



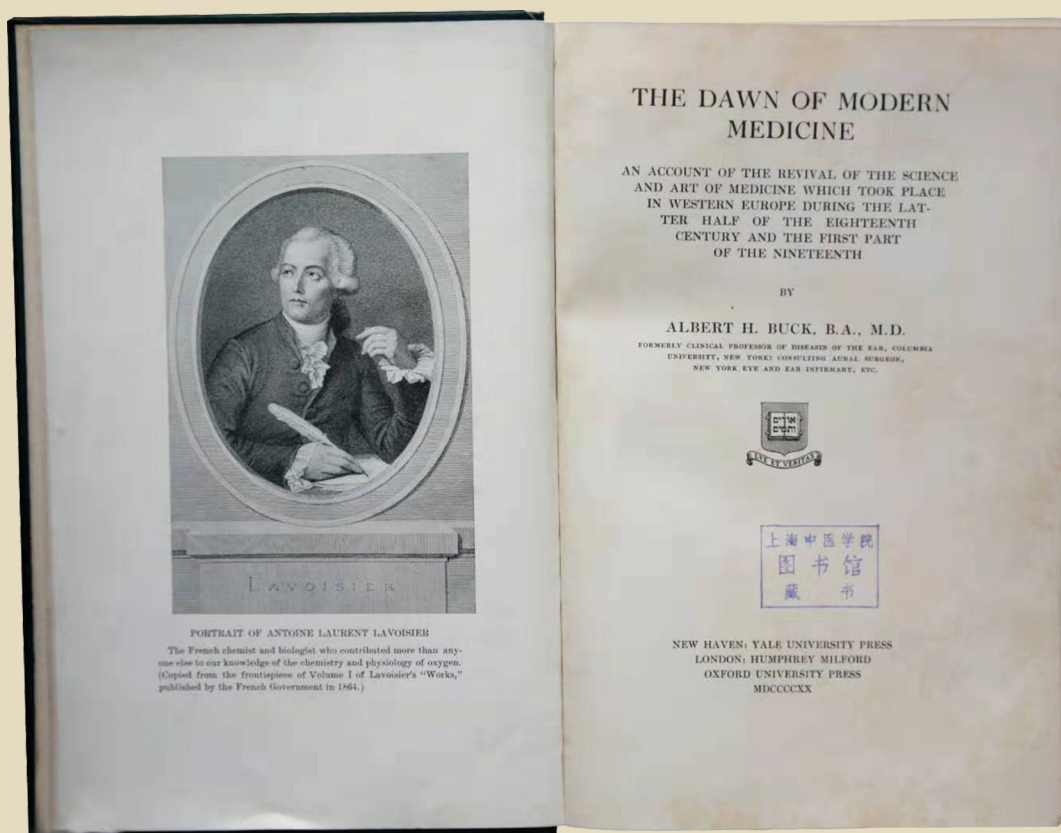
上海中醫藥大學
Shanghai University of Traditional Chinese Medicine

ISSN (Print): 2589-9627
ISSN (Online): 2589-9473

CHINESE MEDICINE AND CULTURE

Volume 2 • Issue 4 • October-December 2019

www.cmaconweb.org



The Dawn of Modern Medicine by Cecilia C. Mettler

Collected in Shanghai Museum of Traditional Chinese Medicine

2nd China-Shanghai International Taiji Health Symposium & 15th China-Shanghai International Symposium on Qigong Science Held in Shanghai

From October 19 to 20, 2nd China-Shanghai International Taiji Health Symposium & 15th China-Shanghai International Symposium on Qigong Science were held in Shanghai with the theme of “Taiji•Qi•Health”. The conference was hosted by Shanghai University of Traditional Chinese Medicine and Shanghai Academy of Traditional Chinese Medicine, and organized by Shanghai Qigong Research Institute. Nearly 200 experts, scholars and health culture lovers from China, the United States, Japan, France, Germany, Sweden, Greece, Spain, Singapore and other countries attended the conference.

At the opening ceremony of the conference, Yang Yongqing, Vice President of Shanghai University of Traditional Chinese Medicine, delivered a welcome speech, and President Xu Jianguang congratulated by video; Zhang Huaqiong, Deputy Director of Shanghai Municipal Health Commission and Deputy Director of Shanghai Municipal Administrator of Traditional Chinese Medicine, Zhao Wanjun, Vice Chairman of World Medical Qigong Society, Chen Xi, Vice Chairman of Shanghai Fitness Qigong Association, Chen Yujuan, Vice President of Hebei Medical Qigong Hospital attended the meeting and gave speeches. The opening ceremony was presided over by Li Jie, Director of Shanghai Qigong Research Institute.

Taiji Health Center of Shanghai University of Traditional Chinese Medicine and Macao Traditional Chinese Medicine Society signed a memorandum of strategic cooperation. In the future, the two sides will carry out mutual visits in teaching and scientific research cooperation in the field of health of common concern, and plan to establish Macao Branch of Taiji Health Center.

During the conference, nearly 20 representatives held topic exchanges on the research results and cooperation prospects of “Taiji health” in the fields of self-cultivation, medical rehabilitation and cultural exchange, discussed and promoted the concept of “Taiji Health”, strengthened the connection between Taiji, Qigong and international natural medicine, and made Chinese traditional health preservation, a cultural treasure, play a better role in the physical and mental health of modern people. The following keynote speeches received high attention and warm response from the participants

During the conference, an interview was also held on the release of the second volume of ‘Qi to Achieve Taoism’. Many people who participated in the compilation of the Dictionary of Common Qigong Glossary (French-Chinese & English - Chinese) shared their academic opinions and the overseas development of “Taiji Health” with the participants.

Shanghai Qigong Research Institute



Traditional Chinese Medicine Workshop for International Medical Experts Held at Shanghai University of Traditional Chinese Medicine

The 2019 Traditional Chinese Medicine Workshop for Professionals from countries involved in the Belt and Road Initiative(BRI) began on Oct 14th at the Shanghai University of Traditional Chinese Medicine(SHUTCM).

This year, 35 goverment officials from various health departments, doctors and professors from 15 BRI countries attended the workshop.

This is the third time the event has been hosted by the Shanghai Education Commission. It will last for three weeks and showcase various aspects of TCM through lectures, hospital visits, academic salons and cultural activities.

Attendees will learn about medical policy, special clinical diagnosis and treatment, regimen practices and technological innovation related to TCM.

Xu Jianguang, president of the university, said that the medical concepts embodied by TCM have been proven to be effective and have been spread to more than 100 countries. This is what led to the opening of the workshop, which aims to bolster frequent dialogues among the international medical community.

Chen Kaixian, adademician at the Chinese Academy of Sciences, delivered a speech entitled “TCM and Global Medical Development” at the opening ceremony. He discussed the development of TCM and the contributions it has made to improve public health.

Shanghai University of Traditional Chinese Medicine



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Shanghai University of Traditional Chinese Medicine

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Wolters Kluwer India Private Limited

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For any questions or additional information, please contact us.

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JOURNAL TITLE

Chinese Medicine and Culture

SPONSOR

Shanghai University of Traditional Chinese Medicine

PUBLISHER

Wolters Kluwer India Private Limited

FREQUENCY

Quarterly

LAUNCH DATE

July 03, 2018

CURRENT PUBLICATION DATE

September 24, 2019

EDITORIAL OFFICE

Editorial Office of *Chinese Medicine and Culture*

Shanghai University of Traditional Chinese Medicine,
1200 Cailun Road, Pudong New Area, Shanghai 201203, China

Telephone: 86-21-51322295

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Chinese Medicine and Culture

Volume 2 | Issue 4 | October-December 2019

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The Li Lineage of Traditional Chinese Medicine

Heng Li

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Abstract

Professor Li Ding (李鼎) is the founder and tenured professor, doctoral supervisor at Shanghai University of Traditional Chinese Medicine, a Representative Inheritor for China Intangible Cultural Heritage – Acupuncture and Moxibustion. It is well known that Chinese medicine is rooted in Chinese culture and history. The inheritance of Chinese medicine cannot be separated from the inheritance of Chinese culture and history. Professor Li Ding's path of Chinese medicine inheritance perfectly reflects the above-mentioned laws and is worthy of further exploration and research. The full text of this article is divided into three parts and will be published one after another. The first part "The Lineage of *Gu Yi Tang*" brings us Li's family historical stories; the second part "The Lineage of Chinese Studies" introduces professor Li's Chinese culture studies; and the third part "The Lineage of *Dao Sheng Tang*" discusses professor Li's inheritance of Chinese medicine. This article will bring our readers a rich and colorful Chinese scroll painting, which not only focuses on Chinese Medicine, acupuncture but also touches ancient Chinese history, culture, Daoism, and even more.

Keywords: Acupuncture and moxibustion, Chinese studies, intangible cultural heritage, Li Ding (李鼎), Li's Lineage, traditional Chinese medicine

BRIEF INTRODUCTION TO PROF. LI DING

Li Ding [Figure 1] (李鼎) was born on December 18, 1909 in *Gu Yi Tang*, Hou Ren village, Yongkang County, Zhejiang Province. Prof. Li's style name (also known as courtesy name (字Zi) is Yang Yuan (养元literally means to nourish the Yuan-primordial qi) and his pseudonym (号Hao) is Yang Yuan (养园literally to cultivate a garden). He is the founder and tenured professor, doctoral supervisor at Shanghai University of Traditional Chinese Medicine, a Representative Inheritor for China Intangible Cultural Heritage – Acupuncture and Moxibustion. Prof. Li also serves the Expert Committee of Shanghai Academy of Chinese Medicine. In addition, he is a Distinct Traditional Chinese Medicine (TCM) Physician in Shanghai and also in China, a Consultant of the World Federation of Acupuncture - Moxibustion Societies, a well-known TCM and acupuncture educator across the country and a State Council Expert for Special Allowance since 1992.

PART 1: THE LINEAGE OF *GU YI TANG*

Prof. Li Ding was originally from *Gu Yi Tang*, Hou Ren village, Yongkang County, Zhejiang Province. According to Li's genealogy records [Figures 2 and 3], his ancestors can be traced as far back 1400 years ago to Li Shimin, the Emperor of Taizong of the Tang Dynasty (618-907).

The genealogy recorded the dates of birth and death of ancestors of each generation as well as life stories of men/women of achievement.^[1]

Li's history in the tang dynasty (618 ~ 907)

The Emperor Taizong (599-649) of the Tang Dynasty (618-907) Li Shimin (唐太宗李世民598-649)'s great-grandson, the King Ning Li Xian (唐宁王李宪679-741) [Figure 4], for the consideration of the national interest, took the initiative to pass his own throne, to his younger brother Li Longji (唐玄宗李隆基685-762), which was later called Tang Xuanzong. Later generations praised Li Xian's humility and virtue and called him "the emperor of modesty."

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Submission: 16-September-2019 **Accepted:** 16-September-2019
Published: 24-December-2019

Access this article online

Quick Response Code:



Website:
www.cmaconweb.org

DOI:
10.4103/CMAC.CMAC_37_19

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How to cite this article: Li H. The Li Lineage of traditional Chinese medicine. Chin Med Cult 2019;2:155-8.



Figure 1: Portrait of Professor Li Ding



Figure 2: Li's Genealogy Books

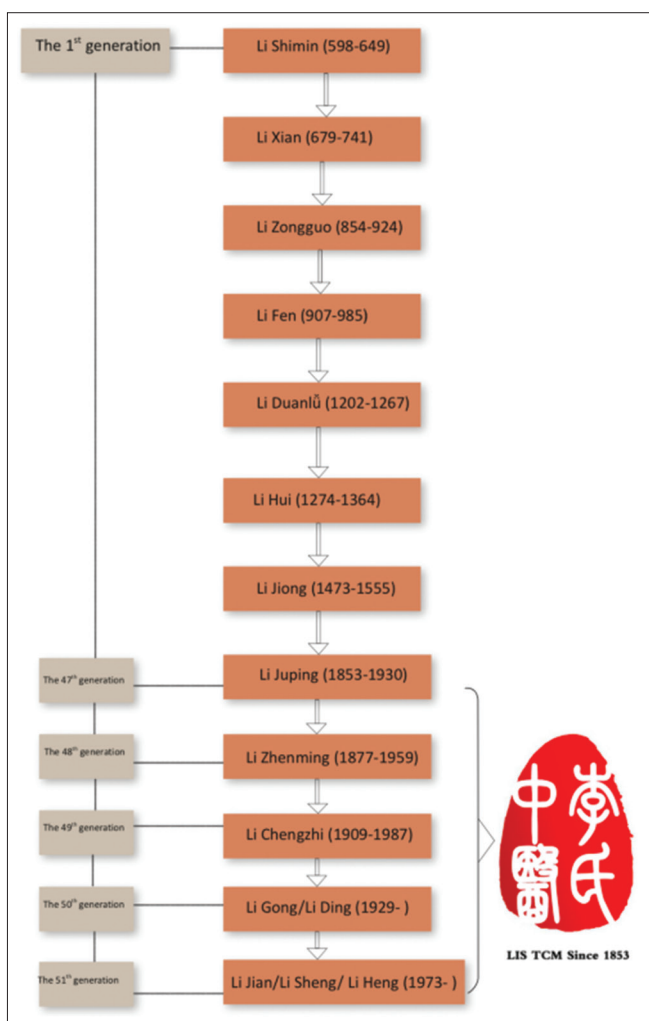


Figure 3: Li's Family Lineage Chart

Li's history in the southern song dynasty (1127 ~ 1279)

In 1240, during the Southern Song Dynasty (1127-1279), mass famine took the lives of people across Zhejiang province. The government called on local wealthy families to deliver food for starvation relief; however, most of these families did not



Figure 4: Li Xian (679–741) – The King Ning of the Tang Dynasty

respond at all. The Li family, however, opened the granary to distribute food to famine victims in seven counties. As a result, a memorial archway called “Le Shan Fang (Benevolence Building) [Figure 5]” was built by the government for particular commendation.

The ancestor Li Duanlǔ (October 11, 1202-December 3, 1267) received a commendation in recognition of his selfless deed during the famine. Even after the Li family moved from *Choumen* to *Houren* village, Yongkang County, the “Le Shan Fang Li family” was still written on the Red Lantern hanging during the Spring Festival.^[2]

According to the Li family's genealogy, during the 400 years from 880 to 1294, the Li clan people went all the way east across a-1000 mile distance and experienced three major migrations. Mr. Li Zongguo (854-924) moved to Hangzhou, Zhejiang in 880; Mr. Li Fen (907-985) moved to Choumen, Jinyun; and Mr. Li Hui (1274-1364) finally arrived in Houren, Yongkang from the capital Changan (Xi'an), the residence of the royal family of the Tang Dynasty.

Li's history in the ming dynasty (1368-1644)

The professor Li's ancestral mansion *Hou Zhai Ting* [Figure 6] was built by scholar Li Jiong in 1533 during the Emperor of

Jiajing of the Ming Dynasty (1368-1644). It is now listed as protected cultural relics. Scholar Li Jiong donated and participated in the establishment of the famous “Five Peaks College (五峰书院)” in Fangyan, Yongkang county.

The Lineage of *Gu Yi Tang*

Li Juping – The founder of *Gu Yi Tang* and *Dao Sheng Tang*

Gu Yi Tang [Figure 7] was built by Li Juping [Figure 8] (1853-1930) and his three sons in 1908. During the late years of the Qing Dynasty (1644-1912), Li Juping and his eldest son Li Zhenming and second son Li Zhenfan opened a pharmacy



Figure 5: Le Shan Fang (乐善坊1240, the original building has been destroyed)



Figure 6: Prof. Li's Ancestral Mansion-Hou Zhai Ting (1533, Ming Dynasty)



Figure 7: Prof. Li's Former Residence *Gu Yi Tang* (1908, Late Qing Dynasty)

named *Dao Sheng Tang*, which symbolized official practice of Chinese medicine in Li family.

They treated patients, prescribed formulae, and dispersed medicine. From this family pharmacy, professor Li Ding and his father Li Chengzhi learned their Chinese medical knowledge and later established their medical career.^[3]

Scholar Wang Liangxi, the magistrate of Xuanping (now Wuyi) County wrote the plaque of *Gu Yi Tang* in 1922 [Figure 9].

Li Chengzhi – The Taoist traditional Chinese medicine doctor

According to the Li lineage, Li Chengzhi [Figure 10] is the 49th-generation descendant of the Emperor Taizong (598-649) of the Tang Dynasty (618-907), personal name Li Shimin (the second emperor of the Tang Dynasty of China, ruling from 626 to 649), and the 89th-generation descendant of Li Er (aka, Lao Zi) (a philosopher of ancient China, best known as the author of *Dao De Jing* (《道德经》 *Tao Te Ching*). His association with the *Tao Te Ching* has led him to being conventionally considered the founder of philosophical Taoism. He was honored as an ancestor of the Tang imperial family).

Li Chengzhi started to teach in a primary school after graduation from Yongkang Middle School. At the same time, he started to read books on medicine, Confucianism, and Daoism and became a student of Mr. Xu Lifu, who was a famous scholar in the ancient Chinese culture. In addition, he also organized workshop for young students to study the Chinese language, literature, philosophy, and history (known as *Guo Xue* in Chinese pinyin).

In addition to Taoism, Li Chengzhi also worshipped Confucianism and Buddhism. He proposed adopting the “formalities in Confucianism and practice in Taoism” and “achieving the goal of Buddhism.” Specifically, he believed that it is important to practice qigong to cultivate body and mind and be ready to help others.

In November 1985, thanks to Mr. Li Chengzhi's fund-raising, the Houren Bridge was completed. This large stone arch bridge has brought convenience to the local people to travel across the Nanxi River. The completion of the bridge has been memorized as a great event in the history of Houren village. Therefore, he was honored as philanthropist.

When he passed away in 1987, villagers and students in a 100-mile radius came to attend his funeral, which became the headlines in local *Yongkang News* and *Zhejiang Daily*.^[4]



Figure 8: Prof. Li's Great Grandfather Li Juping (1853–1930)



Figure 10: Prof. Li's Father Li Chengzhi (1990–1987)

The Li's percepts of *Gu Yi Tang*

In addition to philanthropic history, the Li family has its own tradition. Each generation has been following the family motto: diligence, prudence, purity, and serenity [Figure 11].

Diligence, both physical and mental, is the key to success. Our ancestors were extremely diligent in their life, work, and study.

Prudence refers to the act or posture of lowering oneself in relation to others or in pursuit of academic knowledge. Prof. Li Ding often spent years on studying an academic issue.

Purity refers to being and water-like clean. Another name of my grandfather Chengzhi is Chun, literally meaning purity.

Serenity refers to having a peaceful mind and being self-restraint from excessive vanity. During the decades of clinical practice, Prof. Li Ding only charged the minimal diagnosis and treatment fee from his patients.



Figure 9: Plaque of Gu Yi Tang (1922)



Figure 11: Li's Percepts-Diligence, Prudence, Purity, and Serenity

Purity and serenity symbolize the Daoist philosophy of “effortless action.” For example, Li Xian took the initiative to pass his own throne, to his younger brother Li Longji. My grandfather Chengzhi returned from Shanghai to our hometown and called himself an “old Yongkang farmer.” As the chief reviewer of “Acupuncture Bible” *Chinese Acupuncture and Moxibustion*, Prof. Li Ding remains exceptionally calm when he learned that the English version of this book even got his name wrong for the past decades. When he got to know that he and his colleagues’ book “Shanghai Text” *Acupuncture A Comprehensive Text* was translated without the authorization of the authors, his only reaction was “I’m happy that these textbooks can help more people in the world to understand acupuncture.”^[5]

The author is grateful to Mr. Justin Maher for reviewing the translation.

Translator: Chouping Han (韩丑萍)

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Comments on *Ben Cao Gang Mu Cai Se Yao Tu* (《本草纲目彩色药图》 *Colored Illustrations of Compendium of Chinese Materia Medica*)



Bangxian Zhu

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Abstract

This article gives a brief introduction of *Ben Cao Gang Mu Cai Se Yao Tu* (《本草纲目彩色药图》 *Colored Herb Illustrations of Compendium of Materia Medica*) and explains the history of herb illustrations in each dynasty, the illustration of *Ben Cao Gang Mu* (《本草纲目》 *Compendium of Materia Medica*) and the value and the significance of *Ben Cao Gang Mu Cai Se Yao Tu* in detail.

Keywords: *Ben Cao Gang Mu Cai Se Yao Tu* (《本草纲目彩色药图》 *Colored Herb Illustrations of Compendium of Materia Medica*), *Ben Cao Gang Mu* (《本草纲目》 *Compendium of Materia Medica*), herb illustration, Li Shizhen (李时珍)

INTRODUCTION

A new book called *Ben Cao Gang Mu Cai Se Yao Tu* (《本草纲目彩色药图》 *Colored Herb Illustrations of Compendium of Materia Medica*) [Figure 1] (abbreviated as *Colored Herb Illustrations*) was recently added to my book collections. Four hundreds of years have passed since the birth of *Ben Cao Gang Mu* (《本草纲目》 *Compendium of Materia Medica*) [Figure 2]. To make it more brilliant and more convenient for the study and research, 29 Traditional Chinese medicine (TCM) experts including Qiu Dewen (邱德文) were meticulous in textual research to confirm the origin, producing area, function, usage, and main chemical components of 1225 herbs; 29 photographers including Xia Tongyan (夏同珩) went out to various places to take ≥4000 colored pictures. After going through the hardships of textual research, the book was eventually completed and published at the end of the 20th century. The photographs illustrated in the book are so exquisite that I can hardly tear myself away from it.

