was celebrated for his pioneering invention of pulse diagnosis. A report dated June 20th, 1890 highlighted Bian Que's extraordinary therapeutic achievements from the 6th to the 8th centuries B.C., noting that he was the first TCM practitioner to utilize pulse feeling as a diagnostic method.[5] Bian Que was also known as the cornerstone of TCM internal medicine and a model for practitioners of TCM.[7]

The North-China Herald also explained the early medical techniques of ancient China, emphasizing that even in the pre-Christian era, the Chinese people began to apply diagnostic methods such as cauterization, pulse-taking, and stone needle therapy (Fig. 2).[8] The publication recognized the skillful and proficient use of anesthesia and surgical instruments, such as the stone lancet, which were part of the early medical repertoire in China. Hua Tuo (华佗), who emerged as a seminal figure in the surgical domain of TCM, was renowned for his invention of *Ma Fei San* (麻沸散), the earliest known anesthetic, an innovation that allowed him to conduct the first documented general anesthesia surgery in China, one thousand years earlier than similar Western procedures.[7] *The North-China Herald*



372 The N.-C. Herald and S. C. & C. Gazette. Oct. 11, 1881.

and all sorts of malignant fevers, on account of its cooling properties; while well-cooked horse-nerves act as a general tonic to the system, and impart no small amount of strength to a man who has become weak through illness. Young mothers whose children are cutting their teeth will be glad to hear that by burning the tooth of a horse, grinding it to ashes, mixing it with the infant's saliva and then rubbing it on the gums, the pain may be greatly moderated and the process of teething materially assisted. The milk of a white mare is useful in cases of phthisis and pulmonary complaints in general; while the food, if burnt to ashes, is an excellent preservative against pestilence. Many other parts and products of the animal are of great value in other cases of emergency; but the prophylactics found in Chinese medical works are, as may be imagined, not always suitable for transcription. In the majority of cases the remedy must be far worse than the disease, as any one may discover for himself by examining the Sanitary Customs returns. Our readers may remember a story told of the late Earl of Derby, which has no slight bearing upon this point. It appears that at one time his lordship was suffering from one of his severe attacks of gout. An obscure admirer—whose name is of importance chiefly to himself—sent the illustrious sufferer a case of sherry of some very particular brand, which, he said, was of priceless value as an antidote to that complaint. After a few days, however, the wine came back upon his hands, with a polite letter from Lord Derby thanking him most sincerely for his kind intentions, but saying that he had tasted the sherry, and very much preferred the gout.

ANCIENT CHINESE MEDICINE.

As Greece had Galen and Hippocrates, so China has her Su Wen and Ling Shu, two books which contain the foundation of the native system of medicine. China never had a Socrates or a Francis Bacon, and therefore she never knew how to originate inductive science. Hence these classics of the Chinese physicians are really collections of empirical observations, connected together by means of the logical network of a false philosophy. These books profess to be conversations held by the Emperor Huang Ti with Chi-po, and one other physician, who instructed him in the art of healing. But they are evidently from the hand of some writer of the Han dynasty, who has chosen to ornament his work with these well-known and honoured names. Just as Chuang Chou, the Taoist sage, was fond of inventing imaginary conversations between celebrated men to be the vehicle of his own ideas, so the Han writers of these two books did the same thing. These books constitute a development of Taoism. Thus they represent the 眞人 or Divine Man as holding up Heaven and Earth, and as grasping the principles of Light and Darkness. He stands alone, prevents his soul (魂) from becoming dissipated, and maintains the identity of his material body with its original constitution and oneness. He is therefore able to die only with Heaven and Earth, and be without any real end. He is in harmony with the four seasons. He loves the world with its customs, assimilates the pure principle of life, and perfects his soul. He wanders through Heaven and Earth, seeing and hearing what exists beyond the eight points of the Universe. This fatalistic Taoism, said to be read not lightly to secure three famous books to some Taoist physician or physicians. That their names are wanting may be explained with some probability as caused by the book-burning of the Emperor Ch'in Shih Huang. Works on medicine, divination, and agriculture were expressly exempted from destruction. When literature became popular and old books were sought for, there was no temptation to say that newly composed works had been preserved from the fire and were really old. Their price might be raised to any fancy height, if it could be asserted that they belonged to the time of Hsiang Ti, say 2,500 years before Christ.

The anatomy of these books is scholastically systematic. Every part of the human frame is under the influence of the elements. Five is the favourite number. The five upper viscera correspond to the five tastes, the five kinds of grain used for food, the five chief fruits, and the five chief vegetables. The two opposing powers of Light and Darkness permeate all parts of the human body in varying proportions. There is no glimmering of the idea that the brain is the centre of mental action. So the three kinds of souls, *shên*, *p'o*, and *hsiun*, occupy the heart, the lungs, and the liver respectively, while thought and will are relegated to the spleen and kidneys. Man is a microcosm, a picture of what is found in the outer Universe. We find the numbers 12, 5, 3, 9, in Heaven and Earth; therefore they must be found in the human body. The stone needle, the predecessor of the metallic needle, was extensively used at that time. There were celebrated physicians in the Chou dynasty, especially Pien-ch'io, who lived in the 6th century B.C. From the account in the Shih-chi of these physicians we learn that the medicine of the Han dynasty was certainly based on that of five hundred years earlier. It is not too great an assumption to make that Sanma Ts'ien made use of Chou dynasty documents when compiling the biography of Pien-ch'io and his fellow physicians. Taking this for granted, the curious old numerical nomenclature of the Han medicine may be referred to the Chou period as its chief source with no small show of probability.

The circulation of the blood is described in a peculiar way. The blood flows a distance of six inches during each respiration, and in the course of a day it travels round the body fifty times. The account of this may be seen in the appendix following the life of Pien-ch'io in the Shih-chi. The appendix is by a Commentator of the Tang dynasty in the eighth century. But the doctrine of the pulse is ascribed to Pien-ch'io in the first instance. A little thinking deduces the motion of blood from the phenomena of pulsation and of wounds, and from the structure of blood-vessels. Of course, the ancient Chinese might know this as the Jews did in the time when the Book of Ecclesiastes was written, but they know nothing of the mechanical laws by which the blood is propelled round the body. The pulse led them to acupuncture. The Chinese doctor is called "a pulse-feeler," and his medical practice consists in pricking blood-vessels. This has been the case from six hundred years before Christ. What was true then is true now. At least we find that if stone needles have given way, they have been replaced by steel. The cauterising process was used in the Chou dynasty, and it is still in vogue. Medicine was administered in warm draughts just as it is now, and so also pills, made up probably of many of the same familiar drugs as now, formed a part of the physician's *apparatus medicus* two thousand years ago.

Hippocrates said that, when medicine will not do, the knife must be tried, and when the knife fails, fire must be employed. It is curious that in the old Chinese medicine the needle and the application of fire should be the established means of medical treatment in the oldest books. The *artemisia* was the favourite plant for burning as a moxa. The stone needle was the favourite instrument, and corresponds to the knife. The Greek idea of the causes of disease was in the want of proportion in the four chief liquids of the body viz., blood, phlegm, and black and yellow bile. The old Chinese notion as given in these books is that diseases come in the air, or in other words that wind is the main source of illness. The view of Hippocrates, who flourished in Greece about a century after Pien-chio in China, in regard to climate, was that its effect on the human body was immense, and that the four elements had a powerful influence on the body in a state of health or disease, and on the respective organs individually, and in their relationship to each other, both in a normal and an abnormal condition. This mode of treating the subject is exactly as the Chinese physician, who derives his opinions from these old books. The origin of rheumatism, for example, is wind or air, two words for one thing. The cold thus caused has to be expelled. This is to be done by burning artemisia on the spot. The combustion expels cold and pain ceases. The operator never doubts that the elements control the human body, and

Figure 2 A report titled "Ancient Chinese medicine" from *The North-China Herald* (October 11th,1881) [source with permission from: *Quan Guo Bao Kan Suo Yin* (全国报刊索引, CNBKSY)]

further suggested that TCM has been profoundly shaped by various cultural and religious ideologies, notably Buddhism and Daoism, with significant contributions from the fields of astrology and alchemy. Moreover, the influence of Indian medicine on TCM, particularly in advancing anatomical knowledge, was marked by the introduction of a copper anatomical model from Nepal.[8]

2.2 Theories of TCM

TCM, a unique system of medicine, has developed a variety of distinctive theories in its own unique way of understanding the universe and delineating diseases. *The North-China Herald* attached great importance to this aspect by providing a detailed introduction to TCM theories, including the yin-yang (阴阳) theory, the *Wu Xing* (五行 five elements) theory, the visceral theory, and the theory on the man-heaven relationship.

The principles of yin-yang, introduced as fundamental opposing forces representing light and darkness, are intricately linked to the *Wu Xing* theory.[5] These concepts are believed to be interwoven throughout the human body in varying proportions, thereby affecting health and well-being. *Wu Xing* theory holds that the five dynamic forces govern the body, and any imbalance in one of these elements can lead to illness. It is also suggested that these elements correspond to the five visible planets in the sky.

A report dated October 11th, 1881 delved into the visceral theory of TCM by holding the view that the human soul was segmented into the following five parts: *Shen* (神), *Po* (魄), *Hun* (魂), *Yi* (意), and *Zhi* (志).[4] Each aspect of the soul was associated with one of the five viscera. The report further elaborated that the visceral theory aligned the five zang organs (五脏) with the five tastes (五味), the five grains (五谷), the five principal fruits (五果), and the five principal vegetables (五蔬), demonstrating a comprehensive system of correspondences. Regarding the relationship between humans and nature, *The North-China Herald* described a viewpoint that humans were the microcosms of a larger universe, and every element in the universe had a corresponding element in the human body.[4]

In summary, the *North-China Herald* emphasized the importance of understanding the unique theories of TCM for its practical application. A profound understanding of these theories would enable readers to gain a deeper understanding of the overall knowledge base of TCM and the methods of treating diseases.

2.3 Chinese materia medica

The North-China Herald presented a wealth of knowledge on Chinese materia medica by translating different kinds of medicinal materials, as well as their properties, efficacy, and preparation methods. In this article, a selection of medicinal materials featured in *The North-China Herald* is meticulously compiled and presented. As shown in table 1, which is excerpted from a report dated April 29th, 1890, many species of commonly used

Table 1 TCM medicinal materials in *The North-China Herald* (《北华捷报》)

Description	Chinese Name	Indications
Dried skin of a hedgehog	猬皮	Good for goiter
The gray bark and leaves of acanthopanax ricinifolium	丁桐皮	Is for the skin disease and all sorts of ulcers for sores
The cortex of the root of the acanthopanax spinosum	五加皮	In yellowish quilled pieces, odorless and tasteless, is for rheumatism and general debility
Aconite	附子	Tuberous root, is used as anesthesia
The dried flowers of the chrysanthemum bush	菊花	Is for headaches to improve the hearing and sight
Walnut meat; longan; lotus seed	核桃仁、龙眼、莲子	Is prepared as a good tonic
Inside lining of the citrus fruits	橘络	Is used for colds and influenza
The bark of the peach tree	桃皮	Is for dropsy
Seaweed	海带	Is used in the treatment of goiter
Sterculia platanifolia	梧桐根	Is used in the treatment of abscesses
Water chestnut	荸荠	Relieve thirst, reduce fever; be useful in sunstroke
Wheat	小麦	To promote fertility in women; to cure leprous skin diseases
Bran with vinegar	麸醋	To suppress sweats
Mountain onion	山葱	Is used in apoplexy as a rousing emetic and is used as an ointment for itch and other parasitic skin diseases
The essence from cinnamon flower	玉桂	Is used for toothache and as a remedy for liver diseases
The essence of the white lotus flower	白荷花露	Is a remedy for coughs
The essence of rose	玫瑰露	Is used to drive away melancholy
Ma Huang	麻黄	A valuable substance in curing asthma

Chinese materia medica of plant origin are displayed, along with in-depth explanations of their corresponding indications.

The North-China Herald sought to arouse people's curiosity about Chinese materia medica by providing readers with concise and easy-to-understand information on the extensive range of medicinal materials used in TCM by placing emphasis on a variety of conditions that TCM can address while giving less attention to the intricate therapeutic mechanisms involved. The newspaper explored the diverse preparation methods for TCM remedies. A popular method was to prepare the medicines as warm decoctions. In addition, a unique method was to inject medication into alcoholic beverages that patients will drink later.[9] A notable example of this technique was the preparation of the inner layer of citrus fruits in alcohol, which was a traditional medicine for treating colds and flu.

2.4 Practice and treatment of TCM

The North-China Herald paid great attention to the practice and treatment of TCM by carrying feature stories on acupuncture, moxibustion and psychotherapy.

The articles introduced the operation process, treatment principle and curative effect of acupuncture and moxibustion in detail, demonstrating the Westerners' detailed understanding of this ancient practice.[4,5] Acupuncture is recognized as one of the thirteen branches or specialties of TCM, indicating its integral role in the medical system. The success of acupuncture and moxibustion in treating a series of diseases, including heat stroke, headache, and cholera, is a recurring theme in the reports.[4] The focus on cholera, in particular, reflected the profound societal impact of the disease at the time, making it the focus of public attention. Moreover, the reports also highlighted the unique therapeutic value of acupuncture and moxibustion in addressing certain challenging diseases and verified the effectiveness through a large number of cases.

The North-China Herald elaborated on the surgical practice of TCM by providing detailed descriptions of specific cases. A particularly noteworthy article emphasized the significant therapeutic effects of TCM in orthopedics by elucidating how it successfully treated children with broken legs.[10] The treatment involved nothing more than the application of TCM herbs and the proficient use of bandaging techniques, highlighting the powerful healing ability of TCM.

More intriguingly, *The North-China Herald* stressed the psycho-therapeutic aspects of TCM. A particular report detailed an unusual treatment method for dispelling a "cat-devil" through a unique ritual,[9] a process that involved burning a blend of herbs, with the patient enveloped in the resulting smoke while specific symbols were inscribed upon the surface of the fire, which Western observers might interpret as a form of hypnosis. Despite its seemingly superstitious nature and resemblance to witchcraft, this form of psychotherapy has been an indispensable part of TCM known as *Zhu You Shu* (祝由术) in ancient China. This therapy employed psychological cues, such as language, behavior, or ritual, to guide and re-position patients towards a more positive state of mind.

In addition, *The North-China Herald* introduced other TCM practices and treatment methods, such as cupping and moxibustion,[11] which were often considered by Western readers to be possessing almost miraculous therapeutic properties due to their novel and distinctive nature (Fig. 3).

3 TCM knowledge in *The North-China Daily News* (《字林西报》)

3.1 History of TCM

In another aspect, *The North-China Daily News* stressed the long-term concern of the Chinese people for health care and hygiene. An article dated February 7th, 1916 elaborated on the Chinese people's deep-rooted belief in raw food, believing that raw food was harmful to health. By citing various body regulation programs recorded in ancient manuscripts,[12] the report held that this profound understanding of health and hygiene has been the fortress for the Chinese to resist a myriad of diseases and has profoundly shaped the trajectory of modern medical progress.

In addition, the publication explored the superstitious foundation within the framework of TCM. A feature report dated January 10th, 1917, observed as follows: "The Chinese often ascribe the forces of the cosmos to the machinations of evil spirits, with the conviction that such spirits are capable of causing sickness or demise".[13] This view drew a link between TCM and the mysterious arts of witchcraft. This feature report also elucidated the ritual of the Cantonese people visiting temples to pray for the help of gods in mitigating the impact of various diseases.

The North-China Daily News carried extensive reports on the evolution of the practice of TCM surgery. Although acknowledging the progress and milestones made in TCM anatomy, the newspaper did not hesitate to discuss the challenges that hindered its progress. An article dated January 21st, 1851 explored the obstacles that impeded the development of TCM by identifying several negative influences,[14] including the lower social status of the medical community in ancient times and contrasting the Chinese attitude towards the human body against the ancient Greek reverence for the human body by pointing out the lack of similar appreciation in ancient China. Furthermore, the report highlighted the impact of TCM cultural beliefs, which emphasized the sanctity of the body as a gift from one's parents and opposed any form of harm. This ethos extended to the



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NOTES & COMMENTS

Aug. 30.

JAPAN AND AMERICA.

The resolution passed by the Opposition in Japan, condemning the Government's policy and alluding to the American Senate in terms scarcely usual in parliamentary resolutions has been expected ever since Mr. Yoshizawa's visit to Tsingtao, which revealed strong local feeling against any surrender of Japan's succession to German rights in Shantung. To some extent the attitude of the American Senate and of the Japanese Opposition in this question is to be traced to the same motive—namely, a purely party desire to make things uncomfortable for the people in office. But this is by no means the whole explanation, because there are many people outside the Senate who think the Shantung clause wholly unrighteous and many in Japan who think its surrender would be equally unrighteous. The section of the Japanese Government which sides with Viscount Uchida is far-sighted enough to realize that Japan has far more to gain than lose by making a graceful concession. But if Viscount Uchida is not strong enough to convince the Cabinet, still less may he be able to convince the Diet: and if the American Senate pushes matters to the point of refusing to ratify the Peace Treaty, very serious friction will be caused between Japan and America, not to speak of the injury to interests outside the Far East. To suggest that the League of Nations might intervene, is a seemingly hopeless proposition. But there appears no other agency capable of doing so, and the opportunity is a good one for testing whether the League is really anything more than a lath painted to look like iron.

TO END WAR.

A writer in the magazine section of an American newspaper purports to give details of the invention which Lord Dundonald offered to the British Government at the time of the Napoleonic War, and for which the claim was made that its would make war impossible. This invention was never used, and in fact, was supposed to be an absolute secret, locked away in the archives of the Admiralty. It will be remembered how, in the early days of the war, somebody recollected having heard about it, and immediately the believing ones urged the authorities to put it into action. From time to time there were discussions upon what the secret was, and when the Germans made their treacherous attack with gas, rumour went the length of saying that Lord Dundonald had conceived the use of a powerful gas on an extensive scale 100 years ago. The American writer now says that the invention was an improvement on something very old. Centuries previously, by the aid of mirrors and magnifiers, it had been found possible to collect the sun's rays and concentrate them with a terrific force upon a particular point. So intense would be the concentration in Lord Dundonald's invention that anything inflammable would immediately shrivel up in flames, a ship, for instance, meeting in this way with an instantaneous end. The writer says that Sir Joseph McLay was frequently urged to adopt this, but, curiously enough, we should have thought that it would have been a matter for the First Lord of the Admiralty and not for the Shipping Controller.

CHINA TEA

A great many people, especially those engaged in the trade, will be interested to learn of the establishment of a college in Anhui having as its object improvement in the growth and treatment of tea. Situated in the tea-growing district of that province, it has secured the support of the Provincial Assembly which is making an annual grant for its maintenance, and, it is hoped, its future extension. With reference to the treatment of the leaf, the college intends to pay special attention to sanitary conditions and the provision of suitable apparatus for the handling of the product. Then there is the selection of quality, the intention being to use only tea of a superior grade, while, a thing of the first importance, great care and attention is to be paid to the question of packing in order to preserve the natural flavour and original shape of the leaf. An institution for training the Chinese in scientific methods for the tea trade is undoubtedly required, and if the Anhui project fulfils this object it will be doing really useful work for the country.

Sept. 1.

GENERAL BOTHA.

The death of General Botha leaves the world a great deal poorer to-day. The account he gave of himself during those critical times in 1914 shows a spirit of loyalty and courage of which history can show no higher example. It will be remembered how he kept inviolate the oath he swore at Vereeniging when he informed the British Government that all Imperial troops could be withdrawn from South Africa and that the country would remain true to the Empire. Scarcely had the words been spoken than Beyers, a member of the Union Government, came out in open revolt, taking with him De Wet, who was probably as much animated by private grievances as any deep-rooted sentiment of disloyalty. Botha was probably more of a soldier than a politician, and the short but masterly campaigns which he conducted showed him still an skilful as ever in the field. As a politician he had one great asset, an unlimited tact, and he used it well. The whole Empire may well mourn one of her great men.

OFFICIAL SPENDTHRIFTS.

It is welcome news that Mr. Lloyd George should have written to his colleagues "drawing attention to the strength of the feeling in the Commons, the Press and all classes of the community on the necessity for an immediate cutting down of Government expenditure," but almost incomprehensible that such a letter should have been necessary. Army and Navy have been cut down with almost indecent haste and certainly with little regard to the extreme seriousness of the state of eastern Europe. But the Government departments—ah no. In their eyes it is, to parody familiar lines, a case of:

Let Army, Navy, Air and Empire die,
But save, oh save, our sleek bureaucracy

In this manner it has been left to newspapers to discover that in the Air Department officials occasionally had two motor-cars apiece, with no possible use for them except to take them out to lunch and dinner. As for the sixteen or eighteen large hotels absorbed during the war for Government departments—apparently they remain absorbed. When the late Sir Charles Dilke became President of the Local Government Board, astonishment was expressed at the large economies he effected in his department, while actually increasing the salaries of its best men and certainly its efficiency. And Sir Charles Dilke had not the business training which has been so greatly vaunted in some of our present Ministers. We wonder what the Labour Party, shouting for nationalization of everything, think of this practical proof of the waste fulness of State control. Perhaps they think that, with Labour men at the head of all departments, everything would go well. We still wonder.

ACUPUNCTURE.

Dr. Wu Lien-teh's reference, in his letter to-day on the cholera outbreak at Harbin, to the difficulty of finding a clear vein through which to give the saline injection, owing to the needle-pricking which patients have previously undergone by Chinese doctors, will have the sympathy of all foreign doctors who handle such cases among Chinese. Some ten years ago Dr. Stafford Cox was running two hospitals for Chinese cases of chronic diarrhœa, one in Thibet Road, one in some purlieu now forgotten, where he was practising saline injections with great success and a most ingenious little device, the invention of his brother, we believe, by which the saline fluid was automatically kept at the same heat. A patient could thus have the tube bound into his arm or neck and then be left indefinitely while the doctor attended to others, as the body would absorb all that it could and the fluid would always be of the right heat. Dr. Cox explained to the writer that his greatest difficulty was just this practice of acupuncture by the old-fashioned Chinese doctors. It showed, he said, that they had some glimmerings of what

Figure 3 A report titled "Acupuncture" from *The North-China Herald* (September 6th,1919) [source with permission from: *Quan Guo Bao Kan Suo Yin* (全国报刊索引, CNBKSY)]

prohibition of autopsy, which was viewed as a serious disrespect towards the deceased.

3.2 Theories of TCM

On the theoretical aspects, *The North-China Daily News* introduced a wide range of TCM theories, including yin-yang theory, the visceral theory, and the theory of the man-nature relationship, etc.

For instance, a report dated January 10th, 1917 elucidated the characteristics and interplay of yin-yang.[13] The report described the two forces (one symbolized by white, the other by black) as representing the male and female principles, respectively. Yang embodied the actively flowing warm principle, while yin represented the passively flowing moist principle. These forces were considered the foundational laws of the universe, with their balance being crucial to human health. The visceral theory, as introduced, postulated that each organ was associated with an elemental force. There was also a detailed correlation with the planets, seasons, colors, and tastes. It is worth noting that the spleen and heart were considered organs of the mind, while the gallbladder was described as a treasure trove of courage. When discussing the relationship between humans and nature, the report proposed the concept that humans were a microcosm of the universe by suggesting that every natural phenomenon had a corresponding element in the human body.[13] For example, just like the patterns of stars in the sky and electrical currents on the earth, the human body also had its own pulse (Fig. 4).

Furthermore, another report touched upon the pulse theory of TCM by listing five of the seven moribund pulses (七绝脉)[15], which included the bubble-rising pulse (釜沸脉), the bird-pecking pulse (雀啄脉), the fish-swimming pulse (鱼翔脉), the cord-unraveling pulse (解索脉), and the roof-dripping pulse (屋漏脉).

3.3 Chinese materia medica

As shown in table 2, which is excerpted from a report dated February 11th, 1938, the author presented more than ten animal-derived Chinese materia medica. Most of their medical applications are briefly described, yet a few with unclear specific indications are left unexplained.

The North-China Daily News introduced an extensive array of medicinal materials that the Westerners were not familiar with, including various non-plant ingredients in terms of animal and fossil components. To cite examples, the newspaper highlighted two unique methods of medicinal preparation. The first method involved



Figure 4 A report titled "Ancient medicine" from *The North-China Daily News* (October 25th,1936) [source with permission from: *Quan Guo Bao Kan Suo Yin* (全国报刊索引, CNBKSY)]

Table 2 TCM medicinal materials in *The North-China Daily News*（《字林西报》）

Description	Chinese Name	Indications
Sheep's brain	羊脑	For headache
Deer's horn	鹿茸	Tone up body
Tiger's bone	虎骨	Strengthen muscles and bones
A growth inside rhinoceros	犀角	For stomach complaints
Pearl	珍珠	Make skin soft and smooth
Sea horse	海马	Suitable for women after childbirth
Growths inside horses' stomachs	马宝	A cure for nerves or insanity
Bear's paw and gallbladder	熊掌、熊胆	/
Pangolin's scale	甲片	/
Fossil crab	石蟹	/
Turtle shell	龟甲	/

cutting the medicinal herb into small black squares, boiling them with wine, letting the mixture cool before cutting it into pieces for consumption.[15] The second method was specifically used to prepare pangolin scales, which require baking and drying the scales, reducing them to ashes, and cooking the ashes with oil, butter, vinegar, and a non-traditional ingredient of male urine.[16] These practices provided a glimpse into the distinctive methods of TCM and offered fascinating insights into the diversity of its therapeutic practices (Fig. 5).

3.4 Practice and treatment of TCM

When it comes to the practice and treatment of TCM, *The North-China Daily News* extensively reported on the practice and treatment of TCM with special emphases on acupuncture and moxibustion and surgical techniques. An article dated August 19th, 1902 elucidated the operation and basic principles of acupuncture and


THE NORTH-CHINA DAILY NEWS, THURSDAY, DECEMBER 15, 1938

Brompton Oratory Wedding

Son of Mr. H. E. Morriss Marries Miss Heathcote; Chinese Envoy Attends

Animals in Chinese Medicine

Mr. B. A. Read's Lecture To Royal Asiatic Society

Other Seas Are Also Rough

London Stocks

Today's Closing Quotations

Berlin Bourse

Reichsmark Quotations

Manila Gold Shares

Japanese Open Drive on Pootung Guerrillas

Shortage of Vegetables As Result of Fighting

"Italy for Negus!" Say French Students

Mr. Eden Welcomed to White House

Speech to National Press Club Kept from Public

LYCEUM THEATRE

"The MASCOT"

Four Daughters

新 SUN YA 雅

CANTONESE RESTAURANT

719 Nanking Road Tel. 90080

Figure 5 A report titled "Animals in Chinese medicine" from *The North-China Daily News* (December 15th, 1938) [source with permission from: *Quan Guo Bao Kan Suo Yin* (全国报刊索引, CNBKSY)]

moxibustion by describing it as an esoteric treatment deeply rooted in the Chinese culture.[17] The report suggested that acupuncture and moxibustion could trigger a systematic physical response as Westerners believed that acupuncture and moxibustion was very effective for a series of diseases, including headache, heatstroke and cholera.

In contrast, the newspaper held a more critical attitude towards TCM surgery, believing that it was underdeveloped due to its perceived primitive methods, as illustrated in a case study dated January 10th, 1917. It detailed how a TCM practitioner might use a magnetic plaster to extract a lodged bullet or treat fractures with simple bandaging and chicken blood.[13] Despite such criticism, the Western readers did not completely dismiss TCM surgery. On the contrary, they called for innovation in TCM and the integration of anatomical knowledge and progress from Western medicine.

4 Features of TCM translation

As an important communication channel that crosses language and cultural barriers, effective translation is crucial for the global dissemination of TCM. However, as a science, the complex and profound nature of TCM, as well as its broad theoretical framework and diverse practices, pose significant challenges for translators. *The North-China Herald* and *The North-China Daily News* opted for abridged and summarized translation modes to enhance the accessibility and comprehensibility of the content.

Abridged translation can prevent articles from being too lengthy and cumbersome, thereby maintaining readers' interest and desire to read. For instance, when introducing the visceral theory of TCM, *The North-China Herald* translated merely a description from *Huang Di Nei Jing* (《黄帝内经》 *The Yellow Emperor's Inner Classic*) to verify the relationship between the zang-organs and the souls, colors, tastes, and food.[4]

Furthermore, taking into account the limited familiarity of the Western readers, a strictly full translation, despite its technical accuracy, might leave the readers who wanted to grasp the content confused and powerless. On the contrary, a summarized translation could enhance comprehensibility by incorporating the translator's insights and elucidations. For example, in a report on TCM acupuncture from *The North-China Daily News*, the translator provided a general overview of the procedure and by drawing from personal insights, attempted to explain the underlying mechanism, suggesting that acupuncture produced a systematic constitutional response upon execution, with every part reacting to the stimulus.[17] However, this method required translators to have a deep and detailed understanding of TCM. The

translator's explanation could profoundly shape the reader's perceptions, highlighting the necessity of objective perspective and balanced criticism.

Translating TCM into English is indeed a challenging task, as translators must adhere to the principles of simplicity, ease of understanding, cultural sensitivity, and information accuracy.[18] Translators bore a dual responsibility of making the complex and subtle concepts of TCM easy to understand, while also protecting the artistic integrity of the original text and avoiding translation that was hard to understand or unauthentic.[19] Both *The North-China Herald* and *The North-China Daily News* employed a wide range of techniques in their translations and interpretations to achieve these goals, effectively conveying the expected information.

4.1 Transliteration

Transliteration is a widely used strategy for introducing to English-speaking readers TCM classics, historical figures, and specific medicinal materials. For instance, TCM classics *Su Wen* and *Ling Shu* were transliterated as *Su Wen* and *Ling-Shu*, while the names of historical figures Huang Di and Qi Bo are rendered as "Huang Ti" and "Che-po" respectively.[4] Given the general lack of TCM knowledge among Western readers, this method was particularly beneficial as it improved the accessibility of the English content on TCM.

The transliteration approach adhered to simplicity, which was crucial when dealing with TCM terms with vague meanings or complex cultural connotations. The names of medicinal herbs may not be directly related to their characteristics, so transliteration provided a practical solution. This approach was particularly suitable for newspaper readers, who usually had limited time for reading and did not delve deeply into the content. Transliteration not only facilitated the readability for English readers but also preserved the uniqueness of the original text, making the texts appealing to readers, as was exemplified by "Yuk Kuai" for *Rou Gui* (肉桂 Cortex Cinnamomi), and "Ma Huang" for *Ma Huang* (麻黄 Herba Ephedrae).[15]

However, transliteration may also bring challenges. The passage of time and pronunciation changes in different regions may lead to inconsistent translations. For instance, *Su Wen* and *Ling Shu* might be rendered as *Soo wen* and *Ling chao* in another linguistic context.[5] The inconsistency may hinder understanding and pose obstacles to future research work. A particular example was a herb referred to as "Yeh-chu", which makes it difficult for readers to determine exactly what medicine it referred to without further background.[20]

4.2 Literal translation

Literal translation is usually the preferred translation method when there is a narrow gap between the source and target languages while the cultural contexts are closely aligned. This is particularly suitable when the original text contains precise concepts and direct English equivalents are easily obtainable. In *The North-China Herald* and *The North-China Daily News*, literal translation was frequently employed for translating TCM medicinal materials named in accordance with their characteristics. One example is the term "白蜡", which is straightforwardly translated as "white wax", thereby maintaining the original text's connotations and retaining its form to ensure both the meaning and fidelity in the target language.

4.3 Free translation

Free translation is a flexible approach aimed at capturing and conveying the fundamental essence of complex textual content. This method was frequently employed to translate specific medicinal material names, as is evidenced by the term "龙骨" for "ground fossil", and "猴枣" for "a growth found in a monkey's throat".[21] These translations directly touched upon the essence and its inherent features. Free translation achieved the important goal of clarifying the text although it may reduce the presence of certain cultural nuances. This improvement in clarity enhances the accessibility and comprehensibility of the translation to a broader readership.

The North-China Herald and *The North-China Daily News* extensively employed free translation to introduce to the readers the complex nature of TCM theory. This method was evident in their description of the core concept of TCM, the theory of organs and viscera. These publications reinterpreted and reorganized the content by diverging from strict adherence to the original text in form and style, resulting in a fluent and natural expression of the theory in English and making the sophisticated principles of TCM better comprehensible to a wide range of readers to bridge the cultural and linguistic disparities between the traditional medical knowledge of China and its Western readers.

> "肝色青，宜食甘。粳米、牛肉、枣、葵皆甘。
> 心色赤，宜食酸。小豆、犬肉、李、韭皆酸。
> 肺色白，宜食苦。麦、羊肉、杏、薤皆苦。
> 脾色黄，宜食咸。大豆、猪肉、栗、藿皆咸。
> 肾色黑，宜食辛。黄黍、鸡肉、桃、葱皆辛。
> The five upper viscera correspond to the five tastes, the five kinds of grain used for food, the five chief fruits, and the five chief vegetables."[4]

The aforementioned text, a segment of the visceral theory outlined in *Huang Di Nei Jing*, was difficult to translate. By adopting the method of free translation, the translator cleverly compressed the content to make it easier for readers to understand.

Due to its unique and concise expression, successfully conveying the essence of ancient Chinese texts is not an easy task, making literal translation into English exceptionally challenging. Free translation is particularly

suitable for translating TCM theories, as they are often complex and unfamiliar to the general public. This method facilitates language conversion while preserving the basic meaning and subtleties of the original text. Therefore, these theories have become more easily understood and accepted by a wider range of readers, cultivating a greater appreciation for the depth of TCM.

The North-China Daily News presented an insightful introduction to the theory of the relationship between humans and nature in *Huang Di Nei Jing*.[13] The source text delved into this theory by providing a series of detailed examples that demonstrated the similarity between human physiology and natural phenomena. To cater to the English readers, the translator cleverly extracted the essence of these concepts, reorganized and simplified the content to improve clarity and comprehension.

> “地有十二经水，人有十二经脉。地有泉脉，人有卫气……天有昼夜，人有卧起。天有列星，人有牙齿……
> The universe is a macrocosm. Man is the microcosm. Thus, heaven has its orders of stars, and earth its currents of water, so man has his pulse.”[13]

The translator abandoned the short sentences and neat style of the source language text and chose to use natural and fluent English expressions to explain the meaning of the source language text. This translation approach has indeed omitted some culturally distinctive elements of the source text, such as “泉脉” and “卫气”. However, the translation aimed at helping readers understand TCM not only faithfully conveyed the meaning of the source language text, but also ensured the natural fluency of the target language, making the translation clear and easy to understand (Fig. 6).

5 The image of TCM portrayed by *The North-China Herald* and *The North-China Daily News*

Translations featured in the two English newspapers were characterized by objectivity, thereby contributing significantly to a positive image of TCM.

5.1 Westerners’ attitude towards TCM

As time progressed, there was a notable rise in the frequency of TCM reports in *The North-China Herald* and *The North-China Daily News*, which can be attributed to various factors.



10 THE NORTH-CHINA DAILY NEWS, THURSDAY, JANUARY 11, 1934

Cold Wave Due To-day

Siberia's Chill Grasp on Shanghai

Pile up the fire and get out the fur coat muffs. A cold wave of unknown intensity is due to enclose Shanghai in its clammy embrace to-day. The bitterness of Siberian winter is to make its annual visitation south.

This is the doleful news circulated by Siccawei Observatory yesterday as the temperature began to fall rapidly and last night conditions grew, to say the least, "parky." Inquiries at the Observatory failed to elicit anything more definite than the cold has arrived and is likely to last a few days. Cold north-westerly winds will probably blow reaching gale force in the Yellow Sea and the Yangtze Valley after which it will be clear—but very chilly. The cold spell is formed by the high pressure over Siberia which is moving southwards.

The temperature yesterday and the previous day was comparatively high but the weather forecast issued by the Siccawei Fathers at 4.30 p.m. has a different tale in store. It reads: "Cloudy and very cold weather with snow and strong north-westerly winds around Shantung; overcast and cold wave with local snow and strong northerly to north-easterly winds in the Yangtze Valley and over our regions. Cloudy with rain and north-westerly gale along the coast to the south of the Saddles."

With this prospect in store all the multi-coloured sweaters and scarves which fond relations present at Christmas to people who generally feed them to the moths in the cupboard ought to make their appearance to-day. Still, there is one optimist. He was seen on the Bund yesterday. He was a man riding a bicycle and wearing a sun helmet.

SHANGHAI YOUTH A RHODES SCHOLAR

Mr. Robert W. Barnett Gains Coveted Distinction

Friends of Mr. Robert W. Barnett will be glad to learn of the award just made him of a Rhodes Scholarship, one of the coveted prizes open to American college students.

Mr. Barnett is the son of Mr. and Mrs. Eugene E. Barnett, of the National Committee of the Y.M.C.A. and a 1929 graduate of the Shanghai American School. He won his bachelor's degree in 1933 from the University of North Carolina and since his graduation has served as a laboratory assistant in the department of economics while pursuing a master's degree in economics in the same institution. In the university he has distinguished himself in many lines including play writing, the editorship of the university magazine, and as winner in his junior year of the Phi Beta Kappa key.

AUSTRIAN BISHOP FOR CHINA

Chancellor Dollfuss on Racial Problem

Vienna, Jan. 10.

A speech was delivered yesterday by Chancellor Engelbert Dollfuss at the ceremony of enthronement of the Austrian Bishop, Mgr. Schoppelrey, newly-appointed Apostolic Vicar to

ART OF ERNEST HALPERN

Noted Viennese Etcher Visiting Shanghai

MAKING TRIP ROUND THE WORLD

"A stranger everywhere, for whom there is nothing left but mutual sympathy is the most perfectly" observed Mr. Ernst Halpern, attractive young Viennese artist whose work is to be exhibited this afternoon under the auspices of the Shanghai Art Club. Opening at four and continuing until seven, today's showing is for members of the club and the press. The exhibition proper will be open to the public on Friday and Saturday from 2 until 8 at the new studio of the club, on the sixth floor of the Bearn Apartments, 453 Avenue Joffre.

Telling his work, "A Trip Around the World," Mr. Halpern will exhibit examples of etching and dry point collected during the twelve years of his wandering. Examples of the character study which interests him deeply, as well as landscapes typical of the countries he has visited will be hung. Describing his journey as one of study and research into the various art forms developed by cultural centres throughout the world, the artist has met with a distinguished reception in the United States, Egypt, Mexico and the Far East.

Three months' stay in Japan, during which his work was shown under the patronage of the Imperial household, and the various diplomatic corps there, have made his impressions of the peoples of the East sympathetic. Successful exhibits in Tientsin and Peking likewise have encouraged him to present his work in Shanghai before sailing on January 16 in the ss. General Lee for Manila and Bali.

By Sepejou

Mr. Ernst B. Halpern

Revived Bullfight Subjects

"I am deeply regretting that my stay here is so short," observed the etcher, "for here there is so much that is picturesque and worthy of study, but I am already two months behind my itinerary." Hopelessly he shrugs "What can I do?"

Beggars and street merchants fascinated him in Peking, and though he has not yet been able to complete his studies of them, Mr. Halpern is at work on a Chinese series, utilising the soft ground method typical of China as the me-

MARSHAL ONLY CIVILIAN

Chang Hsueh-liang, However, Says He Is Ready to Serve His Country

A private citizen, but ready to serve his country if it needs him, is Thus Marshal Chang Hsueh-liang defined his status yesterday, three days after his return to Shanghai from a tour of Europe. The "Young Marshal" said he would attend the plenary session of the Kuomintang Central Executive Committee at Nanking on January 20, but he did not indicate what effect, if any, he expected that meeting to have on his own position in China. Certainly, there is no friction between himself and Gen. Chiang Kai-shek, he emphasized.

Looking remarkably fit and happy, Marshal Chang expatiated on his trip and on the new ideas absorbed by him abroad, speaking always in terms of how these ideas might be applied for the benefit of China. He deplored the tendency of certain Chinese "patriots" to work for their own aggrandisement.

Denounces Self-Seekers

"Now, more self-seekers, stand between China and unity to-day," the young Marshal declared. "It is time that they placed the good of the nation before their own purposes and desires." He also regretted a tendency among the Chinese people to mistake liberty for license and said that the "trouble with republics is that they are born too fast for the people to appreciate their true value."

He said he believed the military should be under the Government and not controlled by individuals and that he resented any reference to "his" army. The armies belong to China, he averred.

Regarding the rumours of a new Empire in Manchukuo, Marshal Chang expressed the opinion that "there will never be a monarchy of any description in China again." Henry Pu Yi will remain "Mr."

Pleased by Air Progress

The Marshal, while in Europe, was particularly interested in the progress there of transportation and communication and he hopes that China will follow the lead of European nations in these fields. The high standard of roads, airways, telegraphs, radio, and many other mechanical developments impressed him forcibly. Most of his travel on the Continent was done by air.

"The political situation in Europe is interesting," he said. "New ideas are springing up in several nations and it is possible that some 'new' may develop there which could be beneficially applied to China. As it is, all the countries seem to be ill, but no man has so far proved a good physician for any one of them. Only the future will show what progress really has been made."

Marshal Chang remarked on the efficiency of the law-enforcing agencies of Europe, saying he found crime on the decline in most of the countries he visited.

CHINESE MEDICINE AND PROGRESS

Dr. Bernard E. Read's Lecture To-day at R.A.S.

The regular fortnightly lecture of the local branch of the Royal Asiatic Society, which will be delivered by Dr. Bernard E. Read at 5.15 o'clock this afternoon in the Wellcotch Hall in the Society's new building at 5 Museum Road, promises to be of unusual interest. The subject is "Evolution of Chinese Medicine," and, in view of the fact that Dr. Read is an acknowledged authority on the *Materia Medica* of this country, what he will have to say should be of the greatest value, not merely to the specialist, but to the layman as well. Medicines and the practice of medicine are matters that appeal to everybody, whether dealing with the latest discoveries and products of science, the antiquated methods and materials of ancestors, or the exorcisms and charms of the beloved savage. Hayley Street specialists, local practitioners, old style Chinese quacks, primitive Tartar shamans, or Negro witch-doctors of the Congo—they hold a very important place in the communities to which they belong, and are accorded a degree of respect often superior to that given to the priesthood.

Yellow Drugs

By far the most advanced of these, excluding, of course, the physicians and surgeons of the West, are the Chinese doctors, for by what means is not known, they have discovered the use of many valuable drugs and remedies, even if along with these they do include in their pharmacopeia such fantastic items as tiger's knee-bone, ground fossils (called dragon bone), powdered scorpions and centipedes, the skins of cicada larvae and pulverised mother-of-pearl, and still practice acupuncture with rusty

SUNDAY SYMPOSIUM

The subject for next Sunday's Symposium will be

"Was there Ever a Shanghai Mind?"

It, having been tentatively declared that the Shanghai Mind is a figment of the globe-trotter's imagination, the suggestion is that the famous Mind may have had an actual existence. Perhaps readers will be able to assist in research on this point. The contributions can be grave or gay, pro-Shanghai or anti-Shanghai, political or trivial on, subject of course to the usual restrictions.

Contributors may write over their own names or over pseudonyms. They are requested to send in their letters so as to reach this office not later than Friday at 4 p.m. and to avoid underlining, block lettering and single-spaced typing. As far as possible letters should be typewritten.

They may be any length up to 200 or 400 words and they should of course be written on one side of the paper only. The address is:

Sunday Symposium,
"North-China Daily News"
17 The Bund, Shanghai

expressed himself gratified at the warm hospitality with which he was received wherever he went and the efforts made by his hosts to show him everything worth while during the three months of his tour.

Favours Union of States

"I am only sorry that I did not get a chance to visit America, in whose political system I am particularly interested," he added. "I believe, for instance, that the American system of many state governments, united under one

AUTHENTICITY FILM GOAL

"Good Earth" Director on Modern Sincerity

THREE PICTURES TO BE MADE IN EAST

Authenticity, with its resultant sincerity, is the major aim of the films of 1933, according to Mr. George Hill, a Metro-Goldwyn-Mayer director, who is in Shanghai with a technical expedition of eleven to film the world-famous "Good Earth." Without a flicker of regret, Mr. Hill declared that the old days when the studios "shot" everything from a visit to the North Pole to a South Seas idyll on the back lot, with occasional trips to Catalina Island when a little variety was considered essential, have gone the way of all haphazard methods.