THE HISTORY OF HERB ILLUSTRATIONS IN EACH DYNASTY

Colored Herb Illustration is a book with visual explanations. With scientific textual research of natural herbs, authors need to confirm the name, fruits, and morphological characteristics and then illustrate it accurately to ensure the standards, the safety, and effects of materia medica. Therefore, importance has been attached to the compilation of herb illustrations in each dynasty.

According to the history records,^[1] herb illustration emerged about 2000 years ago. *Ling Xiu Ben Cao Tu* (《灵秀本草图》 *Lingxiu Herb Illustration*) with six volumes, written by Yuan Pingzhong (原平仲), is the one that deserves to be recommended first. The book was recorded both in *Sui Shu · Jing Ji Zhi* (《隋书·经籍志》 *The Book of Sui Dynasty: Book Records*) and *Jiu Tang Shu · Jing Ji Zhi* (《旧唐书·经籍志》 *Old Book of Tang Dynasty: Book Records*). No information

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Submission: 09-November-2019 Accepted: 09-November-2019
Published: 24-December-2019

Access this article online

Quick Response Code:



Website:
www.cmaconweb.org

DOI:
10.4103/CMAC.CMAC_44_19

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How to cite this article: Zhu B. Comments on *Ben Cao Gang Mu Cai Se Yao Tu* (《本草纲目彩色药图》 *Colored Illustrations of Compendium of Chinese Materia Medica*). Chin Med Cult 2019;2:159-61.



Figure 1: Colored Illustrations of Compendium of Chinese Materia Medica

about the author was found in records. We can only assume that he lived in the Sui dynasty or the time before Sui.

In 659, Su Jin (苏敬) and other 20 experts compiled *Xin Xiu Ben Cao* (《新修本草》 *Newly Revised Material Medica*) under the guidance of the government. Apart from the 20 chapters of textual introduction, there were seven volumes of illustrated classic and 25 volumes of colored drawings of herbs. The book played an important role in identifying herbs and promoting the standardization. However, the book was lost 300 years later in the period of Kai Bao (开宝 968–979) in the Song dynasty. The colored drawings were lost earlier than the textual part. *Xin Xiu Ben Cao* may be the earliest colored illustration of herbs in China.

Since *Xin Xiu Ben Cao*'s illustration part was lost, the Song government decided to recompile the pharmacopeia in 1057. With nationwide herb investigation, each local government was required to draw their locally grown herb samples and report them to the central government. In 1061, 20 volumes of *Tu Jing Ben Cao* (《图经本草》 *Illustrated Classic of Materia Medica*) were completed. More than 900 paintings were included in the book, and most of them were drawn on the basis of the actual sketching. However, the original book was also lost, and the extant illustrations were scattered in the Da Guan version (大观本), Zheng He version (政和本), and Shao Xing version (绍兴本) of *Zheng Lei Ben Cao* (《证类本草》 *Classified Material Medica*).

The extant colored illustrations mainly are *Lv Chan Yan Ben Cao* (《履巉岩本草》 *Book of Material Medical Written in Lv Chan Yan*) and *Ben Cao Pin Hui Jing Yao* (《本草品汇精要》 *Essentials of Chinese Materia Medica*). *Lv Chan Yan Ben Cao*, three volumes in total, was drawn by Wang Jie (王介) in the Southern Song dynasty. With four pictures absent, there are 202 paintings extant. Wang Jie, the supreme government official in charge of military affairs, excelled in landscape painting and figure painting. According to the preface, Wang Jie found it hard to identify the true herbs from the fake ones, so he went to Ciyun Mountain to sketch the herbs



Figure 2: Compendium of Materia Medica

growing there. There were numerous herbs in the mountain, but only 200 or so can be identified and named with known usages. As an illustrating book for regional herbs, it gives a vivid capture of the figure of the herbs, and we can find the origin of the herb according to the drawings.

Essentials of Chinese Materia Medica, 42 volumes in total, were completed in 18th reigning year of Emperor Hongzhi in the Ming Dynasty (1505). There were 1358 pictures drawn by eight artists like Wang Shichang (王世昌). The original version and the recompiled one in the Qing Dynasty were all collected in the Rome National Central Library and Hong Kong University Library, respectively. The extant aberrant copies of the Ming and Qing dynasties only include 246 paintings and 520 ones, respectively. Excluding the repeated ones, there are 728 pictures altogether.^[2] The pictures in the copies were imitated from those in *Classified Materia Medica* and *Yin Shan Zheng Yao* (《饮膳正要》 *Essentials of Dietary Decoctions*) or sketched newly.

THE ILLUSTRATIONS OF BEN CAO GANG MU

There is always a dispute on whether Li Shizhen (李时珍) drew illustrations in *Ben Cao Gang Mu*. According to the signs of illustration scrolls in the Jin Ling (金陵) version, these pictures were painted by Li's decedents such as Li Jianzhong (李建中), Li Jianyuan (李建元), and Li Jianmu (李建木). Besides, the illustrations varied in different versions. For instance, both Jin Ling version and Jiang Xi version have two volumes of illustrations. Although these 1109 pictures were not exquisitely painted, they can still roughly reflect the features of their origins. However, the Qian Weiqi (钱蔚起) version has three volumes of 1110 illustrations. Among them, 800 were repainted by Lu Zhe (陆喆) based on the Jiang Xi version. Although the repainted pictures were more beautiful and more exquisite than those of Jin Ling version, 76.55% of them were distorted,^[3] therefore 84 of them can hardly be identified. In Zhang Shaotang (张绍棠) version of *Ben Cao Gang Mu*, about 400 pictures were imitated from the Qian version, and some illustrations were introduced from *Zhi Wu Ming Shi Tu Kao* (《植物名实图考》)

Research on Plants with Illustrations). These illustrations are much different from those in Jin Ling version.

Since the founding of the People's Republic of China, researchers in the field of botany and pharmacognosy have done a lot in publishing monographs on herbs. The herbs included in these books are different, for example, *Zhong Yao Da Ci Dian* (《中药大辞典》 *The Dictionary of Material Medica*) records 5767 Chinese medicines. Most monographs have illustrations for medicinal plants, animals, and minerals, but these pictures are mainly drawn by ink or colored lines. There are seldom black-and-white or colored photographs. For most TCM practitioners, it is pretty hard to identify the family and genus or distinguish the true from the fake based on the simple pictures and textual introduction. Therefore, the editors of *Colored Illustrations of Compendium of Chinese Materia Medica* selected 1225 herbs from 1892 herbs, based on a careful textual research and took ≥ 4000 colored pictures of the origins and medicinal materials. In the new book, all the medicinal materials were listed in the same order as the one in *Ben Cao Gang Mu*. Every herb is described in the aspect of the name, genus, illustration, function, usage, appendix, and main chemical components. Besides, it provides the origin, current producing area, the comparison of the ancient, and the present usage and functions. The textual description can be more vivid with the illustration, and with the textual description, the illustration can be better expressed. This is the new development based on the inheritance, which indicates the new thought and the new level of ancient literature research.

THE VALUE AND THE SIGNIFICANCE OF BEN CAO GANG MU CAI SE YAO TU

Ben Cao Gang Mu Cai Se Yao Tu in the 20th century not only represents the research on academic value of the original book in the past 400 years or the continuity of herbal research but also surpasses the textual research on the changes of herbal names and types. In my perspective, what matters more is that this colored herb illustration has made a satisfying step toward standardization research on the herb origins.

As we all know, with the fierce competition on herbs worldwide, the herb origin and its standardization research have become an intellectual property issue which arouses worldwide concerns. It is said FDA has conceived of normalizing the use and

distribution of herbs. Besides, many Western and South Asian countries and regions also entrust relevant institutions with the research on standardization of herb origins while discussing the issues of legislation. With development of herbs in the long history, the species of herbs have also altered, and there are differences between the commonly used herb types. For those who engage in TCM clinics and scientific research, the confusion made by ambiguous origins of herbs has caused great trouble. To standardize the herbal market, to ensure the safety of administration, and to obviate the waste of health resources and damage of natural herbal resources, it is extremely urgent to establish our national standards on herb origins and seize the TCM intellectual property rights. The publishing of colored herb illustrations provides material evidence for the study on herb origin changes and also makes preparation for establishing our national herb origin standards.

Currently, the herbs commonly used by clinical TCM doctors are <100 types and those prepared by drug stores are about 700. Only hundreds of herbs are systematically studied by modern pharmacological methods. Therefore, there is a great potential for researching and developing herbs. The illustration did a detailed textual research on the origins of 1225 herbs and the changes of their names and compared the functions and features of these herbs, which provides a golden key to further exploiting herb resources and broadening the vision in clinical practice and scientific research. With the publication of this book, more astonishing and outstanding herbs like artemisinin are expected in the garden of TCM.

Translator: Lei Lan(兰蕾)

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Traditional Chinese Medicine in Malaysia: A Brief Historical Overview of Laws and Regulations



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Abstract

Although traditional Chinese medicine (TCM) has been a part of the Malaya and the Malaysia people's method of maintaining health and well-being for many centuries, it was never been enrolled in the public health-care system. However, the rising cost of Western drugs and the increasing number of people frequenting TCM has driven the government to search for cheaper options and to look into its safe practice. In 1992, the government mandated all TCM herbal products to be registered with the National Pharmaceutical Control Bureau. All TCM products sold in Malaysia are now Good Manufacturing Practice certified. The government has also established a Traditional and Complementary Medicine Division within the Ministry of Health. Between 2008 and 2014, a traditional and complementary medicine unit was set up in major hospitals in all states. TCM is one of the main services offered by the unit. In 2016, the government enacted the Traditional and Complementary Medicine Act to regulate the TCM practice. Subsequently, a 10-year blueprint has been drawn to support the development of all traditional and complementary medicines in Malaysia. This article aims to provide a brief overview on the regulatory development of TCM in Malaysia.

Keywords: Development of traditional Chinese medicine, historical overview, laws and regulations, Malaysia, Traditional Chinese medicine

This article is a continuation of a previously published article in issue 3 of the *Chinese Medicine and Culture* 2019. The previous article examined the education and research development of Traditional Chinese medicine (TCM) in the Malay Peninsula. TCM education and research did not take off until Malaysia gained independence. Prior to 1950s, TCM in Malaya relied heavily on China. A large proportion of TCM practitioners were either trained in China or naturalized directly from China. The restrictions placed on Chinese immigrants in 1950s had prompted the TCM associations to initiate their own educational training. At the same time, local periodicals and journals were established, but many of them sustained for a few publications only. A paradigm shift from grassroots to government in driving TCM education was later observed at the turn of the century. There are now a few private higher education institutions offering TCM program in accordance to the good standards set by the Malaysian government.

This article aims to provide a brief overview on the regulatory development of TCM in Malaysia.

REGULATIONS OF TRADITIONAL CHINESE MEDICINE

TCM has been a part of the Malaya and the Malaysia people's method of maintaining health and well-being for many centuries. Despite its tremendous contributions to society, TCM has never been recognized as an effective and systematic way to tackle health issues by the government. Instead, similar to other traditional and complementary medicine, TCM was regarded as a folklore medicine which lacks scientific evidence to rationally support its usage. However, the rising cost of Western drugs and the increasing number of

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Submission: 08-November-2019 **Accepted:** 08-November-2019
Published: 24-December-2019

Access this article online

Quick Response Code:



Website:

www.cmaconweb.org

DOI:

10.4103/CMAC.CMAC_40_19

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How to cite this article: Wong HF, Ng SC, Tan WT, Wang H, Lin X, Goh SW, *et al.* Traditional Chinese medicine in Malaysia: A brief historical overview of laws and regulations. *Chin Med Cult* 2019;2:162-5.

people frequenting traditional and complementary medicine compelled the Malaysian government to search for alternative cheaper health maintenance options and to look into the safe practice of these areas.^[1] On May 12, 1979, the first Malaysia Traditional and Complementary Medicine symposium was held at the University of Malaya. As the representative of TCM, Professor Ngeow Sze Chan was invited to be present at the symposium.^[2] The symposium marks the initial dialogue of incorporating TCM into Malaysia's regulated health-care framework.

At the beginning, there were skepticisms, anxieties, and resistances among TCM practitioners toward regulating the industry. Negotiations occurred between the government and the TCM associations from 1980s to 1990s in search of an understanding. A solution was mutually agreed upon that TCM practitioners and TCM products would be separately regulated. In 1992, traditional and complementary medicines including TCM products sold in the Malaysia market were mandated to be registered with the National Pharmaceutical Control Bureau (国家药品管制局), the same Ministry of Health Agency which regulates drugs and pharmaceutical supplies used by Western medicine. It is the first action taken by the government in ensuring the quality and safety of traditional herbal products.^[3] Thus, all TCM products sold in Malaysia are now mandated to carry a registration number, the content and quantity of active ingredients, name and address of the manufacturer, as well as importer on the label. A hologram sticker can also be found on the products. Consumers can use these features to differentiate a genuine licensed product for their safe consumption. Five years later, the government further required that all manufacturers of traditional medicines comply with the Good Manufacturing Practice.^[4] The Bureau was later renamed as the National Pharmaceutical Regulatory Agency in 2016.

To further regulate the industry, the government established a Traditional and Complementary Medicine Unit under the Family Health Development Division in 1996. TCM along with other traditional and complementary medicines including traditional Malay medicine, traditional Indian medicine, traditional Islamic medicine, homeopathy, osteopathy, and chiropractic were under the purview of the unit. This unit was subsequently upgraded and renamed as the Traditional and Complementary Medicine Division in 2004.^[5] The Division later set out a 10-year blueprint for the development of all traditional and complementary medicines in 2018 [Figure 1]. The aim of the blueprint is to regulate all traditional and complementary medicines and integrate them into the national health-care system. Challenges faced by TCM in the areas of practice, education, products, and research are also strategically addressed.^[6]

Prior to 2000, TCM services were mainly offered through private practices. However, the landscape started to change with the introduction of the National Policy on Traditional and Complementary Medicine in 2001 [Figure 2]. In 2007, the



Figure 1: A 10-year blueprint for the development of traditional and complementary medicine in Malaysia

Malaysia government set up a traditional and complementary medicine unit at Kepala Batas Hospital (甲抛巴底医院), Penang. This marked the first sign that TCM services were offered at a public hospital. TCM has finally entered into Malaysia's public health-care system. In the subsequent years from 2008 to 2014, many similar units were set up in public hospitals in each state, namely Putrajaya, Johor, Terengganu, Sabah, Kedah, Negeri Sembilan, Sarawak, Pahang, Kelantan, Selangor, and Melaka.^[5] However, TCM services offered at these traditional and complementary medicine units were restricted to evidence-based practices that the government deemed to be sufficient. This includes acupuncture for chronic pain and stroke, as well as herbal treatment for cancer patients only. Moreover, these units do not accept walk-inpatients without a referral letter from Western medicine practitioners. Therefore, the general public still mostly visits private institutions for their minor ailments.

On April 1, 2015, the government began to collect Goods and Services Tax (GST). Traditional medicines including TCM products were not exempted from tax, nor were they declared under zero-rated tax lists.^[7] This has resulted in an additional 6% consumption tax to all TCM products and rendered services. Owing to GST as a multi-tiered taxation system, not only were the patients burdened with the increased price but also TCM practitioners were slammed with additional cost.^[8] There are only a few medical insurances that accepted TCM-related claims. The Federation of Chinese Physicians and Medicine Dealers Association of Malaysia estimated that among the 6000 traditional Chinese medical halls in Malaysia, 30%–50% would have to transform their business models or risk closing down. Most of these Chinese medical halls were family businesses. The shortage of successor and the lack of experience in operating computed tax system were the reasons how GST had affected the TCM industry.^[9] The GST was later reduced to zero rated between June and September 2018.^[10] It was subsequently abolished and replaced with Sales and Service Tax by the new government



Figure 2: Malaysia's National Policy on Traditional and Complementary Medicine

after the Barisan Nasional political coalition lost the general election in May 2018.^[11]

In 2016, the Traditional and Complementary Act [Figure 3] was passed by the Malaysia Parliament, and it was gazetted to enforce by phase starting from August 1, 2016.^[12] The first phase of the enforcement includes setting up the Traditional and Complementary Medicine Council which governs matters related to the registration and practice of all traditional and complementary medicines. The Council was formed in January 2017.^[13] Recognized practitioner bodies and recognized practice areas have also been advised by the Council and gazetted by the Minister of Health. TCM is one of the recognized practice areas, and the Malaysian Chinese Medical Association is the recognized TCM practitioner body.^[14,15] This means that all TCM practitioners must apply for practice certificates annually from the Council before they could practice in Malaysia. In the future, they would also be required to complete a certain number of continual professional development courses as part of the renewal criteria of the practice certificate.

In addition, the Traditional and Complementary Medicine Council had a meeting with the Malaysia Qualification Agency (MQA), a quality assurance entity under the Ministry of Higher Education. A joint technical committee was formed between the Council and MQA on February 6, 2017. The main function of the committee is to provide MQA with recommendation on temporary and full accreditation of any tertiary education program in the field of traditional and complementary medicines.^[16] The committee has agreed on the existing program standards developed by MQA. Starting from June 2017 onward, all accreditations of TCM program will be jointly assessed by the Council and MQA through the committee.

CONCLUSION

It is clear that China and Malay Peninsula embarked on trading and cultural exchanges as early as the Han Dynasty (汉代).

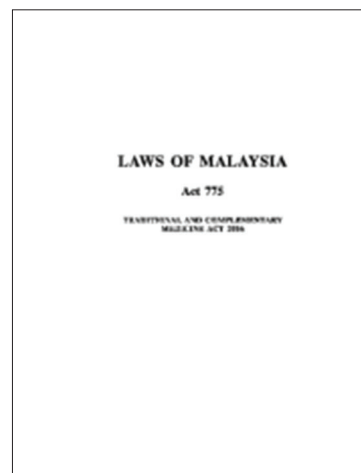


Figure 3: Traditional and Complementary Act 2016

However, TCM was only introduced to the Malay Peninsula later in the 15th century. TCM was exported to the Malay Peninsula by the Chinese immigrants as part of their cultural identity. Although originating in China, TCM in Malaysia has undergone development and localization in stages. The early stage is setting up charity hospitals and clinics in the years leading up to World War II. TCM practitioners from China were relied heavily during the early stage. The second stage is establishing associations to conduct TCM education program locally post-World War II. The third and current stage is the recognition of TCM by Malaysian government. From the establishment of TCM services at public hospitals, through to embarking on a 10-year development blueprint, TCM has entered into the public health-care system. It is flexible enough to expand in foreign territory and has incorporated a variety of local herbs from traditional Malay medicine. TCM has come a long way in overcoming challenges and establishing its roots in Malaysia. By continuing to develop and localize, the TCM industry is foreseen to reach its high time and flourish in the near future.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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A Historical Overview on Medical Exchanges between China and Vietnam



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Abstract

This article reviews the history of transmission and exchange of medicine between China and Vietnam. Systematic textual research found medical activities such as doctor visits, epidemics transmission, exchanges of therapies, import of local herbal, and drug specialties occurred in both countries. Vietnamese traditional medicine was once a truly large-scale system and one of the biggest branches of Chinese medicine abroad in history.

Keywords: Chinese medicine, exchange and connection, medical history, Vietnamese medicine

INTRODUCTION

Medical exchange between China and Vietnam started early in ancient times. Doctors' visits, medical books spread and mutual supplement of herbs and drugs between the two countries developed during a long-drawn history. Although scattered literature could be collected, the present study is still going to examine the connections, exchanges, and linkages that occurred between the Vietnamese and Chinese medicines from the very early beginning to the present and to review what unifies or separates Chinese medicine from its overseas extensions.

THE EARLIEST TRANSMISSION OF CHINESE MEDICINE TO VIETNAM

The first medical messenger

The earliest mention of Chinese medicine brought to Vietnam can be found in Chen Cunren's^[1] quotation that a doctor named Cui Wei (崔伟) recorded in Vietnamese historical text had written *Gong Yu Ji Ji* (《公余集记》 *Collected Records of Gong Yu*) and cured Yong Xuan (雍玄) and Ren Xiu (任休) of unspecific fatigue who both were high-level officials in

Vietnam. That was in the year of 257 BC. Chen Cunren also noted that Chinese culture disseminated to Vietnam during the time of Emperor Wu of the Han Dynasty (汉武帝) of which medical technique was the best part. Medicine in Vietnam then developed into two divisions, namely "Vietnamese medicine" and "Chinese medicine," which were also labeled "southern school" and "northern school," respectively, by Fan Xingzhun.^[2] However, the school divisions might be an inference from hearsay or rumors, because the medical situation in Vietnam in the Qin and Han dynasties (秦汉) barely supported such a development.