"To-day," he told a representative of the "North-China Daily News" yesterday, "producers have learned that they cannot study a few books and present a faithful picture of a given period or country. The M-G-M expedition to Asia is the direct result of this change."

Though none of the dialogue scenes will be done here, for obvious reasons, members of the party propose to spend several months in China, "absorbing the atmosphere," making scenic and historical sequences, and generally becoming conversant with the land which is the setting of one of the most popular novels of modern years. Despite numerous reports, no casting has been done on "The Good Earth," Mr. Hill explained, though it is possible that the clever woman who served as impresario for Mei Lan-fang during his tour of the United States may have the coveted role of the wife.

Good-will Expedition

The company is in China with the full permission of the Chinese Government, the director continued, and their's is an expedition of good-will. With this in mind, the adaptation of the Buck classic was made to eliminate any sequences that might prove offensive. Miss Frances Marion, perhaps Hollywood's best-known writer in this field, is responsible for the screen translation, assisted by a former Shanghai newspaper woman, Miss Betty Wang, now a student at the University of Southern California. This means, he added, that all references to opium, head-cutting and similar evils will not appear in the screen version. On the other hand, the historical note will be sounded in the fall of the Manchus, only suggested in the novel.

Again, the picture will centre about a woman rather than a man, as was the case in the book. This change, made also in the Broadway production with Nazimova as the wife, is not due to the fact that a heroine is considered better "box-office" than a hero, but because the enduring affection of the peasant woman, her common-sense and her high courage, are the underlying elements of "The Good Earth." Take away "O-Lan," Mr. Hill suggested, and what is left?

However, despite certain changes, Wang the farmer is not to be deprived of his "Lotus," the slightly shabby singing-girl who spelled glamour to the dazzled peasant, for the director declared, such a situation is common both to Nanking and Los Angeles. A man is successful, becomes weary of old ties and turns elsewhere. Geisha, singsong girl, lady of the ensemble—the difference is merely geographical.

Western Culture

Going slightly further than the novel, the sons of Wang and his wife are to be shown upon their

EAR BITTEN OFF IN QUARREL

Indian Charged with Assault in H.M. Police Court

The case against Lal Singh, watchman, charged with assault causing bodily harm to a shoemaker, was adjourned to the morning by H. H. Haines, Registrar, in the H. M. Police Court yesterday, Mr. F. G. Livingstone prosecuted while Mr. E. T. Maitland appeared for the defence.

In outlining the case, Mr. Livingstone stated that the accused, in a quarrel with a boy hawker over the price of boot laces outside a mill in Pusing Road at 4.15 p.m. on December 26 last, assaulted the boy. Woo Tsung-ching, a shoemaker who was in the vicinity, remonstrated. The Indian, however, knocked the shoemaker down, sat on him, and bit off a large piece of his ear.

Five witnesses appeared for the prosecution, the first being the complainant. According to him, he merely asked the accused to stop beating the boy who was about 14 years old. At the time, the Indian was kneeling on the boy who was lying on the ground. Questioned by Mr. Maitland, he said he and the accused had lived in the same house before, but had never quarrelled with him. He denied that he had shouted "Fight! Fight!" at the time when he asked the Indian to stop beating the boy.

Woo Sung-sze, mother of the complainant, said she saw the Indian push her son down and b'te off a piece of his ear. Later, she accompanied the Indian and her son to a police station where she was asked by an officer to return to the scene of assault to pick up the piece of ear. She also asked two Chinese who were on the scene to go to the station with her to be witnesses. Liu Chun-nien and Wong Sung-ling, cooks, also told the Court that they saw the Indian assault the shoemaker.

Trooper-Sergeant Boiko, attached to the Yangtzepoo Police Station, stated that he saw the accused, the shoemaker and his mother walking to a police station, followed by a crowd of about 100 persons at the corner of Chemulpo and Puning Roads. The accused had his turban in hand. His mouth was smeared with blood and he was minus a piece of the ear of the complainant that had been bitten off and the ear was bleeding.

"PRAVDA" WARNS ADVENTURERS

"Attempts to Disrupt Soviet Russia Must Fail"

"Woe to the adventurers who would dare to attack the Socialist stronghold!" warns "Pravda" in commenting on the recent interview granted by M. Stalin, the Soviet dictator, to a correspondent of the "New York Times."

Pointing out that M. Stalin's statements are a clear-cut understanding of the Soviet foreign policy, the paper says that the essentials of the peaceful policy of the U.S.S.R. found full and complete expression in his words.

The fulfillment of the first Five-Year Plan was secure ground for the realisation of the second, created under M. Stalin's leadership, and the U.S.S.R. is now impregnable against the Imperialists who are so fond of the wealth of other countries, the paper asserts. "With the construction of a Socialist society, our country is indestructible. Attempts to disrupt it must fail, even if the necessity of taking up arms

Figure 6 A report titled “Chinese medicine and progress” from *The North-China Daily News* (January 11th, 1934) [source with permission from: *Quan Guo Bao Kan Suo Yin* (全国报刊索引, CNBKSY)]

Firstly, in terms of the topics covered, the two English newspapers were of a modest scale in the initial stage, focusing predominantly on commercial information, such as daily shipping and business news. However, with the development of the news media industry, their coverage expanded and ultimately covered more comprehensive topics, including TCM.

Secondly, the transformation of China's healthcare landscape dramatically influenced the coverage of TCM. In the late 19th century, the Chinese government vigorously promoted the study of Western medicine by launching numerous initiatives to modernize the healthcare sector. For instance, *The North-China Daily News* carried reports on China's plans to establish a national hospital and its aggressive strategy to cultivate a robust cadre of Western medical professionals.[12] The completion of the national hospital marks a significant investment by the government in Western medicine, aimed at elevating its status to a level comparable to or potentially surpassing that of TCM, a move that undoubtedly exacerbated the prevailing conflict between Chinese and Western medical paradigms, thereby heightening public awareness and attention towards TCM.

In terms of their attitudes and stances, *The North-China Herald* and *The North-China Daily News* progressively embraced a more impartial perspective on TCM with the passage of time, a shift that mirrored the growing understanding and acceptance of TCM in the Western world.

In the 19th century, the Industrial Revolution catalyzed significant progress in Western medicine, thereby widening the gap between Western medicine and TCM. During this period, Westerners who believed that their civilization was superior often held biases and stereotypes towards TCM. A typical example is a report in *The North-China Herald* which condemned the ineffectiveness of TCM and labeled its practitioners as fraudulent, implying that treatment was intentionally prolonged for economic gain.[10] The distorted view had strategic significance for Western colonial efforts, as it proved that the spread of the Western medical models in China was reasonable. However, with the deepened understanding of TCM by the Westerners, *The North-China Herald* and *The North-China Daily News* progressively adopted a more objective stance in their reporting. The derogatory descriptions of TCM have gradually transformed into a more complex and subtle recognition of its philosophical foundation and therapeutic efficacy.

Multiple factors accounted for Western readers' shift towards TCM, with the consolidation of Western medicine in China being the primary factor. Initially, Western perceptions of TCM were often swayed by biases rooted in political and missionary interests. However, as the development of Western medicine in China became increasingly stable, the influence of these external factors began to fade away.[22] The transformation facilitated the transition of Western intellectuals towards a more medical and realistic discourse on TCM. In addition, the development of China's local Western medicine industry in the 20th century played a crucial role, an evolution that expanded China's voice in the global medical community.[23] As a result, the reports published by *The North-China Herald* and *The North China Daily News* began to incorporate the views of the Chinese people by increasingly reflecting the more positive views of the Chinese people on TCM.

5.2 Merits and benefits of TCM delivered by the two newspapers

Both *The North-China Herald* and *The North-China Daily News* highlighted the merits of TCM by emphasizing its profound historical roots, significant therapeutic effects, mild nature, and minimal adverse reactions.

Initially, these publications acknowledged the long history of TCM. Their translation and introduction contained rich information on the historical development of TCM, including seminal texts such as *Su Wen*, *Ling Shu*, and *Ben Cao Gang Mu*. They also introduced in detail the origin and development of TCM practices such as acupuncture and moxibustion, and pulse diagnosis. A report in *The North-China Herald* pointed out that after 2,500 years of continuous experience, TCM still retained significant practical utility in modern times, thereby underscoring its value and deserving of respect.[5]

Furthermore, both newspapers have recognized the remarkable efficacy of TCM in disease treatment, as is evidenced by reports on medicinal materials and their applications. *Ma Huang*, for example, was frequently cited for its role in producing ephedrine and its efficacy in treating asthma.[21] Acupuncture and moxibustion, together with cupping aroused great interest in the West. A report in *The North-China Herald* praised the effectiveness of the cupping therapy in treating intermittent fevers, as was evidenced by Westerners' positive evaluations based on their personal experiences: "In less than a quarter of an hour, the cold fit subsided...and for the following six days, the fever did not recur".[11]

In addition, TCM is praised for its mild treatment and minimal adverse reactions. A report in *The North-China Daily News* said TCM was milder and less harmful to the human body compared with Western medicine, making it a preferred method for daily health maintenance and disease prevention.[24] This attribute also enhanced the effectiveness of TCM in maintaining health and managing chronic diseases. Moreover, *The North-China Daily News* highlighted Chinese people's long-standing emphasis on hygiene, as was evidenced by the traditional adage, "nothing uncooked must be allowed to enter the body".[12] The cultural awareness has historically protected the Chinese people from various infectious diseases and continued to guide modern methods of infectious disease prevention.

5.3 Drawbacks of TCM shown in the two newspapers

However, both *The North-China Herald* and *The North-China Daily News* conscientiously fulfilled their duty of critically examining TCM.

Firstly, *The North-China Daily News* drew attention to the superstitious aspects of TCM by referring to its historical intertwinement with Chinese witchcraft. For example, it was widely believed that newborn male infants are vulnerable to the power of demons, which has led to the practice of dressing them up as girls.[13] The publication provided a detailed introduction to a non-traditional therapy that could cure diseases by removing the eyes from the paper door god and consuming them.[15] The prevalence of this superstition in TCM was partly attributed to China's rich philosophical and religious background. Influenced by these ideologies, the public often tended towards supernatural explanations rather than scientific reasoning about the causes of diseases.

Secondly, from a Western perspective, the diagnostic and prescriptive practices of TCM were perceived as highly inaccurate and subjective. A report in *The North-China Herald* criticized the pulse-feeling technique by describing it as a sensory observation with inherent limitations and uncertainties, and questioned its efficacy as a sole diagnostic method.[10]

In addition, the report suggested that potential inaccuracies in TCM prescriptions may lead to ineffective treatment or overdose, resulting in serious health impacts. This concern was evidenced by a case reported in *The North-China Daily News*, where the death of a laborer was linked to an overdose of TCM medication.[25]

5.4 Misreading of TCM reflected in the two newspapers

Reports on TCM in *The North-China Herald* and *The North-China Daily News* regrettably included misreadings and mistranslations, primarily due to the translators' incomplete understanding of TCM. The translators, who were mainly journalists and missionaries rather than TCM specialists, often produced articles that required more accuracy and in-depth understanding of TCM. Rather, these reports relied on hearsay in several instances, indicating the need for more rigorous investigation.

A major example of such misunderstanding was the confusion of acupuncture with blood pricking therapy. Specific reports took it for granted that acupuncture invariably involved blood drawing. In one example, *The North-China Herald* asserted, "If the puncture draws blood, there is no danger; but if no blood appears, the case is regarded as nearly hopeless".[26] Another report wrongly claimed that acupuncture and moxibustion might puncture blood vessels, leading to fluid loss, which was considered harmful to the treatment of cholera.[27] *The North-China Daily News* also erroneously reported that acupuncture and moxibustion was intended to expel toxic blood from the body.[17] In fact, acupuncture, when correctly administered by skilled practitioners, entails needles being strategically inserted into precise acu-points on the body, bypassing blood vessels to prevent bleeding. These inaccuracies highlighted a fundamental misunderstanding of TCM practice, which may have resulted from the translator's lack of professional knowledge.

6 Conclusion

From the late 19th century to the early 20th century, *The North-China Herald* and *The North-China Daily News* played an important role in translating and disseminating rich knowledge of TCM to the Western world by introducing historical development, complex theoretical foundation, diverse medicinal substances, and various therapeutic practices. In terms of translating TCM knowledge, these newspapers served as channels for information and advocates for cross-cultural understanding. They have responded to the complexity of cultural translation with commendable impartiality. Despite occasional misunderstandings and translation errors, the translators strived to introduce the efficacy of TCM in a balanced manner. They emphasized its advantages and contributions to medical knowledge, while acknowledging its limitations or areas that require further clarification.

Looking back at *The North-China Herald* and *The North-China Daily News,* it is evident that these publications carried extensive coverage of TCM by offering a broad spectrum of reports. However, the miscellaneous nature of these reports has raised a prominent concern. The theme selection method was strategically adopted to meet the diverse interests of a wide range of readers. Therefore, the focus of these reports was to prioritize providing engaging and compelling themes, which might come at the cost of providing comprehensive and in-depth analysis. In addition, considering the limited length of each report, the concise format requirements of newspapers posed significant challenges for in-depth research on various topics in TCM, thereby leading to a superficial discussion of various aspects of TCM. The brevity of the reports might hinder the detailed translation of TCM, especially for Western readers who were not familiar with the complexity of TCM, and thereby required more systematic and profound knowledge rather than fragmented pieces.

Drawing inspiration from the translation of TCM knowledge in *The North-China Herald* and *The North-China Daily News*, it is suggested that English publications in China, whether digital or printed, should establish a dedicated section to conduct in-depth explorations of TCM. Establishing such a department is not only feasible, but also crucial. The first key step is to

identify the target audience, public or professionals, and carefully craft content and presentations to meet their interests and needs. For ordinary readers, stories related to daily experiences or providing engaging narratives are ideal. On the other hand, if the readers are composed of professionals, it is recommended to choose more in-depth and complex topics.

In addition, given the obvious misunderstandings and misinterpretations of TCM in the reports carried by the *The North-China Herald* and *The North-China Daily News*, it is crucial to maintain the professional integrity of TCM in the course of the translation. It is also crucial to promote collaboration between translators and TCM experts, including experienced researchers and skilled practitioners. This partnership can be effectively cultivated through direct interviews, collaboration, or establishing a robust expert review process. Communicating with these professionals can ensure a more authoritative and profound understanding of TCM and significantly improve the overall standards of professionalism and credibility in TCM translation. This comprehensive approach is crucial for accurately and effectively disseminating TCM knowledge on the world stage so as to enhance China's international discourse power and promote the participation of TCM in global health governance, and build TCM into an international public good for global health. At the same time, it is expected that the translation and international dissemination of TCM will give play to its diverse value advantages, lead the development of traditional medicine worldwide and contribute positively to the construction of a community of human health.

This study, while offering valuable insights, is not without its limitations. To begin with, the two newspapers, which cover a wide range of topics on Chinese society at that time, report rather scattered TCM knowledge, posing a significant challenge to the collection of relevant literature. Although this study provides an initial introduction to part of the TCM knowledge reported in the two newspapers, the coverage is not exhaustive. Scholars are expected to engage in further exploration on historical materials to comprehensively present the TCM knowledge published in the two newspapers. Second, while this study has analyzed the image of TCM delivered by the newspapers, several aspects still require further investigation. These include the specific identities of the authors and translators, their motives for translating TCM, and most importantly, the impact of these reports on the Western world's perception and evaluation of TCM at that time. These unexplored areas present opportunities for future research to fill the existing gaps.

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Ethical approval

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

Author contributions

LIU Shuaishuai drafted and revised the manuscript. LI Junhua reviewed the literature and collected the data. All authors have read and agreed to the published version of the manuscript.

Conflicts of interest

The authors declare no financial or other conflicts of interest.

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Original Article

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OPEN

A Study on the English Translation of Li Ping'er's Medical Cases in *Jin Ping Mei*

QIU Yan (仇艳)[1,✉]

Abstract

Translating traditional Chinese medicine (TCM) knowledge requires the transformation of "local knowledge" into "universal knowledge" rather than mere linguistic conversion. This study takes the translated medical cases of Li Ping'er (李瓶儿) in *Jin Ping Mei* (《金瓶梅》*The Plum in the Golden Vase*) as the research object, and systematically examines the translation practice and communication effect of three core categories of TCM knowledge in David Tod Roy's (芮效卫) English translation, namely pulse diagnosis, fundamental TCM theories, and TCM medicinal and formula treatment. As a landmark work in the overseas dissemination of *Jin Ping Mei*, Roy's translation restores the literary, social, and cultural value of the original text through complete translation and detailed annotations, and strikes a balance between literary narrative fluency and textual fidelity. Nevertheless, as the translator is limited by his professional background, there are deviations in his translation of some core TCM concepts, which fail to fully convey the diagnostic and therapeutic logic of TCM. This is a common dilemma faced by literary translators when rendering the highly specialized TCM system. This study offers insights into the interpretation of TCM knowledge for Western audiences in translated literary texts, forming a more accurate and in-depth understanding of TCM as a unique knowledge system in cross-cultural communication.

Keywords: Translation; Cross-cultural communication; David Tod Roy (芮效卫); *Jin Ping Mei* (《金瓶梅》*The Plum in the Golden Vase*); Medical cases; Traditional Chinese medicine

1 Introduction

Traditional Chinese medicine (TCM) is a knowledge system rooted in Chinese philosophy of yin-yang (阴阳) and *Wu Xing* (五行 five elements) (Note 1). Building upon these foundations, its clinical practice employs unique theoretical concepts and diagnostic and therapeutic principles, for example, understanding life through qi (气), analyzing pathology with *Wu Xing*, "judging the inside from observing the outside (司外揣内)", and "treating based on pattern identification (辨证论治)". Given that TCM, which fuses medical logic with cultural symbols, is a knowledge system largely unfamiliar to Western readers, translating TCM concepts necessitates negotiating profound cognitive differences across cultures.

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Li Ping'er's (李瓶儿) illness narratives in the Ming dynasty novel *Jin Ping Mei* (《金瓶梅》*The Plum in the Golden Vase*) mirrored TCM practices in late imperial Chinese society (Fig. 1). Spanning several chapters, this detailed account traced a complete clinical course from onset to death, integrating diagnosis, prescription, and prognosis to reflect the holistic nature of TCM. Her medical cases within the novel exemplified the integration of medical discourse into literary narrative and thus made them an ideal subject for examining how TCM knowledge was articulated and transmitted through non-technical texts. Li Ping'er's illness developed in three stages, namely "emotional stagnation (情志郁结期)", "postpartum deficiency (产后虚损期)", and "life-threatening uterine bleeding (血崩危候期)". To convey how medical practices interact with the literary narrative, the translation must balance conceptual accuracy with narrative coherence, as any misinterpretation could distort medical knowledge and obscure the logical progression of the plot.

Although *Jin Ping Mei* is now widely acknowledged as an important work of the Ming dynasty, its path to recognition in the West was not easy. The first abridged English translation, *The Adventures of Hsi Men Ching*, published in 1927, foregrounded the erotic elements, and the novel was long classified as a pornographic work. Thanks to subsequent studies by scholars such as Patrick D. Hanan (1927–2014), David Tod Roy (芮效卫, 1933–2016), Chih-tsing Hsia (1921–2013), and Stephen Owen

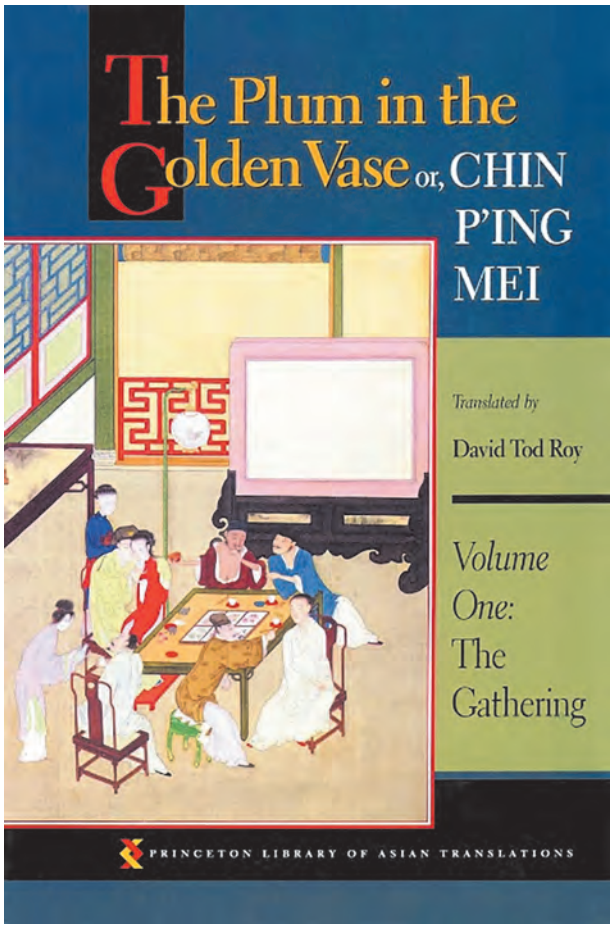


Figure 1 Cover of *The Plum in the Golden Vase, or Chin P'ing Mei (Volume One: The Gathering)* (source with permission from: photo taken by the author)

(1946–), the novel was gradually regarded as a masterpiece with profound literary and cultural value. Since the nineteenth century, *Jin Ping Mei* has been translated into more than twenty languages, including English, French, German, Japanese, and Russian. Systematic academic study of *Jin Ping Mei* in the English-speaking world began with the Harvard scholar Patrick D. Hanan, who described the novel as "one of the great works of Chinese classical fiction" and considered it a landmark in the history of Chinese fiction.[1] In the preface to Roy's translation of *Jin Ping Mei*, "Literary importance of the *Chin P'ing Mei*", Roy pointed out that the novel was "a landmark in the development of narrative art, not only from a specifically Chinese perspective, but in a world-historical context" and could bear comparison with *The Tale of Genji* and *Don Quixote*.[2] In an interview, Roy also stated that the dissemination and influence of the novel in the Western world have increasingly been regarded as comparable to those of China's Four Great Classical Novels, namely *Hong Lou Meng* (《红楼梦》*A Dream of the Red Chamber*), *Shui Hu Zhuan* (《水浒传》*Outlaws of the Marsh*), *San Guo Yan Yi* (《三国演义》*Romance of the Three Kingdoms*), and *Xi You Ji* (《西游记》*Journey to the West*).[3] Critical analysis has recognized that anyone curious about "matchmaking, Chinese medicine, funeral customs, weddings, licensed prostitutes, the status of legal wives versus concubines, the legal system, or appropriate clothing for men and women of every class in every social situation"[4] can find all these elements within the text. The novel, therefore, functions not merely as a literary work but also as a carrier of diverse knowledge systems in late imperial Chinese society. However, its function as a carrier of TCM knowledge and the translation of TCM knowledge in its narrative have received limited attention.

Among existing translations, Roy's five-volume translation, *The Plum in the Golden Vase, or Chin P'ing Mei*, is the only full English translation to date based on the *Ci Hua* version (词话本) (Note 2). Roy spent over 30 years completing the work. As Robert E. Hegel remarked, "compared to translations of *Jin Ping Mei* in any other language, Roy's translation version stands out in that it integrates all vernacular cultural elements of the novel, such as popular ditties, folk sayings, and comic banter, into the narrative".[5] Roy included over 4,400 endnotes in the translation in order to provide cultural knowledge. His translation has played an important role in shaping English readers' understanding of Chinese culture, including TCM culture, and it also served as a reference for studying the translation of TCM knowledge within literary texts. Given that Roy is first and foremost a literary translator aiming to popularize the novel among general readers, not a TCM specialist, this study approaches many of his renderings, particularly those involving simplification or cultural adaptation, as strategic choices made to prioritize narrative fluency. However, it also distinguishes cases where deviations appear to stem from gaps in TCM knowledge rather than deliberate translational strategy. Taking Li Ping'er's medical cases as its starting point, this study examines the effectiveness of Roy's translation of TCM knowledge from the perspective of transknowletology. It further explores how literary translation facilitates cross-cultural understanding of non-Western medicine and contributes to more effective global communication of TCM.

2 Theoretical foundations: transknowletology and its three core principles for TCM translation

Translation "is a core mechanism for the production and circulation of all forms of knowledge".[6] As a form of "local knowledge", TCM progresses within traditional Chinese philosophy and culture by integrating theoretical knowledge, diagnostic reasoning, and clinical practice into a single system. Laying a focus on "knowledge", transknowletology provides a theoretical framework for TCM translation, thereby elucidating the nature of translation. The theoretical framework also addresses challenges in cross-cultural knowledge dissemination.

According to transknowletology, translation is characterized as "a cultural act and social practice involving cross-linguistic knowledge processing, reconstruction, and redissemination".[7] Transknowletology transcends conventional models that focus exclusively on language or culture, treating knowledge as both the primary object and ultimate goal of translation. As a result, translation is seen as a way to turn local knowledge into universal knowledge.

Transknowletology divides knowledge into such categories as natural sciences, social sciences, and humanities. TCM knowledge embodies both empirical characteristics of the natural sciences, such as medicinal properties and meridians, and the cultural and philosophical parts of the humanities, including yin-yang and *Wu Xing*. The duality of TCM knowledge requires translators to grasp the medical knowledge and understand the cultural context. Transknowletology also values "knowledge context".[8] TCM concepts do not exist independently but form a comprehensive semantic and conceptual framework, so that the translator should reconstruct the framework to preserve their coherence so as to ensure readers' understanding.

The three basic principles of transknowletology, namely "seeking knowledge with truth", "demanding righteousness in goodness", and "rewriting with beauty (or in short: truth, goodness, and beauty)",[7] work together to form a systematic and practical framework for translating TCM knowledge. By seeking knowledge with truth, it proposes to focus on the faithful conveyance of conceptual connotations, diagnostic reasoning, and other forms of medical knowledge. By demanding righteousness in goodness through value selection, it proposes taking account of both the broader aim of "closing the knowledge gap and helping culture exchange" and the small objective of "making the translation easier for readers from different cultures to understand".[9] In addition, rewriting with beauty centers on the need for culturally appropriate expressions that ensure both fidelity and readability. The three principles of transknowletology are employed in this study primarily as an analytical lens to examine the boundaries of knowledge transmission in the context of literary translation, rather than as prescriptive rules that literary translators are required to abide by.

3 Analysis of TCM knowledge features in *Jin Ping Mei* via Li Ping'er's medical cases

From a transknowletological perspective, the TCM knowledge represented in Li Ping'er's medical cases reflects three key characteristics.

3.1 Locality and cultural embeddedness: TCM concepts rooted in traditional Chinese philosophy

Rooted in the theory of yin-yang and *Wu Xing*, TCM has developed a comprehensive system covering human physiology, the mechanisms of diseases, and diagnoses. Deeply embedded in traditional Chinese philosophy, core concepts such as qi and yin-yang lack direct equivalents in Western medicine and therefore exemplify "local knowledge". Many TCM concepts, such as "the spleen governs transportation and transformation (脾主运化)", embody the idea of the "man-nature unity (天人合一)", showing the close connection between humans and the universe.

In *Jin Ping Mei*, the culturally embedded nature of TCM is exemplified by concepts such as "harmonious qi and blood (血气和平)" and "yin-yang harmony (阴阳调顺)". Similarly, the diagnosis of "wood hyperactivity and earth deficiency (木旺土虚)" reflects the *Wu Xing* theory and its dynamic interplay of generation and restriction. This theoretical framework grounds Doctor Ren Houxi's diagnosis of Li Ping'er's uterine bleeding as "wood hyperactivity and earth deficiency" and "reckless flow of blood due to deficiency heat (虚血妄行)", a conclusion derived from the principle that the liver (wood) restrains the spleen (earth). The concept of qi, which refers to a physical substance as well as a life force or energy, also echoes the Chinese cultural concept of "the unity of form and spirit". The TCM knowledge in *Jin Ping Mei* is shaped by its cultural context. Translating such knowledge, therefore, needs both conceptual reconstruction and contextual adaptation in order to retain its medical integrity.

3.2 Diachrony and historical continuity: inheritance of pulse diagnosis and diagnostic logic

Despite contextual adaptations, TCM terminology maintains a striking historical consistency in its core meanings. In Chapter 17, Li Ping'er's "emotional stagnation" leads Jiang Zhushan to diagnose a "hepatic pulse as wiry (肝脉弦)", a judgment traceable to *Shan Han Jiu Shi Lun* (《伤寒九十论》*Ninety Treatises on Cold Damage*) by Xu Shuwei (许叔微) in the Song dynasty (Fig. 2). Later works adopt similar reasoning, including *Fu Ren Da Quan Liang Fang* (《妇人大全良方》 *The Complete Compendium of Fine Formulas for Women*) by Chen Ziming (陈自明) (Fig. 3) and *Wei Sheng Bao Jian* (《卫生宝鉴》 *Precious Mirror of Health*) by Luo Tianyi (罗天益) (Fig. 4).[10]

Other pulse descriptions in Li Ping'er's cases, such as "*Chen Mai* (沉脉 deep pulse)" and "*Da Mai* (大脉 large pulse)", align with the definitions in *Huang Di Nei Jing Mai Yao Jing Wei Lun* (《黄帝内经·脉要精微论》*The Yellow Emperor's Inner Classic: Discourse on the Essentials of Vessels and the Subtleties of the Essence*). These connections show that TCM diagnostic methods have been handed down for thousands of years. Translators need to be aware of the historical continuity of TCM knowledge to avoid ignoring historical context that may lead to misinterpretation.

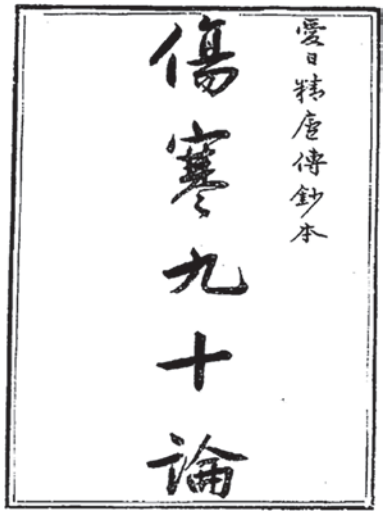


Figure 2 Cover of *Shan Han Jiu Shi Lun* (《伤寒九十论》*Ninety Treatises on Cold Damage*) (source with permission from: National Digital Library of Traditional Chinese Medicine Classics)



Figure 3 Cover of *Fu Ren Da Quan Liang Fang* (《妇人大全良方》*The Complete Compendium of Fine Formulas for Women*) (source with permission from: National Digital Library of Traditional Chinese Medicine Classics)

3.3 Interdisciplinarity and literary function: dual attributes of medical cases and narrative

In *Jin Ping Mei*, TCM terms and phrases serve both as medical references and literary devices driving the plot. For example, one of Li Ping'er's conditions, described as "dallies with ghosts in dreams (梦与鬼交)" and later known as lovesickness, was linked to yin–yang imbalance and emotional stagnation caused by excessive desire in TCM of the Ming dynasty. This diagnosis mirrors Li Ping'er's psychological plight of being trapped in an immoral affair and torn between desire and morality. The disease thus stands for moral decline. The novel uses similar links between illness and desire elsewhere. For example, Ximen Qing (西门庆) becomes emaciated through sexual excess; Pan Jinlian (潘金莲) suffers disturbed dreams and cannot find peace. These depictions make a coherent symbolic system, in which physical disorder reflects the collapse of emotions and morality.



Figure 4 Cover of *Wei Sheng Bao Jian* (《卫生宝鉴》*Precious Mirror of Health*) (source with permission from: National Digital Library of Traditional Chinese Medicine Classics)

The novel also presents different doctors, including imperial doctors, Confucian doctors, and even quacks. The interaction between them and their patients, based on the medical culture of the Ming dynasty, shows a utilitarian feature in human relationships. The TCM elements in *Jin Ping Mei*, therefore, serve at least two functions. On one hand, they record medical information about aspects like gynecology, surgery, and internal medicine. On the other hand, they are used for literary devices. Medicines, illnesses, and physicians are symbolic tools that probe social norms and human behavior, as well as strategies that enrich the narrative.

4 Analysis of TCM knowledge translation practice in Roy's version based on Li Ping'er's medical cases

As one of the central female characters in *Jin Ping Mei*, Li Ping'er provides an exemplary case for examining the intersection of literature and medicine. The progression of her illness and related diagnostic and treatment scenes

are highly representative of Ming-dynasty medicine. Her illness progression can be divided into three stages.[10] These stages show the pathological evolution from emotional injury to qi and blood collapse.

The first stage is the emotional stagnation phase (chapter 17). The unmet wish of Li Ping'er to marry Ximen Qing leads her to a long period of depression, which in turn causes the stagnation of liver qi and further transforms into fire with symptoms like alternating chills and fever, exhaustion, and unsettling dreams. Based on pulse diagnosis, Doctor Jiang Zhushan believes that her illness is caused by the disharmony between yin and yang, resulting from the six desires and seven emotions. Although the medication can temporarily alleviate her symptoms, it cannot address the underlying cause.

The second stage is the postpartum deficiency phase (chapters 54–55). Li Ping'er's condition gets worse because of improper postpartum care, compounded by grief over her young son's death, resulting in her suffering from severe pain in her stomach, abnormal lochia, and soreness in the waist and flanks. Doctor Ren Houxi prescribes *Jiang Huo Zi Rong Tang* (降火滋荣汤 Fire-reducing Blood-nourishing Decoction) and *Jia Wei Di Huang Wan* (加味地黄丸 Modified Rehmannia Pill) based on his diagnosis of wood over-restraining earth. In Chapter 55, after re-evaluating her condition, Doctor Ren Houxi concludes that her disease stems from "careless postpartum care".

The third stage is the life-threatening uterine bleeding phase (chapters 60–62). Prolonged blood loss has depleted her qi and blood. During a festival banquet, excessive drinking triggers massive uterine bleeding. Doctor Ren Houxi's treatment with *Gui Pi Tang* (归脾汤 Spleen-restoring Decoction) proves ineffective after diagnosing "wood hyperactivity and earth deficiency" and "reckless flow of deficient blood". Doctor He attributes the cause to "semen invading her menstrual blood vessels, and qi and blood in conflict (精冲血管，气血相搏)". The quack Zhao Longgang, however, intends to use highly toxic substances without a medical basis. Li Ping'er ultimately dies in a state described as "filthy and emaciated".

The study focuses on three categories of TCM knowledge that appear across the three stages of Li Ping'er's illness, namely pulse diagnosis, fundamentals of TCM, and TCM treatment. Although "pulse diagnosis" and "TCM treatment" constitute only sub-sections of the broader diagnostic and treatment categories in *WHO International Standard Terminologies on Traditional Chinese Medicine* (IST 2022),[11] the three focal areas of this study, namely diagnosis, theory, and treatment, align with the overall structure of IST 2022, which consists of (1) fundamentals of TCM; (2) terminologies on diagnosis, patterns, and constitution, and (3) treatment principles/methods and therapies. This alignment provides a lens to analyze how TCM knowledge is represented and translated in *Jin Ping Mei*.

The study draws on all illness-related descriptions in chapters 17, 54–55, and 60–62 of the Chinese text and the corresponding chapters in Roy's volumes I, III, and IV. A manual close reading was adopted to extract relevant terms and phrases. The data include all pulse descriptions that match the twenty-eight modern pulse conditions (Note 3). As the corpus contains only three such instances, no further sampling or exclusion was applied. The second illness stage was chosen to analyze fundamental TCM concepts. This stage contains one continuous passage with the densest theoretical terms. It covers more key concepts than the other two stages, including *Wu Xing*, *Zang Xiang* (藏象 visceral manifestations), qi, and blood. The passage thus offers a representative sample for studying the translation of the fundamentals of TCM. All medicines and formulas in the three stages were collected to avoid selective use of examples.

4.1 Pulse diagnosis terms: pulse locations and pulse conditions in the three stages of Li Ping'er's illness

Pulse diagnosis, one of the four diagnostic methods in TCM, enables practitioners to perceive the pulsation at the radial artery on the patient's wrist to evaluate the function of zang-fu (脏腑) organs, the balance of qi and blood, and pathological conditions. In Li Ping'er's three medical cases, pulse diagnosis plays a critical role in understanding her condition, as shown in her original pulse descriptions and Roy's English translation.

> "1) Chapter 17:
> 娘子肝脉弦，出寸口而洪大，厥阴脉出寸口，久上鱼际。[12]
> ...your hepatic pulse is thready, becoming full after passing the *ostium pollicare* on the wrist; whereas your yin pulses are sluggish in their ascent from the *ostium pollicare* to the *linea piscis* at the foot of the thenar eminence.[2]
> 2) Chapter 55:
> 夫人两手脉息虚而不实，按之散大……[12]
> ...the pulses on your wife's two wrists are feeble rather than replete. When palpated, they are both scattered and large...[13]
> 3) Chapter 61:
> 六脉细沉……[12]
> Her six pulses are weak and sluggish...[14]"

The following analysis concentrates on the translation of pulse locations and pulse characteristics.

4.1.1 Pulse location terms: anatomical concept deviation and knowledge connotation distortion

The Cunkou (寸口) area, known as the "convergence of pulses (脉之大会)", is an important location for pulse diagnosis that carries both anatomical and functional significance. This spot is located along the medial radial artery close to the radial styloid process.[15] Functionally, the Cunkou diagnosis method embodies TCM's holistic approach to diagnosis. One can reveal health issues that

reflect the state of the whole body by checking this small area. Roy translated the term as the Latinized "ostium pollicare", which literally meant "thumb opening" in Chinese. To ensure the term followed standard scholarly practices for TCM translation, Roy drew on the work of German sinologist Manfred Porkert,[2] known for his foundational work in Chinese medical translation. However, this Latin term, taken from Porkert's work, also distorted the TCM concept because it did not correspond to the actual anatomical site and lost its clinical role of the Cunkou. More importantly, palpation of this area in a Western anatomical sense would not provide valid diagnostic information.

From a transknowletology perspective, translating Cunkou as "ostium pollicare" obscured the "truth" principle by reducing an exclusive Chinese diagnostic point to a Western anatomical term. A possible option could be transliteration: "Cunkou area", with an endnote that identifies its position as "medial aspect of the styloid process where the radial artery pulsates".[11] This approach allowed general readers to access the term's meaning without losing its cultural identity or anatomical accuracy.

In the term "*Yu Ji* (鱼际 thenar eminence)", "*Yu* (鱼)" refers to "fish", and "*Ji* (际)" means a "region" or "part". When combined, the literal meaning of "*Yu Ji*" is "a part resembling a fish". The term refers to the thick muscular area at the base of the thumb where it joins the palm, named for its fish-like shape,[16] corresponding to the thenar eminence in Western anatomy. "*Shang Yu Ji Mai* (上鱼际脉 superior thenar pulse)", also called "*Yi Mai* (溢脉 the overflow pulse)", appears when the pulse at the Cunkou extends beyond the wrist crease to the thenar eminence.[17] This pulse often signals yang excess and yin deficiency. It can also indicate excess in the upper body and deficiency in the lower body, often triggered by emotional stagnation. The main cause is excessive qi pushing the blood through the pulse pathways, thereby resulting in a reverse flow of qi and blood.[18]

Roy translated "*Shang Yu Ji* (上鱼际)" as "*linea piscis* at the foot of the thenar eminence". He used Latin phrases such as linea piscis (fish line) and ostium pollicare to ground the text in Western medical terms, so that the story would be more readable for general readers. This approach mirrored his strategy to prioritize narrative accessibility, a practice that embodied the "goodness" principle in transknowletology. Although "thenar eminence" correctly named the anatomical site, the term "linea piscis" was misleading as "*Shang Yu Ji*" referred to a raised fleshy region rather than a linear structure. The phrase "at the foot of the thenar eminence" also moved the pulse site to the edge of the thenar area. This shift weakened the pathological meaning of reversed qi and blood flow. The translation reduced readers' grasp of the pulse's significance and thus weakened the "truth".

Similarly, "*Liu Mai* (六脉 six positions at the Cunkou area)" refers to six diagnostic positions on both wrists of the Cunkou, namely Cun (寸), Guan (关), and Chi (尺).[15] The Cun position, which is closest to the wrist, corresponds to the heart and lungs. The Guan position, which is in the middle, corresponds to the liver, gallbladder, spleen, and stomach. The Chi position, which is nearest the elbow, corresponds to the kidneys. With each site linking to a specific zang-fu organ, these sites work together as a unified diagnostic system. Practitioners read them to judge how well internal organs function so as to detect signs of disorder. Roy rendered *Liu Mai* as "six pulses". The term *Liu Mai* was therefore translated as six separate kinds of pulses, rather than six positions with distinct diagnostic roles. Although Roy's lexical choice was readable and the term also preserved the numerical sense, it may somewhat weaken conceptual accuracy and compromise the "truth" principle. The translation could also blur the subtle logic of pulse diagnosis and thus potentially limit the "goodness" of knowledge transmission.

4.1.2 Pulse condition terms: pathological connotation transmission analysis

The pulse condition serves as the basis for pattern differentiation in TCM. The translation of pulse conditions should convey such parameters as pulse strength, tension, and depth in that different pulse patterns reflect distinct pathological states. For example, in terms of strength, "*Xu Mai* (虚脉 deficient pulse)" is weak whereas "*Shi Mai* (实脉 excess pulse)" is forceful; in terms of tension, "*Xian Mai* (弦脉 wiry pulse)" is taut and "*Huan Mai* (缓脉 slow pulse)" is moderate; in terms of depth, "*Fu Mai* (浮脉 floating pulse)" can be felt with light pressure but "*Chen Mai*" needs heavy pressure to be detected (Note 4). Such distinctions act as objective indicators to determine the location, nature, and severity of the disease and its prognosis.

To assess Roy's translation, terms were compared against internationally recognized standards chosen for their authority and acceptance in TCM scholarship (Note 5): *International Standard Chinese-English Basic Nomenclature of Chinese Medicine* (ISN),[19] *WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region* (IST 2007),[20] IST 2022, *ISO 23961-2:2021: Traditional Chinese Medicine—Vocabulary for Diagnostics—Part 2: Pulse* by International Organization for Standardization (ISO 23961-2), and *Chinese Terms in Traditional Chinese Medicine*.[21] The consensus term is defined as the term(s) appearing in the majority of standards. Co-consensus is noted when no single term dominates. Roy's translation is then compared with the consensus term to identify any discrepancies (Table 1).

Take "*Xian Mai*" for example. *Mai Jing* (《脉经》 *The Pulse Classic*) defines it as "not felt on light pressure, but felt like a bowstring on deeper palpation (举之无有, 按之如弓弦状)".[22] The IST 2022 translates it as "wiry

Table 1 Translations of pulse conditions: Roy's version vs. consensus terms of the four international standards

Chinese Term	Roy's Translation	Consensus Term	Roy's Translation vs. Consensus
弦	Thready	String-like	Blurs the taut/stretching trait
洪大	Full	Surging; large	Overly general; attenuates the forceful, wave-like nature
细	Weak	Thready	Conflates fineness with debility
沉	Sluggish	Deep	Shifts focus from pulse depth to movement quality
虚	Feeble	Feeble	Aligns with the consensus term
实	Replete	Replete	Aligns with the consensus term
散大	Scattered; large	Scattered/dissipated; large	Aligns with the consensus term

pulse" and "string-like pulse", explaining it as "a pulse that feels straight, long, and tense, like the feeling of pressing a tight string of a musical instrument".[11] Other standards use the same renderings as "wiry" or "string-like", as listed in the table. Roy rendered it as "thready", which in fact denoted "*Xi Mai* (细脉 thready pulse)", a pulse that felt thin and soft, like a silken thread. The distinction between wiry and thready pulses is crucial both in characteristics and clinical implications. The wiry pulse (or string-like pulse) often signals disorders of the liver and gallbladder or pain. By contrast, a thready pulse indicates deficiency or dampness. Roy's translation of "*Xian* (弦 wiry)" as "thready" blurred the distinction between two different pulse types, which could compromise the diagnostic accuracy of Li Ping'er's state.