The Eastern Han saw Chinese doctors practicing medicine in Vietnam. Fan Xingzhun^[3] once stated that "renowned Chinese doctor Dong Feng (董奉) cured the prefect of Rinan, Du Xie (杜燮), who was an overseas Chinese." Although Fan Xingzhun did not mention his reference, probably, it was quoted from the chapter of Dong Feng in *Shen Xian Zhuan* (《神仙传》 *The Immortals*) by Ge Hong (葛洪): Du Xie, the feudal prefectural governor of Jiaozhou (交州) [Note 1], died of incurable disease 3 days before. Dong Feng was in the South at that time, and he then left for Jiaozhou. Dong Feng put three pills into the

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Submission: 08-November-2019 **Accepted:** 08-November-2019
Published: 24-December-2019

Access this article online

Quick Response Code:



Website:

www.cmaconweb.org

DOI:

10.4103/CMAC.CMAC_43_19

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How to cite this article: Jiang C, Ma B. A historical overview on medical exchanges between China and Vietnam. *Chin Med Cult* 2019;2:166-73.

dead person's mouth, letting people around shake the head to assist the pills to go down. After a while, Du Xie opened his eyes and moved his hands and feet; his complexion returned to normal and he even sat up half a day later. He was brought back to life! After 4 days when he was able to speak, he recalled: "it was like a dream when I was dead. I dreamed dozens of people in black coming to catch me, taking me away in a cart without a curtain cover. We arrived at a red gate and walked straight to the prison where each person was kept in one cell. I was put into a cell which was then covered in earth. I could not see out. I was in a trance. Suddenly I heard that someone said: Taiyi (太乙 deity for saving the suffering) dispatched his envoy to call Du Xie, so I was soon dug out of the cell. It took a long time for me to walk out. The cart with red curtain cover was already waiting outside, in which three people were seated. I was asked to get on the cart, so I quickly trotted there. The minute I reached the gate, I felt the revival of myself." Du Xie, therefore, held great banquets three times a day in appreciation of Dong Feng. However, Dong Feng only took the candied dried jujube sometimes with wine instead of the meal. Every time Dong Feng attended the banquet, he would fly from upstairs like a wild bird to fall on the seat. Nobody could perceive his arrival, and he went back upstairs in the same way. After a year, Dong Feng pleaded to leave, which upset Du Xie very much. He begged Dong Feng to stay in vain. He thus asked Dong Feng about the destination in order to prepare a big ship for him, while Dong Feng requested a coffin instead. Du Xie followed it. It was at high noon in the next day that Dong Feng died and was elaborately buried by Xie and his fellows afterward. Seven days later, someone from Rongchang (容昌) came to meet Dong Feng. He was grateful to Du Xie and asked him to look after himself. When Du Xie opened the coffin, he found merely a piece of silk drawn by a human body on one side and the emperor's letter on the other side. Dong Feng was said to have returned to Lu Mountain (庐山) where he settled. Accordingly, he must have been a citizen of Wu State of the Three Kingdoms Period (三国) around 2nd to 3rd centuries. There is another story about him, which is the original source of the allusion "Xinglin Chunnuan" (杏林春暖 spring in apricot forest) appreciating noble medical ethics. It is said that Dong Feng treated patients in Lu Mountain area without charge and suggested that each patient plant ten apricot trees. After several years, there was a forest of trees and the apricots were collected to exchange for cereal crop, which was then offered to the poor. Although the above are fairy tales, there must be fact-based evidence. As to commuting to Jiaozhou needs a big ship, there is no doubt that it is within the border of Vietnam. Dong Feng is regarded as one of the first medical messengers between China and Vietnam.

Jiaozhi (交趾) (Note 2) spread smallpox into China

Vietnam to the south border of China suffered many prevalent epidemics, of which smallpox was said to spread into China for the first time. Although medical history scholars like Fan Xingzhun disagreed with this argument, it deserves a discussion.

Zhou Hou Bei Ji Fang (《肘后备急方》 *Handbook of Prescriptions for Emergencies*) is the first book in China that records smallpox. Chapter Two of its current edition says the epidemics of last year caused sores on the face and overall on the body. The appearance was like heat sores with thick white liquid. The sores ulcerated and developed very fast. Once a sore stopped, another appeared. If not treated in time, the severely afflicted patients may all die. The scars left after recovery turned purplish-black, hardly disappeared even after several years. It was pestilent qi. This disease was said to be widespread from west to east in the 4th year of Yonghui reign, and almost destroyed the whole country. Kui Cai (葵菜 *Malva verticillata*) along with Suan Xie (蒜薹 *Allium chinense* G. Don) were said to treat it. It is better to eat them as soon as being infected. This disease was named Lu Chuang (sore from minority nationality), since it was brought from the area where minority nationalities lived after the war in Nanyang in the Jianwu reign. The following are effective formulas proven by doctors after careful treatment:

Apply honey of premium quality to the patient's body or decoct it with Sheng Ma (升麻 *Rhizoma Cimicifugae*) to take several times.

Another formula is described as follows: to decoct Sheng Ma with water into thick fluid, apply it with silk floss to wash the patient's body. Vinegar stain is quite effective except for bringing intense unbearable pain.

The present edition of *Zhou Hou Bei Ji Fang* also titled *Zhou Hou Bai Yi Fang* (《肘后百一方》 *One in a Thousand Formulas for Emergencies*) is revised and supplemented by Tao Hongjing (陶弘景). Therefore, it is impossible to distinguish the original text by Ge Hong (葛洪) from those supplemented by Tao Hongjing. However, textual research of Chapter Two of *Wai Tai Mi Yao* (《外台秘要》 *Medical Secrets from the Royal Library*) finds out different origins of the quotations.

Apparently, the paragraph above is the original text by Ge Hong, while the other is quoted from Tao Hongjing by Zhang Wenzhong: Doctor Tao Hongjing said malignant sore was widespread; the patient once infected found sores with white thick fluid all over the body within several days. It was pestilent qi. It was in the 4th year of the Yonghui reign that the epidemic sore was widespread from West to East. Decocted Kui Cai and Suan Xie cured it and so did fresh sheep blood. Immediate intake worked in the initial stage and they were still effective together with diet.

As these sentences were quoted separately from Tao Hongjing by Zhang Wenzhong, probably they were alternated in red or black, respectively, when Tao Hongjing was compiling Ge's *Zhou Hou Bei Ji Fang* as he did in his book *Ben Cao Jing Ji Zhu* (《本草经集注》 *Collective Notes to Canon of Materia Medica*). As a result, it is reasonable to sort out the text by Ge Hong and the text supplemented by Tao Hongjing later in the present edition of *Zhou Hou Bei Ji Fang*.

Fan Xingzhun made a mistake in his inference that the reign title “Yonghui” should be Yuanhui, and it was the 4th year of Yuanhui (476) when smallpox was spread to China from the West, because he omitted the notes “quoted from Tao Hongjing by Zhang Zhongwen” when he made reference to *Wai Tai Mi Yao*. The Nanyang battle against the minority group was of little account to any other military action except the Xiangyang battle. Fan Xingzhun mixed two issues that smallpox spread by those captured in the Nanyang battle and that smallpox spread from the West in the same breath, thus committing an error.

As he was not explicit, Ge Hong was thus excluded from the list of the first recorders of smallpox, which delayed the Chinese recording of smallpox for 200 years when Tao Hongjing recorded smallpox in the book.

This conclusion evidently runs contrary to the historical recordings. As for the reign title “Yonghui,” it is indeed an error. Some historians suggest it should be “Yongjia” rather than “Yuanhui”.^[4] Actually, there are obvious language

mistakes in spite of the recordings of the same origins. For example, “from West to East,” “from the west area to the east” and “so did sheep blood.” It can be seen that the spreading texts contained anomalies long ago.

The above all forcefully prove the statement that this disease was named Lu Chuang since it was brought from the area where minority nationalities lived after the war in Nanyang in the time of Ge Hong. Therefore, Jianwu must be the reign title before 318 AD when Ge Hong wrote *Zhou Hou Bei Ji Fang*. It was probably between 25 and 56 BC of the Jianwu reign when Ma Yuan (马援) [Figure 1] commanded Jiaozi.

Dou Zhen Shi Yi Xin Fa (《痘疹世医心法》 *Teachings on the Treatment of Pox from a Family Lineage of Doctors*) [Figure 2] written by Wan Quan (万全) of the Ming dynasty recorded that the battle against minority nationalities in the Jianwu reign saw the spread of smallpox all over China, so it was named Lu Chuang It was a hot summer when Ma Yuan commanded Wuling in the 25th year of the Jianwu reign of the Han Dynasty. Accordingly, Wan Quan should be the first one to clarify the



Figure 1: Ma Yuan (马援) commanded Jiaozi between 25 and 56 BC of the Jianwu reign

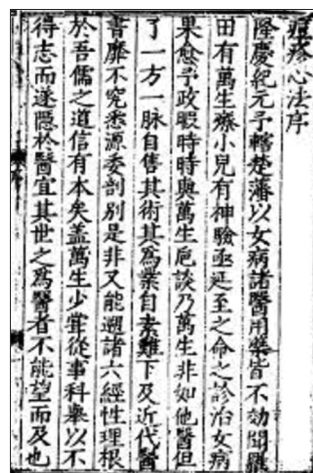


Figure 2: *Dou Zhen Shi Yi Xin Fa* (《痘疹世医心法》 *Teachings on the Treatment of Pox from a Family Lineage of Doctors*)

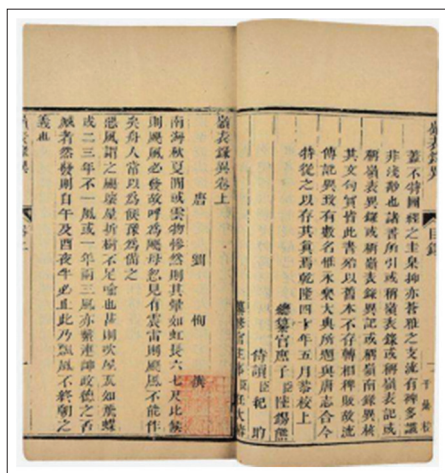


Figure 3: *Ling Biao Lu Yi* (《岭表录异》 *Anecdotes and Rare Talents in Lingnan Area*)



Figure 4: *Hai Yao Ben Cao* (《海药本草》 *Materia Medica from the Southern Seaboard Area in China*)

time of Jianwu as being in Ma Yuan's time. However, Wuling which Ma Fubo conquered in the 25th year of the Jianwu reign was in fact around Xiangxi area today rather than a foreign country. Wan Quan is suspected of misjudging it.

Generally speaking, Lu Chuang discussed by Ge Hong in the punitive expedition to minority nationalities was introduced from foreign countries, so Ma Yuan probably brought back smallpox as he fought against Jiaozhi. India and the islands in the southeast were just the original epidemic focus of smallpox. In addition, Dashan, the eminent Qing monk in Guangdong who applied to work in Vietnam arrived in Hue in 13th July, saying "I followed the army to stay in the Amitabha Temple to find everyone who got fever with sores." This was very likely the start of widespread smallpox (see Volume Four of *A Chronicle of Foreign Countries* 《海外纪事》).

Ma Yuan spent as much as 5 years from the 16th to the 20th year of the Jianwu reign (40–44 AD) commanding Jiaozhi. *Hou Han Shu Ma Yuan Zhuan* (《后汉书·马援传》 *Post Han Book of Ma Yuan Records*) recorded that the troops returned to the capital in the 20th year, when four to five of tenths of the soldiers were dead of epidemic diseases among which smallpox was at least included. It must have been brought into China then. *Hou Han Shu* did not mention any place named Nanyang during Ma Yuan's commanding, so Nanyang might be a mishearing of Anyang which Ma Yuan once reached and where he erected a bronze column. Anyang was mentioned in the chapter of Jiaozhou Region in *Shui Jing Zhu* (《水经注》 *Commentary on Waterways Classic*).

According to the analysis above, the viewpoint that smallpox was brought into China across Vietnam in time of 44 AD when Ma Yuan was commanding that area comes up. Smallpox has been a significant influence on China's society, the progress of infectious disease study, and made a significant impression on Chinese medical culture in particular.

Ma Yuan did not know smallpox when he commanded Jiaozhi, as he named the epidemic diseases "miasma" in general. However, the prevalence of miasma and its fatality contributed to the import of Yi Ren (薏仁 *Semen Coicis*) to China. *Ma Yuan Zhuan* (《马援传》 *Biography of Ma Yuan*) said when he was in Jiaozhi, he often ate Yi Ren which could reduce body weight, get rid of worldly desires (省欲), and prevent miasma. Since the fruit of Yi Ren in the south was bigger, Ma Yuan brought many back. When the troops returned, he filled one carriage with Yi Ren. It was regarded as rare a valuable and the influential people all looked forward to it. No one dared to mention that Ma Yuan brought back a carriage of treasure from the southern area, since Ma Yuan was high in the emperor's favor. However, he was accused of transporting pearl and veined rhinoceros horns after he passed away. The emperor was infuriated. His wife was too terrified and wanted to bury him in the ancestral tomb, so she bought several mu (1 mu = 0.0667 hectare) of land to bury him hastily. It was really a tragedy that Ma Yuan was falsely accused of Yi Ren being pearls, but this is undoubtedly the first recording of Vietnamese medicine

introduced to China. Chapter Yi Ren of *Da Guan Ben Cao* (《大观本草》 *Grand View of Materia Medica*) quoted from *Ming Yi Bie Lu* (《名医别录》 *Miscellaneous Records of Famous Physicians*) by Tao Hongjing says: Yi Ren produced in Vietnam is of the biggest size. It sounds like Ganzhu in Vietnamese language. Once brought into China by Ma Yuan, people even considered it as pearl. Indeed, the heavy ones are of great quality and its flesh is the part of efficacy. Nowadays, the root of Yi Ren is decocted to gruel to treat worms in children, usually achieving excellent results. There is Yi Ren in the native land of China as well, but worse in quality than that growing in Vietnam. Furthermore, Chinese Yi Ren seems not to be used for preventing epidemic disease. However, what we are certain is that Yi Ren has been used as medical herb since Ma Yuan introduced it to China, which made him deserve the title of the envoy of medical culture exchange.

MEDICAL ACTIVITY OF VIETNAMESE DOCTORS AFTER TANG AND SONG DYNASTIES

Nasal sucking therapy

Quoting from *Yu Tang Xian Hua* (《玉堂闲话》 *Small Talk in Yutang*), *Tai Ping Guang Ji* (《太平广记》 *Anthology of Tales from Records of the Taiping Era*) records a story about Shen Guangxun (申光逊) treating a Vietnamese man. Shen Guangxun, an assistant to the chief local official in Caozhou, came from Guilin. Sun Zhong'ao (孙仲敖) was an official, living in Guilin (桂林). One day Shen paid a visit to him and was led to his bedroom. After paying a courtesy call, Shen said: "you are not too lazy to wash your hands and face; you have a headache." He then ordered several liters of alcohol and spicy food soaked with crumbs of pepper and ginger to mix with the warmed alcohol. Afterward, he took a black-colored tube-like Sheng (a reed pipe wind instrument), put it in Sun's nose to let him suck. Taking all the mixture through the nose, Sun lay down and then recovered once he began sweating. This is nasal sucking therapy among minority nationalities in Southwest of China, and also a common treatment method applied by Vietnamese people. It looks like nasal feeding but in fact it is nasal sucking.

Not surprisingly, many books have recorded that people in Vietnam and Champa Kingdom drank through bamboo tube by nasal sucking. *Ling Biao Lu Yi* (《岭表录异》 *Anecdotes and Rare Talents in Lingnan Area*) [Figure 3] by Liu Xun (刘恂) in the Tang Dynasty described it as follows: Vietnamese people like Bunai gruel which is made of lamb, venison, chicken, pork and pig bones, extremely greasy and thick. All the meat is removed to gruel, which is then added with onion, ginger and other flavors. The gruel is stored in a basin and poured into a dish to drink. A silver spoon of 1 Sheng (approximately 594.4ml) capacity is prepared along with the gruel. Bowing with hands clasped to give precedence to others, usually the host has a full spoon in the beginning, pours it into the nose, raises his head to let the gruel slowly flow down, and then, the spoon would be passed to the guests one after another to suck

the soap, just like the round of drink. By finishing the gruel, they would have many other dishes and drinks. This kind of banquet is Bunai, which is often held for business exchange and official communication. All are likely to attend Bunai banquet. Lu Xun (鲁迅) has checked against the authoritative text and annotates to confirm that heart-penetrating, head-flying black magic, nasal sucking pictured in *An Nan Lu Yi* (《安南录异》 *Annan Anecdotes and Rare Talents*) were local customs. How fantastic it is that the official Sun Zhong'ao even carried nasal sucking tools from Vietnam and Shen Guangxun, who must have been well versed in local customs, used the tool as a treatment method!

Medical service for Vietnamese imperial family

According to *Da Yue Shi Ji Quan Shu* (《大越史记全书》 *The Historical Records of Vietnam*), senior monk Mingkong (明空) who was resident of Chang'an in China once cured the difficult and complicated disease of Emperor Shenzong (李神宗) in the 4th year of the Tianzhang Baosi reign (1136, the 6th year of Shaoxing reign of Song dynasty). The emperor was absent-minded, crying out in distress day and night. All the doctors were found at a loss at what to do with him. However, Mingkong cured him and was honored as a national master. In the 1st year of Shaofeng reign of Emperor Yu of the Chen dynasty (1341, the 1st year of Yuanzhi reign), the Chinese doctor Zou Geng (邹庚) was appointed as court doctor, because he had saved the drowning young Emperor Yu (裕宗) by using acupuncture and offered many superior therapies. Zou Geng was also exempt from a death sentence for he saved Emperor Yu's son with acupuncture and cured his hemiplegia later. He was also rewarded with a large number of treasures as he cured Emperor Yu's impotence to have two children afterward.

However, there are very few recordings as such about the spread of Chinese medicine to Vietnam. *Ming Shi* (《明史》 *The Historical Records of Ming Dynasty*) states that the emperor issued an imperial edict to call for the hermits, learned scholars, and doctors in Annan (the northern and middle part of Vietnam) in the 5th year of the Yongle reign of Emperor Cheng (1407) and promised them a courteous reception and high position. However, the details are unable to be found. It also records "Annan once traded local products for books and medicinal materials in the 1st year of Jingtai reign (1450)" also without specific facts.

FLOW OF SPECIAL LOCAL HERBS BETWEEN CHINA AND VIETNAM

Spread of Vietnamese spices to China

There is no doubt that many herbs used in Chinese medicine were introduced from Vietnam, even though they are rarely mentioned in historical records. *Tang Hui Yao* (《唐会要》 *Book of Economic and Political Institutions and Regulations of Tang Dynasty*) says "in the middle of Kaiyuan reign, Vietnamese emperor Vikrantavarman II presented the tame elephants, Chen Xiang (沉香 *Lignum Aquilariae Resinatum*),

Hu Po (琥珀 *Succinum*), etc.;" "In the 8th year of Tianbao reign, Emperor Rudravarman II presented hundreds of pearls. Chenxiang in the 9th year of Zhenyuan reign, Indravarman dispatched envoys to present Xijiao, then the envoys were asked to pay a courtesy call in the Imperial Ancestral Temple. *Tang Liu Dian* (《唐六典》 *Code of Tang Dynasty*) says that Vietnam presented turtle shell, betel nut, skin of shark, and gallbladder of anaconda snake. Moreover, Bai Hua Teng (白花藤 *Caulis Trachelospermi*), Ding Xiang (丁香 *Flos Caryophylli*), *Phyllanthus emblica*, *Terminalia bellirica*, Zhan Tang Xiang (詹糖香 *Lindera erythrocarpa* Makin), Ke Li Le (诃黎勒 *Terminalia chebula*), Su Fang Mu (苏方木 *Caesalpinia sappan* L.) recorded in *The Xin Xiu Ben Cao* (《新修本草》 *Newly Revised Materia Medica*) and *Supplement to "Ben Cao Shi Yi* (《本草拾遗》 *The Grand Compendium of Materia Medica*)" were produced in Vietnam as well. There is a story about the collection of herbs in Vietnam recorded in *Da Tang Xi Yu Qiu Fa Gao Seng Zhuan* (《大唐西域求法高僧传》 *Senior Monks of Tang Dynasty Going West to Acquire Buddhist Scriptures*) by Yijing (义净): Samghavarman, who was a settler of Kang, left for Liusha at an early age, strolling along the capital he followed the imperial decree to accompany envoys to present to west in Xianqing reign on returning to Tang, he was dispatched to Vietnam to collect herbs. At that time, people in Vietnam were starving, he thus provided the poor with food and relief every day. Being greatly distressed, he could not help weeping and was called crying Buddha thereafter. Yijing soon died of an ailment aged over 60. Kang was Samarkand in the Soviet Union. Although he was not praised by the imperial government for this collection of herbs, it still disclosed some traces for medical exchange.

The presented drugs recorded in the historical books of the Song Dynasty were mainly Xi Jiao (犀角 *Cornu Rhinocerotis*), Long Nao (龙脑 *Borneolum*), Ru Xiang (乳香 *Olibanum*), Chen Xiang (沉香 *Lignum Aquilariae Resinatum*), Tan Xiang (檀香 *Lignum Santali Albi*), Ding Xiang (丁香 *Flos Caryophylli*), Hui Xiang (茴香 *Fructus Anisi Stellati*), Dai Mao (玳瑁 *Carapax Eretmochelydis*), Dou Kou (豆蔻 *Fructus Amomi Rotundus*), Bi Cheng Qie (毕澄茄 *Fructus Litseae*), and Bing Lang (槟榔 *Semen Arecae*). It was said that formulas for dysentery were introduced to China as well.