Another example is "*Hong Da* (洪大 surging and large)", a term made up of two separate pulses, namely "*Hong Mai* (洪脉 surging pulse)" and "*Da Mai*". *Hong Mai* is described as broad, full, and forceful, surging like waves that rise strongly and recede weakly. It often points to an excess of pathogenic factors clashing with a deficiency in healthy qi, though it may also indicate a state of exuberant qi and blood. By contrast, *Da Mai*, broad and palpable at all three Cunkou positions, tends to feel large, moderate, and relatively calm. It may appear in a healthy person as well as in the course of illness. Roy brought the two together under the single term "full", which removed the wave-like force of "*Hong Mai*" and the breadth of "*Da Mai*".

A third case involved "*Xi Mai*" and "*Chen Mai*" in the phrase "*Liu Mai Xi Chen* (六脉细沉)". International standards tend to render the two kinds of pulses as "thready pulse" and "deep pulse", respectively. "*Xi Mai*" points to a pulse that feels fine and thread-like, whereas "*Chen Mai*" refers to a pulse that is not felt under light pressure but becomes perceptible on heavy pressure (轻取不应，重按始得). The combined expression "*Xi Chen Mai* (细沉脉 thready and deep pulse)" suggests a further shift in Li Ping'er's condition. It describes a stage where qi and blood are depleted, yang qi is insufficient, and pathogenic factors finally penetrate deep into the body. Roy's translation of "*Xi* (细)" as "weak" and "*Chen* (沉)" as "sluggish" may obscure the original pulse qualities. "Weak pulse" is a pulse that feels thready, soft, deep, and weak, corresponding to the Chinese term "*Ruo Mai* (弱脉)" as defined in ISN, IST 2007, IST 2022, and ISO 23961-2. In contrast, though *Xi Mai* feels thin and soft, its defining feature is a distinct, thread-like quality rather than weakness. Therefore, Roy's rendering of "*Xi Mai*" as "weak pulse" was inaccurate. Meanwhile, "sluggish" means slow, stagnant, or weak, a meaning that is more consistent with pulses like "*Se Mai* (涩脉 hesitant pulse)" or "*Chi Mai* (迟脉 slow pulse)" rather than with "*Chen Mai*". As a result, the original pathological meaning of "deficiency of qi and blood and interior pattern" reflected by the *Xi Chen Mai* could be simplified to "qi deficiency with cold pattern", which might weaken the faithful transmission of the original medical theory in the translation.

Nevertheless, Roy's translations of "*Xu* (虚 feeble)", "*Shi* (实 replete)", "*San* (散 scattered)", and "*Da* (大 large)" were more effective as they struck a balance between fidelity and readability in English. He also attached importance to the adjustment of sentence structure for better flow. For example, he used "rather than" to bring out the contrast between "*Xu*" and "*Shi*" and opted for the concise expression "when palpated", which showed his consideration of both the logic of TCM and English literary rhythm. These strategies enhance readability and correspond with the principles of "truth" and "beauty" in transknowletology.

4.2 TCM fundamental theories: medical logic transmission in Li Ping'er's postpartum deficiency stage

In chapter 54, Doctor Ren Houxi diagnoses Li Ping'er's condition as follows (original text and Roy's translation):

> "却是胃虚气弱，血少肝经旺，心境不清，火在三焦，须要降火滋荣……如今木克了土，胃气自弱了，气那里得满，血那里得生。水不能载火，火都升上截来，胸膈作饱作疼，肚子也时常作疼。[12]
>
> ...finding that her stomach was depleted and her vital energy weak, that her blood was deficient while her liver conduit was hyperactive, that her heart was not clear, that an inflammation had affected her *tricalorium*, or triple burner, and that it was necessary to reduce the

> inflammation and fortify the blood... The element wood in her liver has overcome the element earth in her stomach, so that the vital energy of her stomach has been weakened. As a result, there is no way for her vital energy to be replenished or for her blood to be regenerated. The element water in her kidneys cannot sustain the element fire in her heart, so that the fire has ascended into her upper body, and the area of her chest beneath the diaphragm feels congested and painful." [13]

The diagnostic passage above illustrates how fundamentals of TCM, such as *Wu Xing* dynamics and zang-fu interrelations, shape medical reasoning in *Jin Ping Mei*. The analysis of TCM fundamentals and their translation is based primarily on IST 2022. For TCM concepts and phrases without corresponding entries in international standards, their meanings are derived from the literary context.

Roy's translation of some TCM concepts showed a commitment to enhancing literary readability for the general Western readers. For example, wood, earth, water, and fire are mentioned in the original text, but no explicit link is established between these concepts and specific organs. Roy attempted to clarify the link by using such expressions as "the element wood in her liver", "the element earth in her stomach", "the element water in her kidneys", and "the element fire in her heart". He also effectively conveyed the treatment logic by translating the expressions "*Jiang* (降)…*Zi* (滋)…" as "reduce...and fortify...". When rendering "胃气自弱了, 气那里得满, 血那里得生", Roy uses such connective phrases as "so that...As a result..." to articulate the causal chain within the clauses. These choices center the reader's literary engagement, therefore facilitating the cross-cultural transmission of the story's spirit and TCM logic.

Roy's translation strategies mentioned above improved the readability of the novel and preserved the "beauty" of the original text. His occasional tendency to simplify and domesticate the text, however, came at the expense of nuanced accuracy. For example, his translation of "*Huo* (火 fire)" as "inflammation" or "qi" as "vital energy" made the text more accessible to ordinary readers. These lexical choices embodied the principles of "goodness" and "beauty", yet they subtly reshaped the TCM concepts to fit Western cultural expectations. As is shown in the phrase "*Huo Zai San Jiao* (火在三焦)", "*Huo*" is not common inflammation. Instead, it refers to a specific TCM concept known as "pathological fire". Roy's rendering reduced it to a biomedical context and therefore obscured its distinct meaning in TCM pathology.

Similarly, in "*Qi Ruo* (气弱)", qi is understood both as a substance and a functional dynamic. Deeply embedded in the traditional Chinese philosophy, qi is the basis of physiological and pathological changes. The term has historically been translated as "chi", "air", "refined substance", "vital energy", or "ether".[23] The prevailing international standards adopt the transliteration "qi". In IST 2022, the term is defined as "the intangible, high-mobility nutritive substance that maintains vital activities". Roy's translation as "vital energy" reflected a domestication strategy. It enabled readers to immediately understand its meaning and thus improved readability and the "beauty" of expression, but meanwhile it sacrificed the accuracy of the concept and diminishes the "truth". Translating such complex concepts across cultures involves a delicate balance between readability and accuracy.

The phrase "胃虚气弱，血少肝经旺" shows a clear cause-and-effect relationship: stomach weakness first causes the deficiency of qi and blood. As "qi is the commander of the blood (气为血之帅)", deficient qi could not move blood, which further worsens blood deficiency. The insufficient blood then fails to nourish the liver, thus causing hyperactivity of the liver meridian. When Roy explained such a causality as "her stomach was depleted and her vital energy weak, that her blood was deficient while her liver conduit was hyperactive", he obscured the causal links among the zang-fu organs, qi, blood, and meridians by using conjunctions like "and" or "while" to arrange the symptoms in a parallel list.

In terms of the five elements, "*Mu Ke Tu* (木克土 wood restrains earth)" normally describes a regulating relationship, in which the liver (wood) restrains the spleen and stomach (earth). The phrase "木克了土" in *Jin Ping Mei*, however, signals a pathological state (Note 6). When the liver becomes overactive, or the spleen is deficient, the normal restraint turns into a harmful imbalance, a condition called "*Mu Cheng Tu* (木乘土 wood over-restrain earth)". Roy translated the phrase into "The element wood in her liver has overcome the element earth in her stomach". By using "overcome" instead of "over-restrain", he turned a complex and dynamic pathological imbalance into a simple opposition.

The TCM phrase "水不能载火" presents a similar challenge in translation. Normally, the kidney water restrains the heart fire and regulates its movement to sustain yin-yang harmony. When kidney water is deficient, however, heart fire loses its check and flares up uncontrollably, as is depicted in the original text "火都升上截来". The verb "*Zai* (载)" carries two interrelated meanings: the way kidney water restrains and contains heart fire, and the way kidney water nourishes and regulates heart fire. Roy's translation of "*Zai*" as "sustain" reflected only part of the meaning. He missed the crucial two-way regulatory role that was central to *Wu Xing* theory, namely the interplay between mutual generation and mutual restriction.

4.3 TCM treatment: materia medica and formula terms

When addressing Li Ping'er's postpartum disorder and blood deficiency, Doctor Ren Houxi adopts the therapeutic principle of "reduce fire and nourish blood (降

火滋荣)". During the subsequent life-threatening uterine bleeding phase, however, the quack Zhao Longgang proposes the use of highly toxic substances without any valid medical rationale. His prescriptions reflect not the principles of orthodox TCM, but the dangers of untrained or fraudulent practitioners in late-Ming medical culture. The following analysis focuses on the translation of two key categories: first, medicinal, and second, formulas. All examples are listed in the order they appear in the original chapters.

"1) Chapter 54
看药袋上是写着: "降火滋荣汤……"又一封筒，大红票签写着"加味地黄丸"。[12]
He saw that the inscription on the label read: Decoction for reducing inflammation and fortifying the blood... The crimson label on the other container read: Pills of foxglove root to enhance appetite.[13]
2) Chapter 55
"只是用些清火止血的药，黄柏、知母为君，其馀只是地黄、黄芩之类……"[12]
'The situation requires medications that will reduce the inflammation and arrest the lochiorrhea,' said Dr. Jen. 'The principal drugs should be Amur cork-tree bark and anemarrhena, which may be supplemented with foxglove root, skullcap, and the like...'[13]
3) Chapter 61
甘草、甘遂与碉砂，藜芦、巴豆与芫花，人言调着生半夏，用乌头、杏仁、天麻: 这几味儿齐加。葱蜜和丸只一挝，清辰用烧酒送下。[12]
Take Radix Glycyrrhizae, Radix Euphorbiae, and Sal Ammoniacum, Veratri Radix et Rhizoma, Crotonis Semen, and Daphnes Genkwa Flos; Emulsify Arsenicum Trioxidum with fresh Rhizoma Pinelliae, Use Radix Aconiti, Semen Pruni Armeniacae, and Semen Cannabis; Combine all of these ingredients together; Work them into a pill using honey mixed with Bulbus Allii Fistulosi, and take it early in the morning with a draft of distilled spirits."[14]

In addition to the examples listed above, chapters 61 and 62 contain one formula, *Gui Pi Tang*, and three dispersed instances of Chinese materia medica, namely *San Qi* (三七 Radix et Rhizoma Notoginseng), *Zong Hui* (棕灰/棕榈炭 Petiolus Trachycarpi Carbonisatus), and *Ji Guan Hua* (鸡冠花 Flos Celosiae Cristatae).[12] Roy translated them respectively as "decoction for restoring the spleen", "notoginseng", "carbonized hemp palm fibers", and "cockscomb flowers".[14] To evaluate Roy's translation, Chinese materia medica terms are compared against the ISN and *ISO 18662-1:2017 Traditional Chinese Medicine—Vocabulary—Part 1: Chinese Materia Medica* (ISO 18662-1)[24] as neither IST 2007 nor IST 2022 provides entries for these terms (Table 2). The "difference note" in Table 2 shows how Roy's translation differs from ISN and ISO 18662-1 (Note 7). The formula terminology in Li Ping'er's medical cases is analyzed separately.

As for the Chinese materia medica, Roy's translations showed the same dilemma regarding intelligibility and fidelity. In terms of "truth", some translations were faithful to the original Chinese materia medica, such as Radix Glycyrrhizae for *Gan Cao* (甘草 Radix et Rhizoma Glycyrrhizae), Radix Aconiti for *Wu Tou* (乌头 Radix Aconiti), Bulbus Allii Fistulos for *Cong Bai* (葱白 Bulbus Allii Fistulosi), and cockscomb flowers for *Ji Guan Hua* (鸡冠花 Flos Celosiae Cristatae). Nevertheless, several translations compromised botanical accuracy. For example, the translation of "anemarrhena" left out the medicinal part "rhizome"; the rendering "carbonized hemp palm fibers" for *Zong Hui* conflated species and plant part. These translations could lower terminological precision and weaken the internal logic of the TCM and thus undermine the principle of "truth" and "goodness". Roy's translation of the Chinese materia medica, as listed in Table 2, also showed inconsistent naming conventions and capitalization as well as non-standard pharmaceutical terms. Although the English expressions were understandable, they could break the stylistic unity and fail to uphold the principle of "beauty".

With regard to TCM formulas, Roy's translation of *Gui Pi Tang* as "decoction for restoring the spleen" was effective as it was understandable and revealed the main purpose of the treatment. In comparison, his translation of *Jiang Huo Zi Rong Tang* as "decoction for reducing inflammation and fortifying the blood" might not fully capture the formula's specific identity. First, translation of "*Huo*" as "inflammation" was an example of domestication. Although it enhanced immediate comprehension, the translation might narrow the broader scope of "*Huo*" in TCM. Second, "*Zi* (滋)" in this formula refers specifically to the gentle and harmonious replenishment of yin or blood, a process of nurturing. Yet the translation of "*Zi*" as "fortify" did not fully correspond to the original meaning.

Jia Wei Di Huang Wan is a modification of *Liu Wei Di Huang Wan* (六味地黄丸 Six Ingredients Rehmannia Pill), tailored to specific syndromes through the addition of complementary herbs. The primary function of *Liu Wei Di Huang Wan* is to regulate zang-fu organs by nourishing yin and tonifying the kidney. The key ingredients of the formula include *Shu Di Huang* (熟地黄 Radix Rehmanniae Preparata), *Shan Zhu Yu* (山茱萸 Fructus Corni), *Shan Yao* (山药 Rhizoma Dioscoreae), *Ze Xie* (泽泻 Rhizoma Alismatis), *Fu Ling* (茯苓 Poria), and *Mu Dan Pi* (牡丹皮 Cortex Moutan).[25] In practice, *Liu Wei Di Huang Wan* is often shortened to *Di Huang Wan*. Roy's translation as "pills of foxglove root", however, misidentified the medicinal substance and might lead to conceptual misunderstanding.

The ingredient *Di Huang* in *Jia Wei Di Huang Wan* refers to the root tuber of Rehmannia Glutinosa Liobosch, which functions to clear heat, cool blood, nourish yin, and promote fluid production.[25] In contrast, "foxglove root" denotes *Yang Di Huang* (洋地黄 Digitalis Purpurea), a toxic plant containing cardiac

Table 2 Translations of materia medica: Roy's version vs. two international standards

Chinese Name	Roy's Translation	ISN	ISO 18662-1	Differences
黄柏	Amur cork-tree bark	Cortex Phellodendri; amur cork-tree	Phellodendri Chinensis Cortex; phellodendron bark/Chinese cork tree	Uses the English name, aligned with standard
知母	Anemarrhena	Rhizoma Anemarrhenae; common anemarrhena rhizome	Anemarrhenae Rhizoma; anemarrhena rhizome/common anemarrhena rhizome	Uses the genus name only, without specifying the medicinal part "rhizome"
地黄	Foxglove root	Radix Rehmanniae; rehmannia root	Rehmanniae Radix; rehmannia root	Uses the English name "foxglove root", misidentifying the plant
黄芩	Skullcap	Radix Scutellariae; baical skullcap root	Scutellariae Radix; scutellaria/ baical skullcap root	Uses the English name without specifying the species or root part
甘草	Radix Glycyrrhizae	Radix Glycyrrhizae; liquorice root	Glycyrrhizae Radix et Rhizoma; licorice root	Uses the Latin pharmaceutical name, aligned with standard
甘遂	Radix Euphorbiae	Radix Euphorbiae Kansui; gansui root	Kansui Radix; kan sui root	Uses the Latin pharmaceutical name, omitting the "Kansui" species
硇砂 (i.e.硇砂)	Sal Ammoniacum	Sal Ammoniac; sal ammoniac	/	Uses the Latin pharmaceutical name, meaning is the same, but non-standard
藜芦	Veratri Radix et Rhizoma	/	/	Uses the Latin pharmaceutical name
巴豆	Crotonis Semen	Fructus Crotonis; croton fruit	Crotonis Fructus; croton fruit	Uses the Latin pharmaceutical name, misidentifying the medicinal part (seed vs. fruit)
芫花	Daphnes Genkwa Flos	Flos Genkwa; lilac daphne flower bud	Genkwa Flos; genkwa flower/ lilac daphne flower bud	Uses Latin pharmaceutical name, adding genus name "Daphnes" (non-standard)
人言(i.e.信石)	Emulsify Arsenicum Trioxidum	/	/	Uses the Latin pharmaceutical name, with a non-standard processing descriptor ("emulsify")
半夏	Rhizoma Pinelliae	Rhizoma Pinelliae; pinellia tuber	Pinelliae Rhizoma; pinellia tuber	Uses the Latin pharmaceutical name, aligned with standard
乌头(i.e.川乌)	Radix Aconiti	Radix Aconiti; common monkshood mother root	Aconiti Radix; Sichuan aconite root/ common monkshood mother root	Uses the Latin pharmaceutical name, aligned with standard
杏仁 (i.e.苦杏仁)	Semen Pruni Armeniacae	Semen Armeniacae Amarum; bitter apricot seed	Armeniacae Semen Amarum; bitter apricot seed	Uses the Latin pharmaceutical name, without specifying amarum ("bitter")
天麻	Semen Cannabis	Rhizoma Gastrodiae; tall gastrodia tuber	Gastrodiae Rhizoma; tall gastrodia tuber	Uses the Latin pharmaceutical name, misidentifying the item as hemp seed
葱白	Bulbus Allii Fistulosi	/	Allii Fistulosi Bulbus; scallion	Uses the Latin pharmaceutical name, aligned with standard
三七	Notoginseng	Radix et Rhizoma Notoginseng; Sanqi	Notoginseng radix et rhizoma; notoginseng root	Uses the English name, without specifying the root part
棕灰(i.e.棕榈炭)	Carbonized hemp palm fibers	Petiolus Trachycarpi Carbonisatus; carbonized windmill-palm petiole	Trachyarpi Petiolus; trachycarp petiole; fortune windmill palm petiole	Uses the English name, misidentifying the medicinal par
鸡冠花	Cockscomb flowers	Flos Celosiae Cristatae; cockcomb flower	Celosiae Cristatae Flos; cockscomb flower	Uses the English name, aligned with standard

glycosides that act on the heart.[26] *Di Huang* and *Yang Di Huang* share a similar Chinese name on the surface, but they are different in both species and pharmacological nature (Fig. 5). Although such mistranslation might have little direct clinical impact within a literary context, it distorted the herbal identity and therapy logic of the formula, and thus compromised the principle of "truth". The translation also compromised the pursuit of "goodness" as the misleading identification of *Di Huang* with the toxic "foxglove root", might reinforce misconceptions about the nature of Chinese materia medica.

Additionally, the translation of "*Jia Wei* (加味)" as "to enhance appetite" differed from its standard meaning in TCM. *Jia Wei* in TCM means "to add herbs" to a base formula based on pattern differentiation. This practice reflects the flexible diagnostic logic of Chinese herbal therapy. Roy's translation shifted the focus from the technical process of modifying a formula to a sensory



Figure 5 *Di Huang* (地黄 Radix Rehmanniae) (source with permission from: Chinese Medicinal Material Images Database of Hong Kong Baptist University)

outcome like improving appetite. Thus, it did not link "*Jia Wei*" to pattern differentiation of TCM. For readers without background in TCM, this choice might hide the integrated reasoning behind herbal prescriptions, and potentially led to an oversimplified view of the TCM formula system. Such lexical inaccuracy fell short of realizing the principle of "truth" and also weakened the "beauty" by producing an expression that did not match established conventions in TCM English.

Jun (君) semantically corresponds to "monarch". *Jun Yao* (君药) is therefore translated as "monarch medicines" in international standards such as IST 2022. Roy's translation of *Jun* (君) as "principal drugs" was idiomatic, and it also avoided the potential confusion caused by literal translations such as "monarch medicines". The translation thus enhanced "goodness" by increasing readability for general readers. This gain in readability, however, came at the cost of conceptual completeness. *Jun Yao* exists within the hierarchical framework of *Jun Chen Zuo Shi* (君臣佐使 monarch, minister, assistant, guide), where ingredients in a formula are categorized by therapeutic roles. In this system, the primary ingredient is named *Jun Yao*, distinguishing it from *Chen Yao* (臣药 minister medicines), *Zuo Yao* (佐药 assistant medicines), and *Shi Yao* (使药 guide medicines). Supplementary context provided by an endnote would help readers fully grasp the rationale behind this hierarchical framework. An explanation would further deepen "goodness" by supplying a conceptual background. It also improved the "beauty" of the translation by aligning it with the internal logic of TCM to facilitate more effective cross-cultural communication. Nevertheless, it is important to recognize that Roy completed this work long before standardized TCM nomenclatures such as ISN or ISO 18662-1 became available. His efforts to translate every medicinal term represented a pioneering step to connect the literary and medical domains.

5 Conclusion

The main challenge in translating TCM lies in how to transform knowledge rooted in local culture into knowledge that can be understood globally. The translation of Li Ping'er's medical cases in *Jin Ping Mei* involves the transmission of local knowledge. The translator needs to restructure TCM concepts and ensure meaningful transmission across cultural boundaries.

Roy's translation received positive reviews. *The Los Angeles Review of Books* remarked that it was "a masterpiece, an epic scholarly achievement",[27] and *The New York Times* hailed it as a reference book that "opens a window into Chinese literature and culture".[28] As a sinologist with no formal training in TCM, Roy devoted over three decades to making this novel accessible to English-speaking readers. His work stood as a landmark as it pioneered a form of cultural storytelling that brought the texture of late-Ming life, including its medical worldview, to readers worldwide.

Although this analysis does not cover all of the TCM content in *Jin Ping Mei*, the examination of Li Ping'er's medical cases shows how translation choices shape cross-cultural understanding. Roy's translation embodied a commitment to textual fidelity, which was evident in his "translate everything" approach and extensive annotations (Note 8). His work was hailed as "not a word

added, not a word omitted, faithfulness to the original carried to its utmost extreme".[29]

Despite his efforts to preserve the complexity of the novel, Roy's work contained mistranslations of TCM concepts that arose not from deliberate literary compromise but largely from gaps in specialized medical knowledge. For instance, translating "*Di Huang*" as "foxglove root" or "*Jia Wei*" as "to enhance appetite" introduced factual errors that misrepresented core TCM principles. These renderings reflected an understandable yet consequential limitation in engaging with a highly systematized medical tradition. Literary translation inevitably involves balancing narrative fluency and technical detail. Accordingly, some concepts may be simplified or domesticated to maintain plot coherence. These strategies are reasonable adaptations for a general audience. In Roy's translation of Li Ping'er's illness, such choices not only kept the readers emotionally engaged with the narrative, but also offered a glimpse into the medical knowledge of ancient China. When such adaptations led to factual inaccuracies, however, they might cause readers to link TCM concepts with incorrect biomedical notions. These slips might not affect general readers' enjoyment of the story, but they can raise concerns among those with an interest in or training in Chinese medicine and culture. Ideally, a translation that seeks broad appeal would balance narrative readability with accuracy in representing TCM knowledge.

According to Peter, translation "is primarily a noble, truth-seeking profession".[30] Truth-seeking entails fidelity to both individual terms and the theoretical system that defines their meaning. In translating TCM in literary works, "truth" involves conveying its core concepts, such as yin-yang, *Wu Xing*, pattern differentiation, and clarifying the fundamental differences between this system and Western biomedicine. From the perspective of transknowletology, translating TCM content in literary texts entails balancing narrative fluency, conceptual fidelity, and cultural context. The translator's role is to engage readers in the story and meanwhile to help them understand the cultural backgrounds as well as the medical logic. The "text-knowledge-culture" triad, therefore, offers a reference framework advocating for three key practices: embedding the TCM terms within the narrative, verifying their accuracy against international standards, and providing cultural annotations. These practices necessitate a balanced integration of literary fluency, knowledge fidelity, and cultural contextualization to facilitate the cross-cultural transformation of TCM.

Notes

1. Unless otherwise indicated by specific citations, the translations of TCM terms in this paper follow the conventions of IST 2022 whenever available. For terms not included in IST 2022, translations are based on other authoritative sources (e.g., IST 2007).
2. Roy was born in 1933 into an American missionary family in China. In the early 1950s, Roy returned to the United States for advanced studies, where he pursued Chinese studies at Harvard University and earned his doctorate. As a professor at the University of Chicago, he was consistently dedicated to the in-depth exploration of classical Chinese literature, with a particular focus on scholarly analysis of *Jin Ping Mei*. The source text of Roy's translation of *The Plum in the Golden Vase, or Chin P'ing Mei* was the Wanli version of *Jin Ping Mei Ci Hua* (万历本《金瓶梅词话》), which was photocopied and published by Japan's Daian Corperation (大安株式会社) in 1963. See: Qi LT. *Jin Ping Mei*'s journey to the West: a history of the dissemination of the first extraordinary book in the English world (《金瓶梅》西游记: 第一奇书英语世界传播史). *Journal of Ming-Qing Fiction Studies*. 2015;(2):233–246. Chinese.
3. The twenty-eight pulse conditions used in modern diagnostics include superficial (floating in other texts), deep, slow, rapid, slippery, hesitant, deficient, excessive, long, short, surging, feeble, tight, delayed, wiry, hollow, drumskin, soft, weak, scattered, thready, hidden, stirring, abrupt, knotted, intermittent and large (or swift). See: World Health Organization. *WHO International Standard Terminologies on Traditional Chinese Medicine*. Geneva: World Health Organization; 2022. p. 86.
4. For the description of pulse characteristics, the clinical significance, and the mechanism analysis, this paper mainly refers to: Li CD. *Diagnostics of Traditional Chinese Medicine* (中医诊断学). Beijing: China Press of Traditional Chinese Medicine; 2019. Chinese.
5. These four standards were selected for their authoritative English versions of pulse-diagnosis terminology. Although there are other standards or dictionaries compiled by individual translators, these four are issued by international organizations, with broader recognition.
6. In this study, only TCM terms or concepts (e.g., 木克土) are presented with both their Chinese originals and English translations in parentheses. Literary or context-dependent TCM phrases (e.g., 木克了土) are shown in Chinese only, without parenthetical translations, as they do not correspond to an established standard term.
7. Note that the source text in the "Roy's translation" column displays inconsistent terminology. To preserve the original presentation of the source material, no alterations have been made to the capitalization in these quotations.
8. In an interview, Roy stated that he hoped, through translation, to present Western readers with the full integrity and complexity of the original work and thereby reshape *Jin Ping Mei*'s image in the Western world. Specifically, he adhered to the principle of "translate everything", rendering the novel's content as completely as possible to restore its original form to the greatest extent. See: Pan JN, Roy DT. The globalization

of Chinese classical literature in others' eyes: an interview with Prof. David T. Roy from University of Chicago on the translation and dissemination of *Jin Ping Mei* (他者眼中的中国古典文学“走出去”：芝加哥大学芮效卫教授谈《金瓶梅》的译介与传播). *Literary Study*. 2024;10(1):268–275. Chinese.

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Ethical approval

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

Author contributions

QIU Yan drafted and reviewed the manuscript.

Conflicts of interest

The author declares no financial or other conflicts of interest.

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Original Article

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The Transmission of Acupuncture in France's Medical System: The Role of George Soulié de Morant Revisited

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Abstract

At the beginning of the 20th century, French vice-consul Soulié de Morant came to China and trained in traditional Chinese culture and medical knowledge. He is known as the "Father of Acupuncture in Europe". Based on his personal works, correspondences, video materials and other physical and electronic historical materials, combined with his diplomatic career and life trajectory in China, this paper reconstructs the inheritance and innovation of acupuncture in France. As a sinologist, Soulié facilitated the collision and integration of acupuncture with the French medical system, facilitated the first acupuncture consultation in Western hospitals, co-founded the first acupuncture clinic in France, drew the first meridian acupuncture points and muscle anatomy charts, published a series of acupuncture works such as *L'Acuponcture Chinoise* (*Chinese Acupuncture*), and finally shaped the current French mode of acupuncture medical knowledge system.

Keywords: Soulié de Morant; Acupuncture; France; Sinology; Transmission; Traditional Chinese medicine

1 Introduction

France is a major center for research and transmission of traditional Chinese medicine (TCM) and acupuncture. Starting from the 17th century, French Jesuit missionaries, including five "Mathematicians of the King" who arrived in China in 1687, engaged in extensive exploration and research in China. They translated and brought back a wealth of knowledge to France, including TCM and acupuncture related content. A representative introduction was published in the third volume of *Description Géographique, Historique, Chronologique, Politique et Physique de l'Empire de la Chine et de la Tartarie Chinoise* (《中华帝国全志》*Complete Records of the Chinese Empire*) by Father Jean Baptiste du Halde (杜赫德, 1674–1743) in Paris in 1735.[1] In 1683, the Dutch physician Wilhelmi Ten Rhyne (威廉·瑞恩, 1647–1700), employed by the Dutch East India Company, published a Latin work titled *Dissertatio de Arthritide; Mantissa Schamatica; de Acupunctura; et Orationes Tres: I De Chymiæ et Botaniæ Antiquitate et Dignitate; II de Physionomia; III de Monstris* (《论关节炎、形体图、针灸及以下三部分：1. 古老化学和草药；2. 生理；3. 畸胎》*Dissertation on Arthritis; Schematic Appendix; On Acupuncture; together with Three Orations: I On the Antiquity and Eminence of Early Chemistry and Botany; II On Physiognomy; III On Prodigies and Monstrosities*). This book includes detailed interpretations of the acupuncture bronze figure, discussions on acupuncture tools, needling techniques, and indications. It is considered the first systematic discourse on acupuncture in Europe.[2] In the 17th century, Dominique Parrenin (巴多明, 1663–1741) learned about the existence of meridians from the acupuncture bronze figure introduced by Emperor Kangxi (康熙). The subsequent trade interactions further facilitated the development of acupuncture in France.[3] In 1813, French sinologist Jean-Pierre Abel-Rémusat (雷慕沙, 1788–1832) completed his doctoral thesis titled *Dissertatio de Glossosemeiotice sive de Signis Morborum quae e Lingua Sumuntur, Praesertim apud Sinenses* (《论中国人的舌苔诊病》*Dissertation on Glossosemeiotics, or on the Signs of Diseases Derived from the Tongue, Especially among the Chinese*) at the University of Paris. His research focused on tongue diagnosis in TCM, using a translation by the Polish Jesuit missionary Michel Boym (卜弥格, 1612–1659). This groundbreaking work is considered the first scientific study of TCM in the Western world.

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In the 19th century, French scholar Claude-Philibert Dabry de Thiersant (戴伯理, 1826–1898) compiled the comprehensive work *La Médecine Chez les Chinois* (《中国医学大全》*Medicine Among the Chinese*), which introduced various aspects of Chinese medical theories, diseases (internal medicine, surgery, gynecology, pediatrics), acupuncture, and veterinary techniques.

In the 1930s, George Soulié de Morant (苏烈, 1878–1955), a former French diplomat stationed in China, played a pivotal role as a representative figure in the field of acupuncture in France. He significantly advanced the transmission of acupuncture in both France and other Western countries. The French National Library describes Soulié de Morant as a diplomat, sinologist, and a promoter of acupuncture. In 1908, he held the position of vice consul of France in Kunming, China (Diplomate et sinologue; promoteur de l' acupuncture en France et en Occident. - Consul de France à Kunming, Chine 'en 1908').[4]

Throughout his life, George Soulié de Morant encountered Chinese culture and TCM on numerous occasions. He facilitated countless initial encounters between TCM and the French medical system. During his 18 years in China at the end of the Qing dynasty and the beginning of the Republic of China, Soulié de Morant leveraged his solid foundation in Chinese language. He maintained connections with various academic luminaries, meticulously studied and translated a wide range of Chinese classical works, including novels, medical texts, essays, and poetry. A cholera outbreak opened the door to TCM for him, and with his background as a vice consul and translator, he learned from acupuncturists across different regions. In 1950, Soulié de Morant was nominated for the Nobel Prize in Physiology or Medicine. He is also recognized as one of the 100 notable figures in French history, having significantly influenced the transmission of Chinese studies and acupuncture in France and the Western world.[5,6]

In the first half of the 20th century, the encounter between TCM and France within the context of globalization led to its integration and gradual establishment within the French medical system. This process exemplifies the assimilation of Eastern medicine into Western culture.[7,8] Studying George Soulié de Morant provides a better understanding and explanation of the encounters between Eastern and Western medical scientific cultures. It sheds light on the coexistence and complexities during the fusion of medical practices and highlights the numerous possibilities for integrating and innovating cross-cultural medical knowledge.

2 Connecting with China

According to the birth certificate preserved in the Museum of Western Studies on Chinese Medicine, George Soulié de Morant was born on December 2nd, 1878, in Paris, France. His original French name was Charles George Soulié de Morant. His father was Mathieu Léon Soulié, and his mother was Marie Bienvenu. The museum houses an iron trunk that George Soulié de Morant used during his travels to China. On the trunk, the traditional Chinese characters for "蘇烈" are inscribed, which was the Chinese name he had already chosen. The name "蘇烈" also appears repeatedly in his subsequent Chinese correspondence and official documents.

In 1886, George Soulié de Morant, at the age of 8, encountered the first French female writer and sinologist, Judith Gautier (1845–1917), during a family vacation by the seaside. Judith Gautier, also known as Yu Dide (俞第德) in Chinese transliteration, hailed from a noble family. Her father, Théophile Gautier (1811–1872), was a renowned French Parnassian poet. When she was 18 years old, Judith's father employed the services of the Chinese scholar Ting-Tun-Ling (丁敦龄, 1831–1886) who resided in France as her private tutor. Under Ting-Tun-Ling's guidance, Judith Gautier became familiar with the Chinese language, history, and culture. She translated classical poetry from various Chinese dynasties and even referred to herself as a "reincarnated Chinese princess". In 1867, at the age of 22, Judith Gautier published a collection titled *Le Livre de Jade* (《白玉诗书》*The Book of Jade*) under the pen name "Judith Walter" through Alphonse Lemerre Publishing House. This work marked her as the earliest French sinologist to translate the poetry of Chinese luminaries such as Li Bai (李白), Du Fu (杜甫), and Li Qingzhao (李清照).[9]

George Soulié de Morant, under the guidance of Judith Gautier, developed a fascination with China. Although he had always harbored a desire to learn Chinese, his plans were put on hold in 1885 when his father passed away due to malaria during his service with the Panama Canal Company. Despite the family's burdens, Soulié never abandoned his aspiration to study Chinese.[10]

In 1896, after receiving his law degree, George Soulié de Morant followed the advice of Judith Gautier and continued his study of Chinese while working. He enrolled at the Institut National des Langues et Civilisations Orientales (法国国立东方语言文化学院), which was founded in 1795. From June 1901 to July 1902, during his tenure as a secretary at the Compagnie Agricole et Industrielle de Madagascar, Soulié de Morant's solid foundation in Chinese language led to his assignment as a translator for the Beijing-Hankou Railway Company (京汉铁路公司) in China.

3 Activities in China

In December 1901, George Soulié de Morant arrived in Beijing, where everything about China deeply fascinated him. Proficient in Chinese, he immersed himself in various traditional Chinese cultures. In 1924, he published a French translation of *Xi You Ji* (《西游记》*Journey to the West*) titled *Le Singe et le Pourceau, Aventures Magiques*

Chinoises du XIIIe Siècle (《猴子和猪，13世纪中国的魔法历险记》*The Monkey and the Pig, Magical Chinese Adventures of the 13th Century*). Additionally, he had a penchant for attending Peking opera performances. In 1926, he authored *Théâtre et Musique Modernes en Chine* (《中国戏曲与现代音乐》*Modern Theater and Music in China*), which explored the significant role of music in Chinese theater. The book provides a systematic introduction to Chinese theatrical performance art, featuring photographs of Peking opera performances he captured, along with ticket stubs from the shows he attended. Furthermore, he explored notable Beijing landmarks such as the Temple of Heaven (天坛), the Thirteen Tombs (十三陵), the Summer Palace (颐和园), and the Great Wall (长城) (Fig. 1).

Between 1939 and 1941, George Soulié de Morant published a two-volume French edition of a Chinese acupuncture work titled *L'Acuponcture Chinoise* (《针灸法》*Chinese Acupuncture*). In this work, he recounted his early days in China when a massive cholera epidemic struck Beijing shortly after his arrival. Witnessing the rapid demise of two servants within two hours, he was profoundly affected. As he moved through several rooms, he observed a Chinese physician skillfully using acupuncture to swiftly alleviate dangerous spasms, vomiting, and diarrhea without resorting to Western medicine. This experience ignited his awareness of the profound significance embedded in this ancient healing art. Leveraging his established connections in Beijing and official support, and aided by his familiarity with language and etiquette, he was introduced to a physician surnamed Yang. From that point onward, he embarked on a systematic journey of learning acupuncture.[11] But Dr. Yang's record was not found in his other articles. He mentioned Yang as Wang in one of his manuscripts: "This Dr. Wang found me the necessary books, and I studied and practised under him for two years".

George Soulié de Morant soon caught the attention of the then French Foreign Minister, Théophile Delcassé (1852–1923). Delcassé expressed interest in having him participate in a translation competition.[12] In September 1902, George Soulié de Morant was assigned as a senior translator at the French Consulate General in Hankou, China. Then, in September 1903, he was appointed as the interpreter for Translation Affairs of the French Consulate General in Shanghai(大法驻扎上海办理总领事署翻译事务翻译官)(Fig. 2, Fig. 3). During his time in Shanghai, he had the opportunity to study acupuncture under a physician surnamed Zhang.[11] He referred to this experience in his manuscript: "Then I was transferred to Shanghai as judge of the French mixed court, I discovered that Dr. Chang, the head doctor of the Medical Bureau, was a fine acupuncture specialist, and I continued my studies for three more years under him". Considering



Figure 2 A Soulié's visiting card, inscribed with: "Soulié, the Interpreter for Translation Affairs of the French Consulate General in Shanghai" B A part of Soulié's diplomatic note, inscribed with: "Soulié de Morant, the Vice Consul of France assigned to Yunnan, diplomatic note dated December 25th, 1907 A.D 光绪三十三年十一月二十一日" (source with permission from: Museum of Western Studies on Chinese Medicine)



Figure 1 Soulié de Morant on the right, taken in Badaling, Beijing, around 1902 (source with permission from: Museum of Western Studies on Chinese Medicine)



Figure 3 Soulié de Morant (on the right) at the French Consulate General in Shanghai. The original building has been demolished and later replaced by the Guangming Finance Building on Jinling East Road in Shanghai (source with permission from: Museum of Western Studies on Chinese Medicine)

the phonetic translation of Chinese surnames, Dr. Zhang and Dr. Chang should be the same person with different spellings.

George Soulié de Morant worked in Shanghai until 1906. Prior to this, he suffered from an infectious form of dysentery, enduring the torment of disease. Consequently, he applied for a six-month medical leave and temporarily left China to recuperate and restore his health in March 1906.[13] George Soulié de Morant spent two weeks in Japan before returning to France due to recurrent illness. In the same year, he was appointed as the vice consul of France assigned to Yunnan (大法钦命驻滇副领事). His responsibilities included managing the French concession. Due to his health setbacks, he extended his medical leave. On the second day of the twelfth lunar month in the 32nd year of the Guangxu reign (光绪三十二年腊月初二) (January 15th, 1907), he entered Yunnan via the Hekou Port by the railway crossing between China and Vietnam. During his tenure in Yunnan, he served as a hospital translator, providing him with the opportunity to enhance his practical and theoretical knowledge of acupuncture. His expertise as an acupuncturist earned recognition from the Qing dynasty. In 1908, he was bestowed the honorary title of "Maître Médecin" and received a coral-carved bead of honor from the Viceroy of Yunnan and Guizhou, Xi Liang (云贵总督锡良).[11]

In 1909, George Soulié de Morant contracted malaria, and the persistent high fever and diarrhea compelled him to take medical leave and return to France. He joined l'Association Franco-Chinoise à Paris (巴黎法中协会) and became a contributor, aiming to foster friendly relations between the two countries.[11] In 1910, he was appointed as the vice consul at the French Consulate General in Shanghai. To avoid the scorching summer climate, he chose to assume his position in the fall. However, his deteriorating health forced George Soulié de Morant to leave once again. Subsequently, despite multiple attempts to return to China for official duties, his physical condition led to repeated rejections. From 1917 to 1918, he was dispatched by the then foreign minister, Aristide Briand, on a secret mission to the Sino-Russian border. This marked his final documented visit to China, and thereafter, his diplomatic career came to an abrupt end.

4 Father of Acupuncture in Europe

After leaving China in 1918, George Soulié de Morant was recognized in French society as both a diplomat and a sinologist. For a considerable period, he did not actively practice acupuncture. During that time, the Western medical community, which leaned heavily toward natural sciences, made it challenging to find like-minded individuals with whom he could discuss acupuncture. In his own words: "When I recounted my experiences with needles to Europeans, I faced such ridicule and disbelief that I now carefully avoid mentioning the subject. Anything different from us tends to provoke disdainful mockery among Europeans (Quand je racontais à des Européens mes expériences avec les aiguilles, je rencontrais un tel accueil de raillerie et d'incrédulité que je me gardais désormais avec soin de mentionner le sujet. Ce qui est différent de nous provoque en effet trop aisément notre moquerie méprisante)".[14] This situation persisted until 1927, when a fortuitous opportunity arose, leading to a turning point for the practical application of acupuncture in France.