Spices seemed to be the staple herbs presented to China then. *Xian Bin Lu* (《咸宾录》) by Luo Yue (罗曰) of the Ming Dynasty recorded that Annan was abound with Suheyong (Styrax oil), Ji She Xiang (鸡舌香 *Eugenia caryophyllata* Thunb.), etc.; Champa Kingdom presented Xi Jiao (犀角 *Cornu Rhinocerotis*), Long Nao Xiang (龙脑香 *Dipterocarpaceae*), Chen Xiang (沉香 *Lignum Aquilariae Resinatum*), Tan Xiang (檀香 *Lignum Santali Albi*) etc., *Xi Yang Chao Gong Dian Lu* (《西洋朝贡典录》 *Records of West Paying Tribute*) written by Huang Xingzeng (黄省曾) of the Ming Dynasty also mentioned that the Champa Kingdom had Jialanxiang (迦兰香), a. k. a Qi'nan (奇南). It is a dark red, local specialty particularly guarded against illegal collection

and traded with silver.” These spices were occasionally employed in medical formulas in a small amount but much more used during worship in the temple.

A puzzling respect in the study of medical exchange between Vietnam and China is the term Lingnan (South of the Five Ridges in China) used in ancient literature. It in general referred to Vietnam, especially its northern area. Due to geographic and historical reasons, Jiaozhi was often mixed with the name of Lingnan. Both Li's *Hai Yao Ben Cao* (《海药本草》 *Materia Medica from the Southern Seaboard Area in China*) [Figure 4] and *Lingnan Formulas for Health* (《岭南卫生方》) edited by Li and Zhang Zhiyuan in the Song Dynasty, revised by Shi Jihong in the Yuan Dynasty recorded many drugs from Lingnan, Nanhai (South China Sea), and even countries in the East sea. In fact, these drugs were produced in Vietnam, or Guangdong and Guangxi of China, countries in the Southeast of Asia, India, and Persia.

Vietnamese specialties

Textual research into other ancient books found that drugs, particularly in Vietnam or their Vietnamese varieties were of high quality. For example, Doukou produced in Jiaozhi had the root-like Yi Zhi (益智 *Fructus Alpiniae Oxyphyllae*) and the seed-like pomegranate with a tiny thick shell. It smelled fragrant and shaped in the form of a tree. Similar to but smaller than Wan Lan (芫兰 *Metaplexis japonica*), its leaves were usually collected in March and then finely broken and dried in the shade. It tasted bitter and a little sweet. The above were recordings of *Materia Medica from the Southern Seaboard Area in China* (《海药本草》). Doukou were not only produced in Jiaozhi, but also in China and so was Binglang. However, in all their Vietnamese varieties, they were more honored. According to *Guangzhi* (《广志》), Binglang was produced in the East sea. Tao Hongjing said it treated Bentunqi (disease of qi running up to the chest), Wugeqi (disease caused by sorrow, qi, diet, coldness, or fluid), Fenglengqi, and indigestion. Qinyi (Bianque) said: we need two Binglang nuts, one is raw, another prepared. Pound them into powder and decoct with wine for drinking. It can cure Pangguangqi (disturbance of bladder qi transformation). *Ling Biao Lu Yi* (《岭表录异》 *Anecdotes and Rare Talents in Lingnan Area*) tells that Binglang produced in Jiaoguang (交广) was actually Da Fu Zi (大腹子 *Areca catechu*), though it was called Binglang (betel nut) there. The rich in Jiaozhi all planted it at home they said it was hard to prevent communicable subtropical diseases without Binglang since the Jiaozhi area was so hot. People in Guangzhou also liked chewing Binglang, while not as many as those in Annam. *Lingnan Formulas for Health* (《岭南卫生方》) also recorded that it was a traditional custom to eat Betel nuts in Lingnan area, and some people even had more than ten pieces a day. Communicable subtropical diseases belonging to qi fullness and phlegm stasis syndrome were mainly caused by over-eating it. Betel nut was good at promoting digestion and removing phlegm. Li Xianggen (李仙根) in Wanjin Reign (from Opium War to the establishment of New China) reported in his *An Nan Za Ji* (《安南杂记》 *Annan Random Notes*) “that

Vietnamese people never stop eating Betel nuts except when sleeping. Their teeth turned black once in contact with the medicine. They even laughed at those with white teeth.” That was what he saw when he visited Vietnam in the Qing dynasty when eating Betel nuts had become a custom. But Betel nuts was also believed to promote fluid production to quench thirst, for Vietnam did not produce tea. People in some areas of south China ate Betel nuts as well, and they were often criticized by people in the north in the Qing dynasty. In the 7th chapter of *Leng Lu Za Shi* (《冷庐杂识》 *Lenglu Knowledge Notes*), Lu Yi wrote Binglang was recorded to treat miasma in medical literature(s), and people in Sichuan and Guangdong all liked it, and even people in their neighboring provinces imitated them. They did not know that the nature of Betel nuts was descending to break and purge the original qi, while prolonged consumption of qi is hard to be supplemented. People were not aware of this problem and not warned to stop eating it. I once discussed this issue with a doctor, he said Betel nuts not only descended qi but also consumed qi. The lung above the diaphragm is governing qi and regarded as the canopy to cover the turbid in the abdomen. It withers after long-term consumption of Betel nuts; therefore, turbid qi rises and smells around mandible and cheek. Although Betel nuts is always thought to descend qi, it actually fails to treat miasma. This view hits the mark, that is, it is better not to take Betel nuts in the area without communicable subtropical diseases, and people who are addicted to Betel nuts should learn the lesson from it. As the matter of fact, Betel nuts is used in the prescription of Chinese medicine to treat Cunbaichong (tapeworm) with great efficacy.

Ming Yi Bie Lu (《名医别录》 *Miscellaneous Records of Famous Physicians*) has written that Betel nuts kills Sanchong (pinworm) and Cunbai (tapeworm); Shengong Powder (圣功散) recorded in *Zheng Zhi Zhun Sheng* (《证治准绳》 *Standards for Diagnosis and Treatment*), particularly combines Betel nuts and Mu Xiang (木香 *Radix Aucklandiae*) to kill tapeworms; according to *Yi Fang Kao* (《医方考》 *Investigations of Medical Formulas*), it accompanies the root skin of the pomegranate to enhance the efficacy. They all develop from the methods of killing tapeworms invented by Sun Simiao. Chapter 18 of *Qian Jin Yao Fang* (《千金要方》 *Important Formulas Worth a Thousand Gold Pieces*) is titled “Formulas for Killing Tapeworms,” introducing a formula: 14 Betel nuts are dried, crushed and sifted to get fine pieces; the shells are decocted with 2.5 Sheng (approximately 1486 ml) water. 1.5 Sheng (approximately 891.6 ml) of the decoction is sifted to remove lees and foam. The patient is asked to take the decoction frequently and lie down with a warm quilt. Usually, the tapeworms can be expelled, but if not, drink more and stop taking meals one night. Sun Simiao also mentions that Betel nuts is from the South sea. The cultural difference in the application of Betel nuts in different areas is easily noticed.

A zoological drug Xijiao is the local specialty of Vietnam as well. *Ling Biao Lu Yi* (《岭表录异》 *Anecdotes and Rare*

Talents in Lingnan Area) says rhinoceros in Lingnan is in the shape of cow, its head looks like pig and its feet are like elephant with three nails on each hoof and two horns on the forehead and the nose respectively..... Xijiao has been applied in medicine since the time of *Ben Jing* (《本经》 *Classic of Materia Medica*), and most of them were brought from the south sea.

Ge Jie (蛤蚧 *Gecko*) now is mainly produced in Guangxi, while Jiaozhi finds it too. *Ling Nan Lu Yi* records “Liers (the ancient ethnic minority in the west of Guangdong, South and East of Guangxi and north of Vietnam) brought medicine for lung disease to our market. Doctors said the efficacy of the drug was in the tail part, so those without tails were not effective at all.” This book also records Hong Fei Shu (红飞鼠) and Pang Jiang (庞降) which are produced in the Lingnan area and used as an aphrodisiac. However, they are not included in the formula books.

Anti-gu herbs

Chai Zi Gu (钗子股 literally hairpin-like herb) is just like what is recorded in *Ling Biao Lu Yi* (《岭表录异》 *Anecdotes and Rare Talents in Lingnan Area*): gu (legendary venomous worm) was popular in the villages and prefectures of Guangdong area but hardly tested then. 70%–80% patients were cured when treated with herbs like a golden hairpin, such as Shi Hu (石斛 *Caulis Dendrobii*), Gu Lou Zhi (古漏之), and Gan Teng (肝藤). Here, the villages and prefectures of Guangdong area included Jiaozhi. The main body of *Ling Biao Lu Yi* (《岭表录异》 *Anecdotes and Rare Talents in Lingnan Area*) says mountains and rivers in Lingbiao area twist to stagnate, difficult to get free flow of qi; therefore, there are so many miasma obstacles that humans are diseased. Their abdomens are distended because of the legendary venomous worms, which mainly inhabit in the humid and hot area. People in Lingbiao who get this disease are usually living a miserable life. In fact, this condition is hepatosplenomegaly or ascites caused by hepatitis, schistosomiasis, or dysentery. However, people at that time never knew it so they were often taken advantage of by witchcraft and believed it was gu. Even today, the so-called gu resealed by witchcraft is still a common practice in some distant area such as Yunnan and Guizhou, though doctors have begun to treat it with medicine since the ancient times. Chaizigu is one of the examples. *Ling Biao Lu Yi* (《岭表录异》 *Anecdotes and Rare Talents in Lingnan Area*) says, Bai Yao Zi (白药子), owned only by the Chens in Wuzhou, was good at treating gu. It was well known since it had saved a lot of peoples' lives. Patients used to ask for it once they got gu all the other drugs of detoxification were not as good as Baiyaozi which was probably introduced to Vietnam, too.

Suhexiang pill

Ling Nan Wei Sheng Fang (《岭南卫生方》 *Lingnan Formulas for Health*) records Suhexiang Pill (苏合香丸). Since most of the herbs used in this formula are produced in Vietnam, it seems to be made up of local resources by doctors

practicing medicine there to treat Qizhong (similar to stroke), sudden syncope, heart pain, and diseases caused by turbid qi or miasmatic qi around mountains. Nowadays, Suhexiang pill is more often used for angina pectoris.

There are many such cases that deserve further exploration. Drugs such as Teng Huang (藤黄 *Garcinia cambogia*), Pang Da Hai (胖大海 *Semen Sterculiae Lychnophorae*), and Sha Ren (砂仁 *Fructus Amomi*) are mostly imported from Vietnam now. Very little historical recordings about them can be found. As for Dan Sha (丹砂 *Cinnabaris*), however, Ge Hong had requested to be the magistrate of Goulou County since he once heard that Jiaozhi had this drug. Unfortunately, the emperor refused him due to his older age. But Ge Hong said: “I did not seek for personal glory, but for Danshan.” The emperor then agreed as was recorded in *Jin Shu · Ge Hong Zhuan* (《晋书·葛洪传》 *The Book of the Jin Dynasty-The Biography of Ge Hong*). Unfortunately, he did not arrive in Vietnam at last (alst) but was held up in Guangzhou. However, it can be inferred that there must have been alchemists who made Dan in Vietnam; otherwise, Ge Hong would not have heard of Dansha produced there.

CONCLUSION

Vietnamese traditional medicine was once truly a large-scale system and one of the biggest branches of Chinese medicine abroad, following Kampo medicine and Korean medicine. Vietnam was occupied by France in 1886 and then reduced to a colony. But in the first 30 years of French colonization, Western medicine was not popular. Herbs and acupuncture were always primarily used to treat the locals until the French ruler forbade it. Even though west medicine was advocated afterwards, Chinese medicine did not lie low. In 1935, the Western doctor Huang Boliang (黄博良) even studied acupuncture and published a paper in the *Indochina Medical Newspaper*; in 1936, a renowned Vietnamese doctor Deng Xun (邓逊) applied to the local authority for the establishment of a Vietnamese Medicine Association. In 1950, both the Vietnamese Medicine Association and Trade Association of Chinese Residing Doctors were set up, who then issued the *Journal of Vietnamese Medicine*, established the Vietnamese Medical Collage and participated in the International Acupuncture Association. It can be seen that Chinese and Vietnamese medicines have come down in one continuous line. Vietnam declared independence in 1954, then local medicine was further advocated and its development has escalated.

Note

- Note 1. Jiaozhou was an imperial Chinese province under the Han and Jin dynasties. Under the Han, the area included Liangguang and northern Vietnam but Guangdong was later separated to form the province of Guangzhou
- Note 2. Jiaozhi (交趾), also known as Jiaozhou (交州).

Financial support and sponsorship

This work is supported by the Project of Chinese Medical Culture Research Center of NJUCM (NO. ZYWH2017-25) and The Ministry of Education of Humanities and Social Science Project (NO.17YJCZH073) and Key Programme of National Social Science Fund (NO.18ZDA322).

Conflicts of interest

There are no conflicts of interest.

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Professor Li Ding's Experience in Applying the Theory of Meridians and Collaterals (经络学说) to Health Preservation (养生)



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Abstract

Professor Li Ding studied his family knowledge of health preservation with Qigong (气功). And, in his early years, he consulted Mr. Jiang Weiqiao (蒋维乔) on this topic. This article explained the theory of meridian points related to Qigong's theory, such as the location of the Dantian (丹田), the concepts of upper Dantian (上丹田) and lower Dantian (下丹田), the relation between the minor circulation (Xiao Zhou Tian, 小周天) and the conception/governor vessels, as well as the relation between Yin/Yang heel vessels and Qigong. The article also collected one self-composed version health preservation, consisting of four parts of walking, sitting, lying, and rising, which is fit for practical use.

Keywords: Dantian (丹田), health preservation (养生), meridians and collaterals (经络), Professor Li Ding, Qigong (气功)

Professor Li Ding is a doctoral supervisor, a representative inheritor of Project Acupuncture and Moxibustion of National Intangible Cultural Heritage (国家级非物质文化遗产针灸项目代表性传承人), a Shanghai Distinguished Traditional Chinese Medicine (TCM) doctor (上海名中医), a tenured professor of Shanghai University of TCM, and the editor-in-chief of the fifth and sixth editions of national planning textbook *Meridians and Collaterals*. It is known that Professor Li has a rich and exhaustive experience in health preservation with Qigong. He has practiced it for many years and created his own health-caring style.

Li Chengzhi, professor Li's father, was originally a Confucianist doctor who practiced Qigong all his life. In the 1940s, he went to Shanghai and worked in the Mingshan Publishing House. It is at this time that Prof. Li went to Shanghai following his father. Dedicating itself to "sorting out national cultural heritage," the Mingshan Publishing House once published one "Nei Jing Tu" (*Illustration of the Internal Meridians* 内经图)^[1] (also called *Nei Jing Tu* 内景图 *Illustration of Interior View*) whose date of completion is not clear [Figure 1]. The figure

is about the functions and relations of the internal organs, and is one important aid for the practice of Qigong, exercise of minor circulation, and foundation building within 100 days in Taoists (Taoism terminology, in the process of uniting the Taoist Qigong, the first stage is the precondition stage, which is also called "preconditions for 100-day building a foundation" 百日筑基). The purpose of the 100-day laying a foundation is to get through the conception and governor vessel. The figure was copied as a mural exhibiting in the hall of Shanghai Qigong Research Institute, and it is just from the version published by the Mingshan Publishing House.

In 1955, Professor Li worked in the Fifth Outpatient Department of Shanghai Public Medical Service. Mr. Xu Fumin (徐福民), the then director, invited Mr. Jiang Weiqiao (1872–1958) [Figure 2], a modern Qigong expert, to provide Qigong direction in the outpatient department. At that time, many senior officials and intellectuals visiting the outpatient department suffered from neurasthenia, and they

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Submission: 08-November-2019 **Accepted:** 08-November-2019
Published: 24-December-2019

Access this article online

Quick Response Code:



Website:

www.cmaconweb.org

DOI:

10.4103/CMAC.CMAC_42_19

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How to cite this article: Chen R, Zhang C. Professor Li Ding's experience in applying the theory of meridians and collaterals (经络学说) to health preservation (养生). Chin Med Cult 2019;2:174-8.



Figure 1: Illustrations of the internal meridians

were treated in the Qigong courses directed by Mr. Jiang. In 1956, director Chen Tao (陈涛) organized the Shanghai Qigong Sanatorium to carry out health recuperation and experiment research of Qigong. He invited Mr. Jiang as a consultant. Jiang Weiqiao, formerly named as Jiang Zhuzhuang (蒋竹庄), was the author of *Yinsizi Meditation Methods* (因是子静坐法). In his early years, he changed his given name to “Weiqiao,” showing that he opened up not only the conception vessel and governor vessel, but also the link and heel vessels of the eight extraordinary vessels. According to Mr. Jiang’s personal experience, there is a close relationship between the theory of eight extraordinary vessels and Qigong practice. Professor Li consulted and discussed



Figure 2: Figure of Jiang Weiqiao

with Mr. Jiang in the 1950s and had quite some understanding of the relation between Qigong and the theory of meridians and collaterals. His main viewpoints were expressed in the article “The eight extraordinary vessels and the way of health preservation” in 2012.^[2,3]

Professor Li, indifferent to fame and fortune all his life, is focusing on academic research and clinical practice without being distracted. He practices calligraphy in his spare time for the inner tranquility. In daily life, he lays emphasis on adequate sleep, moderate diet, and regular exercise. These are the bases for his longevity. Here, we describe Mr. Li Ding’s theory of health preservation and methods of daily exercise.

HEALTH-PRESERVING QIGONG IS CLOSELY RELATED TO THE THEORY OF MERIDIANS AND COLLATERALS

Mr. Li holds that Acumox and Tuina belong to the external treatment, whereas Qigong (气功) is the internal treatment. The inscriptions on jade in the history of Warring States in the early period of China have the records of Qigong health preservation methods [Figure 3]. Based on the theory of meridians and collaterals and acupoints and the meaning, quoting well-known sentences from *Nan Jing* (《难经》 *Classic of Difficult Issues*), and famous doctors such as Li Shizhen (李时珍) and Ye Tianshi (叶天士), and referring to *Zhou Yi Can Tong Qi* (《周易参同契》), *Huang Ting Nei Jing Jing* (《黄庭内景经》), *Lao Zi* (《老子》), and *Zhuang Zi* (《庄子》), Mr. Li explained some abstract and puzzling descriptions in Qigong theory objectively.

Mind concentration on the lower Dantian (omphaloskepsis)

During the Wei and Jin dynasties, there was a book about inner alchemy called *Huang Ting Nei Jing Jing*. It talks about the activity and movement of “Qi” in the body after vipassana. Before that, there was *Zhou Yi Can Tong Qi* by Wei Poyang (魏伯阳) of the Eastern Han dynasty. Both books are the classics of inner alchemic exercise. Ancient people comprehended the Qigong theory through the method of “calling in the functions of seeing and hearing” in meditation with closed eyes. Li Shizhen says: “Only those who see inward can clearly observe the inner



Figure 3: Inscription for Qi Movement on Jade

scene and tunnels.”^[4] The “Inner scene” refers to the scene inside the body. What’s the meaning of “looking backward and seeing the interior” which was popular in the Han and Wei dynasties. Normally, eyes are looking outward, but in health preservation, it requires concentration and tranquil recuperation. Observing the interior, seeing the interior, and illuminating the interior actually all mean to calm down and close the eyes to perceive the feeling inside the body. To perceive the experience of physiological change, the mind concentration is the first step, and the four main sensory organs of the eye, the ear, the nose, and the mouth should be under control, which is the meaning of the so-called Taoism saying of “four heaven kings ascend to the temple;” “ascend to the temple” means that the sensory organs must report to the heart. The main area to be concentrated is Dantian, which should be corresponding to the point of Shimen (CV5). It is clearly recorded in *Zhen Jiu Jia Yi Jing* (《针灸甲乙经》 *The Systematic Classics of Acupuncture and Moxibustion*) that Shimen (CV5) has an alias of Dantian.^[5] Shimen is located at 2 cun below the navel, and this seems to be different from the common knowledge that Dantian is 3 cun below the navel. However, in practicing mind concentration of Qigong, Dantian is not one precise point. It can be the area from the upper part of Yinjiao (CV7) which is 1 cun below the navel, Qihai (CV 6) which is 1.5 cun below the navel, and Shimen (CV5) which is 2 cun below the navel to the lower part of Guanyuan (CV4) which is 3 cun below the navel.