4.1 Acupuncture went into the French hospital system

The integration of acupuncture into the French medical system began serendipitously. In the summer of 1927, George Soulié de Morant accompanied his daughter, Evelyn Soulié de Morant, to the spa resort town of La Bourboule in France for radium therapy. He met Paul Ferreyrolles (1880–1955), an advocate of homeopathy there. The two shared a keen interest in the mysterious medical practices from the East, and together, they embarked on acupuncture experiments that yielded promising results. Soulié de Morant preserved a collection of correspondence with Ferreyrolles during this period (Fig. 4).[15] In 1929, George Soulié de Morant and Paul Ferreyrolles published an article titled "L' Acuponcture en Chine vingt siècles avant J.-C.et la réflexothérapie moderne (《公元前20世纪中国针灸和现代反射疗法》Acupuncture in China twenty centuries BC and modern reflexotherapy)" in the French journal *L'Homéopathie Française* (《法国顺势疗法》*French Homeopathy*). This publication marked the entry of Chinese acupuncture into the purview of French medical professionals.[16]

In 1931, Paul Ferreyrolles and a team of doctors conducted the first acupuncture consultation in France

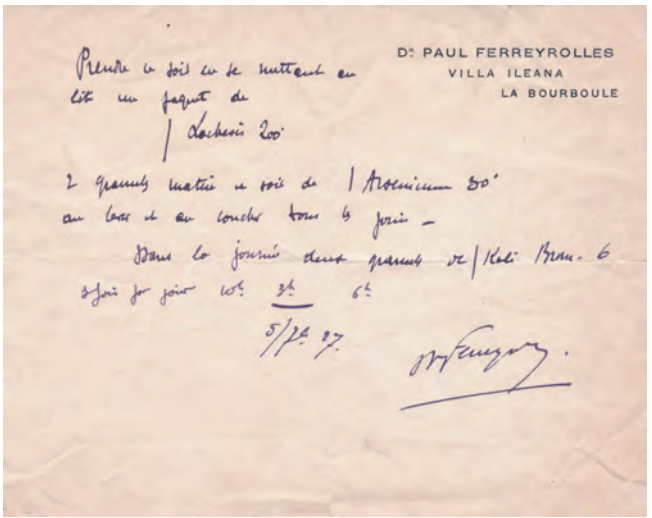


Figure 4 A letter sent by Paul Ferreyrolles to Soulié de Morant in 1927 (source with permission from: Museum of Western Studies on Chinese Medicine)

at the Hôpital Bichat, an affiliate of Université Paris-Diderot, Sorbonne-Paris Cité (巴黎第七大学附属比夏医院). George Soulié de Morant participated in guiding this diagnostic and therapeutic session, achieving remarkable healing results. From then on, knowledge of acupuncture began to spread within the realm of French Western medicine. Professor Charles Flandin at the same institution highly praised Soulié de Morant's contributions, stating: "Soulié de Morant has provided us with everything a valuable scholar can offer; it is up to the physicians to make use of it (Soulié de Morant nous a apporté tout ce qu'un lettré de haute valeur peut donner, il appartient aux médecins de savoir s'en servir)".[14]

In 1932, Dr. Marcel Martiny established the first acupuncture clinic at the Léopold-Bellan Hospital in Paris for his wife, Thérèse Martiny. Thérèse, a novice physician, began practicing acupuncture under the guidance of George Soulié de Morant. Many doctors flocked to learn Soulié de Morant's acupuncture techniques. Over the subsequent years, despite lacking formal medical qualifications, Soulié's participation in acupuncture consultations gained popularity across major Parisian hospitals, including Saint-Jacques Hospital, Hahnemann Hospital, and Foch Hospital.[11]

By 1935, due to the relatively successful development of acupuncture within French hospitals, George Soulié de Morant had spent a considerable amount of time providing acupuncture consultations. Additionally, his extensive translation work on acupuncture literature further motivated his desire to grow from a mere "consulting expert" into a *bona fide* acupuncturist. However, to his surprise, he faced skepticism and questioning from numerous French Western medical doctors.[14] Despite this, Soulié and his wife opened a private clinic at 19 Argenson Avenue in Neuilly-sur-Seine, Paris, where they began seeing patients individually. They also left behind the world's earliest photograph of acupuncture needle insertion (Fig. 5).[10] Initially, Soulié's patients were few, mostly referred by the medical community he had previously worked with. However, the efficacy of acupuncture and Soulié's reputation led to a rapid increase in the number of patients. His clientele included renowned figures such as composer Maurice Ravel, writer Antonin Artaud, Jean Cocteau, psychoanalyst Marie Bonaparte, and diplomat Maurice Peyreitte. As a result, Soulié gained considerable fame in Paris.[17]



Figure 5 A photo of Soulié's acupuncture treatment on a patient's arm in 1954 (Source with permission from: Museum of Western Studies on Chinese Medicine)

4.2 Publication of acupuncture works

In addition to acupuncture practice, the transmission of texts expanded the influence of acupuncture in France and facilitated encounters with different medical concepts. Early in his career, George Soulié de Morant contributed to French medical literature through journal articles. In 1934, he completed his first acupuncture monograph titled *Précis de la Vraie Acuponcture Chinoise* (《真正的中国针灸》*Outline of True Chinese Acupuncture*). This introductory work spans 201 pages, includes 14 illustrations, and is divided into 18 chapters. Soulié de Morant translated and explained Chinese acupuncture terminology and definitions into French based on his understanding of acupuncture and its therapeutic effects. Key terms such as "Tsiue (Les Points, 穴)", "Tsing (Les Méridiens, 经)", and "Tsri (L'énergie, 气)" were introduced in this foundational book, which laid the groundwork for his later influential work, *L'Acuponcture Chinoise*.

In 1939, based on extensive clinical practice and a thorough study of Japanese and Chinese acupuncture literature, Soulié published the first volume of *L'Acuponcture Chinoise*. The second volume followed in 1941, and later, his colleagues compiled the complete five-volume work in 1957. An English version of this book, titled *Chinese Acupuncture*, was translated and organized by American acupuncturist Paul Zmiewski in 1994 and published by Paradigm Publications in Brookline, MA. The translation credits went to L. Grinnel, C. Jeanmougin, and M. Leveque. Soulié's acupuncture work, *L'Acuponcture Chinoise*, translates directly to "Chinese Acupuncture". However, the Chinese title "针灸法" does not explicitly convey that the French name of the book is *Chinese Acupuncture*. Was this intentional on Soulié's part? As a seasoned translator, scholar, and novelist immersed in both Eastern and Western cultures, Soulié's handling of this may have been deliberate.

Perhaps he aimed to convey the orthodoxy of his acupuncture knowledge from China within the French-speaking world while ensuring that Chinese readers encountering the title "针灸法" would not be surprised by the book's content, which is steeped in French clinical and Western medical logic rather than being a direct translation of any traditional Chinese medical text. The term "法" has multiple meanings, including law, method, rule, and norm. It also happens to be an abbreviation for France. Soulié may have leveraged this polysemy in Chinese to convey a richer meaning: respecting Chinese acupuncture knowledge while expressing confidence in French academic contributions. This goes beyond mere linguistic translation—it's cultural exchange or mutual enrichment.

Interestingly, Soulié's work *L'Acuponcture Chinoise* was originally written in English and later published in French. The book spans approximately 1,023 pages and includes 94 detailed local illustrations as well as 4 panoramic views (Fig. 6). It covers nearly 400 acupuncture points, providing their corresponding pinyin pronunciations and French translations. This comprehensive work delves into both concrete details and theoretical explanations that blend elements of both Chinese and Western medicine. Notably, the illustrations represent an early attempt to superimpose meridian points onto Western anatomical muscle charts.

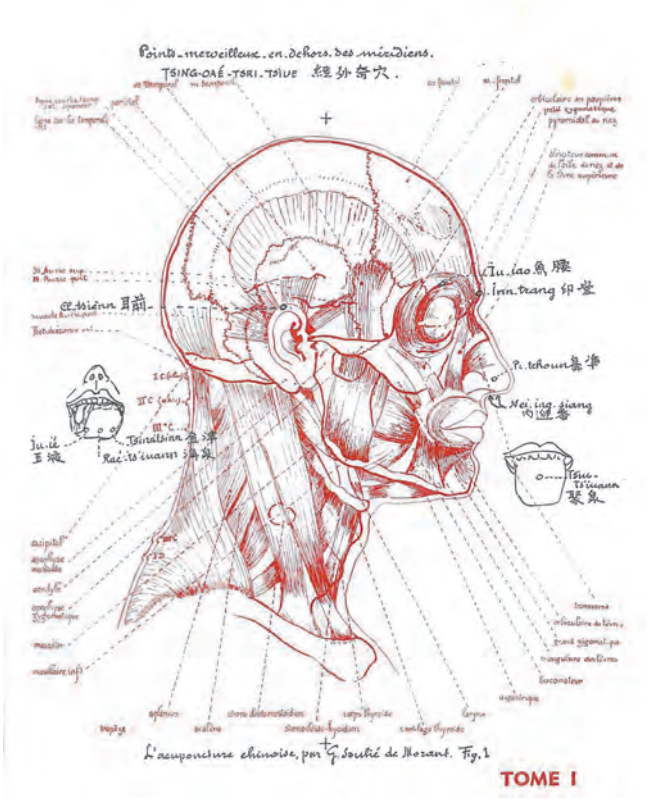


Figure 6 Location diagram of extraordinary points in the head from *L'Acuponcture Chinoise* by Soulié (source with permission from: Museum of Western Studies on Chinese Medicine)

The titles and main contents of the five volumes are as follows:

L'ÉNERGIE-Points, Méridiens, Circulation (《气-穴位、经络、循环》): the text systematically explains the history of acupuncture, acupuncture points (穴位), méridiens (经络), and the circulation of énergie (气).

Le Maniement de l'Énergie (《气的引导》): in TCM, the concepts of Chenn (神), Roun (魂), and Pro (魄) are attributed to a patient's personality. The theory of inn (阴) and iang (阳) is explained in terms of its impact on diseases. Additionally, the text provides detailed explanations of Tonifier (补) and Disperser (泻) theories, Technique des Aiguilles (针法), Technique des Moxas (灸法), as well as mentions of Massages (按摩) and Électricité (电).

La Physiologie de l'Énergie (《气之生理学》): explanation of énergie in physiology. Its sources, transformation, distribution, and stimulation, and its relationship to diseases.

Les Méridiens, les Points et leurs Symptômes (《经络、穴位及症状》): listed the twelve meridians, *Ren Mai* (任脉) and *Du Mai* (督脉), acupoints and the corresponding symptoms.

Les Maladies et Leurs Traitements (《疾病和治疗》): the chapter primarily focuses on diseases and symptoms, utilizing the framework of Western medicine. It delineates the human body into systems such as the digestive system, urinary system, and circulatory system. The detailed descriptions cover how to use meridians and acupuncture points for various illnesses.

In the introduction of *L'Acuponcture Chinoise*, Soulié mentioned that he primarily referenced four Chinese texts and two Japanese texts while compiling his work. These sources include: *Zhen Jiu Da Cheng* (《针灸大成》*The Great Compendium of Acupuncture and Moxibustion*), *Zhen Jiu Yi Xue* (《针灸易学》*The Inherited Learning of Acupuncture and Moxibustion*), *Zhen Jiu Yi Zhi* (《针灸易知》 *The Inherited Knowledge of Acupuncture and Moxibustion*), *Yi Xue Ru Men* (《医学入门》*Introduction to Medicine*), *Zhen Jiu Jing Xue Yi Dian* (《针灸经学医典》*Classic of Texts on Acupuncture and Moxibustion*), and *Tu Jie Jing Xue Xue* (《图解经穴学》 *Illustrated Learning of Acupuncture Points*). Among these, Yang Jizhou's (杨继洲) *Zhen Jiu Da Cheng* was the most frequently referenced and cited book in Soulié's work.[9] Even to this day, *L'Acuponcture Chinoise* remains a comprehensive and detailed French masterpiece on acupuncture. It has been translated into various languages and has seen multiple editions. Soulié's close friend, the renowned Chinese acupuncturist Fang Shen'an (方慎盦) (1893–1962), exchanged letters with Soulié before publishing *Jin Zhen Mi Chuan* (《金针秘传》*Secret Inheritance of the Golden Needle*). In one of the attached letters, Fang praised Soulié as follows:

> "先生关于金针一科许多著作，知道先生对于金针根底甚深，金针一科在中国医学史上已有五千年的地位，但

世界各国知道金针特长的并不多。先生有远大眼光，对于金针价值有特别的认识，并很愿意把东方这种科学介绍到西方。闻贵国现在研究金针之士甚多，皆先生所倡导。先生之精神任何人所不及，先生之伟大，真值得我们东方人之崇拜。

In your many works on acupuncture, you have demonstrated a profound understanding of the foundations of this field. Acupuncture has held a significant place in the history of TCM for over five thousand years. However, its unique expertise is not widely known across different countries. Your visionary perspective recognizes the true value of acupuncture, and you are keen to introduce this Eastern science to the Western world. It is heartening to see that many researchers in your country are now studying acupuncture, a trend that you have actively promoted. Your spirit and greatness are truly deserving of admiration by people from the East and beyond."

At the same time, with the common idea of promoting acupuncture, Fang told himself:

"慎盦研究金针二十余年，自愧不才，少所建树，但于先生之志愿极表同情，中国金针科虽有五千年历史，但向来传授多守秘密，所以进步甚慢。兹为打破此种习惯，著成金针秘传一书……

I have dedicated over twenty years to the study of acupuncture, though I humbly consider my achievements to be modest. However, I share your vision. While Chinese acupuncture boasts a history of five thousand years, its transmission has often been shrouded in secrecy, resulting in slow progress. To break this tradition, I authored the book *Jin Zhen Mi Chuan*..."[18]

In commemoration of their friendship, Soulié incorporated Mr. Fang Shen'an's handwritten inscription into the cover of his published work *L'Acuponcture Chinoise*. Soulié personally transcribed it onto the book cover, exemplifying the harmonious fusion of Eastern and Western influences (Fig. 7).



Figure 7 The cover of volume I of *L'Acuponcture Chinoise* (provided by Yemeng Chen, President of the New York College of Traditional Chinese Medicine) (source with permission from: photo taken by the authors)

In recognition of his contributions to the field of acupuncture, in 1950, Professor E. Mériel, specializing in hydrotherapy and climatology at University of Toulouse in France, nominated Soulié as a candidate for the Nobel Prize in Physiology or Medicine. The official Nobel Prize archives contained records of this nomination. Soulié's registration identified him as a French consul, and the nomination was made from Beijing, China. The motivation behind the nomination was Soulié's significant work in the field of acupuncture.[19] During this period, based on the legendary concept of the "Nine Needles (九针)", Soulié designed acupuncture instruments that combined elements from both Chinese and Western traditions, using gold and silver alloys.[20]

4.3 Faced accusations of "illegal practice of medicine"

During the mid-20th century, acupuncture was flourishing in France. However, in 1951, Soulié faced scrutiny from Roger de La Füye (1890–1961), who questioned his qualifications to practice acupuncture. Soulié became the first person in French history to be taken to court for using acupuncture. De La Füye, founder of the French Acupuncture Society (Société Française de l'Acupuncture, SFA) and the International Acupuncture Society (Société Internationale de l'Acupuncture, SIA), had observed Soulié's acupuncture techniques. In 1934, as a French homeopath, he officially devoted himself to acupuncture practice and research. De La Füye learned about TCM by studying the works and manuscripts of Soulié, Ferreyrolles, and French diplomat Claude Philibert Dabry de Thiersant, as well as *Nei Jing* (《内经》*The Inner Classic*) and *Su Wen* (《素问》*Basic Questions*) translated by Dr. Chang. Ironically, despite his own exposure to acupuncture, de La Füye attempted to uphold the authority of Western medicine by accusing Soulié of "unauthorized medical practice". This accusation was ultimately dismissed with strong support from Soulié's advocates.

Dr. Thérèse, while defending Soulié, aptly remarked, "While a medical degree grants us the freedom to practice, let us not forget that some educated doctors lack cultural understanding. Conversely, those who seek knowledge in alternative medicine often possess cultural depth (Si le diplôme de docteur en Médecine interdit qu'on nous interdise, n'oublions pas un certain manque de culture chez des gens instruits et parfois, hélas, une absence d'instruction chez des gens qui veulent se cultiver dans des médecines parallèles)". The conflict between de La Füye and Soulié reflects the constraints faced by acupuncture development within the French healthcare system. The failure of de La Füye's accusation also underscores the widespread support for Soulié's contributions. Behind the clashes over acupuncture

implementation in France lies a cultural backdrop—a juxtaposition of Eastern mysticism and Western science, bridging the realms of sinology and medicine.

In 1952, Soulié suffered a stroke and right-sided paralysis. His biographer suggested a possible link to the accusation by Roger de La Füye: "This event may have adversely affected his health and played a decisive role in the severe right-sided paralysis he experienced in 1952". On May 10th, 1955, Soulié passed away, possibly influenced by these events.[11]

On December 2nd, 1978, to celebrate George Soulié de Morant's centenary, a commemorative plaque was hung in front of the house where he once lived (located at 19 Avenue Alphonse Morin in Nogent-sur-Marne, along the banks of the Seine). The inscription reads: "George Soulié de Morant, 1920–1938, resided here. Writer, sinologist, former French consul in China. He introduced Chinese acupuncture to France starting in 1929 (Ici vécut de 1920 a 1938 George Soulié de Morant consul de France en Chine, sinologue qui introduisit en France des 1929 l'acuponcture Chinoise)".

On October 24th, 1987, the French Society of Acupuncturists established an award in honor of George Soulié de Morant—the "Prix George Soulié de Morant".[21] George Soulié de Morant, though not the first person to attempt integrating acupuncture into French medicine, was the first to successfully introduce the systematic knowledge of acupuncture to the Western world, and was legitimately the father of European acupuncture.[11] He authored a series of acupuncture works and is regarded by the French as the propagator of "authentic Chinese acupuncture" (Table 1).[22]

5 Conclusion

A retrospective of Soulié's life revealed a story rich in legend and serendipitous encounters. His contributions to French acupuncture and literature during the 20th century endure to this day. Even in recent years, his work *L'Acuponcture Chinoise* remains in publication. During his time in China, Soulié de Morant engaged in extensive translation of Chinese cultural classics, producing numerous works across various themes. His endeavors earned him the rightful title of a sinologist. Additionally, he documented Chinese customs and interacted with local officials, acupuncturists and scholars. Notably, the Chinese symbolist poet, Li Jinfa (李金发, 1900–1976), sent a letter to Soulié de Morant after reading the French translation of *La Passion de Yang Kwe-Fei* (《贵妃演义》*The Passion of Yang Guifei*) (1924), urging him to return to China for a reunion. In the letter, Li expressed, "Unexpectedly, you also sympathize with the diligent documentation of our ancestors. Hence, it is only fair that some aspects of Chinese civilization owe their existence to your efforts (不意足下亦同情我们先代的遗产苦心撰述，之后日欧西等兄弟能明白些许中国文明不能不归功于足下也)".[23] George Soulié de Morant, a Westerner, immersed himself deeply in Chinese culture and possessed a profound understanding of Chinese art. His knowledge and appreciation garnered admiration

Table 1 Soulié's acupuncture publications and republication

Publication Time	Name	Language	Publisher	Books/Papers
1929	L'Acuponcture en Chine vingt siècles avant J.-C.et la réflexothérapie moderne	French	Science Médicale Pratique, L'Homéopathie Française, Paris	Paper
1931	Les aiguilles et les moxas en Chine	French	Science Medicate Pratique, Paris	Paper
1932	L'acuponcture Chinoise	French	Annales de l' Hopital Saint-Jacques, Nantes	Paper
1932	L'acuponcture Chinoise	French	Mercure de France, Paris	Paper
1933	Les pouls Chinois	French	Mercure de France, Paris	Paper
1934	L'acuponcture	French	Special issue on *Medecine, Paris*	Paper
1934	*Précis Acupuncture Chinoise Vraie* (*Volume I*)	French	Mercure de France, Paris	Book
1939	*L'Acuponcture chinoise I: L'ÉNERGIE* (*Points, Méridiens, Circulation*)	French	Mercure de France, Paris	Book
1941	*L'Acupoincturechinoise II: Le Maniement de l'Énergie*	French	Mercure de France, Paris	Book
1943	L'acupuncture thérapeutique Chinoise	French	L'Illustration, Paris	Paper
1957	*L'Acuponcture Chinoise I, II, III: La Physiologie de l'Énergie, IV: Les Méridiens, les Pointsetleurs Symptômes, V: Les Maladies et leurs Traitements*	French	Editions Jacques Lafitte, Paris	Book
1972	*L'Acuponcture Chinoise*	French	Maloine, Paris	Book
1979	*Acupuncture (Communications 1929–1951)*	French	Editions de la Maisnie, Paris	Book
1990	*Acupuntura*	Spanish	Médica Panamericana, Argentina	Book
1994	*Chinese Acupuncture*	English	Paradigm Publications, Brookline	Book
2017	*Acupuncture Chinoise Atlas*	French	Eveil Sante, Paris	Book

not only from literati and scholars but also from government officials of that era.

George Soulié de Morant, unlike other acupuncture envoys who introduced acupuncture to the West, relied on his foundation in Chinese language and culture. He translated ancient Chinese medical texts, organized his own acupuncture practices and theoretical knowledge, and systematically brought Chinese acupuncture techniques and theories to the Western world. This ability to write and articulate was crucial. Jean-Marc Kespi, honorary president of the French Acupuncture Association, aptly described Soulié de Morant: "In his study of Chinese acupuncture, Soulié de Morant harmoniously combined scientific curiosity with immense respect for Chinese tradition. This respect is also a necessary condition for truly scientific methods in acupuncture (Dans L'Acupuncture chinoise, Soulié de Morant allie harmonieusement une aspiration scientifique et un grand respect de la tradition chinoise. Ce respect est d'ailleurs la condition sine qua non d'une démarche scientifique authentique en acupuncture)".[11]

George Soulié de Morant's success undoubtedly resulted from a convergence of both fortuitous and inevitable factors. His lifelong interest in China, exceptional linguistic abilities, assimilation into the Chinese environment, willingness to explore work beyond his diplomatic career, and the opportune moment for introducing Chinese medical practices in the West all played crucial roles. Additionally, a group of French physicians who anticipated his translations of traditional Chinese medical texts and sought acupuncture instruction further contributed to his expertise as a true acupuncture specialist and sinologist. Soulié de Morant and the team of French Western medicine doctors who studied with him, catalyzed the popularity of acupuncture in France during the 1930s. This occurred at a time when TCM faced challenges in its development within China, making it a beacon of light overseas. The fusion of Eastern and Western cultures, along with the exploration of clinical practices and professional standards during the first half of the 20th century, ultimately shaped the distinctive French acupuncture medical knowledge we recognize today.

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Ethical approval

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

Author contributions

WANG Han drafted and revised the manuscript. WU Kai reviewed the literature and collected the data. Both authors have read and agreed to the published version of the manuscript

Conflicts of interest

WU Kai is an Editorial Board member of *Chinese Medicine and Culture*. The article was subject to the journal's standard procedures, with peer review handled independently of the Editorial Board member, and his research groups.

Appendix

The Catalogue of Soulié's Sinology Works

1. *Éléments de Grammaire Mongole*. Paris: E. Leroux; 1903.
2. *Les Mongols, Leur Organisation Administrative d'après des Documents Chinois*. Paris: E. Leroux; 1905.
3. *Les Musulmans du Yun-nan*. Paris: E. Leroux; 1909.
4. *La Musique en Chine*. Paris: E. Leroux; 1911.
5. *Lotus-d'Or*. Paris: E. Fasquelle; 1912.
6. *Essai sur la Littérature Chinoise*. Paris: Mercure de France; 1912.
7. *Les Contes Galants de la Chine*. Paris: Charpentier et Fasquelle; 1921.
8. *Le Palais des Cent Fleurs*. Paris: E. Fasquelle; 1922.
9. *La Passion de Yang Kwe-Fei*. Paris: L'Edition d'Art; 1924.
10. *Le Singe et le Pourceau, Aventures Magiques Chinoises du XIIIe Siècle*. Paris: à la Sirène; 1924.
11. *La Brise au Clair de Lune*. Paris: Grasset; 1925.
12. *Le Problème des Bronzes Antiques de la Chine*. Paris: Paul Geuthner; 1925.
13. *Exterritorialité et Intérêts Étrangers en Chine*. Paris: Paul Geuthner; 1925.
14. *Théâtre et Musique Modernes en Chine, avec une Étude Technique de la Musique Chinoise et Transcriptions pour Piano, par André Gaillard*. Paris: Paul Geuthner; 1926.
15. *L'Amoureuse Oriole, Jeune Fille, Roman d'Amour Chinois du XIIIe Siècle*. Avec dix illustrations chinoises. Paris: E. Flammarion; 1928.
16. *Histoire de l'Art Chinois*. Paris: Payot; 1928.
17. *L'Épopée des Jésuites Français en Chine (1534–1928)*. Paris: Grasset; 1928.
18. *Histoire de la Chine de l'Antiquité Jusqu'en 1929*. Paris: Payot; 1929.
19. *Divorce Anglais*. Paris: E. Flammarion; 1930.
20. *Anthologie de l'Amour Chinois*. Paris: Mercure de France; 1932.
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Original Article

CHINESE 中医药文化(英文版)
MEDICINE AND CULTURE

OPEN

Medical and Humanistic Traits of Folk Proven Formulas: A Case of *Shen Cha Zheng Ji Yan Fang*

LIU Yang (刘洋)[1], WANG Lei (王磊)[2], YU Qi (于琦)[3,✉]

Abstract

During the Republic of China, the Shanxi government invested substantial human and material resources to compile and publish *Shen Cha Zheng Ji Yan Fang* (《审查征集验方》*Inspection of the Collection of TCM Proven Formulas*), the first official compilation of traditional Chinese medicine (TCM) folk proven formulas in modern China. Taking this book as the research object, this study explored its inherent medical and humanistic traits, and found that most folk proven formulas featured concise formulations, which were significantly different from classical TCM formulas. The average dosage of some medicinal materials exceeded the upper limit stipulated in the current pharmacopoeia of the People's Republic of China. For the sake of easy use, folk proven formulas mostly adopted preparation methods such as pulverizing into powder and making into pills. In the context of folk medicinal material shortage or emergency, many medicine-food homologous items, condiments and daily necessities were also incorporated into the formulas. The study revealed that though the book involved a wide variety of medicinal materials, the high-frequency used ones were still consistent with those of TCM. Cluster analysis of different departments based on shared medicinal materials also indicated that folk proven formulas followed the traditional theories and treatment principles of TCM and were not divorced from the mainstream TCM system. The scope of treatments covered in the book indirectly reflected the social health characteristics of modern China, such as the frequent occurrence of infectious diseases and the widespread malnutrition of the people. Folk proven formulas verified to be effective through long-term and extensive practice also provided targeted references for the research and development of modern medicines.

Keywords: Folk proven formulas; *Shen Cha Zheng Ji Yan Fang* (《审查征集验方》*Inspection of the Collection of TCM Proven Formulas*); Humanistic traits; Traditional Chinese medicine; Big data

1 Introduction

1.1 Historical background of the compilation of proven formulas in modern Shanxi

In the early modern period, Western medicine spread eastward to China. In sharp contrast to the Kuomintang government's attitude of denying and abolishing traditional Chinese medicine (TCM), Yan Xishan (阎锡山), the then ruler of Shanxi, believed that "TCM is super-scientific"[1] and advocated the integration of TCM and Western medicine to improve and develop TCM (Fig. 1). In 1919, the Shanxi Society for the Improvement of Traditional Chinese Medicine (山西中医改进研究会), the first government-run TCM society in modern China, was founded, with Yan Xishan serving as its president in person. In accordance with the characteristics of modern scientific institutionalization, the society established a TCM research system, set up educational institutions offering both TCM and Western medicine courses, founded hospitals with separate treatment for TCM and Western medicine, and published the academic journal *Yi Xue Za Zhi* (《医学杂志》*Medical Journal*). It carried out its work continuously for 18 years and exerted a tremendous influence in modern China.[2]

TCM single-herb formulas, proven formulas and folk formulas originate from the experience summary of the public and the accumulation of daily medical practices. In TCM, "secret formulas are not passed on lightly, and are regarded as unique skills (秘方不轻传，视为绝技)". Due to their complex contents, intermingled truths and fallacies, and disorganized systems,

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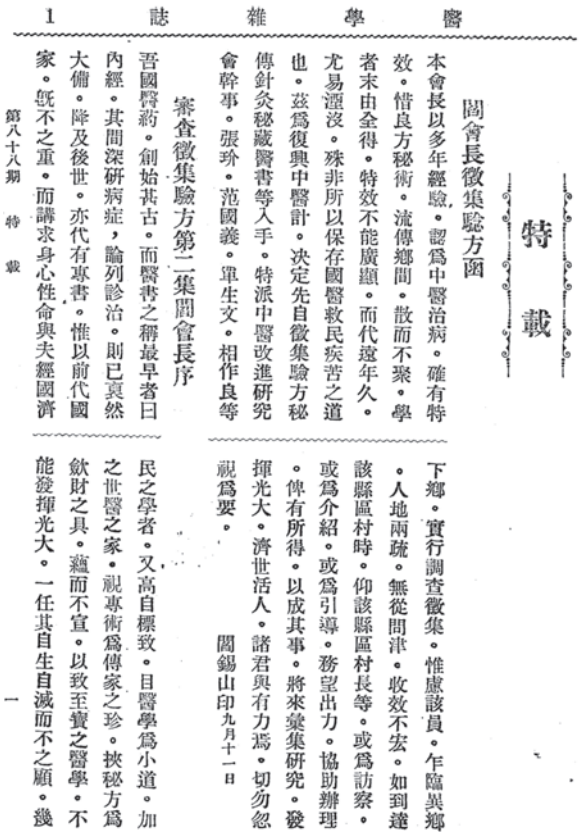
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Figure 1 Portrait of Yan Xishan (1883–1960) (source with permission from: Shanxi Provincial Archives)



醫學雜誌 1

特載

閻會長徵集驗方函

本會長以多年經驗，證爲中醫治病，確有特效。惜良方秘術，流傳鄉間，散而不聚，學者未由全得。特效不能廣顯，而代遠年久，尤易湮沒。殊非所以保存國醫救民疾苦之道也。茲爲復興中醫計，決定先自徵集驗方秘傳針灸秘藏醫書等入手，特派中醫改進研究會幹事張玠、范國義、單生文、相作良等下鄉，實行調查徵集。惟慮該員乍臨異鄉，人地兩疏，無從問津，收效不宏。如到達該縣區村時，仰該縣區村長等，或爲訪察，或爲介紹，或爲引導，務望出力，協助辦理，俾有所得，以成其事，將來彙集研究，發揮光大，濟世活人，諸君與有力焉，切勿忽視爲要。

閻錫山印 九月十一日

審查徵集驗方第二集閻會長序

吾國醫藥，創始甚古，而醫書之稱最早者曰內經，其間深研病症，論列診治，則已真然大備，降及後世，亦代有專書，惟以前代國家，既不之重，而講求身心性命與夫經國濟民之學者，又高自標致，目醫學爲小道，加之世醫之家，視事術爲傳家之珍，挾秘方爲歛財之具，蘊而不宣，以致至寶之醫學，不能發揮光大，一任其自生自滅而不之顧，幾

第八十八期 特載 一

Figure 2 Official letter from President Yan for collecting folk proven formulas (source with permission from: Library of Shanxi Medical University)

systematic collation and in-depth research on folk formulas have been insufficient in history. In 1929, after following the suggestion of Shi Yiren (时逸人, 1896–1966), the person in charge of the Shanxi Society for the Improvement of Traditional Chinese Medicine, Yan Xishan believed that exploring folk proven formulas was "both a help to preserve wonderful formulas and a plan to cure the incurable (既以为保存妙方之助，且为活莫治病人之计)", and decided to carry out the work of collecting folk proven formulas by administrative means. Subsequently, the Shanxi provincial government ordered all "village administration inspectors" of the village administration department to also act as "proven formulas investigators", requiring them to collect folk proven formulas when going to the countryside (Fig. 2). The Shanxi provincial government also sent an official letter signed by Yan Xishan, asking county magistrates, district chiefs and village heads across the province to fully support the work of collecting proven formulas.[3] To boost the enthusiasm of the people for submitting formulas, the Shanxi provincial government allocated a huge sum of money to give material or honorary rewards to the contributors according to the quality of the formulas.

1.2 Compilers and value of *Shen Cha Zheng Ji Yan Fang* (《审查征集验方》 *Inspection of the Collection of TCM Proven Formulas*)

Shi Yiren, a native of Wuxi, Jiangsu province, was a renowned modern TCM physician and a representative figure of the "TCM scientification" movement. He once taught at the Shanghai TCM Specialized School and China Medical College, and was appointed executive director of the Shanxi Society for the Improvement of Traditional Chinese Medicine in 1932, serving as the person in charge of the compilation of *Shen Cha Zheng Ji Yan Fang* (《审查征集验方》 *Inspection of the Collection of TCM Proven Formulas*) (Fig. 3). Led by Shi Yiren, the Shanxi Society for the Improvement of Traditional Chinese Medicine undertook the review, evaluation, compilation and publication of the folk proven formulas collected (Fig. 4). The society organized renowned TCM practitioners to evaluate all the proven formulas one by one in accordance with rigorous procedures and methods, with clear "review comments" marked. To ensure the rigor, order and standardization of the review work, the society formulated *Shen Cha Yan Fang Ban Fa* (《审查验方办法》 *Detailed Measures for Reviewing Folk Proven Formulas*) and *Ping Ding Yan Fang Biao Zhun* (《评定验方标准》 *Standards for Evaluating Folk Proven Formulas*), with a clear division of personnel and job responsibilities. Eventually, six volumes of *Shen Cha Zheng Ji Yan Fang* were successively published between 1929 and 1937.[4]

Historically, the collection of TCM proven formulas was mostly carried out by individuals in civil society, with limited capacity and scope leading to suboptimal

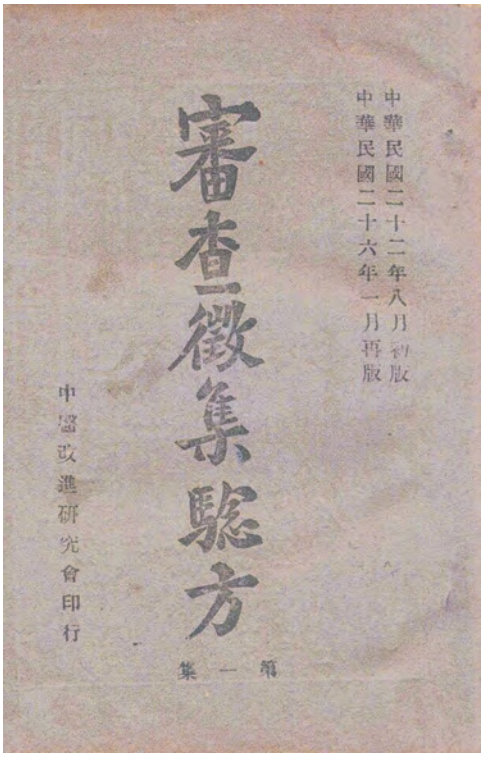


Figure 3 Facsimile of *Shen Cha Zheng Ji Yan Fang (Volume 1)* (source with permission from: Library of Shanxi Medical University)



Figure 4 Shi Yiren (1896–1966) (source with permission from: Library of Shanxi Medical University)

results. Modern Shanxi adopted an innovative approach: through administrative organization, substantial financial investment, and the establishment of a flexible reward system for formula submission and standardized collection methods, it gathered a large number of effective folk proven formulas and secret recipes. The inclusion criteria of "low cost, convenience and efficacy" and a rigorous and scientific review attitude ensured the practicality, accessibility and rationality of *Shen Cha Zheng Ji Yan Fang*. The scope of formula collection was by no means limited to Shanxi province. The society called on people nationwide to submit their formulas, stating: "Anyone, whether in the medical profession or not, who has personally verified effective formulas or ancestral secret formulas with definite curative effects in treating diseases" to submit their formulas. The 5th and 6th volumes of *Shen Cha Zheng Ji Yan Fang* published in 1936 and 1937 respectively featured contributors from all over the country, including many renowned modern TCM physicians such as Zhang Xichun (张锡纯), Zhou Xiaonong (周小农), Shen Zhonggui (沈仲圭), Chen Lianfang (陈莲舫), Zhang Peinan (张沛南), and Fu Xianfang (傅仙坊). These formulas from famous physicians have high practical value.

Shen Cha Zheng Ji Yan Fang contains a large number of ancestral secret formulas and effective formulas from famous physicians, pioneering the trend of collating folk TCM formulas in modern China. Regrettably, when its complete publication was imminent, the outbreak of the War of Resistance against Japanese Aggression led to the dissolution of the Shanxi Society for the Improvement of Traditional Chinese Medicine, and the work of publication and research promotion came to an abrupt halt. Since then, *Shen Cha Zheng Ji Yan Fang* has been forgotten for a long time, receiving little attention and research in academic circles. Compiled and published over 9 years, *Shen Cha Zheng Ji Yan Fang* was assembled from more than 30,000 folk formulas collected nationwide in modern China. With its extensive content, comprehensive professional classification, clear compilation principles and long publication cycle, it is the first large-scale official compilation of folk proven formulas in modern China, and also a large database that can comprehensively reflect the overall landscape of folk TCM formulas in modern China.

2 Research objectives and significance

At present, most quantitative studies on TCM formulas focus on the formula compilations of specific renowned TCM physicians. Since most of these physicians are only good at treating diseases in a certain specialty or field, their formulas are mostly limited to specific specialties, making it difficult to depict the overall formulation rules of TCM formulas through such studies. In addition, due to the inconsistency in the number of formulas collected from physicians of different specialties in academic circles, it is impossible to understand the actual incidence of related diseases based on these studies.

Taking *Shen Cha Zheng Ji Yan Fang* as the research object, this study systematically analyzes the formulation characteristics and rules of modern folk TCM formulas

through big data mining. *Shen Cha Zheng Ji Yan Fang* has a complete and detailed professional classification, and the number of formulas under each department is linearly related to the number of originally collected formulas and even the prevalence of diseases in that department. This study enables a comprehensive analysis of medication compatibility patterns across clinical specialties, while shedding light on the disease spectrum and socio-health economic conditions of the era. Finally, a comparative study on the formulation rules and theoretical basis of folk TCM formulas against mainstream TCM formula theories such as those in *Qian Jin Fang* (《千金方》 *Important Formulas Worth a Thousand Gold Pieces*) and *Tai Ping Sheng Hui Fang* (《太平圣惠方》 *Formulas from Benevolent Sages Compiled during the Taiping Era*) is conducted to explore their similarities and differences can briefly outline the humanistic traits of modern folk TCM.

3 Research method

The Shanxi Folk Proven Formula Database was constructed, into which 1.67 million Chinese characters of text and image data of the entire book were input. This database can provide standardized proofreading, storage and sharing, and statistical analysis, and is capable of conducting statistical analysis and information extraction according to fields such as disease department, main treatment, prescription name, composition, usage and expert comments (review opinions). The statistical data were processed with SPSS 17.0, and the measurement data were expressed as mean ± standard deviation. Pajek was used for network visualization, and the Python programming language was adopted for heatmap drawing and cluster analysis.

4 Results and discussion

4.1 Statistics on departments, disease categories and the number of proven formulas

4.1.1 Evolution of the departmental classification system

The original *Shen Cha Zheng Ji Yan Fang* (volumes 1–6) was published in 32mo traditional vertical Chinese layout, with approximately 1,000 proven formulas included in each volume, amounting to a total of 5,791 formulas across the six volumes. Published between September 1933 and May 1937, the six volumes spanned a five-year period. Coinciding with the transition from the "integration of TCM and Western medicine" to the "scientification of TCM", the departmental classification system of each volume gradually evolved from the TCM-based classification to the Western medicine-based one. Volume 1, divided into 14 categories in line with TCM practices, included apoplexy, thoracoabdominal disorders, surgery, dermatology, emergency care, jaundice, gynecology, pediatrics, hematopathy, doubtful cases, and warm diseases. Volume 2, published in 1934, showed a tendency to draw on Western medicine classification, with 26 categories including menstrual regulation, leukorrhea, metrorrhagia, miscellaneous gynecological disorders, miscellaneous antepartum disorders, miscellaneous intrapartum disorders, postpartum metrorrhagia, postpartum fainting, miscellaneous postpartum disorders, dermatology, surgery, trauma, first aid, venereal diseases, otolaryngology and stomatology, mental disorders, hematopathy, lung diseases, and common cold. Starting from volume 3 in 1935, the compilation adopted a basically Western medicine-based classification system, and was divided into 16 departments including internal medicine, gynecology, obstetrics, pediatrics, surgery, dermatology, venereal diseases, infectious diseases, ophthalmology, stomatology, otology, rhinology, laryngology, emergency medicine, systemic diseases, and miscellaneous diseases. Internal medicine was further subdivided into 9 subsystems in accordance with Western medicine disease classifications. They were infectious diseases, seasonal diseases, respiratory system diseases, digestive system diseases, nervous system diseases, circulatory system diseases, metabolic diseases, locomotor system diseases, urinary system diseases, and reproductive system diseases. This study conducted statistical analysis based on the departmental classification system of volume 3 (Table 1).

4.1.2 Statistical analysis of disease categories and the number of proven formulas

Statistics on all included proven formulas showed that internal medicine, surgery, and infectious diseases ranked top three in the number of formulas, with 2,203, 800, and 488 formulas respectively. Internal medicine had the largest number of both formulas and disease categories, indicating that folk physicians paid greater attention to and accumulated more clinical experience in common internal diseases, and that internal diseases were the main ailments afflicting the general population at that time. Across the 16 departments, there were 401 disease categories, with an average of 14.44 formulas per category. Venereal diseases had the highest average number of formulas per disease (46.25), which was attributed to the insufficient understanding and vague classification of venereal diseases in TCM prior to modern times. Emergency medicine had the lowest average (3.40 formulas per disease), reflecting the limited emergency treatment methods in TCM and its deficiencies in emergency medicine.

In terms of the number of formulas in each subsystem of internal medicine, digestive system diseases, nervous system diseases, and respiratory system diseases ranked the top (Table 2). This reflected that these diseases were the primary threats to the health of the general population in pre-modern China, which was vastly different from the current disease spectrum dominated by cardiovascular

Table 1 Disease categories and the number of proven formulas by department

Departments	Number of Diseases	Number of Proven Formulas	Formulas per Disease
Internal medicine (内科)	109	2,203	20.21
Surgery (外科)	39	800	20.51
Infectious diseases (传染病)	19	488	25.68
Gynecology (妇科)	21	339	16.14
Dermatology (皮肤科)	38	323	8.50
Obstetrics (产科)	29	298	10.28
Pediatrics (小儿科)	40	276	6.90
Stomatology (口齿科)	9	197	21.89
Venereal diseases (花柳病)	4	185	46.25
Ophthalmology (眼科)	14	166	11.86
Emergency (急救门)	42	143	3.40
General diseases (全身病)	7	109	19.20
Pharyngolaryngology (咽喉科)	5	96	19.20
Otology (耳科)	13	73	5.62
Rhinology (鼻科)	9	55	6.11
Miscellanea (杂集)	3	40	6.11
Total	401	5,791	14.44

Table 2 Disease categories and the number of proven formulas in internal medicine systems

Internal Medicine Systems	Number of Diseases	Number of Proven Formulas	Formulas per Disease
Digestive system diseases (消化器病)	31	916	29.55
Nervous system diseases (神经系统病)	25	496	19.84
Circulatory system diseases (循环器病)	7	133	19.00
Respiratory system diseases (呼吸器病)	14	259	18.50
Seasonal diseases (时令病)	7	124	17.71
Urinary diseases (泌尿器病)	9	125	13.89
Genital diseases (生殖器病)	9	108	12.00
Motor system diseases (运动器病)	6	36	6.00
Metabolic diseases (新陈代谢病)	1	6	6.00
Total	109	2,203	20.21

and cerebrovascular diseases. Correspondingly, internal medicine, surgery, gynecology, and infectious diseases had an average of 20 to 25 formulas per disease, demonstrating that TCM had effective therapeutic solutions for common and frequently occurring diseases in these departments at that time.

The top five diseases with the most formulas in digestive system diseases, nervous system diseases, respiratory system diseases, circulatory system diseases, and infectious diseases under internal medicine were counted (Table 3), with digestive, nervous, and respiratory system diseases ranking top three in the number of prescriptions within internal medicine. In modern China, poor dietary hygiene and low health awareness among the general population led to a high incidence of gastralgia, dyspepsia, diarrhea, vomiting, dysentery and other diseases. Meanwhile, inadequate medical conditions meant many patients failed to receive timely and effective treatment in the early stages of illness, leading to delayed and aggravated conditions and a high prevalence of asthma, edema (circulatory failure) and other diseases.[5]

4.2 Statistical analysis of medicinal materials used in *Shen Cha Zheng Ji Yan Fang*

4.2.1 Common types of medicinal materials

A total of 4,813 types of medicinal materials were recorded in the book (medicinal materials with different aliases or processing methods were counted as the same type), most of which were commonly used clinical Chinese medicinal herbs. Among the top 50 high-frequency medicinal materials, only four were mineral medicines, including *Bing Pian* (冰片 Borneolum Syntheticum), *Zhu Sha* (朱砂 Cinnabaris), *Qing Fen* (轻粉 Calomelas),

Table 3 The main internal medicine diseases and the number of proven formulas included

Disease Type	Disease Name	Number of Formulas
Digestive system diseases	Gastralgia (胃痛)	122
	Dyspepsia (消化不良)	91
	Diarrhea (泄泻)	75
	Dysphagia (噎膈)	51
	Vomiting (呕吐)	41
Respiratory system diseases	Cough (咳嗽)	103
	Asthma (哮喘)	64
	Throat disorders (喉症)	27
	Tuberculosis (肺痨)	22
	Lung abscess (肺痈)	11
Nervous system diseases	Lumbocrural pain (腰腿痛)	98
	Epilepsy (癫痫)	83
	Apoplexy (中风)	53
	Headache (头痛)	50
	Numbness of limbs (肢体麻木)	24
Circulatory system diseases	Edema (水肿)	95
	Hematochezia (便血)	69
	Hemoptysis (咳血)	41
	Hematemesis (吐血)	39
	Hematuria (尿血)	10
Infectious diseases	Dysentery (痢疾)	140
	Cholera (霍乱)	57
	Malaria (疟疾)	55
	Diphtheria (白喉)	42
	Icteric hepatitis (黄疸)	36

and *Ku Fan* (枯矾 Alumen Dehydratum). The rest were common botanical medicines (Table 4). The top-ranked high-frequency medicinal materials, such as *Dang Gui* (当归 Radix Angelicae Sinensis), *Fu Ling* (茯苓 Poria), *Bai Shao* (白芍 Radix Paeoniae Alba), and *Sheng Di* (生地 Radix Rehmanniae), were mostly those for tonifying qi and blood, promoting blood circulation to remove blood stasis, clearing heat and regulating qi. This reflected that the main health issues plaguing the general population in pre-modern China were qi and blood deficiency, malnutrition, and pathogenic heat caused by external pathogens. From a modern medical perspective, these medicinal materials mainly serve to regulate physical constitution, improve blood circulation and resist infection.