There is another point called the upper Dantian (上丹田). When the eyes close to see the interior, the eyes should slightly draw close to the superomedial direction, and this will induce a heavy and tight feeling, which can help mind concentration. The upper Dantian locates at the root of the nose between the two eyes, generally called Shan Gen (山根 *mountain root*), also called E’Zhong (颧中 *nasal root*) in ancient times. The foot yangming meridian of the stomach “originates from the nose and intersects with the meridian of the other side at the E’zhong,” where it also meets with the foot taiyang meridian of bladder which originates from the inner canthus. Hence, E’zhong is a very important position. Above E’Zhong, it is Yintang (GV 29) located between

the two eyebrows. In *Bao Pu Zi* (《抱朴子》), it is named as Ming Tang (明堂) and “upper Dantian,”^[6] indicating that the area between Yintang and the “mountain root” is an important position of the governor vessel – the upper Dantian. There is the so-called term of “seven holes and eight orifices.” It is clear that seven holes refer to those of the eyes, ears, nose, and mouth. There is an orifice communicating internally to the brain, and this is the eighth orifice, which is a key one. Sometimes, there is a term of the ancestral orifice, and it just refers to this upper Dantian. In mind meditation, it is required that “the eyes view the nose,” meaning that the eyes see the tip of the nose; “the nose views the heart,” referring to internal mind focusing, as the nose is directly above the heart and Dantian. The nasal root in the upper part is the orifice to enter, whereas the point to initialize the inner elixir is the lower Dantian.

Some say that the upper Dantian controls “nature,” whereas the lower Dantian controls “life.” For the two points for focusing mind, the upper Dantian belongs to the governor vessel and the lower Dantian belongs to the conception vessel. The lower Dantian is the main one of the two, and it is the location of the “dynamic Qi located between the kidneys below the navel,”^[7] as mentioned in *The Classic of Questioning*. Later on, books on Qigong compared the lower Dantian to “the Xuanpin gate” mentioned in *Laozi*, which says “The Xuanpin (玄牝) gate is the root of heaven and earth. It never dies and it’s never being exhausted.”^[8] This seems to be a kind of Qigong state of mind focusing on the Dantian. Xuanpin (玄牝) can either refer to the lower Dantian, or Xuan (玄), to the upper and Pin (牝) the lower, respectively, which is one Yang (阳) and one Yin (阴), being the root of heaven and earth, respectively.

Moving through the minor circulation, and opening up the governor and conception vessels

After focusing mind on the Dantian for a long time in Qigong’s meditation, there will be a warm feeling in the lower abdomen. The warm Qi can be gradually guided downward to pass through Changqiang (GV 1) of the sacrococcygeal region (尾闾关 coccyx pass, seen in *The Illustration of the Internal Meridians*, the same below), and then go to the area at the lumbar spine of the back where Mingmen (GV 4) (夹脊关 spine side pass) locates, and then go to Fengfu (GV 15) (玉枕关 jade pillow pass) at the nape, finally to go upward and reach the brain. This is called “getting through the three passes” by ensuing generations. The method is actually the reversed process of “down to the nape, along the spine, and into the sacral”^[9] described in the circulation of Ying Qi (营气), and it shows that the reversed route of Qigong is along the governor vessel. Later, this was called the minor circulation^[10] (小周天 Xiao Zhou Tian) [Figure 4]. Exercises with upward running against the direction of the governor vessel lay stress on the rising and reversing function. In the normal circulation of Ying Qi, the governor vessel is from the top down, whereas the conception vessel is from the bottom up. Qigong has a reversed way. There is a saying that “Following the law of nature, a normal person will come into being; Being against it, an immortal will come into being,” which means that through

the transformation of “training essence into qi and training qi into Shen (神),” one can achieve longevity.

The opening up of the governor and conception vessels is related to Qigong exercises. The intercommunication between the governor and conception vessels mobilizes the functions of the heart, brain, and kidney. During the Qigong meditation, the lower limbs will have the Qi feeling movement go from the foot shaoyin meridian of kidney to the kidney, whereas in the upper back, the feeling will go from the foot taiyang meridian downward to the kidney. Moreover, the kidney is the key position connecting the upper and the lower parts. The boundaries of the governor vessel and the conception vessel include the mouth in the upper part and the anus in the lower part. During the Qigong meditation, it is requested to close the mouth and contract the anus. In *Zhouyi Cantiongqi*, it says: “Introspect the body and block the hole (兑 Dui).”^[11] The hole (兑 Dui) refers to the mouth. There is a point named Duiduan (GV 27) locating at the tip of the upper lip. Now, take a look at the position of Yinjiao (GV 25) in the middle of the upper gingiva. It is directly opposite to Renzhong (GV 26), which means that Renzhong is in the exterior and Yinjiao (GV 25) is in its corresponding position which is on the top of the gingiva in the inner side of the upper lip. There is a key movement requirement in Qigong called “building magpie bridge,” which means that the tip of the tongue is touching the gingival junction of the palate so that the governor vessel is connected with the conception vessel. After the step of magpie bridge building, the jin-fluid under the tongue comes out, which shows the subtlety of “bridge-building transition.”

Deep and submerging breath

Practicing Qigong in Taoism is in particular about breath, deep breath, and submerging breath. One breath consists of one inhalation and one exhalation. In *Zhuang Zi*, it says, “The immortal breathes through the heel, and the normal breathes through the throat.”^[12] Deep breathing through the heel means that the mind and Qi reach the heel, where it can be connected with the originating area of the Yin heel vessel and Yang heel vessel. During the meditation, or before sleep,

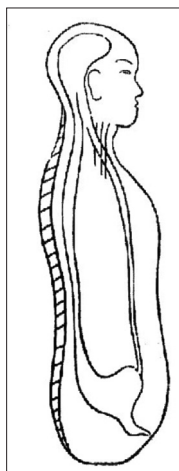


Figure 4: Major and minor circulation

we can close eyes to calm the heart, with mind focusing on Yongquan (涌泉 KI 1) or the heel, and send Qi to the sole of the foot during the inhalation. Focusing the mind is not necessary during exhalation. The breathing method from the eyes to the heel is to guide Qi downward and have the function of communicating the Yin and Yang heel vessels, calming Shen (神) and regulating Qi. This is the basic ability before opening up the governor vessel and the conception vessel.

PLACING THE EXTRAORDINARY IN THE NORMAL AND FEATURING IN REGULATING QI AND GOVERNING SPIRIT

Mr. Li has more than 60 years of clinic experience. In clinical treatment with acupuncture and moxibustion therapy, he primarily treats Shen (神), and his health-preserving method primarily focuses on cultivating Shen, too. He once wrote in calligraphy: “There’re three kinds of top medicine: Shen, Qi, and essence” [Figure 5]. He is busy with teaching and research, having a long-term sedentary working, or bending over to treat the patients with acupuncture and moxibustion in clinical outpatients. Learning from the physical exercises of the ancient people, he developed his own style of physical exercises after his routine job. It includes a set of simple trunk and limb stretching and patting, which can achieve the health-caring effect of regulating Qi during activity, storing essence in the Dantian during breathing in meditation, and controlling heart heart Shen when one lies down. The exercise is a combination of static and dynamic exercises but mainly static ones. At the age of nearly 90, he was gray haired but with good complexion, ears, and eyes as well as an active mind. At the request of his students, Mr. Li wrote easy-to-read and practical verses to describe the normal health preservation exercises based on the theory of meridians and collaterals as well as Qigong. The verses are as follows.

Verses of health preservation

Walking, sitting, lying and rising, these are all about general caring. The elderly should be moderate and not hasty in activities. While walking on the flat ground, the first thing is to keep safe. Stand up straight, pat and hit the body with the fist or palm and pat the waist and hips, shrug and move the shoulders and arms. Please flex and extend the joints of limbs, activate fingers.

After walking, you need rest in an upright sitting position.

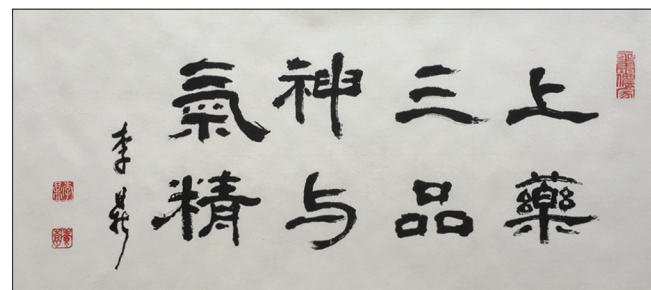


Figure 5: Three kinds of top medicine

With the chest forward and the back straight, adjusting the breath,

Straighten the spine, more extending than bending.

Rub the face, scratch the head, knead and pinch the Fengchi point.

Pat the opposite shoulder with a single hand, from the left to the right alternately.

After sitting, lying on the back, loosen the waist and spine,

Push the heel out, stretch the tendons and extend the knees,

Rub the abdomen to normalize the intestines, lift and contract the anus.

This makes the diaphragm and omentum ascend and descend, to achieve free Qi moving in the Triple Energizer.

Keep a regular daily activity and rest in walking, sitting, lying, and rising.

The verses contain four activities: walking, sitting, lying, and rising. The four procedures are used for general care.

Walking – Walk slowly on the flat ground. The elderly should move slowly according to their physical strength, and safety is the priority. While walking, facing forward, you make loose fists or use palm to pat both sides of the thighs, waist, and hip to activate Qi and blood of the lower limbs. Next, you shrug and move the shoulders and arms, the movement of the upper limbs should be in coordination with walking. “Shrug” means to dangle the arm, move the shoulder joints forward and backward as if drawing a circle. After shrugging, flex and extend the joints of limbs, lift and abduct both arms, rotate the elbow as if drawing a circle to put the shoulder joint in motion, and then flex and extend the upper arm, move the wrist as if drawing a circle, and flex and extend the fingers to exercise the small joints.

Sitting – Rest in an upright sitting position, take a chest-out posture, the back is supported by a backrest. Relax the lumbar muscles, straighten the spine, and draw the scapulas close to the spine in the middle without bending. Adjust the breathing, with the mind focusing on Dantian and deep or submerging breath method mentioned above. Rub the face after rubbing the hands till they become warm, extend five fingers to press, rub the scalp like combing, and press and knead the Fengchi (GB20) point with the thumb. Pat the right shoulder with the left hand and pat the left shoulder with the right hand in combination with twisting the upper body to exercise the flanks simultaneously.

Lying – When lying flat, loosen the lumbar spine, extend the leg, and kick the heel out, the left and the right alternately. This is to stretch the knee. Put one palm on the other to rub around the navel, or use one palm to rub the abdomen of the same side, drawing a circle clockwise. Lift the anus during inhalation to control the primary Qi. Apply abdominal respiration to make the diaphragm go up and down so as to free the Qi activity.

Rising – It is required to have regular daily work and rest, by rising and sleeping regularly, and have three meals regularly. This set of exercises embodies the theory of the circulation of meridians and collaterals, Qi and blood, and breathing regulation. The movements are simple and easy to imitate, and each step can either be performed independently or performed with others as a whole. People can do the exercise in daily walking or other activities, or slight movements while waiting for the bus and around bed time. Without any particular endeavors, extend the limbs and activate Qi and blood. Or during quiet reading or desk working, deep and submerging breath can be performed to fully develop the internal breath.

When we leave after the visit to Mr. Li, he always walks us out to the elevator. In such a short distance, Mr. Li is always seen patting the waist, shrugging, and kicking the legs and so on. When being asked abruptly whether he has practiced any Qigong for health preservation, Mr. Li always smiles but says nothing. This reminds me of “useless use” in *Zhuang Zi*. It turns out that great use lies in something seemingly simple and useless. At the age of 90, Mr. Li continues to compose poems, write articles, and practice calligraphy diligently and tries his best to share his knowledge with others. It is said in *Zhuang Zi* that “The Classic of Poem is to show the ambition, the Classic of Shangshu is for the record, the Classic of Courtesy is for the behavior..., and *Yi Jing* (《易经》 *The Book of Changes*) is to show yin and yang (阴阳).”^[13] These words are indeed the true portrayal of Mr. Li's life.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Mindfulness-Based Communication: Reflections on the Role of Taiji Practice in Enhancing Intercultural Competence



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Abstract

Taijiquan (太极拳) is a discipline that influences the practitioners' body-mind and could lead them to a healthier state. In this article, the intercultural aspects of Taiji practice are explored, specific characteristics that practitioners could develop through the continued practice of Taijiquan. These qualities are studied through the lens of Taijiquan Classics, a collection of ancient theoretical and philosophical texts that is the foundation for Taijiquan theory and practice, in the framework of the science of intercultural communication. Our purpose is to explore yet another less-known benefit of Taijiquan practice besides its many, already well-known ones. We argue that Taijiquan has the potential to develop qualities and attributes associated with intercultural competence.

Keywords: Intercultural communication, intercultural competence, mindfulness, Tai Chi, Taiji, Taijiquan Classics, Yin-Yang

"Lao zi said: 'Focus on your breath and achieve softness. Can you be like a newborn?' Zhuang zi said: 'Obtaining the center of the circle, one responds without limitation.' Understanding these statements, you can study this volume."

-Chen Weiming.^[1]

Taijiquan nowadays is a rising star; it has drawn the attention of athletes, the general public, researchers, and even clinicians. It is an ancient Chinese traditional martial art that, today, is also practiced as a graceful and multifaceted form of exercise. It involves a series of movements performed in a slow, relaxed and focused state, accompanied by deep breathing and expanded awareness of the body, mind, and the surrounding environment.^[2] Taijiquan is at the same time a profoundly philosophical discipline that is designed to put into practice classical theories, in particular, the theory of Yin-Yang (阴阳). It is a method to take Yin-Yang concept from the pages of the ancient books and the abstract world of the mind and bring it to the substantial physical realm and thus help the person to benefit from it in action. According

to this theory, Yin-Yang is an inseparable pair; there is no Yin without Yang and no Yang without Yin, just like the pair of day and night. They give birth to, complement, and oppose each other. Applying this understanding to ourselves, we can think of the body-mind pair having Yin-Yang relationship and thus one would affect the other either in the direction of health or disease. Taijiquan, therefore, is a discipline that influences body-mind and could lead them to a healthier state. Here, we would like to discuss the mental aspects of Taiji practice, specific characteristics that practitioners can possibly develop by practicing Taijiquan. These qualities are emphasized in a series of theoretical and philosophical texts collectively known as Taijiquan Classics that is the foundation for Taijiquan theory. The theory from Taijiquan Classics (太极拳经) is used to show the traits and characteristics that can be developed through the practice of Taiji which contributes to intercultural competence of

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Submission: 22-August-2019 Accepted: 22-August-2019
Published: 24-December-2019

Access this article online

Quick Response Code:



Website:
www.cmaconweb.org

DOI:
10.4103/CMAC.CMAC_36_19

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How to cite this article: Abdi M, Mirahmadpour M. Mindfulness-based communication: Reflections on the role of taiji practice in enhancing intercultural competence. Chin Med Cult 2019;2:179-83.

individuals according to acceptable models proposed by the scholars of intercultural communication. Our purpose though is not to introduce Taijiquan as a platform or tool to educate and train people to become more competent in their intercultural communications; rather, we are exploring yet another benefit of Taijiquan practice besides its many, already well-known ones. Here, we try to draw your attention toward the intercultural aspects associated with this beautiful art.

WHAT IS INTERCULTURAL COMMUNICATION?

We are living in a connected world. People from different cultures are meeting each other more often than any other time in human history. Human movement across borders is facilitated through the advanced transportation systems which are accessible to the general public. Only considering China in 2018, 5539 million trips were made inside China (bringing exposure to different subcultures inside the general Chinese culture), with a 10.8% increase compared with that of 2017 in which 141.2 million trips were made by foreign people coming to China and 149.72 million trips made by Chinese nationals going abroad.^[3] This is the movement of not only the people but also cultures. On the other hand, the rising usage and popularity of online communication tools such as social media^[4] lead to more and more exposure to people from other cultures. What do we know about other cultures, and what is the proper behavior in communication with people from different cultures? Are people competent enough to handle these situations? Intercultural communication is a communication between people whose “cultural perceptions and symbol systems are distinct enough” to alter their communication.^[5] Nowadays, intercultural communication is an established interdisciplinary field of study in universities all around the world.

INTERCULTURAL COMPETENCE

Intercultural competence is one of the key concepts in the field of intercultural communication. It refers to the practical aspect of this academic field, about how people learn and practice to behave in the intercultural situation, i.e. facing people from other cultures. Intercultural communication competency aims to promote an individual's ability to respect and integrate cultural differences in order to transform oneself into a multicultural person who knows how to foster multiple cultural identities and maintain a multicultural coexistence for the development of a civic community.^[6] According to the United Nations Educational, Scientific and Cultural Organization, “intercultural competencies aim at freeing people from their logic and cultural idioms in order to engage with others and listen to their ideas.”^[7]

The academic definition of intercultural competence is the subject of endless challenges and discussion among scholars from different disciplines, and there is no consensus on one specific definition. However, some definitions have received more attention in the researches and publications. Among them is the definition proposed by Professor Michael Byram.

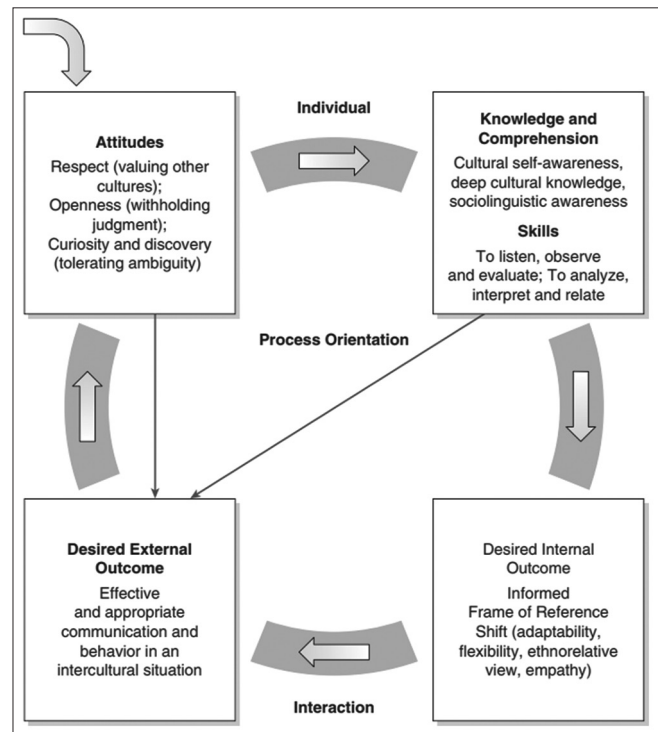


Figure 1: Process model of intercultural competence by Deardorff^[8]

He defines intercultural competence as “knowledge of others; knowledge of self; skills to interpret and relate; skills to discover and/or to interact; valuing others’ values, beliefs, and behaviors; and relativizing one’s self” [Figure 1].^[8] One of the widely cited models of intercultural competence proposed by professor Darla Deardorff uses a grounded theory approach resulting in the consensual aspects of intercultural competence agreed upon by leading intercultural experts, and he has developed a process model that identifies attitudes that facilitate intercultural competence (i.e. appropriateness and effectiveness), including respect, openness and curiosity. Motivation is enhanced by the influence of knowledge (cultural self-awareness, deep cultural knowledge, and sociolinguistic awareness) and skills (listening, observing, evaluating, analyzing, interpreting, and relating) components. These aspects of motivation, knowledge and skills also follow a path to facilitating shifts of internal frames that enhance empathy and adaptability. These shifts of internal frames then also predict appropriate and effective outcomes.

The model begins with attitudes and moves from the individual level (attitudes) to the interaction level (outcomes). This process model of intercultural competence depicts the complexity of acquiring intercultural competence in outlining more of the movement and process orientation that occurs between the various elements. This model denotes movement from the personal level to the interpersonal level (intercultural interaction).

In the next part, we explore qualities such as moderation, softness and pliability, self-awareness, understanding others,

active listening, tolerance and control, adaptability (forgetting oneself and following the other), and peacefulness (philosophy of not imposing force on others) from the standpoint of the teachings of Taijiquan Classics and how they might affect the practitioner in a way that would contribute to effective communication in situations where it is most needed by multicultural environments.

MODERATION

“When practicing Taiji, doing too much is the same as doing too little”^[9] (Wang Zong Yue Classic 王宗岳太极经). This is based on the Yin–Yang theory that emphasizes the principle of harmony and balance. Too much Yin or too much Yang will destroy the harmonious balance as too little Yin or too little Yang does. In the practice of Taiji, it is essential to follow the principle of moderation. This principle is an inseparable part of the teachings that each practitioner would be taught early in his or her practice. “If your opposite side is hard, change your own side to make it soft. This is called yielding”^[9] (Wang Zong Yue Classic). In Taijiquan Tuishou (推手 Push hands or two-person practice), when the practitioner senses that the opponent is putting pressure on him/her, he/she adjusts and changes his/her own side to make it soft and yield to the opponent. This response is in the Taiji manner: not too much, not too little. The practitioner adjusts the pressure in proportion to the opponent’s level; this is the kind of sensitivity and controlling skill that is emphasized in Taiji practice. Important results of this unique practice are flexibility, awareness of the situation as a whole, self-awareness, adjustment, knowing and feeling the partner, adaptability, patience, and tolerance, to name a few.

SOFTNESS, TO BE LIKE WATER

天下莫柔弱于水，而攻坚强者莫之能胜

“Nothing in the world is more supple than water; yet nothing is more powerful than water in attacking the hard and strong”^[10] Lao Zi (老子).

“When in stillness you should be as the mountain. When in motion you should move like the flowing river”^[9] (Wu Yuxiang 武禹襄太极经). In Taiji practice, the practitioner always starts from stillness; he or she tries to mimic the state of Wúji (无极), in which Yin–Yang are still united as one and there is no movement, pure stillness. From stillness, a movement begins and the flow of Yin–Yang emerges. This is Taiji as put forth in the classical theory of Taiji, “Taiji, being born of Wuji, is the mother of Yin–Yang. In movement it differentiates; in stillness, it reunites. It is without excess or insufficiency.”^[11] When practicing Taiji, everything is flowing, the body movements, breathing, mind, Qi (气) and it is nicely described in the classics, “What is Long Boxing (Changquan 长拳)? It is like the Long River, or a great ocean, flowing smoothly and ceaselessly”^[12] (Wang Zong Yue Classic) (Changquan was another name for Taijiquan at the time this classic text was written).

Why is this relevant? When you are soft, pliable, and flowing both mentally and physically, things will not get stuck. You know how to change and how to adapt yourself to different situations and people. Many conflicts begin when the interaction is stuck, at a time, when the exchange of ideas stops, in other words, when there is no flow between the two sides. Therefore, qualities such as softness, flexibility, and adaptability are crucial factors in effective communication, especially in multicultural environments where the knowledge of the other is more limited and continued interaction and mutual understanding are required. “In *Taiji*, being very soft and pliable leads to being extremely hard and strong”^[9] (Wu Yuxiang). Therefore, the true power comes from being soft, flexible, and yielding.

SELF-AWARENESS

“Also it is said: First you should exercise your mind, then discipline your body. Relax your abdomen and let Qi condense into your bone marrow. Make your spirit peaceful and your body calm. Pay attention to your mind at all times.”^[9] Therefore, the mind is always the first. Taiji is a kind of mindfulness exercise. The practitioner starts with the stage of body awareness (着熟 Zhao Shu); continues with becoming aware of the subtle feelings of the breath, the movement of Qi throughout the body, and the subtle Yin–Yang changes in himself/herself and in interaction with the opponent (懂劲 Dong Jin), and finally reaches the state of Shen Ming (神明). Shen Ming is the state in which mind is balanced and centered, things happen spontaneously without the need to think while the mind is focused on the situation as a whole and covers all aspects, this is where creativity and spontaneity blossom. The person is aware of the self, the opponent, and the surrounding environment.

UNDERSTANDING THE OTHER PERSON

“故曰：知彼知己，百战不殆；不知彼而知己，一胜一负；不知彼，不知己，每战必殆。”

“So it is said that if you know others and know yourself, you will not be imperiled in a hundred battles; if you do not know others but know yourself, you win one and lose one; if you do not know others and do not know yourself, you will be imperiled in every single battle.”^[13]

The wisdom from the famous masterpiece of Sun Zi (孙子), *The Art of War*, reminds us about the definition of intercultural competence by Professor Michael Byram, “Knowledge of others; knowledge of self; skills to interpret and relate; skills to discover and/or to interact; valuing others’ values, beliefs, and behaviors; and relativizing one’s self.”^[18] Traditionally, it has been said that the practice of forms in Taijiquan is to know yourself (知己 Zhi Ji) and the practice of Tuishou (push hands or two-person training) is to know your opponent Zhi Bi) and these two important skills should grow hand in hand in each practitioner. Therefore, each one of us, as practitioners, knows that he or she should cultivate two things, the knowledge of self, and the knowledge of the other; more interestingly, while

learning Taijiquan, the person is equipped with tools and training methods to help him/her reach this level; however, the mastery of such skills is up to the practitioner.

EMPHASIS ON ACTIVE LISTENING

Ting Jin (听劲) means listening to the force (Jin), and listening here actually means to feel, feeling the opponent's body at the point of contact, feeling the opponent's movement and stillness, the direction and amount of force applied toward you and ultimately to feel his or her intention. Therefore, the practitioners try to understand the minds of one another; they listen, feel, and try their best to understand the other. Grand Master Yang Jun, the 5th generation lineage holder of Yang style Taiji and one of the foremost Taiji masters of our time, describes Ting Jin in these words, "Highest level of Ting Jin is that you feel the opponent as soon as he/she has the intention of moving. So the highest level is feeling the intention of the partner." Mindful listening is a critical skill in all forms of communication, including communication in the intercultural context, conflict resolution, and negotiation. If a person is trained to be an active mindful listener, he or she could communicate effectively and efficiently.

"If there is no motion, you will remain still. If there is even a slight change, you have already moved accordingly"^[9] (Wu Yuxiang). This is the degree of sensitivity which a practitioner should cultivate to be able to interact with the opponent based on the knowledge he or she obtains through listening and trying to understand the intention of the other. This interaction is based on the knowledge of the self and knowledge of the other and therefore it is competent.

FORGETTING ONESELF AND FOLLOWING THE OTHER

"The Taiji principle is as simple as this: yield yourself and follow the external forces... Instead of doing this, most people ignore such obvious and simple principles and search for a more remote and impractical method. This is the so-called inches mistake, that, when allowed to develop, becomes the distance of thousands of miles"^[9] (Wang Zong Yue Classic).

Grand Master Yang Jun explains, "The relationship between you and your opponent is Yin-Yang, so you and your opponent are Taiji, you become one... Only when you give up yourself you can be a part of the other, like water that yields to the shape of other things (i.e. container). That's why the biggest obstacle is in our mind: we do not want to give up, '舍己从人.' That's why Taiji requires us to practice softness to become like water, then through this, you can join the hard" (舍己从人 shě jǐ cóng rén means to let go of yourself and follow the other person).

This is the highest form of communication because it is based on the pure intention of understanding the other person, in which one learns to forget about the self and follow the other person in order to understand him or her, and based on this understanding, one would act accordingly. This attitude brings peace to each and every mutual interaction because it is based

on listening, yielding, following, understanding, and only then, acting. Therefore, if the other is hard, the practitioner becomes soft and in doing this you dissolve the is reflected in the saying, "When the other is hard, and I am soft, this is called yielding."^[11] (Wang Zong Yue Classic).

PHILOSOPHY OF NOT IMPOSING FORCE ON OTHERS

"There are many other schools of martial arts besides this one. Although the postures are different between them, they generally do not go beyond the strong bullying the weak and the slow yielding to the fast. The strong beating the weak and the slow submitting to the fast are both a matter of inherent natural ability and bear no relation to the skill that is learned. Examine the phrase 'four ounces moves a thousand pounds', which is clearly not a victory obtained through strength. Or consider the sight of an old man repelling a group, which could not come from an aggressive speed."^[14]

All of the martial techniques that exist in Taijiquan forms start with a defensive movement rather than an offensive one. This is indicative of the philosophy of not imposing force on others. In Taijiquan, the practitioner is taught to borrow the force of the opponent and using it against him or her. This is one of the ideas behind the saying "using four ounces of energy to control the force of a thousand pounds." This causes the least possible overall harm, as the clash of two strong forces damages both sides, the weaker side more than the stronger side. Therefore, as mentioned before, the way of Taiji is that of moderation.

TOLERANCE AND CONTROL

"Your spirit should be controlled internally; externally you should appear calm and comfortable"^[9] (Wu Yuxiang).

In Taijiquan, practitioners are trained to remain calm and centered during mental and/or physical conflict regardless of how rapidly the situation changes. This requires mental discipline and indicates that the practitioner should be able to control himself/herself to successfully cope with any kind of serious situation. The mind and body are mutually connected and influence one another. When the mind is in chaos, the body is affected through the nervous system and tension builds up in the musculoskeletal and organ systems. Likewise, when the body is under tension due to external stimuli, the mind becomes scattered and not relaxed. Therefore, in order to maintain the kind of mindset mentioned in the above saying amidst the tension, Taiji offers a practical solution: the practice of Fang song (放松) or continuous relaxing and softening of the physical body while moving or standing still. Fang Song is a training strategy in Taijiquan practice to help the practitioner become soft and flexible and in later stages of practice lets the different parts of the body become integrated as one whole, so that "when one part moves, there is no part that does not move. When one part is still, there is no part that is not still"^[12] ("Wu Yuxiang). With the combination of sustained mindfulness with this form of relaxation (fang song) during Taiji practice, the practitioner gradually develops a calm and centered state of body-mind that

permeates all aspects of his or her life and thus would help him/her to be able to maintain this state even in rapidly changing and serious situations with conflict and tension.

Dimensions of Intercultural competence

We discussed how the practice of Taiji would help to improve qualities of moderation, softness, self-awareness, understanding others, active listening, and tolerance. Coming back to the literature of intercultural competence, we analyzed which aspects of intercultural competence are more related to the practice of Taiji. Matveev and Merz^[15] analyzed several intercultural competence assessment tools focusing on 10 scales of Intercultural Development Inventory (IDI), the Multicultural Personality Questionnaire (MPQ) and the Arasaratnam's Intercultural Communication Competence Instrument (ICCI), Intercultural Adjustment Potential Scale (ICAPS), the Cross-Cultural Adaptability Inventory (CCAI), Culture Shock Inventory (CSI), Intercultural Sensitivity Inventory (ICSI), Intercultural Competence Profiler (ICP), Intercultural Readiness Check (IRC), and Intercultural Competence Questionnaire (ICQ). They identified three dimensions of 1. Cognitive 2. Affective and 3. Behavioral as covered in all major scales. Considering the principles discussed, a first look at the dimensions of the intercultural competence reveals that Taiji could lead to the enhancement of intercultural competence in all three dimensions. Here we will discuss briefly the cognitive dimensions. Attitude is the core of the cognitive dimension of intercultural competence, and it is the starting point of the process model of intercultural communication, as discussed before. The core principles of harmony and balance, the emphasis on knowing the other side of communication, and forgetting oneself are among the constructive attitudes that could be cultivated by practicing Taiji. Further, we argued how openness and flexibility as the most repeated quality in the major scales of intercultural competence could be considered as fundamental and critical learnings of Taiji. It is well described in the metaphor of being like water. These attitudes internalize and deepen by regular and repetitive practice of Taiji [Figure 2].

CONCLUSION

Taijiquan has been an inseparable part of Chinese traditional culture, and although it is a martial art, it has incorporated elements of this culture mainly due to its rich philosophical foundation. Therefore, apart from its numerous physical and mental health benefits, the practitioner gradually absorbs its cultural and philosophical influences into his or her worldview and lifestyle as well. At the beginning of this article, we proposed that Taijiquan has the potential to develop qualities and attributes associated with increased intercultural competence. We deduced these associations by comparing the theoretical foundation of both fields and found strong links. These qualities cover the necessary skills for effective communication according to the established models of intercultural communication and therefore we can safely conclude that the practice of Taijiquan would significantly contribute to intercultural competence of the practitioners. It

Key dimensions of intercultural competence, Taiji related dimensions were highlighted												
	Cognitive Dimensions					Affective Dimensions			Behavioral Dimensions			
	C-sk	Att	OM/ F	Mot	CT	PA	CE	ES/C	Exp	SI	L	C
IC Models												
IDI		X										
MPQ			X				X	X		X		
Arasaratnam's ICCI		X		X			X			X		X
ICAPS			X		X			X				
CCAI		X	X			X		X				
CSI	X		X						X	X		
ICSI	X		X				X	X		X		
ICP	X	X	X				X		X	X		
IRC			X				X				X	X
ICQ							X			X		

Note. Cognitive Dimensions: C-sk= Culture-specific knowledge, Att=Attitude, OM/F= Open-Mindedness/ Flexibility; Mot= Motivation, CT= Critical Thinking, PA= Personal Autonomy
For Affective Dimensions: CE Cultural Empathy, ES/C= Emotional Stability/Control;
For Behavioral Dimensions: Exp= Experience, SI= Social Initiative, L= Leadership, C= Communication

Figure 2: Key Dimensions of Intercultural Competence

seems appropriate that this work would stimulate quantitative research to further establish this association.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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The Taoism Philosophy within Traditional Chinese Medicine: The Relation between *Huang Di Nei Jing* (《黄帝内经》 *Yellow Emperor's Inner Classic*) and *Dao De Jing* (《道德经》 *Tao Te Jing*)



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Abstract

Taoism refers to an indigenous Chinese philosophical and religious tradition. For more than two and a half millennia, it has had a profound social and intellectual influence on Eastern Asia and since the 19th century has deeply influenced Western countries. *Dao De Jing* (《道德经》 *Tao Te Jing*) is still considered to be the primary text of Taoism. The *Tao Te Jing* is attributed to Laozi, the classical Chinese Philosopher, and describes the major doctrines of Taoism. It is most relevant to Traditional Chinese Medicine (TCM). This article offers a brief introduction to the Taoism within TCM – the relation between *Huang Di Nei Jing* (《黄帝内经》 *The Yellow Emperor's Inner Classic*) and *Dao De Jing* (《道德经》 *Tao Te Jing*).

Keywords: *Dao De Jing* (《道德经》 *Tao Te Jing*), *Huang Di Nei Jing* (《黄帝内经》 *The Yellow Emperor's Inner Classic*), Taoism Philosophy

INTRODUCTION

Huang Di Nei Jing (《黄帝内经》 *The Yellow Emperor's Inner Classic*) [Figure 1], sometimes briefly called *Inner Classic*, is in existence the most ancient scripture of Chinese Medicine Theory in China. It was first published between the era of ChunQiu and ZhanGuo (春秋战国 BCE 403 – BCE 221), and there was a continuous editorial effort on the scripture. Regarding the authorship of the book, *Inner Classic* as the foundation scripture of Traditional Chinese Medicine (TCM), it is difficult to be attributed to the specific figure, place, and time. It is believed that the scripture is the compilation based on experiences of medical practitioners for many generations. *Inner Classic* consists of two parts, respectively, *Su Wen* (《素问》 *Plain Questions*) and *Ling Shu* (《灵枢》 *Miraculous Pivot*), containing a total of 162 chapters. It has explained the methodology and thought of TCM, provided

a theoretical framework for the medical practitioners. TCM has been developed on this theory framework foundation since then.

Dao De Jing (《道德经》 *Tao Te Jing*) [Figure 2] is the essential scripture of Taoist, also known as *Lao Zi* (《老子》), or *Five Thousand Words from Lao Zi*. It was poetic and full of philosophical insights. In general, it was believed that the scripture was written by Laozi during the era of ChunQiu (BCE 770 – BCE 476). It also consists of two parts, *Dao Jing* (《道经》 *Tao Jing*) and *De Jing* (《德经》 *Te Jing*), comprising a total of

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Submission: 09-November-2019 **Accepted:** 09-November-2019
Published: 24-December-2019

Access this article online

Quick Response Code:



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www.cmaconweb.org

DOI:

10.4103/CMAC.CMAC_45_19

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How to cite this article: Lim CH, Lim SK, Wong GL, Qian L, Kim YJ. The taoism philosophy within traditional chinese medicine: The relation between *Huang Di Nei Jing* (《黄帝内经》 *Yellow Emperor's Inner Classic*) and *Dao De Jing* (《道德经》 *Tao Te Jing*). *Chin Med Cult* 2019;2:184-8.

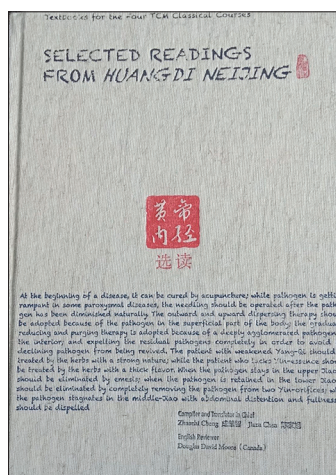


Figure 1: Selected readings from *Huang Di Nei Jing*

81 chapters, with approximately 5000 words. It was also the earliest philosophical workpiece in Chinese history. The passage from the book is simple and yet full of insights and dialectic. As the masterpiece of Taoism, discussion topics can be found within *Tao Te Jing* including the origins of the Universe due to changes, the appropriate way of country administration, as well as life and death.^[1]

Tao Te Jing, as the masterpiece of Taoism, and its writing, though earlier, was not far from the date when *The Yellow Emperor's Inner Classic* was written. Hence, the *Inner Classic* can be influenced by the thought of *Tao Te Jing*. As claimed by Zheng's, "The emphasis on nature, and epistemology from Taoist has heavily influenced the theoretical framework of Chinese Medicine along with its development, the TCM scripture *Inner Classic* has displayed a good proof of this."

THE RELATION BETWEEN INNER CLASSIC OF CHINESE MEDICINE PRACTITIONER AND TAO TE JING OF TAOISM

The Harmony Between of Yin and Yang (阴阳调和)

In the opinion of Taoism, everything in the universe can be found in the harmonious state, which consists of binary opposition and restriction, and yet it also can be the sequential root cause of each other. Yin and Yang are not merely about Qi; they are the common attribution in everything.

"The created universe carries the yin at its back and the yang in front; through the union of pervading principles it reaches harmony."

– *Tao Te Jing* Chapter 42.

"Yin and Yang is the way of Universe, the principle of everything, the root of Change, the beginning of Life and Death, the home of Spirits, and hence to cure, (we have to) look for its root."

– *Inner Classic*, the Manifestation of Yin and Yang.

By comparing both texts, *Inner Classic* resonates with *Tao Te Jing* in the aspect of the harmony of Yin and Yang. Therefore,

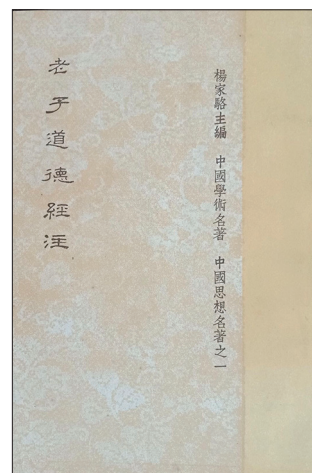


Figure 2: Annotation of *Lao Zi Dao De Jing*

Xu pointed out that Yin and Yang is the key idea to master *Inner Classic*.

Besides the dialectical thought in other philosophical schools, *Inner Classic* also emphasizes the aspect of Unity. *Inner Classic* claims that Yin and Yang are inseparable and can be useful to each other. "Yin is at internal, and Yang as its guardian. Yang is at external, Yin as its mover." The Separation and Unity of Yin and Yang have well explained the idea of harmony between of Yin and Yang, and it resonates with "the union of pervading principles" mentioned in *Tao Te Jing*.

The way (Tao) models the nature

"Dao models the Nature" is an essential concept in Taoism.

There are the Great Four in the universe,
and the King is one of them.

Man models himself after the Earth;

The Earth models itself after Heaven;

The Heaven models itself after Tao;

Tao models itself after nature.

– *Tao Te Jing*, Chapter 25.

The Great Four are related through the modeling of the lower hierarchy after the higher hierarchy, from the Man the lowest hierarchy toward Tao the highest hierarchy. This reveals the objective recognition of the nature of everything in the universe; everything should be existing in the form "just as it is." Consequently, every existence is harmonious to each other, as Liu pointed out, "the natural existence is a state without competition and struggling."

"Natural simplistic" was derived from the concept "models after Nature."

Let them enjoy their food,
Beautify their clothing,
Be satisfied with their homes,
Delight in their customs.

– *Tao Te Jing*, Chapter 80.

The natural simplistic viewpoint has imposed its influence on *Inner Classic* relating to its health care concept, as being discussed in *Plain Questions*,

“Being of less desire, the spirits will flow smoothly, with being mindfulness and less desire, sickness is avoided. Thus, with moderate desire, the peaceful heart is fearless, the body tiredness is far from being exhausted. The smooth flowing spirits, the moderate desire is being satisfied, they enjoy their food, beautify their clothing, and be delighted in their customs, the people from different hierarchies are not jealous of each other, this is the simplicity.”

Chapter of the universal truth

By comparing the texts, both Tao Te Jing and Inner Classic are emphasizing the viewpoint of natural health care, which both promote the simple and desireless life to achieve harmonious emotion.

“Therefore, the saint was inaction, content by fulfilling his desire with the simplicity, and hence he could live longer, as being eternal with the Universe. This is the way of he saint himself.”

– *Inner Classic*, The Manifestation of Yin and Yang.

Obviously, the above-mentioned concept of “simplicity,” “inaction,” and “desire less” in natural health care has its root in Taoism.

The Unity between the Universe and Man (天人合一)

The concept of “the Unity between the Universe and Man” is a very classical concept in Chinese traditional. Taoism is actively promoting this concept in discussing the relations between the Man and the Universe.

Out of Tao, One is born; (道生一)

Out of One, Two; (一生二)

Out of Two, Three; (二生三)

Out of Three, the created universe. (三生万物)

– *Tao Te Jing*, Chapter 42

The Way (Dao) is a formless state of spirits, the most primitive form of existence, and hence “One is born.” Following that, “Out of One, Two” is the binary state of mutual influencing of Yin and Yang. The form begins to exist, due to the differences, the existences oppose each other, like the Sky is the opposite to the Earth. From the mutual influencing action of this binary state, the three is born. The three mentioned here is referring to the Man. Man, as well as everything, is the product of the Sky and Earth, the Universe. However, Man, as the third party apart from the Sky and Earth, is also the active participant/manipulator in the middle of the relationships among the Universe and Everything.