Since folk proven formulas originated from the daily life of the general population, and due to the scarcity of medicinal materials and economic constraints, many foods, condiments, cooking spices and daily necessities were also used as medicinal ingredients. Statistics indicated that beans (mung beans, soybeans, black beans, etc.) were used in 314 formulas; vinegar, salt and sugar in 158, 142 and 122 formulas respectively; and clove, fennel, pepper and chili as ingredients in 132, 89, 52 and 24 formulas respectively (Fig. 5).

Some of these foods, condiments and spices are medicine-food homologous items with definite medicinal effects; others, similar to medicinal materials in nature, flavor and meridian tropism, were used as emergency substitutes when medicinal materials were scarce among the folk. Phrases such as "taken with rice soup" and "made into pills with flour" appear repeatedly in the book, because grains such as rice and flour are mild in nature and flavor in TCM and are often used as medicinal guides or pill excipients.

Table 4 Categories and proportions of the top 50 high-frequency medicinal materials

Efficacy Category	Main Medicinal Materials	Proportion of Total Frequency (%)
Tonifying and replenishing (补虚补益类)	*Dang Gui* (当归 Radix Angelicae Sinensis), *Gan Cao* (甘草 Radix et Rhizoma Glycyrrhizae), *Bai Shao* (白芍 Radix Paeoniae Alba), *Bai Zhu* (白术 Rhizoma Atractylodis Macrocephalae), *Shu Di* (熟地 Radix Rehmanniae Praeparata)	30.5
Promoting blood circulation to remove blood stasis (活血化瘀类)	*Chuan Xiong* (川芎 Rhizoma Chuanxiong), *Ru Xiang* (乳香 Olibanum), *Mo Yao* (没药 Myrrha), *Tao Ren* (桃仁 Semen Persicae), *Hong Hua* (红花 Flos Carthami)	18.8
Clearing heat (清热类)	*Huang Lian* (黄连 Rhizoma Coptidis), *Huang Qin* (黄芩 Radix Scutellariae), *Huang Bai* (黄柏 Cortex Phellodendri Chinensis), *Lian Qiao* (连翘 Fructus Forsythiae), *Mu Dan Pi* (牡丹皮 Cortex Moutan)	16.6
Regulating qi (理气类)	*Mu Xiang* (木香 Radix Aucklandiae), *Chen Pi* (陈皮 Pericarpium Citri Reticulatae), *Xiang Fu* (香附 Rhizoma Cyperi), *Zhi Qiao* (枳壳 Fructus Aurantii), *Qing Pi* (青皮 Pericarpium Citri Reticulatae Viride)	12.3
Relieving the exterior (解表类)	*Fang Feng* (防风 Radix Saposhnikoviae), *Bo He* (薄荷 Herba Menthae), *Sheng Jiang* (生姜 Rhizoma Zingiberis Recens), *Bai Zhi* (白芷 Radix Angelicae Dahuricae), *Jing Jie* (荆芥 Herba Schizonepetae)	11.1
Relieving cough and asthma (止咳平喘)	*Ban Xia* (半夏 Rhizoma Pinelliae), *Chuan Bei Mu* (川贝母 Bulbus Fritillariae Cirrhosae), *Ku Xing Ren* (苦杏仁 Semen Armeniacae Amarum), *Jie Geng* (桔梗 Radix Platycodonis)	9.0
Others	*Fu Ling* (茯苓 Poria), *Ze Xie* (泽泻 Rhizoma Alismatis), *Zhu Sha* (朱砂 Cinnabaris), *Bing Pian* (冰片 Borneolum Syntheticum), *She Xiang* (麝香 Moschus)	12.2

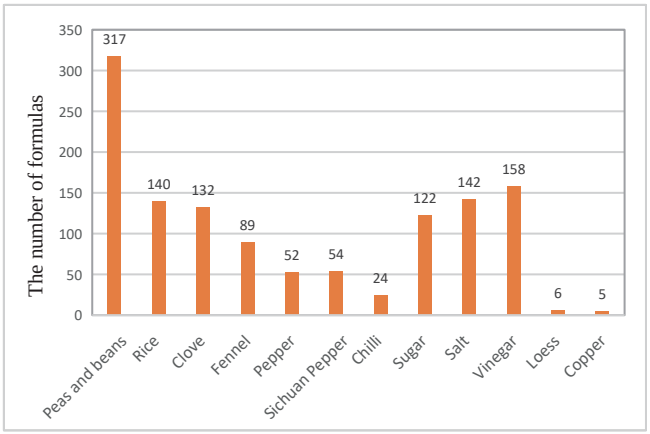


Figure 5 The number of formulas containing special ingredients (source with permission from: figure made by the authors)

4.2.2 Number of medicinal materials per formula

Classical contemporary TCM formulas emphasize the combination of medicinal materials based on the "monarch, minister, assistant and guide (君臣佐使)" principle, and typically contain 15 to 22 medicinal materials per formula, or even more, to achieve the goal of comprehensive conditioning.[6] In contrast, the vast majority of folk proven formulas feature extremely concise formulations. In this book, formulas with fewer than 5 medicinal materials account for 58.57% of the total, while those with more than 10 medicinal materials only make up 15.64%, with an average of 6.23 medicinal materials per formula (Fig. 6). Two main reasons account for this: first, most folk formulas circulating among the people target diseases in their early stages of onset; second, most proven formulas are for diseases with simple pathogeneses, hence few kinds of medicinal ingredients are used. These simple medicinal combinations with obvious curative effects verified repeatedly by the folk—even single-herb formulas—also provide targeted references for modern new medicine development and offer convenient directions for pharmaceutical research.

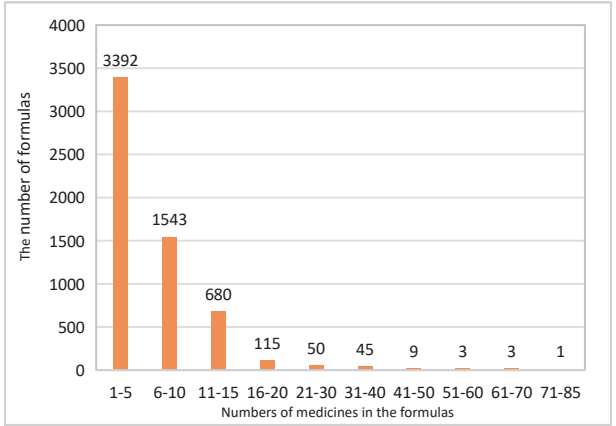


Figure 6 The number of medicines in each formula (source with permission from: figure made by the authors)

4.2.3 Dosage of medicinal materials

The average dosage of the top 50 high-frequency medicinal materials per formula was 13.60 g ± 7.93 g (converted at a rate of 1 liang = 37.5 g). Among them, the average dosage of *Bai Zhu* (白术 Rhizoma Atractylodis Macrocephalae) and *Shu Di* (熟地 Radix Rehmanniae Praeparata) per formula exceeded 35 g, while that of *She Xiang* (麝香 Moschus) and *Bing Pian* was approximately 1 g each. Compared with the dosage of Chinese medicinal materials stipulated in the current pharmacopoeia of the People's Republic of China, the average per-formula dosage of most medicinal materials in the book—such as *Bai Zhu*, *Shu Di*, *Dang Gui*, *Gan Jiang* (干姜 Rhizoma Zingiberis), *Ban Xia* (半夏 Rhizoma Pinelliae), *Da Huang* (大黄 Radix et Rhizoma Rhei), *Ru Xiang* (乳香 Olibanum), *Xiang Fu* (香附 Rhizoma Cyperi), and *She Xiang*—was higher.[7]

The situation objectively reflects the traditional usage habits of these medicinal materials. Long-term clinical practice has shown that the safe dosage range may be broader than that specified in current regulatory standards. In particular, the dosages of potent medicinal materials such as *Ban Xia*, *Da Huang*, *Gan Jiang*, and *Xiang Fu* differ significantly from the pharmacopoeial standards. In fact, this is the high-dosage medication method widely advocated by renowned physicians of the TCM Yang-supporting School in recent years.[8] In-depth research on the safe threshold range of these medicinal materials may provide a reference for the subsequent revision of the pharmacopoeia.

4.3 Correlation analysis of medication for different types of diseases

4.3.1 Relationship between high-frequency medications in proven formulas and TCM

Among the five major disease categories under the "internal medicine" classification—digestive system diseases, respiratory system diseases, nervous system diseases, circulatory system diseases, and infectious diseases—the top five most frequently used herbs include *Fu Ling*, *Dang Gui*, *Xing Ren* (杏仁 Semen Armeniacae Amarum), *Chen Pi* (陈皮 Pericarpium Citri Reticulatae), *Chuan Bei Mu* (川贝母 Bulbus Fritillariae Cirrhosae), *Chuan Xiong* (川芎 Rhizoma Chuanxiong), and *Huang Qin* (黄芩 Radix Scutellariae) (Table 5). Among them, *Fu Ling* invigorates the spleen and drains dampness; *Dang Gui* nourishes qi and blood, both being essential herbs for digestive system diseases; *Xing Ren*, *Chen Pi*, and *Chuan Bei Mu* relieve cough and resolve phlegm, and are commonly used for respiratory system diseases; *Chuan Xiong* benefits cerebral blood vessels; *Huang Qin* clears heat and detoxifies. These high-frequency herbs are all primary medications used in classic proven formulas of TCM for corresponding diseases.[9]

Table 5 The dosage of high-frequency internal diseases medicines in *Shen Cha Zheng Ji Yan Fang*

Disease Type	Medicine Name	Frequency
Digestive system diseases	*Gan Cao* (甘草 Licorice Root)	73
	Dang Gui (当归 Chinese Angelica)	69
	Fu Ling (茯苓 Poria Cocos)	60
	Guang Mu Xiang (广木香 Costus Root)	60
	Bing Lang (槟榔 Areca Nut)	55
Respiratory system diseases	*Xing Ren* (杏仁 Bitter Apricot Seed)	49
	Gan Cao (甘草 Licorice Root)	35
	Fu Ling (茯苓 Poria Cocos)	32
	Chen Pi (陈皮 Dried Tangerine Peel)	31
	Chuan Bei (川贝 Fritillaria Cirrhosa)	30
Nervous system diseases	*Dang Gui* (当归 Chinese Angelica)	80
	Chuan Xiong (川芎 Szechuan Lovage Rhizome)	58
	Gan Cao (甘草 Licorice Root)	47
	Fang Feng (防风 Divaricate Saposhnikovia Root)	42
	Ren Shen (人参 Ginseng)	38
Circulatory system diseases	*Gan Sui* (甘遂 Gansui Root)	27
	Ze Xie (泽泻 Oriental Waterplantain Rhizome)	22
	Da Fu Pi (大腹皮 Areca Peel)	19
	Fu Ling (茯苓 Poria Cocos)	19
	Bai Zhu (白术 Largehead Atractylodes Rhizome)	16
Infectious diseases	*Gan Cao* (甘草 Licorice Root)	58
	Bing Lang (槟榔 Areca Nut)	40
	Huang Qin (黄芩 Baical Skullcap Root)	34
	Lian Qiao (连翘 Forsythia Suspensa)	34
	Zhi Qiao (枳壳 Bitter Orange Fruit)	32

Although folk formulas involve a wide variety of medicinal materials, even including some daily necessities, their high-frequency herbs are basically consistent with those commonly used in TCM proven formulas. This phenomenon indicates that folk formulas and TCM share similar understandings of diseases and principles of medication use, and folk formulas have not deviated from the mainstream theoretical system of TCM.

4.3.2 Correlation of medicinal material application among different clinical departments

The top 10 most frequently used medicinal materials in the proven formulas included in each clinical department were statistically analyzed. Based on the number of shared medicinal materials among different clinical departments, a correlation analysis across various departments was conducted, and a qualitative medicinal material correlation map was plotted. In the map, nodes represent different clinical departments, and the thickness of the connecting lines between nodes denotes the quantity of shared medicinal materials: the more shared medicinal materials there are, the thicker the connecting lines (Fig. 7).

A quantitative cluster analysis heatmap was generated according to the types of common herbs among different departments. In the heatmap, values were assigned to different departments based on the number of shared herbs. A greater number of common herbs corresponded to a higher correlation degree and a warmer color, and vice versa. Departments with a high correlation exhibited strong similarities in pathogenesis, medication, and therapeutic principles (Fig. 8).

The correlation value of shared herbs between digestive diseases, gynecological diseases, and infectious diseases was six, indicating that six of the most frequently used herbs were identical among these three categories. These herbs were *Dang Gui*, *Gan Cao* (甘草 Radix et Rhizoma Glycyrrhizae), *Chen Pi*, *Bai Zhu*, *Fu Ling*, and *Bai Shao*. These herbs collectively target the core pathogenesis of spleen-stomach weakness, qi-blood imbalance, and internal accumulation of damp-turbidity.[10] Other pairs with a correlation value of 5 included: digestive diseases and circulatory diseases; neurological diseases and motor organ diseases; neurological diseases and systemic diseases; and gynecological diseases and obstetrical diseases. Those with a correlation value of 4 included: urinary diseases and venereal diseases; nasal diseases and throat diseases; surgical diseases and emergency department; surgical diseases and venereal diseases. The lower the herbal correlation, the greater the differences in pathogenesis and therapeutic approaches among the related disease categories.

From the perspective of modern Western medicine, digestive diseases as well as obstetric and gynecological diseases differ greatly in etiology, pathogenesis, clinical manifestations, and therapeutic principles, making the above quantitative analysis results seemingly unreasonable. In fact, the high correlation of shared herbs among digestive diseases, infectious diseases, and gynecological diseases is consistent with the theoretical system of treatment based on pattern differentiation in TCM, reflecting the holistic concept of TCM. The term "digestive diseases" is borrowed from Western medicine. In TCM, it is referred to as spleen-stomach diseases. In practice, it not only includes digestive disorders but also covers nutritional metabolism and immune function. TCM attaches great importance to the spleen and stomach, which are regarded as the root of the acquired constitution and the source of qi and blood production. Tonifying the spleen and stomach is not only a therapeutic principle for digestive diseases but also crucial for the treatment of circulatory and respiratory diseases. Li Dongyuan (李东垣), one of the four great masters of the Jin and Yuan dynasties, stated that, "Once the spleen-stomach qi is injured, primordial qi cannot be replenished, and thus

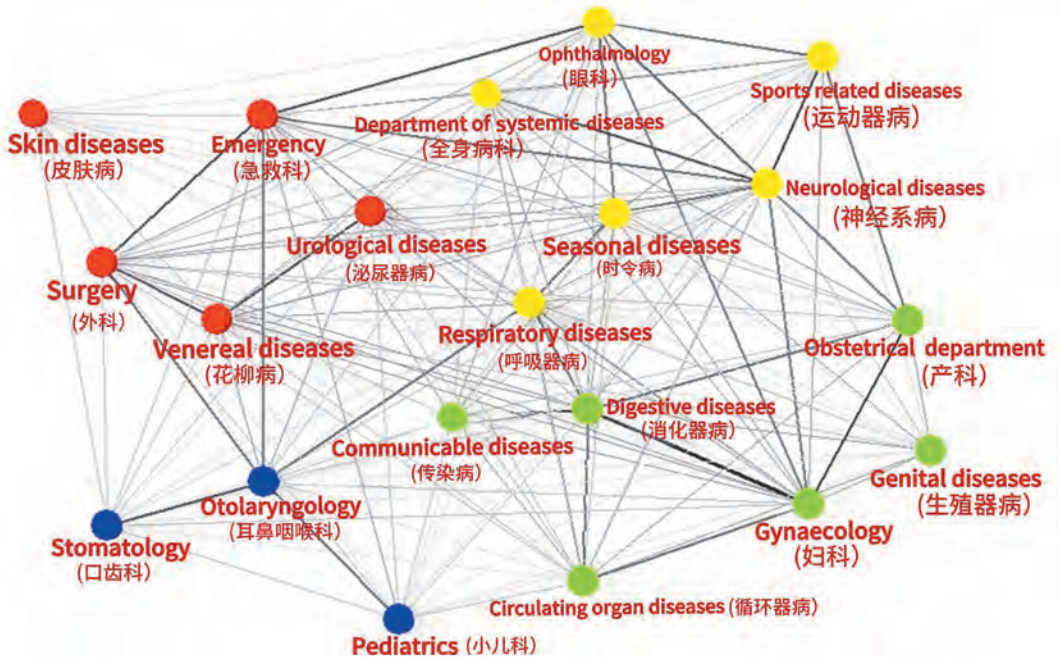


Figure 7 Analysis of the correlation map of departments and diseases among various specialties based on shared medicines (source with permission from: picture made by the authors)

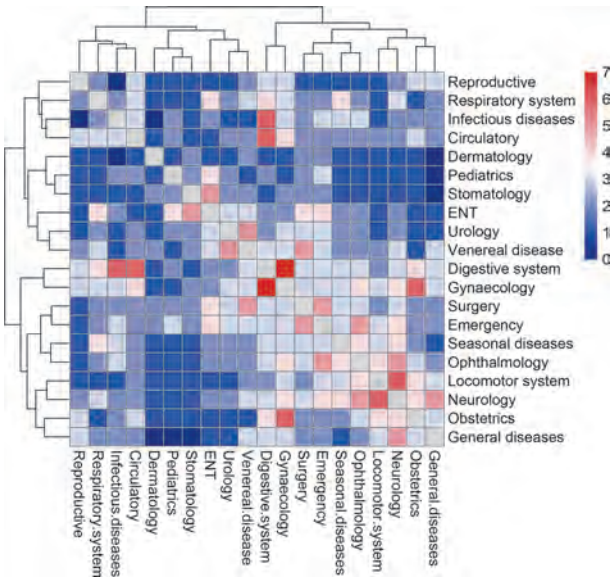


Figure 8 Heatmap of cluster analysis of shared medicines among various disease specialties (source with permission from: picture made by the authors)

various diseases arise (脾胃之气既伤，而元气亦不能充，而诸病之所由生也)". The statement emphasizes the importance of the spleen and stomach in human life activities. For infectious diseases, TCM holds that "warm diseases involve more deficiency patterns and fewer excess patterns (温病虚证多而实证少)". Therefore, based on the holistic concept, treatment advocates strengthening healthy qi to eliminate pathogenic factors, regulating yin and yang, and harmonizing qi and blood to enhance immunity and resistance for disease prevention and treatment. Such therapeutic principles are mainly achieved by tonifying the spleen and stomach.[11]

4.3.3 Theoretical basis for the high correlation among different departments

Rooted in holism and systematic theory, TCM holds that diseases in different departments can be treated under the principle of "treating different diseases with the same method (异病同治)", meaning similar medicinal herbs can be applied. To illustrate this distinctive concept, *Shen Zhu Jian Pi Tang* (参术健脾汤 Ginseng, Atractylodes Macrocephala Spleen-fortifying Decoction) for digestive diseases and infertility formula no. 1 for gynecological diseases in *Shen Cha Zheng Ji Yan Fang* are taken as examples.

First, the two prescriptions share similar core herbal components. *Shen Zhu Jian Pi Tang* consists of *Ren Shen* (人参 Radix et Rhizoma Ginseng), *Bai Zhu*, *Fu Ling*, *Gan Cao*, *Dang Gui*, *Bai Shao*, *Sheng Jiang* (生姜 Rhizoma Zingiberis Recens), *Da Zao* (大枣 Fructus Jujubae).[12] Infertility prescription no. 1 consists of *Dang Gui*, *Chuan Xiong*, *Mu Dan Pi* (牡丹皮 Cortex Moutan), *Tao Ren* (桃仁 Semen Persicae), *Hong Hua* (红花 Flos Carthami), *Yuan Hu* (元胡 Rhizoma Corydalis), *Wu Yao* (乌药 Radix Linderae), *Xiang Fu*, *Bai Shao*, *Yi Mu Cao* (益母草 Herba Leonuri), *Ze Lan* (泽兰 Herba Lycopi), *Chai Hu* (柴胡 Radix Bupleuri), *Gan Cao*, *Sheng Jiang*.[12] The same herbs in both formulas are *Dang Gui*, *Gan Cao*, *Bai Shao*, and *Sheng Jiang*. These constitute a basic TCM formula widely used for tonifying qi and nourishing blood, soothing the liver and strengthening the spleen.

Second, the two formulas are consistent in targeted pathogenesis and therapeutic principles. For digestive diseases characterized by spleen-stomach deficiency-cold and fluid retention, TCM theory holds that the

pathogenesis involves dysfunction of transportation and transformation caused by spleen-stomach yang deficiency, leading to insufficient generation of qi and blood. For gynecological diseases presenting as infertility due to qi-blood deficiency, the pathogenesis involves menstrual disorders induced by blood stasis, which in the long run affects the spleen and eventually results in infertility. In response to the above pathogenesis, TCM advocates treatment starting with tonifying the spleen and stomach, regulating qi and blood, and promoting transportation and transformation, whether for deficiency-cold pattern of digestive diseases or qi-blood deficiency pattern of gynecological diseases. The aforementioned basic formula is an empirical composition to achieve these goals.

In fact, the core of "treating different diseases with the same method" in TCM theory lies in "same pattern, same treatment".[13] That is to say, as long as the pathogenesis is identical, the therapeutic principles and core medicinal herbs can be highly consistent even if the disease locations and clinical manifestations differ. This embodies the sophistication of TCM's systematic view.

4.4 Special value of *Shen Cha Zheng Ji Yan Fang*

4.4.1 Reliable collection sources

The collection of *Shen Cha Zheng Ji Yan Fang* was not confined to Shanxi province, but extended nationwide. The Shanxi Society for the Improvement of Traditional Chinese Medicine called on both medical and non-medical practitioners to contribute personal empirical formulas and hereditary secret formulas.

Meanwhile, though the society offered monetary rewards to contributors, it also explicitly stipulated that: "For those unwilling to accept cash rewards, their names shall be specially marked under their prescriptions upon publication of this book, in recognition of their distinguished contributions (如有不愿受现金奖励者，俟本书出版时，当将该献方人姓名特为标识于该方之下，以彰优异)". More than half of the formulas in volume 6 of *Shen Cha Zheng Ji Yan Fang* were attributed to famous modern TCM physicians, including Zhang Xichun, Zhou Xiaonong, Shen Zhonggui, Chen Lianfang, Zhang Peinan, and Fu Xianfang.[14] This, on one hand, reflects the recognition and support of these renowned TCM experts for the formula-collection work of the Shanxi Society for the Improvement of Chinese Medicine. On the other hand, it guarantees the quality of the formulas included in *Shen Cha Zheng Ji Yan Fang*.

In the TCM tradition, some folk proven formulas with reliable efficacy and long-term clinical application are often developed into proprietary Chinese medicines with specific names, such as *Si Shen Wan* (四神丸 Four Spirits Pill), *Qu Feng Ji Sheng San* (驱风济生散 Wind-dispersing Life-saving Powder), and *Jiu Xian Ling Ying San* (九仙灵应散 Nine Immortals Cough-relieving Powder). A total of 886 named formulas were collected in *Shen Cha Zheng Ji Yan Fang*, accounting for 15.29% of the total. This also confirms its value from another perspective.

4.4.2 Fair and objective evaluation comments

It is a folk custom in China to preserve empirical TCM formulas, which are even passed down as family "secret recipes" for centuries, and those who keep them generally believe their collections are "excellent formulas". Adopting a scientific and objective attitude, the compilers of *Shen Cha Zheng Ji Yan Fang* formulated detailed review rules for *Shen Cha Zheng Ji Yan Fang*, and a Formula Review Committee conducted collective discussions to issue review comments (evaluation conclusions) for each collected formula one by one based on its medical knowledge, efficacy, rationality and safety.[15] The qualitative evaluations issued by the society were divided into six categories: the first category was commendation, marked as "excellent formula" or "effective formula" in the review comments as positive affirmations, totaling 140 formulas, accounting for 2.42% of all formulas; the second category was approval, regarding these formulas as reasonable, safe and applicable, marked as "effective", "usable", "applicable" or "recommendable", totaling 2,736 formulas, accounting for 47.25%; the third category was trial use, between affirmation and uncertainty but not unreasonable, expressed as "may be tried", "to be tested" or "possibly effective", totaling 1,219 formulas, accounting for 21.05%; the fourth category was doubt, expressed as "to be studied", "to be tested", "possibly effective pending trial" or "to be verified"; the fifth category was clear negation, expressed as "inappropriate", "absurd" or "impossible", but retained due to the special identity of contributors, incomplete data or controversy. The total number of the fourth and fifth categories was 416 formulas, accounting for 7.28% of the total. Overall, more than 5,700 formulas collected in *Shen Cha Zheng Ji Yan Fang* were selected from tens of thousands of submitted folk proven formulas, nearly half of which received positive evaluations and contain great value (Fig. 9).

4.4.3 Favorable social response

Yan Xishan paid close attention to *Shen Cha Zheng Ji Yan Fang* and wrote prefaces for it twice. After the publication of *Shen Cha Zheng Ji Yan Fang*, "the number of buyers and readers was extremely large". The initial price of volume 1 was 0.8 yuan, which was later raised to 1 yuan per volume. In 1936, volumes 1 and 2, which had been completely sold out, were reprinted, and "the remaining volumes would also be sold out one after another",[14] reflecting high recognition of the book from the medical community and society at that time. The publication of *Shen Cha Zheng Ji Yan Fang* led a trend of sorting out folk proven formulas in modern times. In

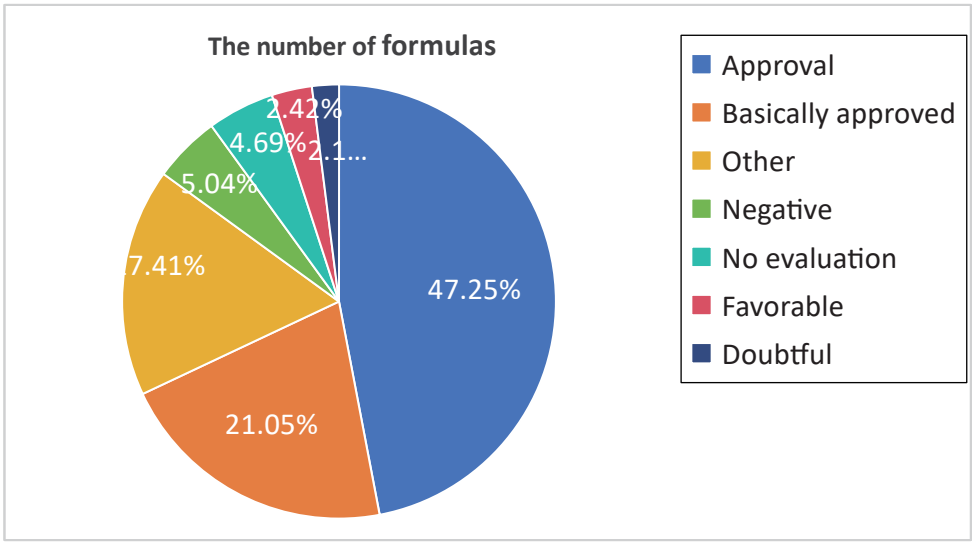


Figure 9 Evaluations of the formulas included in *Shen Cha Zheng Ji Yan Fang* by the Formula Review Committee (source with permission from: figure made by the authors)

1936, the Central National Medical Museum sent letters to all provinces, requiring local authorities to collect "unprecedented secret formulas" and submit them to the museum.[16] Among folk scholars, more than 50 TCM practitioners including Ye Juquan (叶橘泉) and Ding Zhongying (丁忠英) subsequently initiated the Single Formula Experimental Research Society in Hangzhou and also participated in the collection and sorting of proven formulas.[17] Therefore, fully affirming the profound value of folk proven formulas and exploring their rich connotations is an important mission for the inheritance and innovation of TCM.

4.5 Limitations of folk proven formulas

4.5.1 Special dosage forms and administration methods

Different from the mainstream preparation and administration of TCM, which mainly adopts decoctions, folk proven formulas feature relatively special methods of preparation and administration. Among all formulas, 2,241 adopt water decoction, accounting for only 38.70%. Meanwhile, 1,137 formulas use powder preparation, among which 271 are directly taken as powder after grinding. After being ground into powder, 866 formulas are made into pills with honey, flour, jujube paste, yellow wax, or wine for administration (Fig. 10). This is because people with poor economic conditions aimed to make full use of medicinal value and facilitate storage, carrying, and administration. Grains such as rice and flour were often used as auxiliary herbs or pill excipients, and expressions such as "taken with rice water" and "made into pills with flour" appear repeatedly in *Shen Cha Zheng Ji Yan Fang*. The size of pills in *Shen Cha Zheng Ji Yan Fang* is often described as "the size of phoenix tree seeds", "mung beans", or "egg yolk", with each pill weighing approximately 0.1 g–5 g depending on its size. In addition, folk proven formulas also

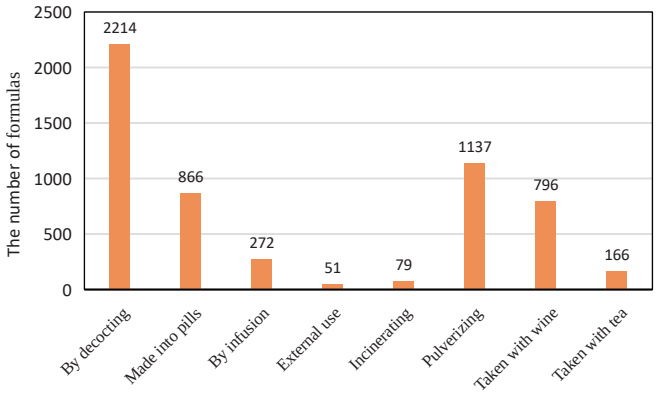


Figure 10 Administration method of the folk formulas (source with permission from: picture made by the authors)

advocate "calcining to retain nature", that is, calcining some mineral medicines and grinding them into powder for pills or powder. A total of 97 formulas in *Shen Cha Zheng Ji Yan Fang* adopt this method.

During medication administration, ancient physicians attached great importance to medicinal guides, which were believed to direct the effects of herbs to the diseased sites. In *Shen Cha Zheng Ji Yan Fang*, 796 formulas used wine as a medicinal guide and 166 used tea, accounting for 13.74% and 2.87% of the total, respectively. The term "wine" included yellow rice wine, white wine, *Shao Jiu* (烧酒 distilled liquor), and "fine wine". "Tea" included green tea, Xiaozhong tea, fine tea, Wuyi tea, and other varieties.

4.5.2 Fallacies caused by the over-generalization of "life-oriented" application

Folk formulas and empirical remedies rooted in the people are distinct from the classic formulas used by elite Confucian physicians in ancient times, and they exhibit

an obvious life-oriented character. In terms of medicinal selection, folk proven formulas mostly use inexpensive and easily accessible medicines, with very few expensive medicinal materials. A large number of foods and condiments are employed as medicines. When daily substances are used medicinally, inconsistent standards and considerable quality variation often lead to different therapeutic effects for the same formula. For instance, in *Lao You Jian Pi Liang Fang* (老幼健脾良方 Fine Formula for Invigorating the Spleen for the Old and Young), the therapeutic effect of barley and sorghum as auxiliary ingredients is far inferior to that of standard Chinese medicinal herbs.

Meanwhile, the over-generalization of such life-oriented application also gives rise to fallacies in folk proven formulas. Due to the public's incomplete understanding or even misunderstanding of medical principles, many folk formulas contain biases and errors. Among them, 6 formulas contain "yellow earth", and 7 include "copper coins" or "copper utensils". In *Zhi Chi Bai Li Jiu Bu Yu Fang* (治赤白痢久不愈方 Formula for Chronic Unhealed Red and White Dysentery), the statement that "white sugar is used as an adjuvant for red dysentery, brown sugar for white dysentery, and half brown sugar and half white sugar for red-and-white dysentery" is inevitably far-fetched.[15]

In fact, modern practitioners of TCM, represented by the Society for the Improvement of Traditional Chinese Medicine, had already recognized these problems and corrected them in a timely manner. For example, regarding the preparation method of "calcined towel gourd retaining its nature" in *Hua Tan Wan* (化痰丸 Phlegm-resolving Pill), the review comment pointed out: "Towel gourd is effective in treating phlegm, and it is advisable to take it as crushed juice. Calcination to retain its nature is probably inappropriate (丝瓜治痰有效，捣汁饮为宜，煅存性恐非所宜)".[18] An objective attitude toward such errors in folk proven formulas, distinguishing truth from falsehood, is the proper approach for modern people to inherit the heritage of TCM.

5 Conclusion

Folk proven formulas represent the wisdom accumulated by working people over thousands of years, among which *Shen Cha Zheng Ji Yan Fang* is an outstanding representative. Through big data mining and analysis, it can be seen that Chinese folk proven formulas before modern times, despite involving a wide variety of medicinal materials—even foods and condiments used as substitutes—basically share the same high-frequency herbs as classic contemporary formulas of TCM. Their formulation structure and thinking also generally follow the basic theories of TCM. In terms of the understanding of diseases and the paradigm of medicinal application, folk proven formulas did not deviate from mainstream TCM, and their scientificity and value should be affirmed. A comparison of the number of folk proven formulas for different diseases reveals that digestive diseases, respiratory diseases, neurological diseases, and infectious diseases received greater attention among the people. This reflects, to a certain extent, the disease spectrum constituting the health status of ordinary Chinese people before modern times, which is quite different from the current disease spectrum dominated by cardio-cerebrovascular diseases and tumors. Most of the high-frequency herbs in *Shen Cha Zheng Ji Yan Fang* are those with effects of tonifying and replenishing, activating blood circulation, nourishing yin, and resolving stasis. This reflects that the main problems plaguing ordinary people at that time were nutritional deficiency and poor sanitation. In addition, according to the overall evaluation of *Shen Cha Zheng Ji Yan Fang*, folk TCM before modern times did have certain solutions for common and frequently occurring diseases, yet also faced dilemmas such as vague understanding of sexually transmitted diseases and a lack of emergency treatment methods. Finally, TCM folk proven formulas are characterized by lightweight and concise formulation, mainly because they were mostly developed for simple and early-stage conditions. Meanwhile, empirically verified and clinically effective folk formulas, even single-herb remedies, provide targeted objectives and convenient directions for modern medicine development. Fully affirming the value connotation of folk proven formulas and exploring their inherent worth is an important mission for the inheritance and innovation of TCM.

This study is based on materials from a single book and a specific historical period, so its findings may have certain limitations and one-sidedness. With the popularization of artificial intelligence technology, the collection, sorting, mining and analysis of massive data on folk proven formulas assisted by artificial intelligence are expected to more comprehensively reveal the regularities and characteristics of such formulas.

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Ethical approval

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

Author contributions

LIU Yang conceived and designed the study. YU Qi participated in data visualization. WANG Lei participated in data collection.

Conflicts of interest

The authors declare no financial or other conflicts of interest.

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Original Article

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Value Analysis of Modern and Contemporary Traditional Chinese Medicine Prescription Records

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Abstract

As important documentary sources that record the diagnostic and treatment concepts, as well as the experience of prescription medication by medical practitioners, the handwritten prescription records from modern and contemporary traditional Chinese medicine (TCM) practitioners are valuable original materials that carry the cultural heritage of TCM. This paper takes the handwritten prescription records of five renowned modern and contemporary TCM physicians—Zhang Jianzhai (张简斋), Qin Bowei (秦伯未), Xiao Longyou (萧龙友), Tao Zhendong (陶震东), and Chen Suhua (陈素华)—as study materials. Through the methods of literary analysis and physical verification, combined with the format, textual content, and writing style of the prescription records examples, this study explores their value and significance. The value of these notes can be categorized into five dimensions: clinical practice, learning, aesthetic education, historical materials, and cultural heritage. The purpose of this study is to reveal the research potential of handwritten TCM prescription manuscripts as interdisciplinary carriers between the history of knowledge and cultural history, to provide a historical material basis for scholars at home and abroad on the development and dissemination of TCM, and to explore new perspectives for the protection of TCM literature and the inheritance of its cultural legacy.

Keywords: Prescription manuscripts; Value; Example; Traditional Chinese medicine

1 Introduction

Medical case records play a vital role in traditional Chinese medicine (TCM). Many historical collections that have been preserved to this day, such as *Ming Yi Lei An* (《名医类案》*Classified Case Records of Famous Physicians*), *Lin Zheng Zhi Nan Yi An* (《临证指南医案》*Case Records as a Guide to Clinical Practice*), and *Ming Qing Shi Ba Jia Ming Yi Yi An* (《明清十八家名医医案》*The Case Records of Eighteen Celebrated Ming-Qing Physicians*), are rich in content. They not only serve as microcosms of TCM's long-standing role in safeguarding public health, but also bear witness to its significant contributions to the development and prosperity of the Chinese nation throughout history. TCM prescription records, which function as physical documentation of patients' medical information by physicians, are original sources that contain a wealth of valuable medical cases (医案). Lin Qianliang (林乾良) pointed out that "The authentic medical prescriptions left by previous generations are extremely rare medical and cultural relics, and are of great value. In the history of TCM culture, they hold unparalleled significance. Each prescription record contains valuable information related to TCM, Chinese materia medica, industry and commerce, taxation, paper, printing, calligraphy, patients, and physicians".[1] Evidently, as documents written by TCM practitioners to record the process of diagnosis and treatment, prescription manuscripts serve as primary sources for studying the formation and development of knowledge and culture within TCM. Therefore, it is essential to systematically evaluate the value of TCM prescription manuscripts and conduct in-depth analysis in combination with related physical artifacts, in order to highlight their important role in cultural preservation, historical research, professional training, and education in the modern era.

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2 TCM prescription manuscripts: key literature carriers for the evolution of original TCM medical records

Throughout history, TCM physicians would briefly record the patient's name, address, the time and cause of the illness, its progression, and the treatment administered.[2] *Shi Ji Bian Que Cang Gong Lie Zhuan* (《史记·扁鹊仓公列传》*Records of the Grand Historian: Biographies of Bian Que and Canggong*) documents the following:

> "All the cases I have diagnosed are recorded in my medical records. The purpose of keeping these records was that the prescriptions I received from my teacher had just been completed. After my teacher's death, I recorded the cases to assess the prognosis, reflect on my gains and losses, and compare them with the principles of pulse diagnosis. This is why I am still able to recall them today.
> 今臣意所诊者，皆有诊籍，所以别之者，臣意所受师方适成，师死，以故表籍所诊，期决死生，观所失所得者合脉法，以故至今知之。"[3]

Shi Ji records 25 medical cases involving the famous physician Chunyu Yi (淳于意) from the Western Han dynasty. These cases include detailed information such as the patient's name, place of origin, occupation, diagnosis, cause of illness, nature of the condition, treatment, and prognosis. These 25 cases are not only the earliest surviving medical case records but also represent the earliest known content found in TCM prescription manuscripts.

Throughout history, the renowned Qing dynasty physician Yu Jiayan (喻嘉言) proposed more detailed guidelines for documenting medical cases in his work *Yu Yi Cao Ji Zha Ren Ding Yi Bing Shi* (《寓意草·极闸人定议病式》*Draft on Medical Cases: Standard Protocol for Case Evaluation by the Chief Medical Evaluator*):

> "Please record the following information in detail: the year and month of the illness began, the location, the patient's name and age. Describe their physical build—whether they are fat or thin, tall or short; their complexion—whether it is dark or fair, dry or lustrous; the quality of their voice—clear or hoarse, sustained or short; and their mental state—whether they are distressed or at ease. Clearly state when the illness started, what medications were taken initially, and what was taken afterward. Indicate which medicines showed slight improvement and which were ineffective. Regarding the current condition, specify whether symptoms are worse during the day or night, whether chills or fever are more pronounced, what dietary preferences or aversions exist, and how much food they consume. Note whether bowel and bladder movements are smooth or difficult. Finally, carefully examine and record the pulse conditions at the three regions [*Cun* (寸), *Guan* (关), *Chi* (尺)] of the radial pulse, with each region assessed at three levels (superficial, middle, deep)—known as the 'three regions and nine indicators'. All these details must be recorded clearly and meticulously, with no room for error. Only then can the records gain the trust of others and serve as a model for medical practice. There is no need to pursue literary elegance—simply record the facts as they are.
> 某年某月、某地某人、年纪若干、形之肥瘦长短若何、色之黑白枯润若何、声之清浊长短若何、人之形志苦乐若何，病始何日，初服何药，次后再服何药，某药稍效，某药不效。时下昼夜孰重，寒热孰多，饮食喜恶多寡，二便滑涩无有，脉之三部九候……一一详明。务令纤毫不爽，起众信从，允为医门矜式，不必演文可也。"[4]

The "disease discussion style (议病式)" proposed by Yu Jiayan represents a relatively complete format for medical records. It clarifies the key points of case documentation through a layered questioning approach, and has significant practical value, serving as a model for medical practitioners in recording and prescribing medical cases.[5] By later periods, prescription records written by famous doctors from modern and contemporary times were generally comprehensive and objective in content, clear and thorough in theoretical explanation, rigorous and standardized in format, and elegant and smooth in expression,[2] making them highly valuable both academically and culturally, as well as practically reference-worthy.

Therefore, TCM prescription manuscripts, as an important source in the historical development of TCM, are distinctive paper documents formed over a long historical period and serve as original materials for numerous medical cases. However, due to various reasons, TCM prescription manuscripts prior to the Ming and Qing dynasties are extremely rare. The surviving ones are mostly from modern and contemporary times, and they are disappearing rapidly, which calls for our attention and efforts to organize and explore their significant value.

3 Analysis of the important value of TCM prescription manuscripts

As an important carrier of TCM culture and history, TCM prescription manuscripts are not only records of a physician's diagnosis and treatment, as well as prescription vouchers, but also, due to their unique writing style and rich traditional cultural connotations, have evolved into works of TCM art. They serve as cultural relics that bear witness to the historical development of TCM. At the same time, these manuscripts possess artistic attributes, reflecting the core ideas of TCM physicians and integrating medical practice with the aesthetic values of Chinese culture. Through elements such as calligraphy, they embody the integration of TCM academic and artistic aspects, showcasing the distinctive charm and historical value of TCM culture. Therefore, the research significance of these documents is profound.

In this study, by examining the TCM prescription manuscripts of five renowned doctors collected by the authors—Zhang Jianzhai (张简斋), Qin Bowei (秦伯未), Xiao Longyou (萧龙友), Tao Zhendong (陶震东), and Chen Suhua (陈素华), the value and connotations

of these documents are explored from the following five perspectives.

3.1 Clinical values: authentic and objective, substantiating experience

Medical cases are continuous records of a physician's diagnosis, treatment plan, and prescription during the course of treating diseases.[6] Medical cases play a crucial role, reflecting the close integration of TCM theory with clinical practice. The renowned scholar Zhang Taiyan (章太炎) once remarked: "The achievements of TCM are most evident in medical cases. To understand the experiences and insights of past physicians, medical cases provide the most accessible clues. By following these clues for research, one can achieve twice the result with half the effort".[7] This highlights the significant role and status of medical cases in the development of TCM. A large number of medical cases document the rich clinical experience, unique medical insights, and personal reflections of physicians throughout history, serving as important resources for the study of TCM.[8]

Authenticity is the essence of medical cases. However, many previously recorded medical cases have been processed or modified, often presenting only a single visit. Some were even fabricated to gain fame. In the preface to *Quan Guo Ming Yi Yan An Lei Bian* (《全国名医验案类编》 *Selected Medical Cases of Renowned Doctors Nationwide*) written by the famous Shanghai TCM physician Xu Xiangren (徐相任) during the Republic of China period, he noted:

> "I once saw a newly published so-called medical case. In the section on dryness diseases (燥病), there were even cases that used aromatic-drying (香燥) and warm-drying (温燥) treatments constantly. Using drying herbs to treat dryness would surely be harmful to all people. This is because the person in charge of selecting the cases lacked sufficient knowledge and merely used this book as a means of promotion.
> 曾见近日新出所谓某某医案者，所选燥病一门，竟有全用香燥温燥者，以燥治燥，宁非误尽苍生？此由操选政者学识未至，而徒以是书为宣传之举也。"[9]

This shows that even among the medical cases of the past, some were fabricated. However, TCM prescription manuscripts, as documentary evidence and physical records kept by medical practitioners when treating patients, can truly reflect the evolution of a physician's thinking during the treatment process. During clinical practice, physicians encounter patients with various complex causes of disease (病因), pathogenesis (病机), and symptoms (症状). To explore effective treatment methods, they conduct comprehensive analyses based on TCM theories and the characteristics of herbal medicines, observe and record therapeutic outcomes, and document their experiences and lessons learned in clinical practice.[2] These valuable experiences are preserved today in the form of prescription records.