The theory above emphasizes the concept that the as the product of the Universe should always comply with his own natural attributes and keep harmonious with the Universe. “Among everything, there is humankind. Humankind and

Nature as a whole, which is indestructible and inseparable.”, says Chen. This is the rationale of Taoism concept of Unity between Universe and Man.

The Taoism concept of Unity between Universe and Man was frequently discovered in *Inner Classic*.

“Everything is covered by the Sky and supported by the Earth. Among it, the Man is the noblest being. The Man is born with the spirits of Sky and Earth, compliance with the principles of Four Seasons.”

– *Inner Classic*, The Preservation of Health.

“The Man is born at Earth, owing to his destiny from the Sky. Man is formed from the Unity of Sky and Earth (Universe)”

– *Inner Classic*, The Preservation of Health.

Inner Classic emphasizes the compliance of Man to the Universe, as stated in *Miraculous Pivot*, The Effects from the Season, “Man is modelled with the Sky and Earth, in compliance with the motion of the Sun and Moon.”

Inner Classic claims that the seasons have its influence and effect on the health and sickness of humankind; both human and seasons are synchronized. “Man is synchronized with the seasons, parenting with the Sky and Earth.” (*Inner Classic*, The Preservation of Health). *Inner Classic* claimed that rhythm of the human body resembles to four seasons and the cycle of born, developing, harvesting, and reaping. *Inner Classic* suggests that humankind should adapt himself to this rhythmic change of change to preserve health. The emphasize of Inner Classic that, humans are in adaptive conformity with the natural environment, it is one of the basic concepts in the correspondence between nature and human, and it resonates with the Taoism’s concept of Unity between Man and Universe.

Way of balance

Preserving equivalence, maintaining balance, is another essence in Taoism.

The Tao (way) of Heaven,

Is it not like the bending of a bow?

The top comes down and the bottom-end goes up,

The extra (length) is shortened, the insufficient (width) is expanded.

It is the way of Heaven to take away from those that have too much

And give to those that have not enough.

Not so with man’s way:

He takes from those that have not

And gives it as a tribute to those that have too much.

Who can have enough and to spare to give to the entire world?

Only the man of Tao.

– *Tao Te Jing*, Chapter 77.

The verse “take away from those have too much, and give to those that have not enough” implies the importance of the

social impartiality and the balance in ecosystem; meanwhile, the verse “takes from those that have not, and gives it to those that have too much” is human behavior in common that leads to devastating due to imbalance or being unjust. In essence, the way of Tao, its principle, is to maintain and preserve the balance, which can be applied in the effort of the perseverance of the ecosystem. Taoism avoids both extreme cases which are overpossessing and underpossessing.^[2]

Tao Te Jing applied the analogy of archery, “the top comes down and the bottom-end goes up” to imply the idea of balancing. This idea of balancing was absorbed by *Nei Jing*, and from it, the principle of treatment was derived.

“Suppress the high, lift the low;

Deduct from the too much, supply the insufficient;

Benefit it with the advantage, and harmonize it with the appropriate, let the Host and Guest suit to their position;

Adapt to its coldness or heat, reverse it in the case of similarity, comply it in the case of difference.”

– *Plain Questions*, Essentials on Disease and Therapy.

By comparing the verses in both *Tao Te Jing* and *Inner Classic*, the high degree of similarities in wording is displayed, for instance, the verses read “The top comes down and the bottom-end goes up,” “take away from those that have too much and give to those that have not enough.” It proves that both the scriptures share the same source, as claimed by Fang, “the view of balancing in *Inner Classic* has its source from *Tao Te Jing*.”

The Taoism way of balancing imposes its influence on *Inner Classic* and has derived dialectical principles of treatment for TCM. Guided by this dialectical principle, TCM summarizes its own concept of pathology and methodology in treatment, for example,

Yin versus Yang

“From Yin, it leads Yang; from Yang, it derives Yin.”

– *Plain Questions*, The Manifestation of Yin and Yang.
Void versus Solid

“Shall the voidness and solidness of the spirits be determined, which the solid should be vented, and the void should be supplemented.”

– *Inner Classic*, Determining the Life and Death

“To heal those sicknesses, the over-solid should be vented, and the over-void should be supplemented.”

– *Miraculous Pivot*, Meridian Pathology

Cold versus Heat

“To heal the cold with heat, to vent the heat with cold.”

– *Plain Questions*, Essentials on Disease and Therapy.

Top versus Bottom

“If the disease spotted on top, tackle it from the bottom; if it was spotted at the bottom, tackle it from the top.”

– *Plain Questions*, Rules of Phase Energetics

Supplement versus Vent

“Drain/vent those that have too much, and supplement those that have too little.”

– *Plain Questions*, Channels Constituents and acupuncture techniques.

Surface versus Beneath

“Observing the meridian channel at the foot, Tai-yang and Shao-Yin as a pair of Surface versus Beneath, Shao-Yang and Jue-Yin as a pair of Surface versus Beneath, Yang-Ming and Tai-Yin form a pair of Surface versus Beneath.”

– *Plain Questions*, Channels Constituents and acupuncture techniques.

Those dialectical concepts mentioned above have proved that Taoism way of balancing imposes heavy influence on *Inner Classic*, forming its essential dialectical therapy method.

DISCUSSION

Taoism is the foundation for the theory of TCM. The purpose of this paper is to reveal the similarity of wordings in both *Tao Te Jing* and *Inner Classic* and to elaborate through the aspects of “The Harmonious of Yin and Yang,” “The Way (Dao) models to Nature,” “The Unity between Universe and Man,” “Way of Balance” on how Taoism imposes its influence on TCM, and how those concepts are applied by TCM.^[3]

The Harmonious of Yin and Yang explained that Yin and Yang as the root of the Universe, as a pair of opposition yet mutual influencing, and hence achieving the state of harmony. The Way models to Nature and this reveals the meaning of simplicity and the principle of no excessive effort in health care. The Unity between the Universe and Man emphasizes the synchronization between humankind and the natural environment around. Man is inseparable from nature and hence required to act according to the law of Nature. The way of balance stresses the perseverance of equilibrium state as the therapy methodology to avoid the extreme case of overpossessing and underpossessing.^[4]

In summary, *Tao Te Jing* of Taoism and *Inner Classic* of TCM relate closely to each other, as Jiang claimed, “Taoism is the foundation of TCM. It was proven with the *Inner Classic* displaying the heavy influence from *Tao Te Jing*, even some of the wording is directly excerpted from *Tao Te Jing*, and some ideas of TCM inherits and is derived from the idea of Taoism.” The relation between Taoism and TCM is undeniable; this paper has merely proved this by comparing both texts of *Tao Te Jing* and *Inner Classic* in some content. There should be further investigation and studies in this aspect of relating both Taoism and TCM.^[5]

Acknowledgment

This work is supported by the Office of Research and Innovation, Xiamen University, Malaysia.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Curculigo (仙茅): A Gift from Brahman (婆罗门) Monks

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Abstract

Curculigo (仙茅) is also called “Only Thatch Root,” “Ground Palm,” and “Brahman Ginseng.” The name of the “Only Thatch Root” vividly describes its shape characteristics. The nickname “Ground Palm” figuratively shows its growth environment and form feature. The another name “Brahman Ginseng” emphasizes the source, the value, and the efficiency of the immortal grass. The name of “Curculigo” fully expresses its function feature and the application to the ancient regimen culture. Curculigo is not only a sacrificial offering often used by Brahmins to pray for good fortune and dispel disasters, but also used as a special medicine for nobles to live longer. After its introduction into China, Curculigo has been widely applied in both religious development and health preservation.

Keywords: Brahman ginseng, Curculigo (仙茅), ground palm, Indian Brahman culture, only thatch root

Curculigo, warm in nature. It's the medicine to tonifying Triple Energizer and the gate of vitality. Only those poor constitutional person with weak Yang and cold penuma are suitable for having it. If the strong person with abundant Yang uses the Curculigo, he would become overheated.

Ben Cao Gang Mu^[1] (《本草纲目》 Compendium of Materia Medica) [Figure 1].

Taoism was current in the Qin and Han Dynasties (秦汉). The Buddhism developed in the Wei and Jin Dynasties (魏晋). Indian pluralistic religious culture gradually spread to the Central Plains (中原) by the Southwest Silk Road (西南丝绸之路). At the same time, the Indian medicine culture marked by Brahman culture was infiltrated. Among them, Curculigo was brought to China along with Indian Brahman Culture and became a member of traditional Chinese medicines. Its name also made Indian Brahman Culture be more mysterious.

INTERPRETATION OF MEDICAL NAME

There is no definite conclusion about when Curculigo [Figure 2] was included into Materia Medica monograph as a medication. However, many interesting nicknames can be found in many Materia Medica monographs after the Tang and Song

Dynasties (唐宋). Some were named according to their morphological characteristics and medicinal parts, such as the “Only Thatch Root.” Other names such as “Ground Palm” were named according to their growth environment and shape characteristic. Curculigo is also named “Brahman Ginseng” to describe its origin and efficacy characteristics.

Interpretation of alias

The name of “Only Thatch Root” vividly outlines the shape of Curculigo. “Only,” *Shuo Wen Jie Zi*^[2] (《说文解字》 Origin of Chinese Characters) [Figure 3] was interpreted as “Dogs fight each other.” It means Dogs are aggressive. Moreover, they are outstanding because of aggressiveness. Hence, it was extended to mean single, unique, and independent. Curculigo was known as “Only Thatch Root”. The “Only” vividly shows its morphological characteristics: the root is only one, and there are no branches beside one trunk. Curculigo Leaf was called “Thatch,” such as a weapon “spear” [Figure 4]. The “root” reveals that the medicinal part of Curculigo is rhizome, so it was called “Only Thatch Root.”

“Ground Palm” vividly shows the growth environment and shape characteristics of Curculigo. Curculigo grows near the

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Submission: 08-November-2019 Accepted: 08-November-2019
Published: 24-December-2019

Access this article online

Quick Response Code:



Website:
www.cmaconweb.org

DOI:
10.4103/CMAC.CMAC_39_19

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How to cite this article: Fei E, Yang B. Curculigo (仙茅): A Gift from Brahman (婆罗门) Monks. Chin Med Cult 2019;2:189-92.



Figure 1: *Ben Cao Gang Mu* (《本草綱目》 *Compendium of Materia Medica*)



Figure 3: *Shuo Wen Jie Zi* (《说文解字》 *Origin of Chinese Characters*)

ground, mostly on hillsides, hilly grasses, and shrub edges. Curculigo looks like a palm, as Su Song (苏颂)^[3] said, “Its surface has vertical texture, as a palm, withered in winter and born in early spring, just like the yellow Gardenia with no fruit. ‘So it was named’ Ground Palm.”

“Brahman Ginseng” emphasizes the origin, value, and efficacy characteristics of Curculigo. Brahman means “pray” and is the high-ranking priest who performed religious sacrifices in ancient India. On the one hand, Curculigo was introduced into China through Brahman monks from India. On the other hand, it also showed that it was the medicine enjoyed by the aristocratic class in the early time, reflecting its lofty social status and medicinal value. Hence, Curculigo is named after Brahman. Curculigo was named with “Ginseng,” meaning that its enriching effect is just like Ginseng. To sum up, Curculigo is called “Brahman Ginseng.” *Ben Cao Tu Jing*^[3] (《本草图经》 *Illustrated Classic of Materia Medica*) has a clear explanation about this, “Since the Brahman monks from the Western Regions (西域) offered their prescriptions to the Emperor Xuanzong of the Tang Dynasty (唐玄宗), they are called Brahmins in the south of the Yangtze River (扬子江) now, saying that their enriching effect is just like Ginseng.”



Figure 2: Curculigo was brought to China along with Indian Brahman culture



Figure 4: Curculigo leaf

Interpretation of Curculigo

The name of “Curculigo” actually includes the characteristics of Curculigo’s effect characteristics and application in the health preservation (养生) of the ancients. Curculigo was named after immortals. Immortals are similar to those who live in the mountains, because only when people practice in the mountains can they become immortals. It is a metaphor that Curculigo has the function of prolonging life and pursuing immortality. *Hai Yao Ben Cao*^[4] (《海药本草》 *Herbal Foundation of Overseas Medicines*) recorded, “Eating Curculigo for a long time will relax body and benefit complexion. The leaves resemble Mao, so they are called Curculigo.” The word “Mao” highlights its growth pattern. Curculigo’s leaves are like weapon spear, metaphorically expressing its function of eliminating pathogens and protecting body. The name of Curculigo is actually due to the ancients’ belief that eating Curculigo for a long time will relax body, enrich essence, add spirit, dispel pathogens, and prevent diseases. *Meng Xi Bi Tan*^[5] (《梦溪笔谈》 *Dream Pool Essays*) [Figure 5] recorded, “Xia Wenzhuang (夏文庄公) was different from ordinary people in somatoplasm. As long as he slept, he was cold as a dead man. He needed someone to

warm him up when he woke up, and he took a long time to be active. He took Curculigo regularly, then the strange disease was eliminated, and he lived to be of old age.”

Therefore, “Curculigo” and its nicknames “Only Thatch Root,” “Ground Palm,” and “Brahman Ginseng” all contain the functions of benefiting the kidney and strengthening yang, dispelling pathogens, and protecting the body, which also reflects the close relationship between the name of the medicine and Indian Brahman Culture.

CURCULIGO AND INDIAN BRAHMAN CULTURE

Brahma is the creation God of Hinduism and the creator of the Sanskrit letters. Brahmanism believes in Brahman. Brahman is the core population of all knowledge in ancient India. It is the noblest caste in Indian society. It is sacred and inviolable. They advocate nature, pay high tribute to praying for good fortune, and seek, take some longevity products to live longer and more healthily. Brahman monks highly praised Curculigo, believing that eating it for a long time can relax the body, improve the health, benefit the eyes, and strengthen the tendon and bone. There is the saying that “A jin of Curculigo outperforms a thousand jin of Stalactite.” As a result, Curculigo has become a good health product they often take. It means that Curculigo is not only a sacrificial supplies often used by Brahmins to invite good fortune and dispel disasters, but also used as a special medicine for nobles to prolong their life.

Since it was introduced into China, Curculigo has been widely used in religious development, health care and treatment. As a faith totem, Curculigo was worshipped as immortal grass in the Taoism of Pure Name, emerging in the Southern Song Dynasty (南宋). As a good health product, Curculigo became a common and special medicine of imperial relatives and aristocracy in pursuit of immortality. The wide application of Curculigo is also said to be related to Emperor Xuanzong [Figure 6] of the Tang Dynasty.

The First Year of Kaiyuan (开元) in the Tang Dynasty, Emperor Xuanzong who was soon after accession, felt old before his time, dizzy and tinnitus every day, cold pain in the waist and knee, cold in the limbs, fatigue, loss of appetite because of wallowing in wine and women. Imperial doctors in the palace had no effective medicine to treat him. Without any other means, he made an imperial list to seek good prescriptions from the public. At that time, a Brahman monk offered a secret prescription. Emperor Xuanzong restored to health and began to grow energetic day by day after he took the prescription. Emperor Xuanzong was overjoyed, and he never forgot the secret prescription. He regarded it as the imperial secret prescription and prohibit its spread. During the Anshi Rebellion (安史之乱), Emperor Xuanzong escaped from Chang'an (长安) and the imperial secret prescription was known to the public. There was only one medicine in the



Figure 5: Meng Xi Bi Tan (《梦溪笔谈》 Dream Pool Essays)



Figure 6: Emperor Xuanzong of the Tang Dynasty

secret prescription which was endeared to Emperor Xuanzong, Curculigo. So far, Curculigo’s functions of improving health and strengthening the body were known and used widely.

THE FUNCTION OF CURCULIGO

Curculigo is hot and spicy in nature. It belongs to the kidney, liver, and spleen meridians. It has the functions of warming kidney and strengthening Yang, warming spleen and arresting diarrhea, strengthening tendons and bones, warming and dredging meridians, warming and dispersing cold-dampness. Its major functions are listed below.

Warming kidney and strengthening yang: The influence of lacking kidney-yang on human body is systemic, such as impotence, sexual dysfunction, cold pain of waist and knee, enuresis, tinnitus, adverse urination, impotence of muscles and bones, etc., Curculigo is hot and spicy in nature. It mainly belongs to the kidney meridian and is good at tonifying the Kidney-Yang. Its characteristic is that it can

be applied to all kinds of lacking Kidney-Yang, especially to impotence, Yin-cold and reproductive dysfunction caused by Kidney-Yang insufficiency, and both men and women can use it.

Warming and dispersing cold-dampness: Curculigo is spicy and hot in nature so it can disperse bad symptoms and warm the body. Curculigo has the function of warming and dispersing cold-dampness. It is the main medicine for treating wind-cold-dampness arthralgia. Its characteristic is that it can be used not only for local joint swelling and pain caused by various types of wind-cold-dampness arthralgia, but also for joint deformity, cold pain of muscles and bones, soreness and weakness of waist and knee caused by long-term wind-cold-dampness arthralgia complicated by insufficiency of liver and kidney.

Curculigo came from Indian Brahman and was introduced to the Central Plains through the Silk Road. It was not only integrated into the religious culture of China, but also

recognized and used by pharmacists and it even became the medicine for pursuing health and longevity. It can warm and tonify the spleen and kidney Yang Qi. It also can warm and dredge the meridian Qi and blood. Curculigo is full of both religious overtones and herbal nature.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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A Brief Introduction of *The Dawn of Modern Medicine*

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Abstract

The Dawn of Modern Medicine refers to an account of the Revival of the Science and Art of Medicine, which took place in Western Europe during the latter half of the 18th century and the first part of the 19th.

Keywords: Albert H. Buck, medical history, *The Dawn of Modern Medicine*

The Dawn of Modern Medicine^[1] was collected in the Shanghai Museum of Traditional Chinese Medicine. The work was written by Albert H. Buck, B.A., M.D. who was formerly clinical professor of diseases of the ear of Columbia University in New York and consulting aural surgeon of New York eye and ear infirmary, etc. The work was published in 1920 by Yale University press and was collected by the first curator of Shanghai Museum of TCM, Academician Jimin (王吉民), in the 30s of the last century, as an interesting evidence of the in-depth study of the medical history and culture about Europe during the half of the 18th century and the first part of the 19th century.

The Dawn of Modern Medicine was an account of the revival of the science and art of medicine which took place in Western Europe from the early part of the 18th century to about 1860. It was continuation of the volume entitled “*The Growth of Medicine*.”^[2] The present volume is the third work published by the Yale University Press on the Williams memorial publication fund which was established on June 15, 1916, by a gift donated to Yale University by Dr. George C. F. Williams, of Hartford, a member of the Class of 1878, Yale School of Medicine.

According to the preface, the author classified his chapters with a simple subdivision according to the geographical districts, Northern and Central Germany, Austria, Italy, France, Switzerland, and England.

The book comprises 13 parts. In the first part of the book, the author introduces foundation of the first newspaper in Paris,

France, and the establishment of private agencies for aiding the poor.

Théophraste Renaudot [Figure 1], physician and philanthropist, was a founder of the first French newspaper (1586–1653).

In the second part of the book, the author describes the state of medicine in Northern and Central Germany during the 18th century and physicians who attained distinction in some of the departments of medicine, as represented by REIL,

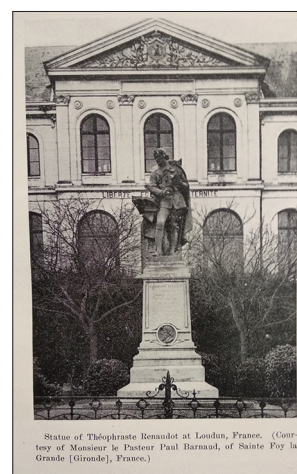


Figure 1: Théophraste Renaudot

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Submission: 09-November-2019 **Accepted:** 09-November-2019
Published: 24-December-2019

Access this article online

Quick Response Code:



Website:
www.cmaconweb.org

DOI:
10.4103/CMAC.CMAC_46_19

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How to cite this article: Quan J. A brief introduction of *The Dawn of Modern Medicine*. Chin Med Cult 2019;2:193-5.

Hahnemann, and Hufeland [Figure 2]. At this period of time, Germany was living under deplorable conditions, and the state of medical affairs in Germany was very low.

HUFELAND

In the third part of the book, the author introduces the Vienna School of Medicine and Gerhard Van Swieten [Figure 3] who was the founder of the school.

GERHARD FREYHERR VAN SWIETEN

In the fourth part of the book, the author depicts the state of medicine in Italy and Italy's most illustrious physicians during the 18th Century.

In the fifth part of the book, the author explains the measures adopted for the control of smallpox which was one of the world's greatest scourges and Edward Jenner, who was the discoverer of vaccination as effective means of protection against smallpox [Figure 4].

In the sixth part of the book, the author introduces the English and French chemists who contribute their share toward the

advance of medical knowledge, as represented by Priestley and Lavoisier.

In the seventh part of the book, the author portrays English leaders in medicine and surgery during the 18th and early 19th centuries as represented by Fothergill, Abernethy, James and John Douglass, Percival Pott, and Sir Astley Cooper [Figure 5].