The aforementioned prescription manuscript (Fig. 1), written by Zhang Jianzhai, one of the Four Great Physicians of Jinling (金陵四大家) during the Republic of China era, was used to treat Mr. Xu, who suffered from autumn seasonal fever (秋时烧热) that had not resolved after one period (一候未解), accompanied by headache and stomach oppression (头痛脘闷), dry mouth and thirst with a desire to drink (口干渴饮), loose stools (大便溏泻), and a wiry and slippery pulse (脉弦滑). The treatment strategy applied in this case was *Xin Xuan Shu Hua Fa* (辛宣疏化法 Pungent-diffusing and Dredging Method). The prescribed herbs included *Xing Ren* (杏仁 Semen Armeniacae Amarum), *Sheng Yi Ren* (生苡仁 Crude Coicis Semen), *Ju Luo* (橘络 Citri Reticulatae Pericarpium Viride), *Chao Hei Shan Zhi* (炒黑山栀 Charred Gardeniae Fructus), *Sang Ye Luo* (桑叶络 Mori Folium), *Chi Shao* (赤芍 Paeoniae Radix Rubra), *Chi Ling* (赤苓 Poria Rubra), *Chao Zhi Ke* (炒枳壳 Stir-fried Aurantii Fructus), *Qiao Yi* (翘衣 Forsythiae Fructus), *Qing Dou Juan* (清豆卷 Sojae Semen Germinatum), *Chuan Yu Jin* (川郁金 Curcumae Radix), *Jie Geng* (桔梗 Platycodonis Radix), *Bai Kou Ni* (白蔻泥 Crushed Amomi Fructus Rotundus), *Tian Shui San* (天水散 Heaven-Water powder), and *Dan Jiang Lian Pi* (淡姜连皮 Zingiberis Rhizoma with Epidermis). The formula was decocted with a lotus leaf cover (以荷叶盖煎).

From the above formula, it can be seen that it is mainly used to treat dampness-heat diseases (湿温病), such as stomach stuffiness (脘痞) and diarrhea (泄泻). The formula is composed of modified *San Ren Tang* (三仁汤 Three Kernels Decoction), with equal parts of almonds, white cardamom seeds and coix seeds adopted to achieve the effects of *Fen Xiao Zou Xie* (分消走泄 separated elimination and dredging) and regulating the qi

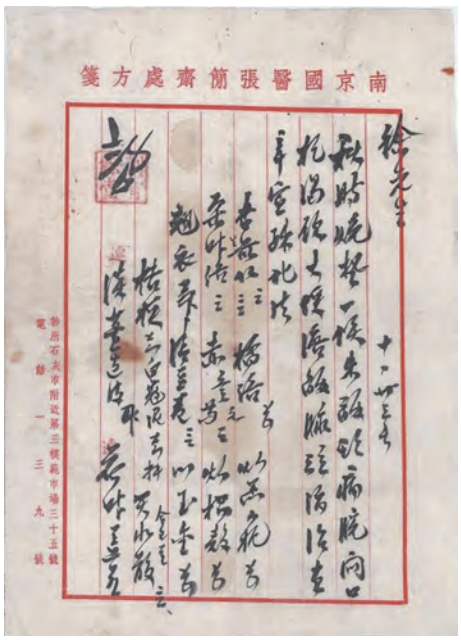


Figure 1 A TCM prescription manuscript from Zhang Jianzhai, collected by Chen Zijie (source with permission from: Chen Zijie's collection)

dynamic (宣畅气机). The use of Dan Jiang (淡姜) with its skin as medicine, combining cold and heat (寒热并用), reflects the therapeutic method of *Xin Xuan Shu Hua*. In addition, the *Tian Shui San* in the prescription, also known as *Liu Yi San* (六一散 Six-to-one Powder), embodies the meaning of the *He Tu* (河图 River Chart) that "Heaven generates water through unity, and earth completes it through sixfold manifestation (天一生水, 地六成之)". This formula is used to clear and drain damp--heat. It can be observed that at that time, it was common to combine prescriptions with relevant Chinese patent medicines to enhance their therapeutic effects.

Zhang Jianzhai, hailing from a family with three generations of medical practitioners, studied at the Menghe Medical School (孟河医派), and later founded the Jinling Medical School (金陵医学流派). Alongside the renowned Beijing physician Shi Jinmo (施今墨), he was celebrated as one of the leading figures in TCM, often referred to as "Zhang in the South and Shi in the North (南张北施)". Throughout his distinguished career, he held several important positions, including the president of the Chinese National Medical Association (中国国医学会理事长), the standing committee member of the TCM Committee of the Ministry of Health (卫生部中医委员会常务委员), the president of the Nanjing and Chongqing Association of TCM Practitioners (南京及重庆中医师公会理事长), and the principal of Nanjing School of TCM (南京中医学校校长).[10] With over 40 years of medical practice, Zhang made significant contributions to TCM during the Republic of China period. His profound medical knowledge and extensive clinical experience were complemented by his respect for and study of classical texts such as *Nei Jing* (《内经》*The Inner Classic), Nan Jing* (《难经》*The Classic of Difficult Issues*), *Shang Han Lun* (《伤寒论》*Treatise on Cold Damage*), and *Jin Gui Yao Lue* (《金匮要略》*Essential Prescriptions of the Golden Cabinet*). In the realm of warm diseases (温病学), he integrated the essence of Qing dynasty experts such as Ye Tianshi (叶天士), Wu Jutong (吴鞠通), and Wang Mengying (王孟英), and drew on the strengths of the Menghe Medical School and Xin'an Medical School (新安医学). He had unique insights in the treatment of prevalent warm diseases (流行温病).[11]

In the treatment of damp-heat diseases, through analyzing and summarizing the treatment methods in Zhang Jianzhai's existing medical cases, eight methods can be concluded: *Qu Feng Sheng Shi He Luo* (祛风胜湿和络 dispelling wind, resolving dampness, harmonizing collaterals), *Qing Shu Tou Hua* (清疏透化 clearing-heat, diffusing-qi, ventilating, and eliminating), *Fang Xiang Dan Hua* (芳香淡化 aromatic dampness-transforming), *Tiao Chang Qi Ji* (调畅气机 regulating qi dynamics), *Fen Xiao Zou Xie*, *Chang Zhong Jian Yun* (畅中健运 freeing the middle jiao and fortifying transport), *Qing Zao Tou Xie* (清燥透泄 clearing dryness-heat, ventilating, and discharging), *Qing Yang He Zhong* (清养和中 clearing, nourishing, and harmonizing the middle jiao). Zhang Jianzhai divided damp-heat diseases into three periods to distinguish different stages of the disease course, with Wei-defence, qi, Ying nutrients and blood (卫气营血) as the standard. The first period of the disease lies in the Wei-defensive qi (卫气) During the second and third periods, the disease is located in qi and Ying nutrients (气营). Among them, the methods of wind-damp dispelling and collateral harmonizing are primarily applied to the first phase (一候), while both the methods of heat-clearing and qi-ventilating and the dryness-heat clearing with ventilating-discharging are predominantly used in the second and third phases (二、三候).[12] As this TCM prescription manuscript points out, "the first sign has not been resolved (一候未解)", so the "*Xin Xuan Shu Hua* method" is chosen, which precisely supports Zhang Jianzhai's prescription thinking for treating damp-heat diseases, demonstrating his profound understanding of the mechanisms of different stages of damp-heat diseases, and his treatment is targeted and progressive. Meanwhile, in terms of the details of medicine usage, the last herb in this TCM prescription manuscript, boiled with lotus leaf cover, can have the effect of raising yang and eliminating dampness (升阳化湿), which is quite distinctive and also testifying to Zhang Jianzhai's particular emphasis on protecting the spleen and stomach in his medication. This method refers to using lotus leaves as a "pot lid" to cover the decoction container for boiling. This technique is frequently seen in Zhang Jianzhai's medical cases of external fever, damp-heat, diarrhea, and hematochezia (便血). Lotus leaves belong to the spleen and stomach meridians (脾胃经) and have the effects of clearing heat and relieving summer heat, raising clear yang, cooling blood and stopping bleeding. Zhang Jianzhai believed that using lotus leaf lid decoction could raise clear yang and clear internal heat (升清阳而清里热), assist the spleen in strengthening transportation to transform water and dampness. Take its light and clear nature (升轻清之气) to relieve summer heat (暑热), transform dampness and turbidity (湿浊), and stop diarrhea, enhancing its effect of promoting clarity and guiding turbidity (升清导浊). It can also be used as a meridian-guiding medicine (引经药) to guide other medicines into the spleen and stomach meridians. As a covering for decoction containers, it can effectively prevent the medicinal liquid from overflowing during boiling. In addition, lotus leaves have a refreshing fragrance, which can invigorate the spleen and stimulate the appetite (醒脾开胃). They can also eliminate the unpleasant odors of other medications,[13] thereby enhancing patients' acceptance of the decoctions. This method of making decoction demonstrates Zhang Jianzhai's profound understanding and flexible application of the properties of medicines, which is worthy of our learning and reference today.

TCM prescription manuscripts serve as carriers of clinical experience. As primary materials for organizing medical cases, they can truthfully reflect physicians'

diagnostic and treatment-thinking processes and medication characteristics, thereby enhancing the reliability of their clinical experience. Their authenticity makes them worthy of in-depth study. Systematically exploring and organizing the TCM prescription manuscripts of medical practitioners can help summarize and verify their clinical experience and medication characteristics, which will be extremely beneficial for guiding TCM clinical practice.

3.2 Learning value: precise terminology in TCM prescription writing

TCM prescription manuscripts are the authentic records of the four diagnostic methods (inspection, listening and smelling, inquiry, and pulse-taking) made by medical practitioners during the treatment of diseases. They are the original drafts of TCM medical cases. As the primary clinical records, prescription manuscripts hold significant information. They mirror the clinical thinking of medical practitioners, record details about the practitioners themselves, and reflect the historical context. Sometimes, they document multiple consultations, including changes in the patient's condition and adjustments to the medication, making them extremely valuable resources for clinical learning. Consequently, there are often medical students who disguise themselves as patients to observe the prescription-writing process of well-known physicians. This is to compensate for the lack of an opportunity to follow these physicians in person and to copy their prescriptions. As Ha Litian (哈荔田) stated in *The Path of Distinguished Veteran TCM Practitioners* (《名老中医之路》):

> "Whenever I heard that a certain physician was skilled in treating a particular disease but had no chance to meet him, I would often disguise myself as a patient to seek treatment. One purpose was to learn his characteristics in prescription writing and medication, and the other was to obtain his handwriting for calligraphy appreciation. I was very enthusiastic about this for a long time and benefited greatly from it... Through such extensive and in-depth study, my horizons were broadened, and my knowledge increased, laying a solid foundation for my subsequent clinical practice.
> 倘闻某医善治某病，而又无缘识荆者，辄乔装病人往求诊治，一为学习其遣方用药特点，一为得其手迹观摩书法，我在很长一段时间都乐此不疲，也深受其益。……通过这样广学博求，我眼界大开，学识渐增，为此后之临床实践，奠定了良好的基础。"[14]

From this, it can be seen that prescription manuscripts of famous practitioners are indeed worthy of our careful consideration and study. The upper prescription manuscript (Fig. 2) was written by the renowned TCM expert Qin Bowei. On April 27th, he treated Mr. Chai (柴君) with testicular cysts (囊肿睾胀). The left side of the cyst had become smaller (左半已小), and the urine was gradually increasing (小溲亦渐清长). The liver meridian correspond to anterior yin (前阴), and



Figure 2 A TCM prescription manuscript from Qin Bowei, collected by Chen Zijie (source with permission from: Chen Zijie's collection)

the liver qi was disharmonious (肝气不和), descending with damp-heat (挟湿热下注). The method of soothing the liver, clearing heat and transforming dampness (疏肝清化) was still adopted. The medicinal ingredients included *Chao Ji Li* (炒蒺藜 Stir-fried Tribuli Fructus), *Quan Gua Lou* (全瓜蒌 Trichosanthis Fructus), *Chi Fu Ling* (赤茯苓 Poria Rubra), *Xuan Hu Suo* (玄胡索 Corydalis Rhizoma), *Chen Ju He*, *Dan Kun Bu* (淡昆布 Laminariae Thallus Eckloniae Thallus), *Chuan Lian Zi* (川楝子 Toosendan Fructus), *Chuan Huang Bo* (川黄柏 Phellodendri Chinensis Cortex), *Duan Wa Leng* (煅瓦楞 Calcined Arcae Concha), and *Li Zi He* (荔子核 Litchi Semen). The principles, methods, prescriptions and medicines (理法方药) are all seamlessly integrated.

Qin Bowei was born into a family of Daoist physicians (道医). Since childhood, he had been interested in both literature and medicine. Throughout his life, he was diligent in learning, well-read and versatile, and had rich clinical experience. He was especially good at treating internal diseases. In the treatment of seasonal and geriatric diseases, Qin Bowei focused on identifying the key symptoms accurately, pinpointing the pathogenesis precisely, and then providing targeted treatment. His diagnostic and therapeutic approach was highly appreciated for its meticulous pattern differentiation, flexible treatment methods, well-formulated prescriptions, and mild use of medications. It achieved remarkable therapeutic effects, which brought him a high reputation both at home and abroad in the medical field.[15]

When looking at Qin Bowei's TCM prescription manuscripts, it is evident that he attached great importance to the neatness of prescription writing. In particular, he emphasized the primary-secondary arrangement of the

herbs in accordance with the principle of "monarch, minister, assistant, and guide (君臣佐使)". The connotation of this formula is recorded in *Su Wen Zhi Zhen Yao Da Lun* (《素问·至真要大论》*Basic Questions: Great Treatise on the Ultimate Truth*): "The herbs that target the main disease are the monarchs; those that assist the sovereigns are the ministers; and the agents that guide the action are the guides... One monarch with two ministers constitutes a minor formulation; two monarchs with three ministers and five assistants form a medium formulation; one monarch with three ministers and nine assistants comprise a major formulation (主病之谓君，佐君之谓臣，应臣之谓使……君一臣二，制之小也；君二臣三佐五，制之中也；君一臣三佐九，制之大也)".[16] In the process of writing TCM prescriptions, the compatibility principle of "monarch, minister, assistant, and guide" guides the hierarchical arrangement of medicinal herbs to achieve the optimal combination. In this way, better therapeutic effects can be obtained, and the disorderly use of medicines in prescriptions can be effectively avoided. In his article "In memory of teacher Qin Bowei's academic spirit (《忆秦伯未老师的治学精神》)", Wu Boping (吴伯平) mentioned:

> "Mr. Qin's prescriptions are neat and legible. Generally, each prescription consists of eleven ingredients, written in four lines. The first three lines each contain three ingredients, and the fourth line contains two ingredients. They are arranged in the order of monarch, minister, assistant, and guide. The number of Chinese characters for each ingredient is corresponding, which is very aesthetically pleasing and also convenient for pharmacies to recognize. He abhors prescriptions that are in a mess, written without a plan, with ingredients randomly added in different positions, and without a clear distinction between the primary and secondary roles of the sovereign, minister, assistant, and guide. Such prescriptions are not only unappealing in appearance but also cause difficulties for pharmacy work and may even lead to errors and accidents.
> 秦老的处方，整齐清晰，一般每张药方十一味，分作四行书写，第一至三行每行三味，第四行两味，按君臣佐使排列，每个药的字数要相应，很合乎美学原则，又便于药房辨认；他很讨厌处方杂乱无章，下笔前无计划，药味上下左右乱加，君臣佐使主次不分，不但不美观，也给药房工作造成困难，甚至发生差错事故。"[14]

The importance of standardization in prescription writing cannot be overstated. A well-organized and clear plan is essential to ensure the rational combination of medications and the safety of treatment. The roles of monarch, minister, assistant, and guide in prescriptions significantly enhance our study and research of medical cases and medication experiences. In TCM, the primary syndrome addressed in this prescription is "cyst and distension". The liver meridian connects to the genital area, indicating that the disease's location is the liver. The first two herbs, *Chao Ji Li* and *Quan Gua Lou*, are selected to enter the liver meridian to relieve depression and disperse nodules. Additionally, due to the presence of damp-heat, which causes difficulty and scanty urination, *Chi Fu Ling* is included to achieve dual purposes: clearing damp-heat and strengthening the spleen to support vital energy. Therefore, the three herbs of *Chao Ji Li*, *Quan Gua Lou* and *Chi Fu Ling* are used as the monarch medicines (君药) of this formula. Subsequently, the three herbs, namely, *Xuan Hu Suo*, *Chen Ju He* and *Dan Kun Bu*, focus on dispersing nodules and relieving pain (散结止痛), alleviating the swelling, pain and discomfort caused by "cysts and distension", forming a combination of minister medicines (臣药). The three ingredients of *Chuan Lian Zi*, *Chuan Huang Bo*, and *Duan Wa Leng* continue to be used as guide medicines (使药) for promoting qi circulation (行气), clearing heat (清热) and softening hardness (软坚). Finally, *Li Zi He* was used as the meridian guide (引药), ensuring that all medicinal herbs effectively target the affected meridians and lesions. By analyzing and learning from examples of prescription manuscripts, we can better appreciate the primary and secondary strategies in a physician's medication approach when interpreting medical cases, ultimately enriching our clinical practice. This structured methodology not only enhances our understanding of TCM but also aligns with the principles of promoting health and well-being in our society.

In addition, Qin Bowei emphasized that the understanding and use of Chinese medical terms should be meticulous and appropriate. For example, in response to the confusion of "*Shu* liver (疎肝)", "unclogging liver (疏肝)" and "soothing liver (舒肝)", Qin Bowei examined the meaning of the words and clearly pointed out:

> "'Shu (舒)' means pleasant (舒畅) or comfortable (舒适), and 'Shu (疏)' is the same as 'Shu (疎)', meaning to drain (疏泄) or unclog (疏通). When there is an excess, stagnation (郁滞) or rebellion (横逆) of liver qi, it is called qi deficiency (气分) disease, which is biased towards excess. In such cases, the method of soothing the liver (疏肝法) should be applied, such as *Chai Hu Shu Gan San* (柴胡疏肝散 Bupleurum Liver-soothing Powder). If there is insufficiency of liver qi and depression, which often affects the blood aspect (血分) and tends to be deficient, then the liver-soothing (舒肝法) method should be applied, such as *Xiao Yao San* (逍遥散 Free Wanderer Powder), and it should also be supplemented with blood-regulating (理血) ingredients.
> "舒"有舒畅、舒适之意，"疏"同"疎"，有疏泄、疏通之意。……如是肝气有余、郁滞或横逆时，名为气分之病，偏于实，则应用疏肝法，方如柴胡疏肝散；如见肝气不足、郁结不欢，常影响血分，偏于虚，则应用舒肝法，方如逍遥散，兼以理血之品。"[14]

This explanation enables readers to have a clear understanding and application of "*Shu* liver", "unclogging the liver"and "soothing the liver". For the evidence of liver qi disharmony with dampness in the above context, "soothing the liver and clearing the transformation" is used instead of "soothing the liver". The difference of just one Chinese character reveals the subtle nuances in Qin Bowei's understanding of the physiological and

pathological characteristics of the zang-fu organs, which merits in-depth exploration and comprehension.

The meticulous distinction and clinical application guidance reflect Qin Bowei's profound understanding of TCM theory and his rigorous and in-depth academic pursuit. It is evident that TCM prescription manuscripts, as summaries of medical practitioners' clinical experiences, are the literary materials that best reflect the styles and academic thoughts of these practitioners. They not only showcase the characteristics of medical practitioners in formulating prescriptions and using medicines but also visually present the rules of their medication. Many prescriptions in these manuscripts are rich in academic experience.

Medical practitioners and those well-informed about medicine can appreciate the approaches of famous doctors in making meticulous diagnoses, exploring disease causes, formulating prescriptions, and applying treatment based on pattern differentiation.

3.3 Aesthetic education value: writing as the expression of the heart, with a complete plan in mind

Aesthetic education, as a specific form of cultural education, focuses on cultivating people's aesthetic perception, judgment, and creativity through experiences, appreciation, creation, and practical activities related to art and beauty, thus promoting the all-around development of individuals.[17] TCM prescription manuscripts are representatives of excellent traditional culture. As exquisite calligraphy works, most manuscripts contain abundant aesthetic connotations and can serve as typical carriers for TCM aesthetic education. Fully exploring the aesthetic elements in TCM and its culture and giving full play to the potential of TCM culture to educate, beautify, and cultivate people through beauty are of great significance for the cultivation of TCM students.[18]

The calligraphy in TCM prescription manuscripts, the pen-and-ink traces left by physicians when writing prescriptions, often reveal their moral character, academic attainments, personality traits, and other spiritual connotations. The saying "Writing is the expression of the heart" precisely conveys this meaning. In the past, when TCM practitioners took on apprentices, they emphasized four key qualities before admission: "Good handwriting, proficiency in communication skills, accurate pulse-taking, and proper attire".[19] This briefly summarizes the four conditions that a knowledgeable TCM practitioner should possess. As a basic and important skill for a TCM practitioner, having neat and beautiful handwriting when writing prescriptions and pulse records not only reflects the physician's cultural background and academic style but also easily wins the favor of patients. When Qin Bowei, a famous physician in Shanghai, first started his career, his excellent handwriting won the favor and trust of many patients. Gu Xiaoyan (顾筱岩), one of the top ten famous physicians in Shanghai, also emphasized:

> "Calligraphy is the outward appearance of a prescription, an external manifestation of a doctor's knowledge and talent, and a guarantee of clinical efficacy. Before seeking medical treatment, many patients often borrow a physician's prescription records to assess the depth of the physician's knowledge and the level of medical skills. Poor handwriting is a minor issue, but if the handwriting is non-standard, the dispensing pharmacist may make mistakes in dispensing, which can be extremely harmful and even endanger lives.
> 字是一张方子的门面，是一个医生学识才华的外露，亦是医疗效果的保障，很多病家延医之先，常常先借你的方笺一看，以度学问深浅，医道高低，字写得不好，业务少还是小事，字写得不规范，配药师傅错配，贻误人命，危害极大。"[20]

Good handwriting in prescription writing is of great significance. Reading the TCM prescription manuscripts of different doctors not only enables one to appreciate the beauty of calligraphy but also helps one sense the physicians' medication habits, prescription characteristics, and diagnosis-and-treatment ideas from the charm of their handwriting. Some prescriptions have a regular layout and adhere to strict format regulations, which reflect the rigor of their treatment plans. Others are written smoothly without being restricted by conventions, indicating that the doctors have a thorough understanding of prescriptions and medications and are well-prepared. Xiao Longyou, one of the four famous doctors in Beijing, was not only highly skilled in medicine but also well-known for his calligraphy. He cultivated his temperament through writing and painting. He was proficient in poetry, calligraphy, and painting and was well-versed in various calligraphy styles, including clerical, regular, running, and cursive.[14] As shown in the above TCM prescription manuscript (Fig. 3), it was drafted for Zhang Shaozhong (张绍重). The "Shaozhong" in the note refers to Mr. Zhang Shaozhong, a former research librarian at the library of Gansu University of Chinese Medicine. He became Xiao Longyou's last disciple when Xiao was 82 years old.[21] Zhang Shaozhong once said:

> "Mr. Xiao Longyou always wrote prescriptions by himself and never entrusted this task to others. His calligraphy was as elegant as that of *Lan Ting Ji Xu* (《兰亭集序》*Preface to the Poems Composed at the Orchid Pavilion*) by Wang Xizhi (王羲之). He had unique skills. Therefore, many people collected his prescriptions and compiled them into books to use as models for calligraphy practice.
> 萧龙友先生临证处方向不假手他人，其书法秀雅如右军兰亭，有独到功夫，故有多事搜集先生处方，装潢成册，以为习字范本者。"[22]

This TCM prescription manuscript (Fig. 3) is written on the red running paper that Xiao Longyou preferred. It was written on the 29th day of the 9th lunar month. The note states, "The patient contracted cold at night, accompanied by mild yin deficiency. The

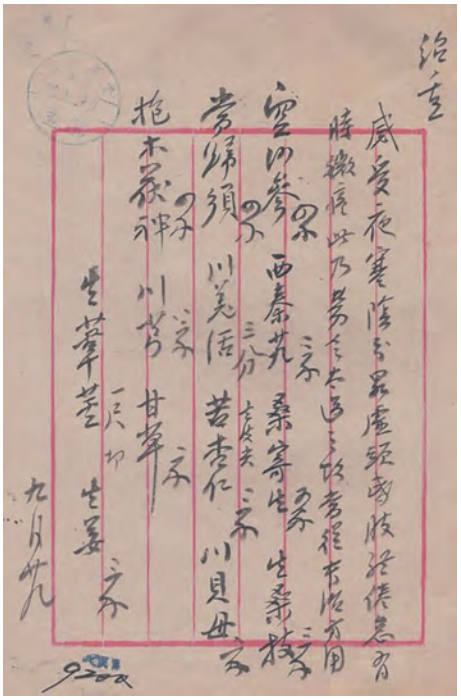


Figure 3 A TCM prescription manuscript from Xiao Longyou, collected by Chen Zijie (source with permission from: Chen Zijie's collection)

patient suffered from dizziness, cold limbs, fatigue, and sometimes slight pain. This is due to excessive fatigue. Treatment should address the root cause". The prescription includes the following herbs: 4 qian (钱) of *Kong Sha Shen* (空沙参 Adenophorae Radix), 3 qian of *Xi Qin Jiao* (西秦艽 Gentianae Macrophyllae Radix), 5 qian of *Sang Ji Sheng* (桑寄生 Taxilli Herba), 3 qian of *Sheng Sang Zhi* (生桑枝 Crude Mori Ramulus), 4 qian of *Dang Gui Xu* (当归须 Angelicae Sinensis Radix), 3 fen (分) of *Chuan Qiang Huo* (川羌活 Rhizoma et Radix Notopterygi), 3 qian of *Ku Xing Ren* [苦杏仁 (去皮尖) Semen Armeniacae Amarum (peeled tip)], 2 qian of *Chuan Bei Mu* (川贝母 Fritillariae Cirrhosae Bulbus), 4 qian of *Bao Mu Fu Shen* (抱木茯神 Poria cum Pini Radix), 3 qian of *Chuan Xiong* (川芎 Chuanxiong Rhizoma), 2 qian of *Gan Cao* (甘草 Glycyrrhiza Radix), 1 foot (尺) of *Sheng Wei Jing* (cut) [生苇茎 (切) Fresh Phragmitis Rhizoma], and 3 qian of *Sheng Jiang* (生姜 Zingiberis Rhizoma Recens). This note has notable characteristics. For example, the phrase "treatment should address the root cause" fully reflects Xiao Longyou's academic thinking:

> "Medicine is intended to save lives, and there is no division between traditional Chinese medicine and Western medicine. Those who study medicine should not be deceived by the old-time or modern ideas. Whether it is the theory or the technique, one should determine its value based on its essence. One must not discard one's own knowledge while blindly following others, nor should one deny others and claim sole correctness for oneself.
> 医药为救人而设，本无中西医之分，研此道者，不可为古人愚，不可谓今人欺，或道或术，当求其本以定，一是不可舍己芸人，亦不可非人是我。"[14]

The saying "Whether it is the theory or the technique, one should seek the essence to determine it" not only represents an excellent academic tradition but also serves as a guiding principle for clinical prescription and medication. What one can find in TCM prescription manuscripts deeply conveys the earnest teachings of renowned physicians. Meanwhile, the first herb mentioned in this prescription, "*Kong Sha Shen*", is also Xiao Longyou's favorite. *Kong Sha Shen* is also known as *Nan Sha Shen* (南沙参 Adenophorae Radix). From the perspective of its medicinal form, Xiao Longyou believed that it was large and had many orifices, similar to alveoli.[23] Therefore, while nourishing the lung tissue, it also helps to promote the smooth flow of lung qi, making it an essential herb for tonifying deficiency and strengthening the body. In this TCM prescription manuscript, *Sang Zhi* and *Sang Ji Sheng* are used in combination. *Sang Ji Sheng* is more nourishing in nature. It can dispel wind-dampness, tonify the liver and kidney, and strengthen the muscles and bones. The combination of these two herbs nourishes the body without causing stagnation, making it more suitable for people with weak constitutions to address the root cause of their conditions. At the same time, looking at his pulse-record calligraphy, his running script is elegant and refined, with smooth strokes that can be described as flowing like water. This fully demonstrates his clear thinking in clinical practice and his proper approach to prescription and medication. Therefore, during the Republic of China period, some people began to pay attention to Xiao Longyou's personal calligraphy and painting works, which were framed and collected as fine calligraphy works.

In summary, although there are certain differences between prescription writing and professional calligraphy works, prescription calligraphy does not emphasize aspects such as brush technique, composition, rhythm, and artistic conception, and usually has a rather casual style. However, it often embodies the individual characteristics of the medical practitioner and reveals their state of mind and charm during clinical practice.

By reading and studying these prescriptions, one can deeply sense the clear thinking, meticulousness, and confidence of famous doctors when writing prescriptions, perceive their profound medical literacy and humanistic accumulation, and imperceptibly be led into the edification of TCM culture. This can stimulate readers' yearning and pursuit of TCM culture, thereby highlighting the important role of aesthetic education and providing valuable and rich aesthetic education resources for contemporary TCM education.

3.4 Historical materials value: using notes to verify history, exploring the profound and the obscure

Regarding the classification of historical materials, Rong Mengyuan (荣孟源) in *Shi Liao He Li Shi Ke Xue* (《史料和历史科学》 *Historical Materials and Historical*

Science), classified them into four categories: original historical materials (原始史料), written historical materials (撰述史料), literary historical materials (文艺史料), and transcribed historical materials (传抄史料).[24] As documentary records of physicians' prescription-writing and medication practices, TCM prescription manuscripts often serve as primary historical materials in historical research because of their authenticity. Many TCM prescription manuscripts contain rich and accurate historical information about doctors and their clinics. They are a microcosm of the development of TCM at that time and are worthy of in-depth study. In the past, when TCM practitioners seldom published works, comprehensive TCM prescription manuscripts could provide us with supporting materials to understand a physician's professional background.

Due to various reasons, relevant documents of modern and contemporary TCM physicians have suffered severe loss and dispersion, calling for attention and systematic organization. Taking Beijing as an example, in 2000, Suo Yanchang (索延昌) compiled and published *Beijing National Medical Spectrum* (*Volume 1*) [《京城国医谱》（第一卷）], which included a list of over 1,100 TCM practitioners in Beijing from 1911 to 1949. However, biographies were available for less than 90 of them. In the postscript of *Beijing National Medical Spectrum*, it stated that:

> "Due to the difficulty in sourcing materials, some doctors who were already well-known in Beijing in the 1930s, such as Li Jingquan, Li Huaguo, Chang Xiangchen, Tao Zhendong, Fang Shaoqiao, Fang Youqiao, Yin Zhenchang, and Wang Fengwu, were not included in the book because of the lack of materials. This is truly regrettable.
> 由于资料难觅，有些在30年代就已享誉京城的中医，如李景泉、李华国、常相臣、陶震东、房少桥、房幼桥、尹镇常、王凤舞等，由于资料缺乏，未能尽收卷中，遗憾！"[25]

Modern and contemporary prescriptions hold significant historical value and can, to some extent, compensate for the lack of historical information. The following TCM prescription manuscript (Fig. 4) was written by Tao Zhendong on October 15th, 1944 (the 33rd year of the Republic of China) for a patient surnamed Yang (杨). The patient suffered from impaired consciousness and showed signs of yin deficiency. Due to the recurrence of symptoms after recovering from a cold-related illness and the lingering heat, the treatment aimed to reduce fever, nourish yin, and clear heat. The medicinal ingredients in the prescription include *Jin Yin Hua* (金银花 Lonicerae Japonicae Flos), *Xing Ren*, *Zhu Ru* (竹茹 Bambusae Caulis in Taeniam), *Ku Huang Qin* (枯黄芩 Carbonized Scutellariae Radix), *Lou Pi* (蒌皮 Trichosanthis Pericarpium), *He Geng* (荷梗 Nelumbinis Petiolus), *Xian Shi Hu* (鲜石斛 Dendrobii Herba Recens), *Xian Lu Gen* (鲜芦根 Phragmitis Rhizoma Recens), and *Ze Lan Ye* (泽兰叶 Lycopi Herba). Although Tao Zhendong was well-known in Beijing in the 1930s,

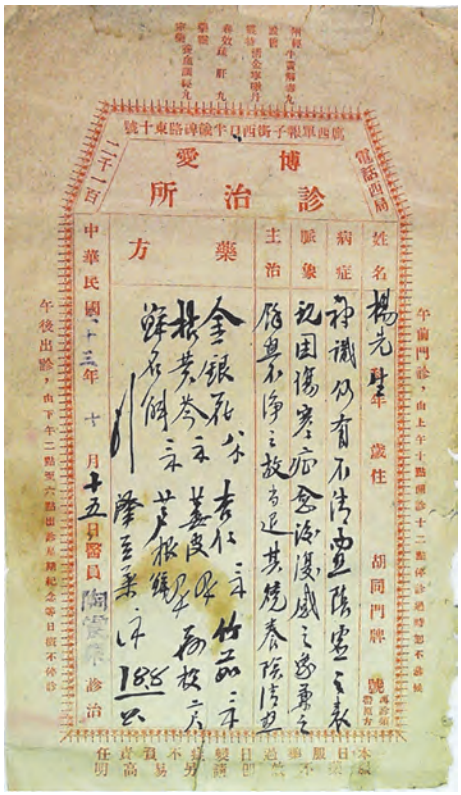


Figure 4 A TCM prescription manuscript from Tao Zhendong, collected by Chen Zijie (source with permission from: Chen Zijie's collection)

later related information was lost and incomplete. According to the record of this TCM prescription manuscript, Tao Zhendong opened the Bo'ai Clinic (博爱诊所) before the founding of the People's Republic of China at No. 10 East Banjiebei Road, Xidan, with the telephone number West Bureau 2100, and attached the Zhenchun Pharmacy, which sold special-effect traditional Chinese patent medicines, such as *Niu Huang Jie Du Wan* (牛黄解毒丸 Bovine Bezoar Toxin-resolving Pill), *Qing jin Ning Sou Wan* (清金宁嗽丸 Clearing Lung and Relieving Cough Pill), *Shu Gan Wan* (舒肝丸 Liver-soothing Pill), and *Yang Xue Tiao Jing Wan* (养血调经丸 Blood-nourishing and Menstruation-regulating Pill). The TCM prescription manuscript also emphasized the outpatient time: "Morning outpatient: from 10 a.m. to 12 p.m., no waiting after the time" and "Afternoon outpatient: from 2 p.m. to 6 p.m., no rest on memorial days and other holidays". It can be seen that morning and afternoon outpatient services were the daily routines of doctors at that time. However, Tao Zhendong's morning outpatient hours started late and only lasted two hours, while the afternoon outpatient hours lasted four hours. This implies that more patients invited Tao Zhendong for home visits, suggesting that his patient group had a good economic foundation and relatively serious conditions. At the same time, the note also stated, "if the patient's symptoms change the next day after taking the medicine on the same day, no responsibility will be taken" and "if the medicine is ineffective,

please consult". These precautions were relatively rare in TCM prescription manuscripts at that time, and it can be inferred that the patients Tao Zhendong treated were mostly acute and critical cases with relatively complex conditions. For example, the patient in this TCM prescription manuscript had a syndrome of external infection, and the appearance of "unclear consciousness" indicated that it was indeed a critical case among external infection diseases. Therefore, Tao Zhendong prescribed a high dose of 8 qian of *Jin Yin Hua*, 3 qian of *Xing Ren*, and 3 qian of *Zhu Ru* to clear heat, descend lung qi, and eliminate residual heat to stabilize the mind (清热降肺气，清除余热，以安定神志). At the same time, this TCM prescription manuscript also used two fresh herbs, 3 qian of *Xian Shi Hu* and 3 qian of *Xian Lu Gen*, to nourish yin and help clear heat. It can be seen that the idea of nourishing yin, strengthening the body's resistance and eliminating pathogenic factors was adopted (养阴扶正祛邪). The use of these fresh herbs was also very characteristic of the medication in the Beijing area at that time. During the late Qing dynasty and the Republic of China period, the use of fresh medicine was quite common among medical practitioners in Beijing, and pharmacies also provided much support. For example, around the time of liberation, it was quite common for Beijing pharmacies to sell fresh medicine. However, some small and medium-sized shops offered fewer varieties and had breaks in winter or spring. In contrast, some well-known large-scale pharmacies stocked a wide variety of fresh medicine throughout the year and had their own medicine gardens.[26]

In summary, through this TCM prescription manuscript, we can not only understand Tao Zhendong's living time and region, medication characteristics, and basic personal information, but also gain insights into some historical conditions of that era. This is also an embodiment of the historical value of TCM prescription manuscripts. They are not only records of pulse-taking cases. After the passage of time, some TCM prescription manuscripts have become primary data for historical research due to their rich historical information. In cases where historical materials are scarce, TCM prescription manuscripts are of great value in supporting the biographies of figures, studying doctors' experiences, revealing social appearances and historical facts, and restoring historical events. Some TCM prescription manuscripts were lost in history and rediscovered after many difficulties, which can be described as "rare and precious" and are worthy of our attention for their important historical value.

3.5 Cultural value: using notes as a medium to highlight the connotation

TCM prescription manuscripts, as the most direct materials reflecting doctors' relevant information, possess diverse cultural values. The cultural values, including clinical application, learning and reference, aesthetic cultivation, and historical research, can all be considered manifestations of such values. Besides the content of TCM prescription manuscripts, the prescription stationery itself is also an indispensable element in our research on TCM prescription manuscripts, as it also conveys physicians' spiritual pursuits and humanistic sensibilities.

The evolution of the format of TCM prescription manuscripts mirrors the cultural development of different periods and reflects the social landscape at that time. During the Ming and Qing dynasties, prescription paper could be custom-made by individual physicians or medical institutions. Some physicians used plain paper or running-script paper as a base and used several carved seals for marking. First, there was a seal at the top of the paper, often a leisure seal with auspicious and health-related meanings. Then there was a seal for patients' attention, such as "Bring the original prescription for re-diagnosis". There were also seals indicating the time and place of diagnosis. Finally, there were the physician's name seal and the names of the attending or co-diagnosing disciples, highlighting the inheritance. Some physicians printed their own prescription paper, directly noting the relevant information and omitting the use of seals. This practice became mainstream during the Republic of China period.

The format of physicians' TCM prescription manuscripts is not static. It often changes with the times, personal development, mood swings, and gifts from others, endowing it with rich and diverse cultural connotations. For example, during the Republic of China period, as the debate between TCM and Western medicine intensified, with the "Proposal to Abolish TCM (废止中医案)" emerging in an attempt to let TCM fade away naturally, many people in the TCM community made great efforts to promote and popularize TCM knowledge, advance TCM education, and strive for its survival. At this time, the format of TCM prescription manuscripts also changed significantly. In many regions, the reserved and gentle style of TCM prescription manuscripts from the late Qing dynasty gave way to a more personalized style, actively advocating the call for "national medicine (国医)" and conducting advertising campaigns. To some extent, this reflected the changing cultural landscape of the era. For instance, through in-depth exploration and organization of the advertising content and related historical facts on a prescription paper, we can uncover the close relationship between TCM culture and social practice during the Republic of China period. These advertising slogans not only reflect the marketing strategies of TCM but also mirror the social perception, attitude, and demand for TCM at that time. By analyzing these subtle historical materials, we can catch a glimpse of social life in a specific historical period, thus providing useful supplements to the existing narrative of TCM history during the Republic of China period.[27] Therefore, the culture carried by TCM prescription paper also

serves as an important reference for observing the development of modern and contemporary TCM.

In addition, the geographical environment also exerts a certain influence on the format of TCM prescription manuscripts. The diverse styles of prescription paper often reflect regional cultural differences. In northern China, the prescription paper is relatively simple, while in Jiangsu, Zhejiang, and Shanghai areas, which are home to many scholars and literati, the prescription paper, influenced by rich cultural connotations, comes in a wide variety of forms and patterns. The following two TCM prescription manuscripts are from Chen Suhua, a famous gynecologist in Wuxi, Jiangsu. The left note (Fig. 5) is self-made, with the hollow watermark of "prolong life and increase longevity (延年益寿)", which comes from "*Gao Tang Fu* (《高唐赋》*Rhapsody on the Gaotang Shrine*)" by Song Yu (宋玉) in the Warring States Period: "The nine orifices unblock depression, the spirit can detect stagnation, and prolong life for thousands of years (九窍通郁，精神察滞，延年益寿千万岁)". It conveys good wishes to patients and brings joy to those who read it. Other printed information includes the clinic location and outpatient hours, and at the bottom, it also notes the common instruction "bring the original prescription for follow-up visit, and remove the repeated herbs if any (复诊需带原方，如有重味去之)". The right note is a gift from patient Yu Yuxiu (俞毓秀). The left column prints the physician's personal and clinic information, and the left vertical column "bring the original prescription for re-diagnosis, and remove the repeated herbs if any" serves as a note for the patient's attention. The background watermark of the paper reads "broadly give and widely help the masses (博施济众)", which comes from *Lun Yu Yong Ye* (《论语·雍也》 *The Analects of Confucius: Yong Ye*): "Zi Gong (子贡) said: 'If there is someone who can broadly give to the people and widely help the masses, how is it? Can it be called benevolence? (如有博施于民，而能济众，何如？可谓仁乎？)", "Broadly give and widely help the masses" is also the content of the plaque given by Sun Yat-sen (孙中山) to the famous Menghe physician (孟河名医) Ding Ganren (丁甘仁), and it was widely spread in the medical community during the Republic of China period. This note not only shows the patient's gratitude to Dr. Chen Suhua, but also highlights the physician's benevolent love towards patients. In addition, some patients even had medical treatment records engraved on prescription stationery and gave it to the physician to publicize, reflecting a good physician-patient atmosphere and highlighting the high standard of medical ethics.

As mentioned above, the past prescription papers contain a wealth of information, including the physician's name, the names of attending disciples, the physician's specialty, the location and hours of the practice, precautions for taking medicine and decocting herbs, as well as some self-inspiring words of the physician, similar to mottos. The content is rich, and the cultural connotations are profound.

These prescription papers are of great reference value for us in reconstructing the historical context of that time, examining physicians' details, and showcasing regional cultures today.

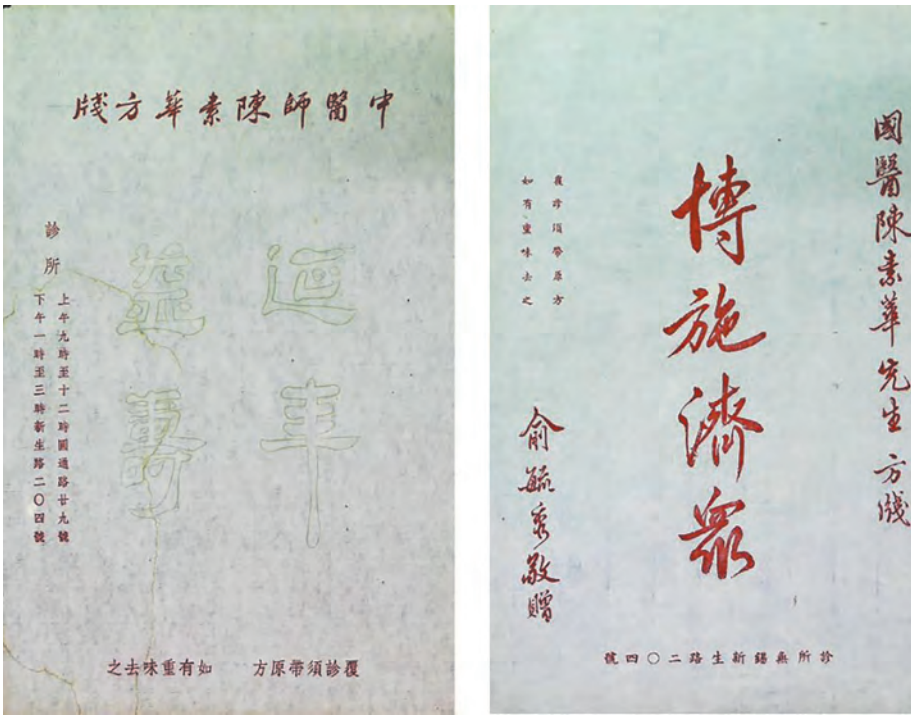


Figure 5 Two TCM prescription manuscripts from Chen Suhua, collected by Chen Zijie (source with permission from: Chen Zijie's collection)

4 Conclusion

This study explores the academic significance of surviving TCM prescriptions and practitioners' notes as vital historical records, adopting an interdisciplinary approach that integrates medical theory, historical philology, traditional culture, and calligraphic aesthetics. These documents serve as key historical documents that encapsulate both the clinical realities and the historical-cultural dimensions of TCM. The scholarly examination of these materials encompasses several critical aspects: elucidating the intellectual profiles of physicians, conducting textual criticism of historical documents, deciphering embedded cultural meanings, and evaluating calligraphic artistry.

The preservation and scholarly promotion of these materials are crucial for sustaining TCM. They provide essential documentary evidence and interdisciplinary perspectives for cultural inheritance, while also opening broad avenues for cross-disciplinary academic exchange. This study primarily draws on prescriptions from private collections, which inevitably limits the sample's scope and its representation of major physicians throughout history. Additionally, the physical condition of the documents—often fragmented or faded due to age and storage conditions—poses significant challenges to their comprehensive interpretation and systematic study.

These manuscripts have not yet attracted sufficient scholarly attention. The frequent loss or scattering of valuable prescriptions, along with their fragmented and poorly cataloged state, continues to hinder research efforts. Therefore, we advocate for a concerted effort toward systematic collection, organization, and digitization of these materials. Future work should also broaden its scope through interdisciplinary and international collaboration, employing methods from medical, intellectual, and material culture history to properly contextualize these works within the framework of global medical heritage.

In conclusion, the study of TCM prescriptions and practitioners' notes not only enriches our understanding of traditional medicine, but also reinforces the importance of cultural heritage and academic collaboration in preserving and promoting the invaluable legacy of TCM.

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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

FU Yujie drafted and revised the article. WANG Xi polished the English expression. CHEN Zijie guided and revised the article. All authors have read and agreed to the published version of the manuscript.

Conflicts of interest

The authors declare no financial or other conflicts of interest.

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Historical Evolution and Future Trends of Traditional Chinese Medicine Education in Australia

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Abstract

Traditional Chinese medicine (TCM) is increasingly recognized worldwide as a complementary and alternative medical system, valued for its empirical effectiveness, cost-efficiency, and safety. Australia became the first Western nation to regulate TCM practitioners under a national registration framework in 2012. This highlighted the critical role of TCM education in maintaining a qualified workforce and fostering evidence-based research. Currently, five higher education institutions in Australia offer TCM programs accredited by Ahpra. However, a number of public universities—such as University of Technology Sydney and the Royal Melbourne Institute of Technology—have discontinued their TCM programs due to financial constraints and declining enrollments. This decline in training capacity coincides with growing public demand for TCM services, particularly in chronic disease management and aged care, risking a future shortage of practitioners. Looking ahead, the role of training TCM professionals may increasingly fall to private colleges and institutes, which are not subject to the same external pressures and regulatory constraints as public universities. Meanwhile, an increasing proportion of female TCM practitioners represents a potential positive trend that may help mitigate the effects of a shrinking workforce. By tracing the historical evolution, regulatory milestones, and contemporary challenges of TCM education in Australia, this review aims to illuminate the broader trajectory of the TCM profession in a global context. Confronted with this potential crisis, enhanced integration with mainstream healthcare, policy support to improve practitioner remuneration, and innovative educational models to attract a new generation of students may benefit the development of TCM education.

Keywords: Traditional Chinese medicine; Education; Australia; Historical evolution; Future trends

1 Introduction

Traditional Chinese medicine (TCM), an umbrella term covering Chinese herbal medicine, acupuncture and moxibustion, *Tui Na* (推拿 Chinese massage), scraping, cupping and dietary therapy, etc., is a comprehensive and well-established medical practice that originated in ancient China. Despite its enigmatic mechanism, TCM has made substantial contributions to the health development of China and the general well-being of its communities. As an indispensable component of traditional Chinese culture and Daoist-inspired philosophy, TCM embraces a holistic perspective that seeks to understand the intricate and dynamic relationship between human beings and the natural world. It emphasizes the interdependence of body, mind and environment, and views health as a state of balance within its larger system. In clinical practice, TCM adopts dialectical thinking patterns—recognizing patterns of disharmony, exploring underlying causes, and seeking harmonious adjustments through individualized diagnosis and treatment. This approach contrasts with the reductionist and target-specific tendencies often associated with biomedicine, highlighting instead an integrative worldview that aligns bodily processes with natural rhythms, seasonal cycles, and cosmic correspondences. By prioritizing balance, prevention, and individualized care, TCM offers a distinctive framework for understanding health and treating disease that complements, rather than directly replicates, biomedical methods.

TCM is currently practiced in more than 180 countries worldwide.[1] Aided by modern technologies and innovative management strategies, significant advances are being made to validate its efficacy and safety through evidence-based fundamental research and clinical trials. The sophistication of its diagnoses and therapeutic approaches continues to evolve, fostering broader

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recognition among diverse populations both within China and internationally. To date, TCM has undergone substantial progress to meet contemporary demands and, when integrated with biomedicine, has ushered in a new era of medical development in China.

Despite its long history, TCM did not reach Western countries until the last two centuries when Chinese immigrants travelled abroad, bringing the medicine and its practice with them.[2] Interest in TCM was sparked in the United States in the early 1970s when a journalist from *The New York Times* reported his personal experience of receiving acupuncture for abdominal bloating after conventional surgery during an acute appendicitis episode while visiting China. Over the past five decades, people around the world have come to appreciate the therapeutic potential of acupuncture and other approaches of TCM. The Western world has witnessed the growth of TCM across a large number of countries, with Australia being one of them. TCM was also utilized in Australia as an essential service during the COVID-19 lockdowns to support prevention and early treatment.[3]

A profession cannot thrive without the ongoing development of its workforce. Australia, recognized as the first Western country to incorporate TCM into its national healthcare registration system, has long served as a pertinent case study in the cultivation and regulation of TCM professionals from higher education onward. By integrating TCM into formal credentialing processes, Australia offers a model for establishing standardized curricula, accreditation, and continuing professional development that support rigorous training and safe, evidence-informed practice. It illustrates how regulatory frameworks can balance traditional modalities with contemporary healthcare standards, thereby fostering public trust and facilitating responsible integration of TCM within mainstream health services. However, the development of TCM education in Australia has not been entirely smooth or uniformly successful. The study aims to investigate the initiation, adjustment and partial termination of TCM programs in Australian universities/colleges within the context of supply and demand, thereby offering insights for the future development of TCM in Australia, supporting its sustainable development in academic fields.

2 Integration of the TCM profession into Australia's healthcare system

TCM was believed to have been introduced to Australia in the 1850s by the Chinese immigrants, after which its influence began to extend beyond the Chinese community and gained recognition among native Australians and other Western groups. Factors restricting and shaping the development of TCM in Australia include the size of Chinese population, Australian government policies, skills of TCM practitioners, etc. Despite the obstacles and setbacks encountered by TCM practitioners, it was officially introduced to the health care system in the State of Victoria in 2000 as a recognized medical profession, and then in 2012 integrated into Australian Health Practitioner Regulation Agency (hereinafter referred to as Ahpra), making Australia the first Western country where TCM practitioners were registered and regulated within its national health profession regulatory scheme (Fig. 1).[4,5]

A survey conducted before 2015 reported that a large number of TCM registrants in Australia were overall highly educated with diverse backgrounds such as nursing, business, art and health sciences,[6] indicating a possible change to Chinese medicine/acupuncture in the middle of their original careers. However, the qualification standards were further raised by the Chinese Medicine Board of Australia (CMBA), with a bachelor's degree of at least 4 years' duration in related areas being compulsory for TCM registration in Australia.[7] Prior to clinical practice, students after sufficient training from universities need to go through graduate registration to be approved by Ahpra. Since July 2015, the pathways to becoming registered include: 1) completing an approved program of study; 2) demonstrating substantial equivalence; or



Figure 1 Homepage of the Chinese Medicine Board of Ahpra (source with permission from: https://www.chinesemedicineboard.gov.au/, Chinese Medicine Board of Ahpra)

3) taking an exam or assessment as required by the National Board.[8] An approved program refers to an educational program that is approved by the National Board and leads to registration. To be eligible for registration, applicants also need to meet certain standards comprising criminal history, English language proficiency, professional indemnity insurance and recency of practice. Over the past decade, the registration requirements have remained largely consistent, with the notable exception of the English language proficiency standard. The elevation of the minimum IELTS score from 6.0 to 7.0 per band has intensified the challenge for non-native English-speaking practitioners, including those with substantial clinical experience, to achieve registration.[9]

As one of the health professions registered by the Australian Federal Government, TCM currently constitutes 0.5% of the workforce in the health care community, with 18 TCM practitioners per 100,000 people in the national population.[10] Given the national aging population and increasing prevalence of chronic diseases, TCM in Australia is predicted to experience a potentially rising demand by the public as an alternative health care option.

As of June 2025, there were 4,898 TCM practitioners registered with Ahpra, among whom only 136 individuals were aged under 30 years old, accounting for 2.78% of the total group.[11] The statistics suggested a significant deficit in the influx of new practitioners joining the community. According to the report released by the Department of Employment and Workplace Relations (DEWR), only 52.5% of the total TCM practitioners registered with Ahpra were employed or working in the field. The DEWR predicted that there would be a growth of 27.9% for complementary health therapists (TCM practitioners included) for the five years from the end of 2021 to 2026. [12] On one hand, the National Skills Commission's (NSC) Skills Priority List asserted that there were no current shortages of Chinese herbal medicine practitioners or acupuncturists in any jurisdiction and nationally, and the NSC expected a moderate future demand for both occupations.[13] On the other hand, the Australian Bureau of Statistics (ABS) estimated a total population of 36.1 million by 2050 with over 1.3 million aged over 85 years.[14] Given that older people are more likely to suffer from chronic conditions such as back pain, arthritis, diabetes and cardiovascular disease, TCM with its distinct potential to treat these conditions might show increased acceptance in the future with patients who seek TCM as an alternative healing practice.

Overall, TCM acupuncturists and herbal medicine practitioners receive strong support from general practitioners who recognize the effectiveness and safety of TCM, with acupuncture being more widely accepted than herbal medicine.[15–17] However, currently the profession is facing a challenge to attract more students that is crucial for the development of the profession.[11]

3 Introduction of TCM programs into Australia's education system

Medical education is fundamental to healthcare systems, influencing the skills and viewpoints of prospective healthcare professionals. TCM education in Australia originated largely through informal, apprenticeship-based transmission within Chinese communities, with knowledge passed orally and through hands-on clinical apprenticeship in settings such as family networks, herbal shops, and temple–market spaces. Early learning often centered on lineage-based techniques, acupuncture point localization, herbal preparation, and diagnostic methods, conveyed via mentors rather than formal curricula. Non-academic venues and translations of classical texts [e.g., *Huang Di Nei Jing* (《黄帝内经》*The Yellow Emperor's Inner Classic*)] supplemented practical training before institutional recognition. From the late 20th century onward, formal TCM education expanded through universities and private college programs, offering accredited diplomas and degrees in acupuncture and Chinese herbal medicine, coupled with supervised clinical practice and credentialing frameworks aligned with domestic health-care standards. Regulatory bodies and professional associations progressively established registration and accreditation processes, driving curricular standardization, ethics training, and quality assurance, while multicultural and integrative medicine contexts encouraged biomedical-TCM collaboration and cross-cultural competencies. This trajectory reflects ongoing negotiations between traditional knowledge transmission and formalized, regulated education within Australia's diverse health education landscape.

At least 14 institutions accredited by the Australian Ministry of Education had been issuing professional education diplomas in TCM,[4] four of them being publicly funded universities, namely, University of Technology Sydney (UTS), Western Sydney University (WSU), Royal Melbourne Institute of Technology (RMIT), and Victoria University (VU, previously known as Victoria University of Technology, VUT). However, it should be noted that VU cancelled its TCM programs in 2012, and UTS terminated the degree of Traditional Chinese Medicine in 2019 with the explanation that the course was reviewed as unprofitable. Besides, private educational institutions dedicated to alternative medicine and TCM, such as Torrens University, Sydney Institute of Traditional Chinese Medicine, and Endeavour College of Natural Health, have been enrolling and supplying practitioners for the TCM profession in Australia.

3.1 Landmarks in the development of TCM education in Australia

Australia was notably at the forefront for introducing TCM into the formal educational system and training highly qualified TCM professionals to provide services

to the public. Acupuncture Colleges, Australia, founded in 1969 in Sydney, was considered to be the earliest institution to offer acupuncture training to medical doctors. Following the establishment of diplomatic relations between China and Australia in 1972, a number of private colleges were launched to provide educational programs in acupuncture and TCM to non-medical practitioners.[3] In 1980, the New South Wales College of Natural Therapies opened the first four-year TCM program with a diploma. The first private college of TCM in Australia was established in Melbourne in 1984, providing students with a comprehensive curriculum that included Chinese herbal medicine, acupuncture, *Tui Na* massage, dietary therapy, and exercise therapy.[18] Landmark progress was seen in the 1990s when bachelor's degrees in acupuncture and Chinese herbal medicine were accredited in Applied Science and Health Science disciplines at VU and RMIT.[19] In 1994, RMIT acted as a pilot to offer a university program combining acupuncture and Chinese herbal medicine, with a dual degree of Bachelor of Health Science and Applied Science awarded to the students. The University's commitment to holistic health and alternative medicine led to the development of a comprehensive curriculum that integrated TCM with contemporary health practices. Following this, University of Western Sydney (which later changed its name to Western Sydney University, WSU) started recruiting undergraduate students in TCM in 1997, and the Australian College of Natural Medicine (now Endeavour College of Natural Health) was accredited to train students in acupuncture the following year.[3] During the 2010s, around 10 percent of public universities in Australia were teaching TCM.[20] A chronological overview of significant events in TCM education is presented (Table 1).

Table 1 Events in the history of TCM education in Australia

Time	Event
1969	Acupuncture Colleges (Australia), the earliest institution teaching acupuncture in Australia was established
1970s	More private acupuncture colleges opened with diplomas
1980	New South Wales College of Natural Therapies opened the first full-time four-year educational program with diploma
1996	The Royal Melbourne Institute of Technology (RMIT) first provided degree including both acupuncture and herbal medicine
1997	University of Western Sydney (later changed its name to Western Sydney University) started recruiting undergraduate students
2000	National Academic Standards Committee for Chinese Medicine (NASC) developed the national guidelines for TCM education
2012	Victoria University cancelled its TCM programs
2019	University of Technology Sydney terminated the undergraduate Bachelor of Traditional Chinese Medicine
2023	RMIT University closed the TCM undergraduate program

3.2 Landscape of Ahpra-accredited TCM education in Australia

After 2011, TCM education was incorporated into the national supervision and management of Ahpra. As of now, there are five institutions in Australia that offer higher education in TCM and are accredited for registration by Ahpra (Fig. 2). Among them, two are public comprehensive universities, namely RMIT (master's acupuncture program only), WSU (undergraduate TCM and acupuncture programs); and one private university known as Torrens University (undergraduate TCM and acupuncture programs). In addition, there are two higher vocational colleges in Australia that offer TCM courses, including Endeavour College of Natural Health (previously referred to as the Australian College of Natural Medicine) and the Sydney Institute of Traditional Chinese Medicine. Both Endeavour College and Sydney Institute of Traditional Chinese Medicine offer undergraduate education in TCM and acupuncture.

RMIT was founded in 1887 and is one of Australia's largest and most prestigious institutions. In 1991, RMIT established the Committee for the Development of Traditional Chinese Medicine Education, and collaborated with Nanjing University of Chinese Medicine (南京中医药大学) to establish the Traditional Chinese Medicine Department. Under the Complementary Medicine Programs of the School of Health and Biomedical Sciences, RMIT officially started offering bachelor's and master's programs in TCM in 1993, focusing on the cultivation of students for a professional career or research pathway in the field of TCM/acupuncture.

WSU aims to take a leading role in providing high-quality education and fostering strong academic collaboration in TCM worldwide. It launched a Bachelor of Traditional Chinese Medicine in 2005 and together with Beijing University of Chinese Medicine (北京中医药大学), a Master's degree of Chinese Medicine was provided by the School of Science and Health. The curriculum covers a range of topics, such as acupuncture theory, herbal medicine, therapeutic techniques, and clinical practice.

Torrens University Australia provides a four-year Bachelor of Health Science (Chinese Medicine) and focuses on the knowledge and practical skills to treat acute and chronic diseases by means of TCM techniques and herbal remedies. Formerly known as the Australian College of Natural Medicine, Endeavour College of Natural Health currently enrolls students for Bachelors of Acupuncture, Acupuncture Therapies and Chinese medicine, which account for about 15% of the total student population.

Sydney Institute of Traditional Chinese Medicine provides students with a four-year undergraduate degree in Traditional Chinese Medicine and emphasizes a comprehensive foundation in theory and practice. Its



Figure 2 Five universities and colleges that currently provide TCM programs approved by Ahpra (source with permission from: picture made by the authors)

curriculum includes theoretical paradigms, biomedicine, herbal medicine and acupuncture, clinical studies and clinical training. A total of 900 hours of clinical practice is needed for the program. The five universities and colleges mentioned above are currently offering educational programs in TCM that have been approved by Ahpra. As a result, graduates of these programs are eligible for registration as qualified professionals in the practice of TCM and acupuncture.

3.3 Evolution of professional TCM programs accredited by Ahpra

Professional education programs are designed to provide students with the requisite training to become competent practitioners, thereby supporting the development of a skilled health workforce. Nonetheless, prior to the close of the twentieth century, TCM education in Australia was frequently informal or regionally organized, with heterogeneity in training pathways and credentialing practices. Formal, standardized curricula and comprehensive credentialing for TCM were comparatively limited, and regulatory oversight varied across states, jurisdictions, or professional bodies. By the end of 2000, the National Academic Standards Committee (NASC) had established national guidelines for TCM education, with the aim of regulating and safeguarding the quality of training and professional practice.[3] The Chinese Medicine Accreditation Committee was established under the Chinese Medicine Board of Australia (CMBA) to set up accreditation standards and assess education providers and programs in TCM. That is to say, graduates from the accredited programs are eligible to register as TCM practitioners and are currently the core supply of licensed TCM practitioners within the healthcare system, shaping workforce distribution, clinical capacity, and the integration of TCM services.

Undergraduate TCM programs in Australia usually require 4–5 years of full-time study, providing students with a comprehensive understanding of TCM principles, practices, and their integration into contemporary healthcare systems. Most of the students are mature ones,[17] and they are seeking a career change. The degrees are either in health science or applied science, rather than medical science (Table 2). Similar to the situation in China, most universities providing TCM programs have clinical facilities and temporary hospital positions for the students to conduct practice and have internships.

Although there are professional capabilities that guide the development of the educational programs, a plausible strategy is to be affiliated with TCM universities from China and form a combined curriculum covering biomedical sciences and TCM subjects.[17] UWS, for example, established a partnership with Beijing University of Chinese Medicine to serve multiple purposes of collaboration in clinical practice, education, research and cultural exchange. RMIT, on the other hand, collaborated with Nanjing University of Chinese Medicine to co-construct a 5-year undergraduate program with a dual bachelor's degree. UTS had in the past, initially sent its students to Guangzhou University of Chinese Medicine for internship,[4] Beijing Friendship Hospital and Chengdu University of Traditional Chinese Medicine. In summary, universities with TCM programs encourage students to apply theory to clinical practice

Table 2 Chinese programs accredited by the Accreditation Committee of Chinese Medicine Board, Ahpra (August, 2024)

No.	Provider	Program	Division	Status
1	Royal Melbourne Institute of Technology	Bachelor of Health Science/Bachelor of Applied Science (Chinese Medicine) (5 years)	Acupuncturist, Chinese herbal dispenser, Chinese herbal medicine practitioner	Teach-out
		Master of Applied Science (Acupuncture) (3 years)	Acupuncturist	Approved
		Master of Applied Science (Chinese Herbal Medicine) (3 years)	Chinese herbal dispenser, Chinese herbal medicine practitioner	Inactive
2	Western Sydney University	Bachelor of Traditional Chinese Medicine (4 years)	Acupuncturist, Chinese herbal dispenser, Chinese herbal medicine practitioner	Approved
3	Endeavour College of Natural Health	Bachelor of Health Science (Acupuncture Therapies) (3 years, full-time)	Acupuncturist	Approved
		Bachelor of Health Science (Chinese Medicine) (4 years, full-time)	Acupuncturist, Chinese herbal dispenser, Chinese herbal medicine practitioner	Approved
		Bachelor of Health Science (Acupuncture) (4 years)	Acupuncturist	Inactive
4	Sydney Institute of Traditional Chinese Medicine	Bachelor of Traditional Chinese Medicine (4 years)	Acupuncturist, Chinese herbal dispenser, Chinese herbal medicine practitioner	Approved
5	Torrens University Australia	Bachelor of Health Science (Chinese Medicine) (4 years, full-time)	Acupuncturist, Chinese herbal dispenser, Chinese herbal medicine practitioner	Approved
6	University of Technology Sydney	Bachelor of Health Science in Traditional Chinese Medicine (4 years)	Acupuncturist, Chinese herbal dispenser, Chinese herbal medicine practitioner	Inactive
		Bachelor of Health Science in Traditional Chinese Medicine/ Bachelor of Arts in International Studies (6 years)	Acupuncturist, Chinese herbal dispenser, Chinese herbal medicine practitioner	Inactive
7	Southern School of Natural Therapies	Bachelor of Health Science (Chinese Medicine)	Acupuncturist, Chinese herbal dispenser, Chinese herbal medicine practitioner	Inactive

in real settings and provide them with opportunities to practice TCM in partnered TCM universities in China.

Xue et al. compared the five-year undergraduate programs of TCM between Beijing University of Chinese Medicine in China and RMIT in Australia, concluding that the curricula and educational objectives were broadly alike due to close collaboration and exchange between the two sides.[21] In general, 50% to 65% of courses in the program are in TCM such as the Chinese diagnostic systems, TCM internal medicine, and evaluating TCM, while 35% to 40% of courses are in Western medicine.[4] There is a deliberate alignment in educational goals across the two programs, likely facilitated by collaboration, with students receiving substantial training in both TCM theories and practices and Western medical concepts, suggesting an integrative or comparative curriculum approach rather than a purely TCM-focused program.

3.4 Decrease in the number of TCM programs in Australia's educational system

Since the introduction of national registration, the National Board has approved a dozen programs of study. However, half of these programs are no longer approved or delivered by education providers, and have hence been marked as "inactive" at Ahpra (Table 2).

VU cancelled its TCM programs in 2012. The decision was made as a result of a broader evaluation of academic offerings and program viability with the university claiming it wanted to focus on areas that aligned better with its overall strategic goals. As of July 2024, there were 5 educational institutions providing approved programs of study for TCM practice, while some have been in "teach-out" mode to discontinue new enrollments of students.[22] In response to a declining number of undergraduate and graduate enrollments in TCM, universities including UTS and RMIT have taken actions to cease some of their TCM educational programs (Fig. 3). Despite strong opposition from the students and staff, UTS closed its four-year Bachelor of Health Science (Traditional Chinese Medicine) and its Chinese Medicine Clinic in 2021, officially explaining this was due to low financial viability, poor research productivity and misaligned strategic alliance with the University.[23] Having established the first undergraduate program of TCM in the 1990s outside China, RMIT closed the program in 2023, arguing that the enrollments in the course had decreased by 40% since 2019 and the University had budget difficulties after COVID-19. The final students in the program will graduate by 2030. Nevertheless, RMIT will maintain its Master of Applied Science (Acupuncture) and continue to support evidence-based research in the field of TCM.[24]

3.5 Evidence-based TCM research conducted in Australian universities

Evidence-based research and reproducible results are crucial for TCM not only to be recognized and accepted



Figure 3 Students and staff rally on the Alumni Green to save the Bachelor of Health Science (traditional Chinese medicine) (source with permission from: https://honisoit.com/2019/07/uts-to-axe-chinese-medicine-clinic-and-degree-amid-student-opposition)

outside the TCM community, but also to make progress in its development. Universities such as RMIT, UTS and WSU have also been involved in research initiatives related to TCM, contributing to the broader understanding and validation of TCM practices within the context of modern medicine.

The China-Australia International Research Center for Chinese Medicine (CAIRCCM) is the result of collaboration between RMIT and Guangdong Provincial Academy of Chinese Medical Sciences (广东省中医药学会).[25] The center posits itself as conducting evidence-based traditional and complementary medicine research to promote health care, especially in the areas of pain-related problems and chronic conditions. Its research includes clinical trials, systematic reviews and publication of quality peer-reviewed papers and evidence-based monographs. On its official website, CAIRCCM lists 128 peer-reviewed publications, 118 of which were published from 2010 to 2024.

Established in 2014, the Chinese Medicine Center of Western Sydney University was a result of collaboration between WSU and Beijing University of Chinese Medicine.[26] It provides platforms for co-operation and scientific research in TCM such as therapies for cancer-related pain and fatigue and Chinese medicinal herb horticulture projects.

Universities are an important hub for fostering high-quality and high-impact publications. The only peer-reviewed journal in Australia that specializes in TCM was *Australian Journal of Acupuncture and Chinese Medicine* (AJACM) (Fig. 4). AJACM had been dedicated to publishing TCM-related articles since 2006, and had helped to enhance the quality and diversity of TCM clinical practice and research, in Australia as well as internationally, and to promote the exchange of ideas and the integration of TCM in the contemporary health care system (https://www.ajacm.com.au/). Unfortunately, due to certain reasons, the journal ceased publishing further issues after April 2019.[27]



Figure 4 Front cover of *Australian Journal of Acupuncture and Chinese Medicine* (AJACM) (source with permission from: https://www.ajacm.com.au/wp-content/uploads/2018/05/Pages-from-AJACM-V10-I2-web-2-Part-1.pdf)

4 Discussion

Based on the comprehensive overview provided, TCM education in Australia is characterized by a notable yet paradoxical development. It has successfully evolved from its nascent stages in the early 1970s to a formal, accredited sector within the national higher education system, pioneering the integration of TCM into Western healthcare practice. This structured framework, regulated by the Chinese Medicine Board of Australia (CMBA) and Ahpra, ensures high-quality training and produces qualified practitioners. Nevertheless, while the educational pathway is well-established, its ability to attract a sufficient number of new entrants to maintain the workforce is under threat.

Currently, there are three universities, including two public comprehensive universities (RMIT and WSU) and one private university (Torrens University Australia) still actively enrolling students in TCM study. In addition, two major vocational colleges (Endeavour College of Natural Health and Sydney Institute of Traditional Chinese Medicine) offer in total six full-time undergraduate and postgraduate programs approved by the Chinese Medicine Board of Australia, among which only RMIT offers part-time acupuncture programs for allied health practitioners.[22,28] Student enrollment remained around 1,500 for several years in the past decade, representing about 0.8% of all health care students,[10] until in 2023 the numbers dropped to less than 1,000 because fewer students were admitted into the higher education system.[9]

4.1 TCM education programs reduced in public universities

In November, 2019, the World Federation for Medical Education (WFME) removed eight TCM universities from the World Directory of Medical Schools, an action that had a negative impact on the internationalization of TCM.[29] This decision reflects ongoing tensions between traditional medical systems and contemporary biomedical standards and signals a formal re-evaluation of the international standing of these institutions within the global medical education landscape. Indeed, recent trends in Western countries have seen a reduction or realignment of public university TCM offerings. Reasons varied and often included: shifting accreditation standards, regulatory changes for licensure, funding realignments, concerns about evidence base and patient safety, curricular restructuring, or strategic emphasis on integrative medicine rather than standalone TCM programs.

Despite these shifts, TCM education persists in some form in many settings. It is frequently incorporated into broader programs (e.g., integrative or complementary medicine), housed within medical schools or allied health faculties, or offered as elective tracks at public universities. In several jurisdictions, TCM programs have migrated to private institutions or professional schools as public-sector offerings contract or restructure.

4.2 Lower remuneration deters prospective students from TCM careers

After three decades of development, however, TCM education is facing challenges including lack of attractiveness to students and marginalization of the discipline by other professions. Entry requirements for TCM education programs in universities are currently higher than those for many other degrees, including nursing, but do not necessarily promise a profession with higher status or salary, which may indirectly discourage students with a sufficient Australian Tertiary Admission Rank (ATAR).[21] With the Ahpra regulation, it is demanding to obtain the necessary qualifications to become a TCM practitioner in Australia. A large proportion of TCM practitioners hold two or more other qualifications and a third have undertaken education other than TCM,[6] indicating that it might not be the sole source of income or a self-supporting career. Indeed, the average annual salary for TCM practitioners in Australia was AU$71,000 in 2024, while the average hourly pay was AU$27.00. This compensation is notably lower compared to that of other healthcare workers, such as registered nurses (AU$36.59), chiropractors (AU$34.54) and physiotherapists (AU$38.71).[30] The reality of low remuneration and potential need to have multiple jobs to earn a sufficient salary may also explain an increasing reticence among young people to enter the profession. Meanwhile, the National Health Workforce Survey (NHWS) conducted by the Australian Department of Health reported that around 89.3% of clinicians worked in the private sector in their principal role, indicative of a lack of organizational incentives and professional security for those working in the TCM profession.[13] Therefore, relatively lower pay and marginalized status compared with other health workers are likely to contribute both to fewer young people entering the profession and also others already within it opting to leave for a better-paid job.

4.3 Disputes over legitimacy undermine institutional support for TCM education

The institutionalization of TCM education functioned as a catalyst for rigorous, evidence-based research and facilitated the development of a structured pathway for integrative medicine, acknowledging cultural pluralism and creating a framework for collaborative patient care between conventional and traditional medical paradigms. Nevertheless, in some Western contexts, debates persist where therapeutic benefits of TCM do not receive wider recognition from the scientific community. This ongoing debate over scientific validity has, at times, dampened enthusiasm for enrollment in TCM programs. Skepticism

within parts of the biomedical community can influence funding priorities, research agendas, and public perception, all of which shape student interest and institutional commitment to TCM education. The situation is not being helped by several universities suspending the TCM courses, with RMIT students stating "The effects of closing the course are going to be far-reaching and quite devastating for the state of allied health and TCM in Australia".[24]

4.4 Impending workforce shortage in TCM practice

The NHWS also calculated that from 2016 to 2020, the average replacement rate for TCM practitioners was 1.1, that is, for each practitioner exiting the public register, 1.1 new entrants were enrolled. Although superficially, the number looked sustainable for the moment. Data for 2021/2022 showed the attrition rate for TCM practitioners reached 4.0% per year, equivalent to around 193 practitioners leaving the profession. Considering a large proportion (39.0%) of registered TCM practitioners were aged over 55 years, and they intend to continue working for an average of 10.7 years. Over 200 students per year are required to join the profession in order to maintain the size and stable age demographics of the workforce in the next decade.[11]

A key demographic trend among TCM practitioners in Australia, which may exert a long-term impact, is the shifting gender ratio. In 2024, female practitioners accounted for 59% of the workforce and males 41%, compared with the respective proportions of 53% and 47% a decade ago.[9] Furthermore, it appeared that higher proportions of females were taking TCM degree qualifications than males (75% vs 25% in 2019 – Ahpra). Interestingly, in both China and Australia, females are much more likely to consult female TCM (and complementary medicine in general) practitioners than males. This might represent a positive trend given some evidence that both women and men prefer to consult same-sex physicians.[31,32] This shift may challenge and gradually transform the traditionally patriarchal hierarchies often associated with TCM knowledge transmission, potentially fostering a more collaborative and patient-centric model of care. However, a critical consideration is the gender pay gap, a well-documented phenomenon in healthcare. If this trend follows patterns in other feminizing professions, it could potentially suppress average practitioner incomes over time, affecting the perceived status and financial sustainability of the TCM career.

4.5 Private institutions becoming the pillar for TCM education

Looking forward, the responsibility of training professionals in TCM may shift towards the private universities, colleges and institutes since they are not subject to the forms of external pressures and regulatory constraints faced by the public universities and often run acupuncture/TCM as their major programs. Public universities may excel in research facilities and postgraduate programs, whereas private institutes concentrate primarily on practical knowledge teaching and skill training so as to meet the same approval standards set by Ahpra. Indeed, if the trend to close TCM programs affects the two remaining public universities, then the future of TCM education in Australia may largely depend on the private sector. The stability and continuity of private colleges play a crucial role in preserving acupuncture and TCM education in Australia.

Compared with herbal medicine and other types of therapies, acupuncture is the most popular division of TCM and applied by 98% of practitioners in Australia.[6] It is no surprise that currently all the TCM programs cover acupuncture. However, an increasing number of educational organizations provide comprehensive curricula covering both acupuncture and Chinese herbal medicine/dispensing, while only Endeavour College of Natural Health provides a 3-year Bachelor's Degree in Acupuncture Therapies and RMIT a 3-year Master's Degree in Acupuncture. The Australian TCM education system is set up to produce versatile, generalist practitioners, but this comes at the cost of providing flexible, specialized pathways for students whose career goals align with the market's dominant practice—acupuncture. It could potentially limit the number of new practitioners who want to study only acupuncture but not Chinese herbal medicine, or vice versa. Arguably, the future sustainability of TCM in Australia depends on an educational evolution towards flexible, specialized pathways, greater integration with mainstream healthcare through inter-professional training, and curricula addressing demographic shifts and practice management.

5 Conclusion

Australia's integration of TCM education into its formal higher education system—coupled with its status as the first Western country to regulate TCM practitioners through a national registration framework—represents a landmark step. This initiative has granted TCM legitimate parity with other healthcare professions within the Western medical system, setting an example for the global development of TCM. However, TCM education in Australia is currently in a crisis of sustained contraction, and this is not an isolated phenomenon. From the closure of complementary medicine programs to the reduction of TCM research funding in public institutions across Europe and North America, the shrinkage of TCM education in Western countries is taking place. The issue is now hindering the development of TCM on a global scale, undermining its role as a complementary and alternative medicine in addressing various diseases.

TCM programs at public universities in Australia have entered a declining phase: UTS terminated its undergraduate TCM program and affiliated TCM clinic in 2021. RMIT discontinued its undergraduate TCM program in 2023 (retaining only the master's program in acupuncture). VU had already cancelled its TCM program as early as 2012. Enrollment in TCM-related majors at the remaining public institutions has plummeted by over 40% in the past five years, with fewer than 1,000 students enrolled in TCM programs across Australia by 2023. Meanwhile, the registered TCM practitioner workforce faces dual challenges of aging and attrition: 39% of registered practitioners are over 55 years old, with an annual average of 193 practitioners leaving the profession, while those under 30 account for a mere 2.78%—indicating a severe shortage of young talents entering the profession. The shrinkage of TCM education programs stands in sharp contradiction to the surging demand for TCM services driven by Australia's aging population and the prevalence of chronic diseases. TCM might be unable to meet the basic needs of Western societies for diversified medical services, following this trend. Although private institutions, which are less affected by the financial pressures and adjustments faced by public universities, remain active, core issues remain unresolved. As public institutions, or entities with strong research capabilities and academic credibility, continue to withdraw, whether private institutions can sustain educational quality that meets the standards of Ahpra in the long term remains unclear.

As the first Western country to standardize TCM education and practice, Australia's trajectory in TCM education is of academic significance. It includes both sound practices, e.g., standardizing TCM education through registration supervision and curriculum accreditation, and cautionary issues, e.g., the impact of public institution withdrawals on talent supply. TCM education serves as a core vehicle for the cross-cultural transmission of TCM culture and academics. By tracing the evolution of TCM education in Australia, from apprenticeship systems within Chinese communities to a nationally unified accreditation framework, this study reveals how education enables TCM to transcend geographical and cultural boundaries, enhancing its broader academic recognition.

The research has its limitations. First, the focus on Australia may lack horizontal comparisons with TCM education in other Western countries, making it hard to fully capture regional differences in the global contraction of TCM education. Second, the research on private institutions remains limited to their current operational status, with insufficient in-depth analysis of their long-term sustainability. Third, the study fails to fully explore the in-depth constraints imposed by the institutional environment on TCM education. Future research should expand the scope of comparison, deepen investigations into private institutions, and strengthen the analysis of policy relevance to provide more targeted strategies for the sustainable development of global TCM education. It should be noted, however, that the study's exclusive focus on Australia collectively constrains the generalizability of its findings. This underscores the need not only for broader cross-country comparative research to contextualize TCM education trends across Western nations, but also for more data-driven inquiries to deepen cross-cultural understanding and evidence-based discourse on TCM's integration into global healthcare systems.

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Ethical approval

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

Author contributions

LI Qin conceptualized and drafted the manuscript. CHEN Ji revised the manuscript and acquired the funding. All authors have read and agreed to the published version of the manuscript.

Conflicts of interest

The authors declare no financial or other conflicts of interest.

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Analyzing Fragments of Tangut Script Medical Formulas via Formula-pattern Correspondence

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Abstract

The document G21.004[20487], which is a fragment of Tangut script medical formulas held in Gansu Provincial Museum, contains 147 Tangut characters and 3 repetition marks, with the text separated by two circles. At present, the academic world believes that there are three kinds of medical formulas in the fragment. Regarding the controversial line 3, for example, the text does not refer to "husked sorghum porridge" as previously translated by scholars. Instead, it means "when the rice is fully cooked, the decoction is done". The term "*Hou Luo Xin Ma* (厚罗辛麻)" in line 4 should instead be translated as "*Hou Lao Xi Ma* (厚蓉膝麻)". Line 5 should be translated in accordance with the writing paradigm of ancient medical books as "cure and eliminate 100 kinds of cold diseases, immortal sesame formula for longevity (神仙胡麻方)". This study identifies seven herbs within the fragment of Tangut script medical formulas, which are related to the treatment of "cold diseases (冷疾)", rather than cold damage (伤寒). The study of G21.004[20487] fragments involves not only the decipherment of Xixia characters and the interpretation of medical formulas, but also contributes to a deeper understanding of the medical knowledge system of the Xixia dynasty, the application of medicinal materials, and the degree of cultural exchange and integration with central plains medicine. These unearthed documents are valuable materials that fill the gaps in Chinese medical history and reconstruct the ancient medical landscape.

Keywords: Tangut script; Medical historical materials; The fragments of Tangut script medical formulas; Traditional Chinese medicine

1 Introduction

This ancient document fragment, G21.004[20487], contains a total of 147 characters and 3 repetition marks, with the text separated by two circles (Fig. 1). The exhibition description provided by Gansu Provincial Museum states: "Xixia (西夏 Western Xia), unearthed from xiaoxigouxian, Zhangyi town, Wuwei county. The fragment measures 19.5 cm in length and 11.8 cm in width. The medical formulas were written on the high-quality local white linen paper, now slightly yellowed.



Figure 1 The unearthed relics numbered G21.004[20487] in Wuwei, Gansu province (source with permission from: http://www.gansumuseum.com/detailsPage?nav=0-0&id=1454, Gansu Provincial Museum)

The paper contains 8 lines of text, with both the beginning and end incomplete. According to the museum's translation, the text contains three herbal formulas. This Tangut script medical formula is an important resource

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for studying the level of Xixia medicine and pharmacy and the scientific, technological and cultural exchanges among various ethnic groups in China, but also an important material for studying the frequently-occurring diseases and common ailments in Wuwei area at that time. It is a rare Tangut script medical formula found in China so far".

Currently, Chinese academia generally holds that the fragment contains three medical formulas. Key interpretative work has been conducted by scholars such as Wang Jingru (王静如),[1] Shi Jinbo (史金波)[2] in 1974 and Chen Bingying (陈炳应)[3] in 1985. Xiao Ping (肖屏)[4] analyzed the relationship between Tangut medicine and traditional Chinese medicine (TCM). In addition, Zhang Ruqing (张如青)[5] and Yu Yeli (于业礼)[6] discussed the third formula.

This fragment records three medical formulas. The first question is, what are the three formulas. Chen Bingying believes that "the first kind of medical formula is *Hou Luo Xin Ma* (厚罗辛麻) decoction, which is a decoction made of Magnolia officinalis, basil, asarum and ephedra. It is used to treat warm diseases. The second dosage form is pill, prepared from several Chinese materia medica including achyranthes root and henbane seed, together with wheat flour paste. It is used to treat various cold-damage disorders and also promotes health and longevity. The third kind is Zanthoxylum bungeanum peel, a single medicinal plant, which is used to treat cold".[7] Shi Jinbo believes that "the first formula and the third formula are no longer complete, only the second formula is basically complete. The second formula is for the treatment of warm diseases. The medicines in this script include traditional Chinese medicines such as Achyranthes bidentata, Stellera chamaejasme, Zanthoxylum bungeanum, sorghum rice, etc., and the decocting method and administration are also consistent with TCM".[8] In other words, the second formula "*Hou Luo Xin Ma* Decoction" was primarily used to treat warm diseases. What diseases are this formula intended to treat? While previous scholars believed the prescription treated typhoid fever, drawing the attention of TCM researchers, Xiao Ping suggested that the character "*Ma*" in this context referred to "ephedra". As the "wolfsbane seed" is rarely used in TCM, it suggests other possibilities for its translation into Chinese.

Building upon prior scholarship and utilizing resources such as the Tangut dictionary pamphlet *Fan Han He Shi Zhang Zhong Zhu* (《番汉合时掌中珠》*Pearl in the Palm*) and the online Tangut dictionary, "The integration of ancient and modern characters (《古今文字集成》)" (Note 1), based on the work of Li Fanwen's (李范文) *Concise Xia Han Dictionary* (《简明夏汉字典》) and *Tangut-Russian-English-Chinese Dictionary* (《夏俄英汉词典》), with the assistance of Mrs. Liang Songtao (梁松涛), this study reinterprets the remnant of the Tangut medical script to explore the historical formulas.

2 Interpretation of the Tangut script medical formula fragment

Academician Huang Luqi (黄璐琦) has highlighted the dual-evidence method in materia medica research, that is, the textual research of materia medica literature is indirect historical data research, and materia medica archaeology is direct historical data research. This study employs this dual-evidence method, using transmitted herbal literature to contextualize the discovery of "herbal archaeology" (i.e., the Tangut medical formula), and interprets the fragments of the medical formula line by line from the perspective of *Fang Zheng Xiang Ying* (方证相应 corresponding formulas and patterns) or *Fang Zheng Dui Ying* (方证对应 correspondence between formulas and patterns)". This concept, core to *Bian Zheng Lun Zhi* (辨证论治 treatment based on pattern differentiation) in TCM, denotes a precise correspondence between specific formulas and specific patterns. Sun Simiao (孙思邈) of the Tang dynasty pointed out in *Qian Jin Yi Fang* (《千金翼方》*Supplement to "Important Formulas Worth a Thousand Gold Pieces"*) that, "formulas and their corresponding patterns are listed together, grouped by similarity (方证同条，比类相附)". Zhu Gong (朱肱) of the Song dynasty believed that "The so-called medicine pattern is a certificate before the formula, for example, a certain formula is used to treat a certain disease (所谓药证者，药方前有证也，如某方治某病是也)". Physicians from later generations generally attached importance to this concept. Yu Jiayan (喻嘉言) believed that "If there is a disease, there is a medicine (有是病，即有是药)". An examination of the formula's writing style reveals its main components: the disease treated, the formula name, the medicinal composition, and the usage and dosage. Adopting the perspective of *Fang Zheng Xiang Ying* helps scholars better understand the medical significance of this prescription fragment, and resolves the 50-year debate over its indications that began in 1974.

2.1 Interpretation of the first line of Tangut medical formula fragment

The first line primarily describes the process of decocting medicines (Table 1). Key character interpretations include: a character meaning "discard" or "remove", likely referring to removing the dregs; the character "decoct" clearly indicates the action of boiling; "water" and "reduce by half" describe the change in water volume during decoction; "repeat" and "water" may indicate adding water again; "simmer" and "cooked" further describe cooking until thoroughly done; the character "abdomen" may suggest the site of action or related symptoms. The overall sentence structure presents a series of coherent preparation instructions. The phrase "constant stirring (时时变换)" corresponds to Wang Jingru's "turning medicinal materials over several

Table 1 Interpretation of line 1

No.	Tangut Script	English Translation	Chinese Translation
1		Suddenly; abruptly; to throw	弃
2		To throw; to fling	弃
3		Good; kind	深深
4		To cook	煮
5		Days; times	时
6		Days; times	时
7		To translate; to vary	变换
8		Water	水
9		To reduce; to decrease	减半
10		Time; times	时
11		To repeat; to duplicate	重复
12		Water	水
13		To make great efforts	努力
14		To stew	煨
15		As	如
16		Ripe; cooked	熟
17		Time; times	时
18		Belly	肚

Table 2 Interpretation of line 2

Number	Tangut Script	English Translation	Chinese Translation
1		Also; too; small	亦
2		Difference	别
3		To knead; to press	揉
4		A modal auxiliary	方
5		Dawn	旦
6		A transliteration: *Ri*	日
7		Number; numeral	数
8		Belly; abdomen; stomach	腹
9		Hollow; void	空
10		Medicated plaster	药膏
11		Above; on	于
12		Other; else	此
13		Juice; soup	汤
14		Centre; among; middle	中
15		The beginning of	始、初
16		To abandon; to distinguish; to expel	弃
17		Medicated plaster	药膏
18		Belly	腹、肚子

times (翻数次)" and Chen Bingying's "frequently turning medicinal materials (频翻动)". However, it remains unclear what was to be turned, as no medicinal ingredients are mentioned as being discarded in this step. This study argues that the term should instead denote stirring. As for "cook well (好好煮)", this study interprets it as a descriptive expression of intensity, most likely referring to a concentration process—prolonged decoction to produce a medicinal extract or plaster. The process of preparing herbal paste involves first decocting the ingredients, removing the dregs, and then simmering the resulting liquid over low heat. As the liquid evaporates and thickens, constant stirring is required. Without stirring, the mixture is prone to scorching, which impairs therapeutic efficacy, and the product is a thick, paste-like substance.

2.2 Interpretation of the second line of Tangut medical formula fragment

The second line involves a change in dosage form and administration method (Table 2). Characters "also" and "separately" may mean "in addition" or "different treatment"; "knead" refers to the action of kneading, combined with the character "pill" (though not directly present, inferred from context and related terms like "medicinal paste"), pointing to the preparation of pills; "dawn" and "day" refer to morning or the next day; "abdomen" and "empty" used together mean "on an empty stomach", specifying the time of administration; "medicinal paste", "decoction", and "in" describe taking the pills with a decoction; "discard" appears again, likely referring to discarding the initial decoction dregs.

According to the translations of scholars Wang Jingru and Chen Bingying, the description refers to the decoction technique of "removing the dregs and re-decocting (去滓再煎)" for Chinese medicinal herbs. In *Shang Han Lun* (《伤寒论》*Treatise on Cold Damage*), seven formulas require "decocting, removing the dregs, and re-decocting": this means discarding the herbal dregs after initial decoction and then heating and concentrating the medicinal liquid. Zhang Zhongjing (张仲景) required this procedure for formulas that act on the half-interior, half-exterior, half-superior, half-inferior regions to harmonize the upper and lower, interior and exterior. Examples include *Ban Xia Xie Xin Tang* (半夏泻心汤 Pinellia Heart-draining Decoction), *Sheng Jiang Xie Xin Tang* (生姜泻心汤 Fresh Ginger Heart-draining Decoction), *Gan Cao Xie Xin Tang* (甘草泻心汤 Licorice Heart-draining Decoction), and *Xuan Fu Dai Zhe Tang* (旋覆代赭汤 Inula and Hematite Decoction), which harmonize the middle jiao. *Xiao Chai Hu Tang* (小柴胡汤 Minor Bupleurum Decoction), *Da Chai Hu Tang* (大柴胡汤 Major Bupleurum Decoction), and *Chai Hu Gui Zhi Gan Jiang Tang* (柴胡桂枝干姜汤 Bupleurum, Cinnamon Twig and Dried Ginger Decoction) harmonize the Shaoyang. These harmonizing formulas combine cold and warm medicines, attack pathogens and support the healthy qi simultaneously, and function to regulate the pivot mechanism and resolve stagnation. This study therefore suggests that the formula in question likely possessed similar therapeutic effects.

The phrase "in this decoction, discard the first medicinal dregs" expresses the meaning of "removing the dregs". The missing text is presumed to describe a preparatory step before a certain pill-making process. It is inferred that the "removal of dregs" here most likely refers to filtering out dregs formed when a pill was dissolved in hot decoction. Another possibility is that the preparation was a powder in relatively fine form.

Zhu Jianping (朱建平)[9] pointed out that modern scholars define decocted powder as a type of decoction: a liquid medicinal preparation made by decocting coarse granules of herbs with water, then removing the dregs and collecting the juice. However, in ancient times, decocted powder was prepared by pounding herbs into pieces, decocting the powder and coarse fragments together, and filtering out the dregs before administration, so that the resulting decoction contained large amounts of fine herbal powder. Tao Hongjing noted: "For all decoctions, wines, and plasters, old formulas all state that the herbs should be cut into pieces (凡汤酒膏药，旧方皆云㕮咀者)".[10] This means medicinal materials for ancient decoctions underwent the processing called *Fu Ju* (㕮咀 cutting or biting into pieces). He further stated: "After weighing, pound to the size of soybeans, then blow off the fine powder (谓秤毕捣之如大豆者，又使吹去细末)". This indicates that herbs were processed into coarse granules about the size of soybeans, while fine powder produced during pounding was blown away. Only coarse soybean-sized granules were used for decoction, without fine powder. It is thus evident that before the Song dynasty, decocted powders and standard decoctions differed even though both used coarse granules decocted in water and strained. Decocted powders yielded turbid liquid because fine powder was included in decoction; standard decoctions yielded relatively clear liquid because fine powder was removed before decoction.

According to *Sheng Ji Zong Lu* (《圣济总录》*Comprehensive Recording of Divine Assistance*): "In recent times, all are prepared as powders, and the decoction method has been forgotten (近世一切为散，遂忘汤法)".[11] This shows that during the Northern Song dynasty, powders were commonly used while decoctions were less frequently employed. The same text also clarifies the characteristics of powder: "At present, cut or pounded coarse pieces are used for decoctions; thoroughly pounded and sifted extremely fine material is used for powders (今以剉切㕮咀，或粗捣筛之类为汤，捣罗极细者为散)".

2.3 Interpretation of the third line of Tangut medical formula fragment

The third line is one of the points of contention (Table 3). Characters include "time", "stir (or extended meaning of stirring)", "scatter/sprinkle", "warm", "causative", "one", "sheng (a measure)", "hot", "drink", "have", "grind", "glutinous millet", "rice", "combine", "good/properly", and "warm". Among these, "grind glutinous millet" is a key phrase. The traditional translation renders the phrase describing ground glutinous millet being combined and boiled as "glutinous millet porridge". However, considering the characters "good/properly" and "warm" along with the sequence of actions, this text argues that this sentence more likely describes a method for determining the endpoint of preparation—cooking ground glutinous millet with the medicinal decoction until the rice is cooked and the broth is formed—rather than simply being the name of a porridge preparation.

Table 3 Interpretation of line 3

Number	Tangut Script	English Translation	Chinese Translation
1		Time; times	时
2		To pull up; to rescue	拔
3		To spread; to cast	散撒
4		Warm	温
5		To do; to make	使动用法
6		To make	使
7		One	一
8		Litre; a unit of measurement	升、栱 (名词，量词)
9		A conjunction	时
10		Hot	热
11		To drink; to eat	喝
12		To have	有
13		Transliteration of "*Nian*" which means grind or husk with a roller	碾
14		Wheat flour; powder	秣
15		Rice	米
16		To suit; to be convenient; to harmonize	合
17		Good; kind	好
18		Warm	温

Many scholars believe this fragmentary medical formula is intended for treating cold damage disorders, primarily because they interpret the term as "sip hot gruel (啜热稀粥)".

In *Shang Han Lun*, the instruction to "sip hot gruel" appears repeatedly in volumes 3, 5, 6, 8, and 10. The purpose of "sip hot gruel" is mainly to assist the formula's effects in inducing sweating, thereby expelling pathogenic factors through perspiration.

Upon encountering "glutinous millet porridge", scholars therefore instinctively associate "cold" with "cold damage", reasoning that "sipping hot thin congee" would otherwise be unnecessary. However, this is not the case. The congee mentioned here is not the hot thin congee used in cold damage treatment to "sip hot thin congee". This is because the character "nian (碾)" precedes "glutinous millet", whose function is to hull the grain or grind it into powder.

Formulas annotated with "cook until the rice is done and the decoction is complete" include *Fu Zi Jing Mi Tang* (附子粳米汤方 Aconite and Polished Rice Decoction), which treats "cold qi in the abdomen". This formula appears in *Jin Gui Yao Lue* (《金匮要略》 *Essentials from the Golden Cabinet*) and is indicated for abdominal fullness, cold hernia, and retained food, presenting as "cold qi in the abdomen, gurgling pain, oppressive fullness in the chest and hypochondria, and vomiting (腹中寒气，雷鸣切痛，胸胁逆满，呕吐)".[12] The note after the formula specifies "cook until the rice is done and the decoction is complete (煮米熟汤成)".

In TCM decoction, the phrase "cook until the rice is done and the decoction is complete" most frequently refers to polished rice. In addition to *Fu Zi Jing Mi Tang*, other formulas with the same annotation include *Zhu Ye Shi Gao Tang* (竹叶石膏汤 Bamboo Leaf and Gypsum Decoction), *Bai Hu Tang* (白虎汤 White Tiger Decoction) (including modified White Tiger Decoction plus Ginseng and White Tiger Decoction plus Cinnamon Twig), and *Mai Men Dong Tang* (麦门冬汤 Ophiopogon Decoction). The meaning of "when the rice is done, the decoction is complete" lies in capturing the sweet and neutral nature of polished rice, which tonifies and nourishes the spleen, stomach, and lung yin. It also moderates the cold-descending properties of other cooling medicinals in the formula, allowing therapeutic effects to manifest in the upper and middle burners. Beyond this principle, the efficacy of rice water itself is also relevant. Zhao Xuemin (赵学敏) of the Qing dynasty noted in *Ben Cao Gang Mu Shi Yi* (《本草纲目拾遗》 *Excerpts from the Grand Compendium of Materia Medica*): "Rice cream (rice oil)... can fill the pores and most effectively nourish the body (米油……力能实毛窍，最肥人)".[13] He regarded its yin-nourishing potency as stronger than that of *Shu Di* (熟地 Rehmanniae Radix Preparata). Wang Shixiong (王士雄), a renowned physician of the Qing dynasty, emphasized the tonifying effect of rice water in *Sui Xi Ju Yin Shi Pu* (《随息居饮食谱》 *Dietary Manual of the Suixi Studio*): "When poor people are weak, they use thick rice water as ginseng decoction, achieving miraculous effects (贫人患虚症，以浓米汤当参汤，每收奇绩)".[14] Rice water is sweet and neutral in nature, with the functions of boosting qi, nourishing yin, moistening dryness, and harmonizing the spleen and stomach.

In the *Diagnosis and Treatment Protocol for COVID-19 (Trial Version 8)* issued by the National Health Commission and the National Administration of Traditional Chinese Medicine, *Qing Fei Pai Du Tang* (清肺排毒汤 Lung-clearing Toxin-resolving Decoction) was recommended. As a prepared herbal decoction, it is to be taken orally as a water decoction, one dose per day, twice daily in the morning and evening. The protocol specifically stipulates: "If possible, take half a bowl of rice water after each dose; those with a dry tongue and depleted fluids may take up to one bowl". This special instruction was retained for *Qing Fei Pai Du Tang* and *Qing Fei Pai Du* Granules in the *Diagnosis and Treatment Protocol for COVID-19 (Trial Version 9)* issued on March 14th, 2022.

According to Liang Songtao's research, many Xixia medical formulas unearthed similarly use white rice soup for administration. Examples include: Dysentery Miracle Pill, taken with white rice soup; Peony and Phellodendron Bark Pill, taken with rice soup; Cardamom and Coptis Pill, taken on an empty stomach with rice soup; Astragalus Pill, taken on an empty stomach with rice soup; Ailanthus Bark Powder, stirred and taken on an empty stomach with rice soup; and Two Yellow Pill, taken with rice soup (痢疾神效丸"白米饭汤服"，芍药檗皮丸"饭汤服"，豆蔻香连丸"空腹米汤下"，黄芪丸"空腹米汤下"，椿皮散方"空腹饭汤中搅服"，二黄丸方"米汤下").

2.4 Interpretation of the fourth line of Tangut medical formula fragment

The fourth line contains the formula name and its therapeutic effects (Table 4). Characters include "time", "also", "drink", "can", "time", "often", "drink", "then", "cold", "disease", "all", "eliminate", "one", "this", "formula", and a set of transliterated words "*Hou*", "*Rong*", "*Xi*", and "*Ma*". Among these, "eliminate all cold diseases" clearly indicates the therapeutic direction. For the transliterated medicine name, previous scholars translated it as "*Hou Luo Xin Ma*". By comparing identical characters within the fragment (e.g., character 18 of line 4 and character 3 of line 6 share the same form, both can be interpreted as a character sounding like "*Xi*"), this text argues that character 18 of line 4 should not be interpreted as "*Xin*", but should be unified with character 3 of line 6. Therefore, the formula name is corrected to "*Hou Rong Xi Ma*", namely "厚(朴), (肉苁)蓉, (牛)膝, and (胡)麻".

The primary therapeutic functions of *Hou Po* (厚朴 Cortex Magnoliae Officinalis) are drying dampness and dissipating phlegm, descending qi, and removing accumulation. It is used for constipation, abdominal pain, and related conditions. In a previous textual research, Hui Hong[15] et al. identified that *Hou Po* was included in the Xixia medical formula *Xiao Feng San* (消风散 Wind-dispersing Powder).

Song Shi Xia Guo Zhuan (《宋史·夏国传》 *History of the Song Dynasty: Biography of the Xia State*) recorded that people of Xixia consumed *Rou Cong Rong* (肉苁蓉 Herba Cistanches) during summer, while *Liao Shi Xi Xia Wai Zhuan* (《辽史·西夏外纪》 *History of the Liao Dynasty: Additional Records of Xixia*) noted that *Rou Cong Rong* was a local product of Xixia. This indicates that *Rou Cong Rong* was widely used in Xixia. As observed in Xixia documents, during exchanges with the Song and Liao dynasties, *Rou Cong Rong* was regarded as a precious medicinal material and tonic, serving as

Table 4 Interpretation of line 4

Number	Tangut Script	English Translation	Chinese Translation
1		A conjunction	时
2		Also; too; small	亦
3		To drink; to eat	喝
4		Must; should	可
5		Days; times	时
6		Frequent; often; eternal	常
7		To drink; to eat	喝
8		So	则
9		Cold	冷
10		Illness; disease	病
11		All; completely	皆
12		To reduce	除
13		One	1.数词“一” 2.作为词根，可以重叠，有“每一、逐一、一一”之义
14		This	此
15		An affix	者
16		A kind of grass; transliteration of “*Hou*”	厚
17		To circle; to move around; transliteration of “*Lao*”	蓉
18		A surname; transliteration of “*Xi*”	膝
19		To injure; to scratch; transliteration of “*Ma*”	麻

tribute and commodity. Its high value brought substantial economic benefits to Xixia through external trade, making an important contribution to the establishment and stability of the dynasty.

Shen Nong Ben Cao Jing (《神农本草经》*Shen Nong's Classic of the Materia Medica*) records that *Rou Cong Rong* is “sweet in flavor and mild warm in nature. It mainly treats five consumptions and seven impairments, reinforce the spleen and stomach, relieve discomfort and pain in the genital and lumbar region, nourish yin of the five-zang organs, benefit the essence and qi, promotes fertility, and treats abdominal masses in women. Prolonged intake lightens the body (味甘，微温。主五劳七伤，补中，除茎中寒热痛；养五脏，强阴益精气，多子；妇人症瘕。久服轻身)”.[16]

Kidney yang is the root of yang qi in the entire body, responsible for warming the physique, transforming fluids, and promoting reproductive development. When kidney yang declines, warming and transforming functions fail, leading to aversion to cold, cold limbs, and sexual dysfunction. Thus, *Rou Cong Rong* can “Relieve discomfort and pain in the genital and lumbar region (除茎中寒热痛)”. and treat male impotence, accompanied by dizziness, soreness and weakness of the waist and legs, palpitations, insomnia, pale complexion, and lassitude. Liang Songtao has pointed out that the Tangut (Xixia) script terms for *Rou Cong Rong* show graphic variations representing the same pronunciation, resulting in two written forms used as transliterations.

Niu Xi (牛膝 Radix Achyranthis Bidentatae) and *Hu Ma* (胡麻 Semen Sesami) are also associated with the treatment of cold damage. For example, *Niu Xi Wan* (牛膝丸 Achyranthes Pill) in volume 156 of *Pu Ji Fang* (《普济方》*Formulas for Universal Relief*) uses *Niu Xi* as the chief ingredient to treat chronic cold qi causing stabbing lumbar pain, weakness in walking, and constrained lumbar pain with inability to bend or stretch.

Miao Xiyong stated in *Shen Nong Ben Cao Jing Shu* (《神农本草经疏》*Commentary on “Shen Nong's Classic of the Materia Medica”*) that: “*Niu Xi* and *Hu Ma* treat chronic cold pain, numbness, and weakness in the lower back and knees in men. Taken alone, they supplement defensive qi and strengthen the sinews and vessels (牛膝、胡麻仁，治丈夫腰膝积冷痛或顽麻无力，单服偏补人卫气、能助人筋脉)”.[17] Although the exact source of this formula is unclear, it confirms that ancient physicians combined *Niu Xi* and *Hu Ma* to treat cold disorders.

Given that the fragmentary medical formula treats conditions related to “cold damage” and “cold qi” (mentioned in lines 4, 5, and 7), the illness may be analogous to the Chinese medical concept of cold attack in the interior, marked by epigastric and abdominal pain, borborygmus, and diarrhea. *Han Zhong* (寒中 cold attack in the interior) refers to a pattern of interior cold due to cold evil invading the spleen and stomach, originating from *Ling Shu Wu Xie* (《灵枢·五邪》*The Spiritual Pivot: Five Evils*). It arises from spleen-stomach vacuity cold, cold transformation of pathogens, or internal injury due to overstrain. Its main clinical manifestations are epigastric and abdominal pain, borborygmus, and diarrhea, and its treatment principle is to warm the center and dissipate cold.

2.5 Interpretation of the fifth line of Tangut medical formula fragment

The fifth line, separated by a circle, begins the description of a new formula (Table 5). Characters include “disease”, “treat”, “method/that which”, “essential”, “discuss”, “is”, “treat”, “hundred”, “kinds”, “cold”, “disease”, “eliminate”, “longevity”, “long”, “Hu”, “Ma”. Key sentence structures are “This is a discussion of the essentials for treating disease” and “treat and eliminate a hundred kinds of cold diseases”.

The four characters corresponding to 13 to 16 are rendered in Chinese as “*Chang Shou Hu Ma* (长寿胡麻 Longevity Sesame)”. This should largely reflect the understanding of *Hu Ma* as a “longevity-promoting” substance in TCM classics. For instance, volume 94 of *Tai Ping Sheng Hui Fang* (《太平圣惠方》*Formulas from Benevolent Sages Compiled during the Taiping*

Table 5 Interpretation of line 5

Number	Tangut Script	English Translation	Chinese Translation
1		Illness; disease	病
2		Repair, put in order, treat	治
3		A suffix	法; 所
4		To desire; to want	要
5		Speech; word	论
6		To be	也
7		Repair, put in order, treat	治
8		Hundred	百
9		Kind; sort; type	种
10		Cold	冷
11		Illness; disease	病
12		To reduce	除
13		Longevity; life	寿
14		Long; transliteration of "*Chang*"	长
15		Head; transliteration of "*Hu*"	胡
16		Land; soil; transliteration of "*Ma*"	麻

Era), contains a section titled "Immortal Methods for Consuming Sesame", which includes eight specific clauses. They are Immortal Method for Taking Sesame (神仙饵胡麻法), Immortal Method for Taking Sesame Paste to Prolong Life and Restore Youth in the Elderly (神仙饵胡麻膏益寿延年老人复少方), Immortal Formula for Taking Sesame to Prolong Life (神仙饵胡麻延年益寿方), Le Zichang's Formula for Taking Sesame Paste (乐子长饵胡麻膏方), Immortal Formula for Taking Sesame to Prolong Life and Avoid Aging(神仙服胡麻延年不老方), Immortal Method for Taking Sesame(神仙饵胡麻法), Immortal Formula for Taking Sesame Powder (神仙服胡麻粉法方), and Immortal Method for Taking Sesame (神仙服胡麻法方).

The ending sentence "Divine Immortal sesame (Formula)" is a formula name completed based on the common naming pattern in ancient medical texts: "effect, main ingredients, (formula)". Here, "*Chang*", "*Hu*", "*Ma*" can be read together as "*Chang Hu Ma*". "*Chang*" has the meaning of longevity, and "*Hu*" "*Ma*" is a transliteration of "sesame", which means "formula containing sesame for longevity", in other words, it means immortal formula mainly with sesame.

2.6 Interpretation of sixth line of Tangut medical formula fragment

The sixth line details the composition and processing of another formula (Table 6). Characters include "use", "ox", "knee (Achyranthes root)", "poison (henbane seed)", "equal/and the like", "skin/bark", "together", "grind", "powder", "use", "combine", "simmer", "flour", "paste", "in", "knead". It clearly lists medicines

Table 6 Interpretation of line 6

Number	Tangut Script	English Translation	Chinese Translation
1		To do	为
2		Transliteration of "*Niu*"	牛
3		A surname; transliteration of "*Xi*"	膝
4		Poisonous weed; transliteration of "*Long*"	狼
5		Poison; toxin; transliteration of "*Du*"	毒
6		Fruit; transliteration of "*Ma*"	果
7		And so on	等
8		Skin	皮
9		Even; equal	俱
10		Fatigue; transliteration of "*Mo*"	磨
11		Wing	粉
12		To do; to make	为
13		To suit; to be convenient; to harmonize	合
14		To stew	煨
15		Quiet; transliteration of "*Ming*"	面
16		Transliteration of "*Hu*"	糊
17		Centre; among; middle	中
18		To knead; to press	揉

such as *Niu Xi*, and henbane seed. They are ground together into powder, combined into a flour paste for simmering, and then kneaded into a dosage form (likely pills or cakes). Chen Bingying interprets the term as meaning "fruit", referring to a type of fruit or seed, and thus identifies it as *Lang Dang Zi* (莨菪子 Semen Hyoscyami).

According to Kou Zongshi of the Northern Song dynasty in *Tu Jing Yan Yi Ben Cao* (《图经衍义本草》 *Illustrated and Derivative Meaning of Materia Medica*): "*Lang Dang Zi*... stir-fried until ripe stops cold diarrhea… sun-dried, it is made into pills with prepared aconite, dried ginger, aged tangerine peel, cinnamon heart and magnolia bark to cure diarrhea due to disorder of qi (莨菪……熟炒，止冷泻……暴干，以附子、干姜、陈橘皮、桂心、厚朴为圆，去一切冷气，积年气痢)".[18]

2.7 Interpretation of the seventh line of Tangut medical formula fragment

The seventh line continues to describe dosage and administration (Table 7). Characters include "a small amount", "at", "abdomen", "empty", "time", "at", "one", "time", "ten", "millet grains", "time", "water", "warm", "in", "drink", "treat", "cold", "qi", "treat". It mainly explains taking a small amount of the powder, on an empty stomach, each time taking an amount equivalent to ten millet grains, taken with warm water, to treat "cold qi" or "cold diseases".

Table 7 Interpretation of line 7

Number	Tangut Script	English Translation	Chinese Translation
1		How many; how much	几许
2		To do; to make	于
3		Belly; abdomen; stomach	腹
4		Hollow; void	空
5		Time; date; moment	时
6		Above; on	于
7		One	一
8		To continue; to mend	遍
9		Ten	十
10		Millet	黍
11		A conjunction	时
12		Water	水
13		Warm	温
14		Centre; among; middle	中
15		To drink; to eat	喝
16		Repair, put in order,	治
17		Cold	冷
18		Gas	气
19		Repair, put in order,	治

Table 8 Interpretation of line 8

Number	Tangut Script	English Translation	Chinese Translation
1		Pepper	椒
2		Head	头
3		Mouth	口
4		To open; to spread	张
5		Dawn	旦
6		Next year	明
7		Belly; abdomen; stomach	腹
8		Hollow; void	空
9		Medicated plaster	药
10		Above; on	于
11		Water	水
12		New; fresh	新
13		Cold	冷
14		Sudden and violent	暴
15		Two	二
16		Ten	十
17		One	一
18		A bit of; a drop of	粒
19		To drink; to eat	喝
20		Face	面
21		Tail; end; east	东

2.8 Interpretation of the eighth line of Tangut medical formula fragment

The eighth line records a single-ingredient formula (table 8). Characters include "pepper", "head", "mouth", "open", "dawn", "morning", "abdomen", "empty", "medicine", "with", "water", "new", "cold", "draw (water)", "two", "ten", "one", "grains", "drink", "face", "east". It describes taking twenty-one grains of pepper, on the next morning on an empty stomach, taken with newly drawn cold well water, and while taking the medicine, one must face east. This formula has a strong ritualistic color, possibly related to ancient beliefs about direction.

3 Discussion

Based on the textual collation, translation, and research of the Tangut script medical formula fragment G21.004[20487] unearthed in Wuwei, Gansu province, this section further discusses the types of Tangut medical formulas, the characteristics of Tangut medicine, and the influence of Han Chinese medical culture on Tangut medicinal customs. Through the interpretation of controversial lines in the fragment, this study corrects the existing academic translation biases, clarifies the possible types, herbal compositions, and therapeutic directions of the formulas contained in the fragment, and confirms that the formulas are closely related to the treatment of "cold diseases" corresponding to "*Han Zhong*" in TCM. On this basis, combined with the collation and analysis of relevant unearthed documents and historical records, this section re-examines the long-standing academic view that Tangut medicine was dominated by shamanism, verifies the existence and application of formula-based therapies in the Xixia dynasty, and further explores the inheritance and development of the custom of "taking medicine while facing east" from Han Chinese medical culture in Tangut medicinal practice, so as to provide new perspectives and evidence for the in-depth study of Tangut medical history and the cultural exchange between Han and Tangut medicine.

3.1 Discussion on the types of Tangut medical formulas

On the basis of previous research, the author translated the 147 Tangut characters, and the results are shown as below in Table 9.

The textual analysis of the Tangut medical formula fragment G21.004[20487] is as follows. Take the controversial line 3 for example, it is not the "husked sorghum porridge" translated by the academic circles, but the meaning of "when the rice is cooked into congee, the medicinal decoction is finished". For the "*Hou Luo Xin Ma* (厚罗辛麻)" in line 4, it is considered that it should be translated into "*Hou Lao Xi Ma* (厚蓉膝麻)". "*Xi* (膝)" is the 18th word of the fourth line in this fragment of Tangut script medical formulas, and is the

Table 9 The translation of unearthed relics numbered G21.004[20487] in Wuwei, Gansu province

Line Number	English Translation	Chinese Translation
1	Discard (dregs of a decoction), cook well, stir frequently, the water boiled and vaporized to half, re-add water to cook, boiling, and the belly...	……弃除，好好煮，频翻动，水减半时，重新加水煮，煮熟，腹……
2	In addition, roll into some pills by kneading. In the next morning, take medicine on an empty stomach, put the pills in this soup, discard the first medicine residue, and the belly...	另外再分别揉丸，在第二天早上，空腹时，取一些药丸，把药丸搁于此汤中，弃去第一遍药渣，肚……
3	Stir well and get the tepid decoction of herbal medicine, one spoonful at a time. Take it while it's hot. Pulverize the husked sorghum, and boil it...	搅匀温热，每次一勺，趁热服，有碾秫米合煮……
4	If you drink it frequently, you will get rid of cold diseases. This maybe the formula named "*Hou Lao Xi Ma* (厚蓉膝麻)"	时亦当喝，频频常喝，则冷病皆除也，此者厚蓉膝麻……
5	It's the key point of treatment. ○Cure any kind of cold diseases, people often used the immortal formula mainly with sesame...	治病所要论也。○治除百种冷疾，神仙胡麻(方)……
6	take the root bark of achyranthes bidentatae, grind it together with henbane seed into a fine powder, simmer the mixture, then knead it in wheat flour paste...	为牛膝等皮，与莨菪子共研为粉，合煨，面糊中揉……
7	take few, and take ten small particles at a time on an empty stomach with warm water.○ Treat cold diseases...	几许，于空腹时，一次十黍，温服。○治寒气，治……
8	Take twenty-one peppers with fetch water from the well, on an empty stomach the next morning, and take them faces east...	开口花椒，于翌晨空腹时取二十一粒，新汲水下，面东服……

same as the 3rd word of the sixth line, though scholars translated the 18th word of the fourth line into "*Xin* (辛)". For line 5, the writing paradigm of ancient medical books should be followed, which is translated as "cure and eliminate 100 kinds of cold diseases, immortal formula mainly with sesame (神仙胡麻方)". For line 6, in Chen Bingying's opinion, the fourth to sixth words should be translated into *Lang Dang Zi* while the paper translated the fourth to fifth word as radix Stellerae Chamaejasmis (狼毒) and the sixth word the paper translated into "*Ma* (麻)" from the transliteration refer to the Tangut dictionary pamphlet, although scholars translated the 6th word of the sixth line into "fruit" or "seed". It is believed that there are four formulas in the fragment, involving 7 herbs, which are related to the treatment of "cold diseases", or *Han Zhong* in TCM.

If the circle numbers are used as dividers, this fragment contains three formulas. Based on the content, it can also be analyzed in five parts. The "*Hou Lao Xi Ma*" decoction described in lines 1–4, immortal formula with sesame described in lines 5–7, and the single Chinese herb "prickly ash" described in lines 8, cure all kinds of cold diseases. According to the description, it can be divided into five parts, namely, lines 1–3, line 4, line 5, line 6–7, and line 8, which may involve 7 kinds of herbs, including husked sorghum (秫米), *Hou Po*, *Rou Cong Rong*, *Niu Xi*, *Hu Ma*, *Lang Dang Zi,* and *Hua Jiao* (花椒 Pericarpium Zanthoxyli). As the unearthed literature only records the name of the medicinal materials and does not scientifically describe the morphology of the medicinal materials (such as roots, stems, leaves, flowers, fruits, etc.), this paper presents the possibility name of the herbs. For the detailed explanation of the specific formula name, possible TCM formula compatibility, dosage form, and efficacy involved in this fragment (Table 10).

3.2 Discussion on the characteristics of Tangut medicine

Medical historians have long held that the medical customs in the Xixia dynasty were dominated by shamanism rather than formal medicine. According to *Liao Shi*, "people suffering from illness in Xixia did not seek medical attention or take herbal medicines, but instead summoned shamans to exorcise malevolent spirits. In the Tangut language, shamans were referred to as '*Si* (嘶)'. Sometimes, the sick would also move to a different

Table 10 The detailed annotation of unearthed relics numbered G21.004[20487]

Line Number	Formula	Formula Compatibility	Medicine form	Medicinal Efficacy
1–3	Missing content	Husked sorghum	Decoction	Treat cold diseases
4	*Hou Lao Xi Ma* (厚蓉膝麻)	*Hou Po* (厚朴 Cortex Magnoliae Officinalis), *Rou Cong Rong* (肉苁蓉 Herba Cistanches), *Niu Xi* (牛膝 Radix Achyranthis Bidentatae), and *Hu Ma* (胡麻 Semen Sesami)	Decoction	Treat 100 kinds of cold diseases
5	Immortal sesame (formula)	*Hu Ma*	Single herb	Treat 100 kinds of cold diseases
6–7	Missing content	*Niu Xi*, *Lang Dang Zi* (莨菪子 Semen Hyoscyami)	Pills	Missing content
8	Zanthoxylum bungeanum	*Hua Jiao* (花椒 Pericarpium Zanthoxyli)	Single herb	Treat cold diseases

dwelling to avoid the illness, a practice called 'shunning sickness' (病者不用医药，召巫者送鬼，西夏语以巫为"厮"也；或迁他室，谓之"闪病")".[19] Excavated documents held in Russia—including the Chinese-language materials from Khara-khoto (Heishui City)—have confirmed that formula-based therapies were practiced in the Xixia dynasty. In addition to formulas recorded in Chinese documents, medicinal formulas written in the Tangut script have also been unearthed at Khara-Khoto. Relevant discussions can be found in the work of medical historians such as Ma Jixing, and Zhang Ruqing. Ten Tangut-script medical documents have been unearthed at Khara-khoto, but their cursive script makes translation difficult, and they remain largely unknown to medical historians. Scholars including Huihong, Duan Yuquan, and Tang Xiaolong have conducted textual research on a number of these Tangut formulas. Shi Jinbo has cataloged ten such documents, numbered as Group 19. In 2007, Shi Jinbo translated Tangut script medical formulas in *Xixia Society*, introducing Sibai Pill (四白丸), Cardamom Xianglian Pill (豆蔻香连丸), Huiyang Pill (返阳丹), Dioscorea Baipi Pill (薯蓣柏皮丸) and other medical formulas, as well as the Xixia acupuncture work *Mingtang Moxibustion Sutra* (《明堂灸经》). In 2015, Professor Liang Songtao's book "*Documentation and Research on the Tangut Script Medical Literature Unearthed in Khara-khoto*"(《黑水城出土西夏文医药文献整理与研究》) can be described as a comprehensive review of the Tangut script medical literature unearthed in Khara-khoto.[20] A further authoritative work, *Translation and Research of Unearthed Xixia Medical Literature*, (《出土西夏文医药文献译释与研究》) by Professor Liang Songtao, was published in 2025.

In the eighth line, another intriguing point noted in the subsequent discussion is the practice of taking medicine with freshly drawn water while facing east. The literal translation "fresh cold water" may be rendered as "freshly drawn well water (新汲水)" in accordance with traditional custom, as this term appears frequently in ancient Chinese medical texts. Moreover, transmitted textual evidence supports the concurrent use of "freshly drawn well water" and "facing east" in medicinal instructions. In investigating the historical origins of the custom of facing east, the author observed that in excavated bamboo and silk medical texts from the Han dynasty, "facing east" most often denoted an orientation chosen during treatment, reflecting shamanistic concepts and particularly certain notions of yin and yang. Wang Huaping[21] notes that in the incantation-healing formulas in *Wu Shi Er Bing Fang* (《五十二病方》 *Formulas for Fifty-two Diseases*), the orientation toward the east at sunrise was selected for the purpose of supplementing yang qi. Records of "facing east for nourishing life" are numerous because the east corresponds to yang. Practitioners who stand facing east during exercise can more readily absorb yang qi from heaven and achieve optimal nourishing effects. Ancient health cultivation scholars also emphasized sleep orientation; sleeping with the head facing east was likewise intended to receive yang qi, as reflected in such statements as: "The head faces east to receive life-giving qi (东首，以受生气也)" and "Orienting the head to the east during sleep is a practice meant to harmonize with the nourishing and upward-rising energy associated with sunrise and springtime (寝恒东首，谓顺生气而卧也)". Nonetheless, records of taking medicine while facing east remain relatively rare. An early example is found in *Zhou Hou Bei Ji Fang* (《肘后备急方》 *Emergency Formulas to Keep up One's Sleeve*): "Another formula: ...Take one pill each time with freshly drawn water, facing east; this is highly effective (又方：……每服一丸，新汲水下，面东服至妙)".[22] This passage describes the use of such a method to treat various cold-heat malaria disorders.

Since the Song dynasty, the records of "When taking the medicine, the patient should face east" in the handed-down texts have increased greatly, such as *San Yin Ji Yi Bing Zheng Fang Lun* (《三因极一病证方论》 *Treatise on Diseases, Patterns, and Formulas Related to the Unification of the Three Etiologies*), *Gu Jin Lu Yan Yang Sheng Bi Yong Fang* (《古今录验养生必用方》 *Ancient and Modern Records of the Necessary Formulas for Health Preservation*), and *You You Xin Shu* (《幼幼新书》 *A New Book of Pediatrics*). From "facing east for nourishing life" to "facing east when taking medicine", this historical preference for facing east reflects an evolution of concepts, and it also exerted an influence on the medicinal customs of the Xixia.

4 Conclusion

The Tangut medical formula fragment in the Gansu Provincial Museum consists of 147 characters and 3 repetition symbols, divided by two circles. Currently, scholars believe that there are three kinds of medical formulas in the fragment of the documents. Previous scholars considered this Tangut script fragment of the documents to be a folk formula, influenced by TCM but not recorded in standard medical texts, thereby preserving elements of the primal shamanistic practices of the Tangut state people. Based on the work of previous scholars, this study attempts to reinterpret the fragments of the documents of this medical formula.

Many scholars' translation of the condition as "typhoid fever" is incorrect, as typhoid fever is classified as a warm disease, whereas this Tangut medical formula refers to "cold qi" and "cold diseases". Based on the research paradigm of disease history, the "cold diseases" translated in this unearthed documents is a literal translation. Compared with the description of "cold diseases" in the medical books of previous dynasties, there is "*Han Zhong* (寒中)" in the documents unearthed in the Qin and Han dynasties, and the name is also retained in the Tang dynasty. The ancient

name of the disease also includes "accumulated cold diseases (积年冷病)"and "chronic cold diseases (痼冷)". It can correspond to a series of symptomatic diseases embodied in the "cold patterns (寒证)". In TCM, Han Zhong refers to cold invading the spleen and stomach, most commonly caused by spleen-stomach deficiency-cold, the evil changes from cold, or from fatigue and internal injury. The symptoms include abdominal pain, bowel sounds, diarrhea, etc. It is believed that the fragment description of this Tangut script medical formula is related to the treatment of *Han Zhong*.

This study focuses on fragments of medical formulas written in Tangut script. Integrating findings from rare textual sources and theories of TCM formulas, it systematically interprets the content of these fragments and fills a long-standing gap in the research on TCM literature of the Xixia dynasty. This work provides a paradigmatic example and establishes a research standard for Tangut medicine characterized by interdisciplinary mutual verification. It demonstrates that Tangut medical research must transcend conventional textual interpretation alone and resolve scholarly divergences through an integrated approach that combines humanities, medical sciences, and textual archaeology. In doing so, it offers a methodological reference for the collation and research of medical literature from ethnic minority traditions.

Notes

1. The dictionary can be accessed at http://www.ccamc.co/tangut.php. There are more than 6100 Tangut characters in this website developed by You Chengyu (游程宇).

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Ethical approval

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

Author contributions

SUN Lingzhi drafted and corrected the manuscript.

Conflicts of interest

The author declares no financial or other conflicts of interest.

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Introduction of the Acupuncture Anesthesia Basic Research Team Led by Professor Wang Ke



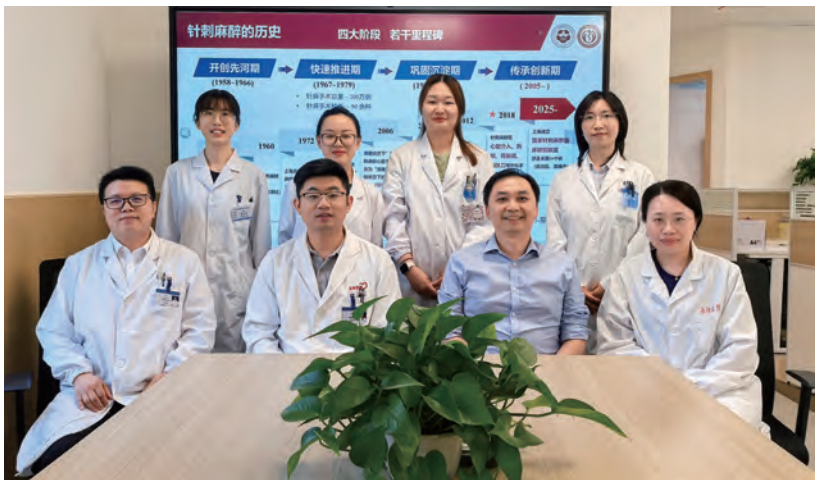
Acupuncture anesthesia is one of the most distinctive original achievements of traditional Chinese medicine (TCM), representing a remarkable integration of traditional Chinese medical wisdom with modern biomedical practice. The Acupuncture Anesthesia Basic Research Team led by Professor Wang Ke (王珂) at Shanghai University of Traditional Chinese Medicine (SHUTCM) is dedicated to advancing the scientific understanding, innovation, and international development of acupuncture anesthesia. The team functions as an important research component of the broader acupuncture anesthesia program under the academic leadership of Professor Zhou Jia (周嘉), whose longstanding contributions have played a pivotal role in promoting the development of acupuncture anesthesia in both clinical practice and scientific research.

Supported by SHUTCM and its affiliated Yueyang Hospital of Integrated Traditional Chinese and Western Medicine, the team has established an interdisciplinary research platform integrating acupuncture science, neuroscience, anesthesiology, pain medicine, and translational research. Through a collaborative model linking clinical questions with mechanistic investigation, the group focuses on uncovering the biological basis of acupuncture interventions and strengthening the modern scientific foundation of this uniquely Chinese medical discipline.

The team's primary research interests include acupuncture analgesia, perioperative organ protection, neuroimmune regulation, and mechanistic innovation in acupuncture anesthesia. Addressing longstanding challenges in the field, including incomplete mechanistic interpretation and insufficient high-level evidence, the team has developed a multidimensional research framework integrating transcriptomics, metabolomics, functional neuroimaging, and integrative physiological assessment. In particular, the group has advanced innovative investigations centered on the "pain-emotion-cognition" axis, providing new insights into the neurobiological mechanisms underlying acupuncture-mediated regulation.

The team has presided over 20 high-level research projects, including those supported by the National Natural Science Foundation of China (NSFC) and other major provincial and ministerial funding programs. Professor Wang Ke has published more than 38 SCI-indexed papers in peer-reviewed international journals, contributing significantly. Their work has contributed to important advances in pain modulation, neuroprotection, cardiopulmonary protection, and immune regulation through acupuncture intervention, helping to enhance both the scientific credibility and international academic visibility of acupuncture anesthesia.

Professor Wang Ke, as the leader of the basic research team, has played a central role in research organization, interdisciplinary integration, and talent cultivation. He currently serves as Deputy Dean of the Graduate School at SHUTCM, Research Professor, and Doctoral Supervisor, and holds leadership positions in national academic societies related to acupuncture anesthesia.



Beyond scientific research, the team places strong emphasis on cultivating the next generation of clinician-scientists with deep confidence in TCM culture, international academic vision, and translational research capability. Looking ahead, the team will continue to promote original theoretical innovation, deepen interdisciplinary collaboration, and contribute to the global recognition of acupuncture as a scientifically grounded and culturally significant contribution from China to world medicine.