In the eighth part of the book, the author introduces medicine in France during the 18th and early 19th centuries and the beginning of experiment Physiology and experiment Pathology in France.

In the ninth part of the book, the author outlines the state of medicine at the height of the French revolution and early studies of the disease now universally called typhoid fever.

In the tenth part of the book, the author discloses the harmful effects of Broussais' teaching.

In the 11th part of the book, the author pictures the golden age of surgery in France, as represented by J. L. Petit *et al.*, in special departments of surgery, as represented by Demours, Descemet, Delpech, Fauchard, Jourdain, and Gariot.



Figure 2: Hufeland



Figure 3: Gerhard Freyherr Van Swieten

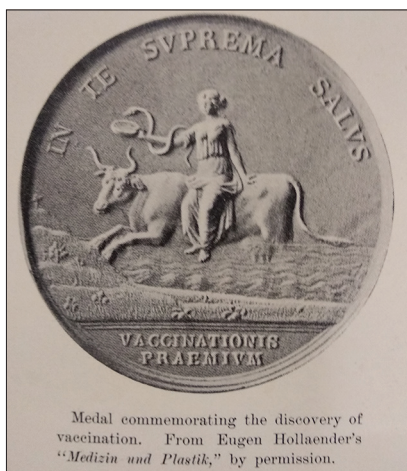


Figure 4: Medal commemorating the discovery of vaccination

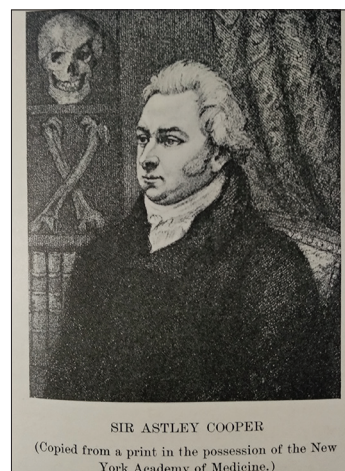


Figure 5: Sir Astley Cooper



Figure 6: Desgenettes

In the 12th part of the book, the author introduces Desgenettes [Figure 6] and Larrey [Figure 7], who were France's most celebrated military surgeons.

In the 13th part of the book, the author introduces Hospital of "La Maternite" which was the great French Midwifery School and a few important the principal organizations in Paris for teaching medicine and midwifery.

Financial support and sponsorship

Nil.



Figure 7: Baron Larrey

Conflicts of interest

There are no conflicts of interest.

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Immediate, Fast, and Overcome Response of the Organism in Response to Energy Osteopathy on the Model of Primary Gonarthrosis (Polyparametric and Statistical Studies)



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Abstract

In 26 patients with confirmed primary verified gonarthrosis (PGA), a clinical and instrumental examination was conducted to evaluate the response energy osteopathy followed by statistical processing of the data. Three types of the body's response to treatment were identified: immediate, fast, and delayed, which, despite the different informative value of the data of the polyparametric study, allowed judging the effectiveness of the method used.

Keywords: Energy osteopathy, fast and delayed response of the organism, instantaneous, polyparametric study, primary gonarthrosis

INTRODUCTION

Despite the century-old history of traditional Chinese medicine (TCM), the attitude to its therapeutic effect is ambiguous. In various scientific publications, the attitude toward TCM is polar – from articles proving the high effectiveness of the method before its rejection, when therapeutic phenomena are declared placebo. The method is the object of a critical attitude toward it as evidence-based medicine. The basis of TCM is the concept of "qi" (energy), which is not recognized by official science. Therefore, convincingly to prove the mechanisms of the therapeutic effect of acupuncture on the body is very difficult.^[1-3]

However, TCM specialists who have been practicing for more than a decade have shown amazing results of treatment. Hence, in France, the direction of energy osteopathy has been successfully used for 40 years already. The founder of this trend is J.P. Guiliiani who, in the last 10 years, has been

cooperating with specialists from the Institute of Osteopathy of St. Petersburg State University and SZGMU which was named after I.I. Mechnikov. The result of the cooperation is the method's authentication, the search for new methods of verification of energy osteopathy. Moreover, the main task of researchers is to select the optimal methods for determining, before clinical and laboratory manifestations, nonspecific changes in organs, tissues, and, possibly, the systemic response of the organism under external influence; in this case, the effect on acupuncture points was carried out by the method of dispersion and tonification by the method of J.-P. Guiliiani.

Doctors use TCM in almost all areas of clinical medicine, but the greatest number of publications is devoted to the functional

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Submission: 08-November-2019 **Accepted:** 08-November-2019
Published: 24-December-2019

Access this article online

Quick Response Code:



Website:

www.cmaconweb.org

DOI:

10.4103/CMAC.CMAC_41_19

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How to cite this article: Novikov YO, Kantor OG, Guiliiani J. Immediate, fast, and overcome response of the organism in response to energy osteopathy on the model of primary gonarthrosis (polyparametric and statistical studies). Chin Med Cult 2019;2:196-202.

and early stages of organic lesions of the musculoskeletal system.^[4-6] The most accessible for research is the knee joint, due to its anatomical features; relatively simple orthopedic methods of research, allowing us to give the fullest possible characterization of the joint changes in its violation as well as well as imaging methods – sonographic, radiographic, and thermographic. As the studied nosological form, gonarthrosis was selected, which is isolated as an independent disease.^[7]

The purpose was to study early clinical and instrumental changes involving an immediate, rapid, and delayed response in patients with gonarthrosis, which developed during energy osteopathy according to the method of J.-P. Guillian.

PATIENTS AND METHODS

Participants of the study

The treatment with TGM by Guillian method was applied to 26 patients (7 men and 19 women) with primary verified gonarthrosis (PGA) of Stages I–II, with a mean age of 57.6 ± 1.8 years and a mean duration of disease of 6.1 ± 2.6 years. The diagnosis of PGA was established in accordance with the criteria of the American College of Rheumatology in the presence of pain in the knee joint, increasing with exercise, crepitus, and morning stiffness.

The general criteria for inclusion in the study were the diagnosis of PGA in the acute or subacute stage, established at least 3 months before inclusion in the study, and the level of pain in the knee joint at the time of inclusion of 4 or more points on a 10-point Visual Analog Scale (VAS). In addition, the criterion for inclusion was the Yang axis of pain in the knee joints. Noninclusion criteria were newly diagnosed PGA and other, severe, and/or unstable diseases: malignant neoplasms, uncontrolled arterial hypertension, unstable angina, stroke, epilepsy, and psychiatric diseases.

Despite the low evidentiary weight, it was decided to dwell on the description of a series of cases without a control group because the therapeutic effect was identical for all patients consecutively included in the study.

Methods of research

Psychological testing

A common method of subjective pain assessment is the VAS. In the study, a patient on a 10-cm-long straight line marked pain intensity, with the beginning of the segment corresponding to the absence of pain. Testing was done twice before and after application of TCM, after 15–20 min. The unconditional advantages of this scale include its simplicity and convenience, but on this scale, the patient only notes the intensity of pain, without taking into account the emotional component of the pain syndrome, which introduces errors in the VAS data.

Tenzoealometry (Algometry)

With the help of strain gauges, a subjective report of pain was quantitatively measured with presentation of increasing pain stimuli. To increase the reliability of the method, the

measurement of soreness was carried out in the following four para-articular zones:

1. In the region of the lateral side of the patellar base
2. In the region of the head of the fibula
3. In the medial condyle of the tibia
4. In the area of the medial condyle of the thigh.

The measurement was carried out twice, the first 2–3 h before the infrared thermography, in order to exclude the possible distortion of the thermograms, and the second one 1–2 h after the treatment.

Uglometry (Goniometry)

With the angularity of the knee joint, a single initial position was used in the supine position, and the patient's leg was brought to the abdomen by flexing the hip joint, after which an anatomical position representing 0° motion of the joints bent the knee joint to a sensation of soreness in it. The amplitude of motion, that is, the path traversed by the segment of the body along the arc of motion, was marked positively in angular degrees. To measure the amplitude of joint movements, a universal protractor is used, which is a protractor with a scale of up to 180°, to which two arms are attached. One of them is fixedly connected with the protractor, and the other – movable – is attached to its center. The protractor should be placed correctly – the corresponding orientation of its shoulders with the help of distinctive bone points. Indications of angular measurements were measured in degrees before treatment and after 10–15 min after the treatment.

Infrared thermography

The thermography makes it possible to accurately estimate the intensity of infrared radiation from the surface of the human body in real time and to detect changes in heat production and heat transfer in various areas of the body, thereby revealing disturbances in blood flow and innervation and the symptoms of developing inflammatory, oncological, and other diseases. In connection with the highly developed vasculature in the skin and subcutaneous tissue, surface blood flow indicators are an important indicator of the pathological process. Thus, the main factor determining the temperature of the skin is the intensity of the blood circulation. The second mechanism of heat formation is the intensity of metabolic processes, the accelerate of which increases the heat production.

And, finally, the third factor that determines the heat balance in the surface tissues is their thermal conductivity, which depends on the thickness, structure, and location of these tissues. Heat output of the human body is determined by the state of the skin and subcutaneous fatty tissue: their thickness, development of the basic structural elements, and hydrophilicity.

The survey was carried out with a thermal imager «testo 870» (PERGAMED, Moscow, Russia). Patients before the infrared thermography were weaned off drugs that affect their blood circulation and metabolic processes. The study was conducted in a 25 m² office, where a constant temperature (18°C–20°C) and humidity (50%–60%) were

maintained. The patient exposed his lower limbs, and then adapted to the temperature of the room for 20–25 min. Both joints were simultaneously examined in the frontal plane, in the standing position. Previously, the test area was degreased with 96% ethanol. The maximum measurement error of the instrument used, according to its technical characteristics, did not exceed 2%. The information during the thermal imaging examination both before and after the treatment came in real time.

Study of the antioxidant activity of synovial fluid

To study the molecular mechanisms of inflammation, a large role in the development is assigned to free radical oxidation (chloroperoxidase [CPO])–generation of active forms of oxygen (reactive oxygen species [ROS]) and lipid peroxidation, as well as the state of antioxidant status. Free radicals, unlike ordinary molecules, have an electron with an unpaired spin on an external energy orbit and have high chemical activity and a relatively short lifetime, which makes it difficult to detect them. During the interaction of the radicals, energy is released in the form of a quantum of light of a certain intensity (chemiluminescence – CL300), measurement of which allows judging the state of the free radical oxidation (FRO) in the material under investigation. The antioxidant activity of the synovial fluid has been studied with the help of the device HL-003. As a choice, we used the method of CL, based on the phenomenon of energy release in the form of a quantum of light of a certain intensity, measurement of which allows judging the state of free radical oxidation (CPO). The study was conducted twice, before and after treatment, and was only possible in patients with synovitis. The synovial fluid was withdrawn by a puncture of the upper curvature of the knee (recessus suprapatellaris) at the lateral edge of the patellar base. The needle moved forward perpendicular to the axis of the thigh under the tendon stretching of the quadriceps muscle to a depth of 3–4 cm. The whole process of CL registration and processing of the results was carried out in an automatic mode, which made it possible to improve the accuracy and objectivity of the information obtained. As the most informative indicators, the maximum luminosity and the light sum of CL were taken. The duration of the measurement was 5 min. Initially, the CL of the model system in which the formation of the ROS was induced was measured. Then, 0.5 ml of intra-articular fluid was added to the model system. antioxidant activity (AOA) was judged by the degree of suppression of the CL of the model system in the presence of synovial fluid.

Procedure

Among the patients included in the survey were persons with PHA of the Yang direction, whose joint pain was acute, was intermittent, was dagger, wore point character, and intensified during movement. Patients suffered increasing pain during the day and their pain decreased at night, at rest. To reduce pain in the joint, you need cold. When the palpation of the joint revealed intense swelling, without a trace of pressure, the skin in the joint area is dry, hot to touch, there was increased pain

from touching, the patient jerks his hand after indicating the localization of the area of maximum pain. The effect on the points of miraculous vessels was used. Points near the knee joint were not used to avoid distortions during thermal imaging. Therapeutic effect on acupuncture points by the method of J.P. Guillian was carried out by the method of dispersion and tonification. When toning, the impact on the point was short and fast, accompanied by a slight pain sensation, clockwise. Dispersion is characterized by a gradually increasing intensity of stimulation and a longer exposure time, where there are numbness, raspiranie, and aches. The effect is directed counterclockwise. For example, when the left knee is injured, we perform toning of 62 V (shen-mai) on the right and a dispersion of 62 V on the left, then we perform a dispersion of 3 IG (hou-si) to the left and a toning of 6 R (zhao-hai) to the left. With right-hand PGA, they affect similar points on the opposite side.

Statistical processing of data

The processing of patient observation data and the analysis of the results obtained were carried out using the Excel Analysis Package and using the STATISTICA system (StatSoft Russia, Moscow, Russia), designed for performing complex statistical calculations.

RESULTS

All the 26 PGA patients before and after the procedure underwent a multivariate study, which was carried out in three stages.

At the first stage, immediately after the Guillian TCM procedure, we expected to get an immediate response from the tissue or organ to the effect used. This criterion corresponded to the temperature changes, which we fixed using a thermal imager. In all patients, we recorded changes in the temperature relief and identified hyperthermia zones in the painful points of the knee joints.

The most pronounced changes in the temperature profile were noted in the extremities with PGA, and the thermal imaging method made it possible to quickly visualize the results of treatment. Hence, when examining all the 26 patients with PGA on the thermograms of the “diseased” knee joint, an increase in the hyperthermia zone was visualized, with the temperature increment $dT = 0.65 \pm 0.46$, whereas in the “healthy” joint, no such changes were detected, and the temperature increase was only $dT = 0.15 \pm 0.08$, which is apparently associated with a vegetative response to the procedure [Table 1].

Assessment of the pain was attributed to the second stage of the study – a rapid response, because to realize the maximum response to medical treatment, a certain time, usually from 15 to 30 min, is necessary. At this stage, the pain was assessed using both test methods (VAS) and with the help of strain gauges.

It should be noted that the changes in VAS in absolute terms during treatment differed significantly from 25.09% before

Table 1: Characteristics of patient observation data

Index	Number of observations	Average value		SD		The coefficient of variation	
		Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
Thermal imager	26	30.78	31.43+2.11%	1.39	1.44	4.51	4.57
VAS	26	6.50	2.69–58.62%	1.63	2.35	25.09	87.12
Uglometry	26	98.08	101.54+3.53%	7.22	8.10	7.36	7.97
Tenzoalgimetry							
I point	26	102.38	111.69+9.09%	28.00	26.27	27.35	23.52
II point	26	64.00	75.04+17.25%	21.06	21.77	32.91	29.02
III point	26	62.92	75.85+8.50%	20.70	21.96	32.90	30.15
IV point	26	51.73	58.00+12.12%	15.60	13.69	30.15	23.60
Chemiluminescent	16	33.78	20.09–40.53%	9.15	6.91	27.07	34.38

SD: Standard deviation, VAS: Visual Analog Scale

Table 2: Numerical characteristics (percentage) of the rates of change in the values of indicators

Indicator	Average value	Mean - square deviation	Deviation coefficient (<i>t</i> variation)	Range of the most probable values
Thermal imager	102.12	1.53	1.49	100.59-103.65
VAS	39.26	28.90	73.60	10.37-68.16
Uglometry	103.51	2.40	2.32	101.10-105.91
Tensile altimeter				
I point	110.69	11.03	9.96	99.66-121.71
II point	119.48	13.25	11.09	106.22-132.73
III point	117.97	16.26	13.78	101.71-134.23
IV point	114.46	13.22	11.55	101.24-127.67
Chemiluminescent	62.52	22.29	35.66	40.23-84.82

VAS: Visual Analog Scale

the start of treatment to 87.12% after the treatment [Table 1]. Apparently, this is due to the high subjectivity of assessments of the patients themselves and the emotional component of the pain syndrome, which indicates the advisability of using VAS as an additional informative factor.

Tenzoalgimetry (algometry) data, measured in conventional units, were obtained from the analysis of soreness in different anatomical areas of the knee joint before and after treatment. Uglometry, performed in a single starting position, made it possible to evaluate the change in the amplitude of motion, the increase which also indicated a decrease in the pain syndrome during treatment.

All the data obtained met the requirements of completeness, reliability and accuracy, uniformity and comparability, and timeliness, which allowed their statistical processing to use a wide range of mathematical and statistical methods.

Quantitative determination of the intensity of the inflammatory process was carried out in the third stage – a delayed response. The object of the study at this stage was synovial fluid, the degree of inflammatory process, which was assessed by CL.

Observations of patients revealed the presence of all patients have a positive effect of osteopathic treatment [Figure 1].

Analysis of the numerical characteristics of the rates of change in the analyzed indicators [Table 2] showed that virtually on all indicators (except for VAS), the patient population is homogeneous (the corresponding coefficients of variation do not exceed 36%). The small values of root-mean-square deviations and, as a result, the coefficients of variation in the rates of change of these indicators caused small spreads in the corresponding ranges of the most probable values, which, in turn, provides a fairly good predictability of patients' "responses" to the treatment according to these indicators. A significant variation in the rate of change in the VAS score (73.60%) confirmed the validity of the earlier assumption that it was appropriate to use it as an additional informative factor.

Analysis of the frequencies of changes in the absolute values of the analyzed parameters [Figure 2] (showing histogram of frequencies of changes in absolute values of indicators) confirmed the positive effect of the treatment and allowed us to conclude that the response of the patient's organisms to a treatment that is not described by the known probability distribution laws is accidental.

Modeling the effect of the treatment using regression analysis was not possible for the VAS and the chemilumener [Figure 3] (showing regression relationships describing the effect

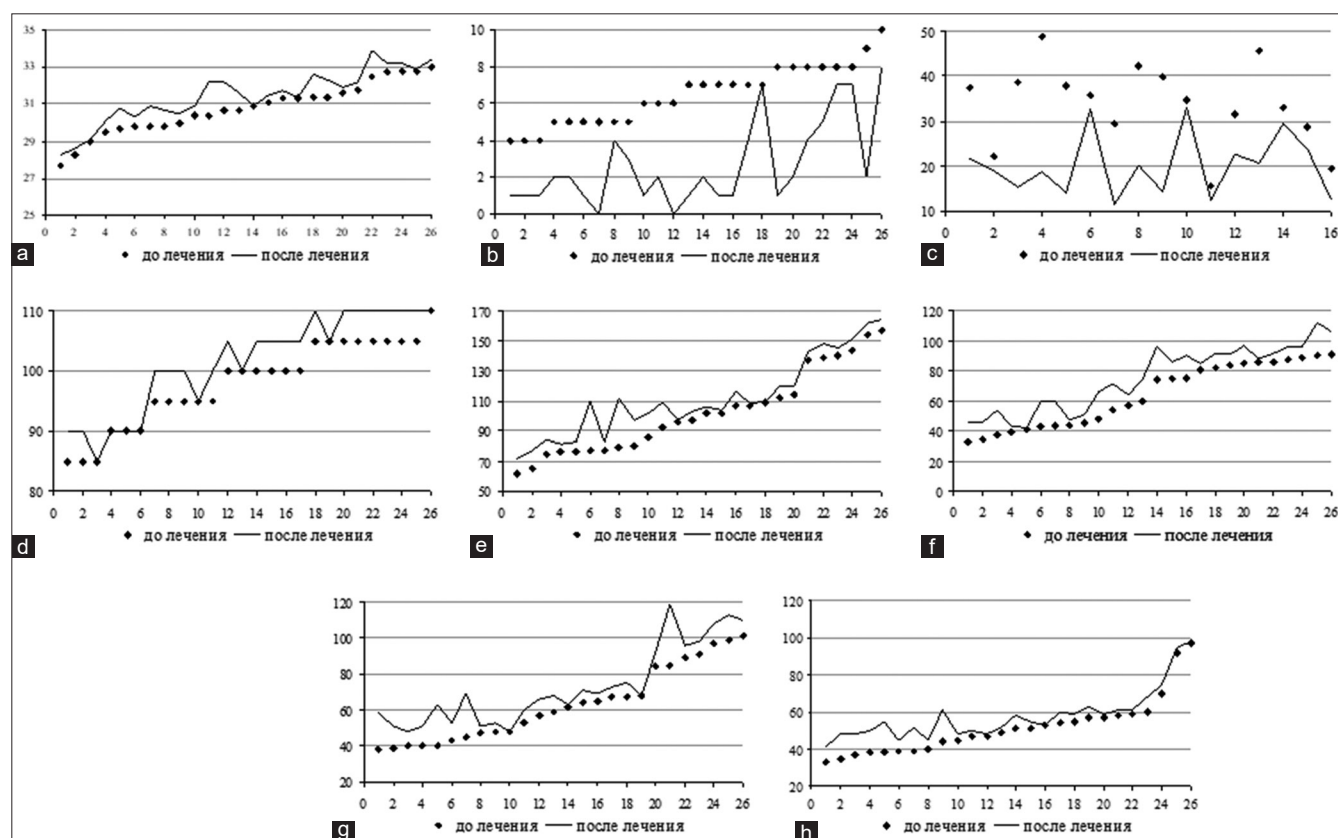


Figure 1: (a) Thermal imager performance. (b) Visual Analog Scale indicators. (c) The parameters of the chemiluminometer. (d) Indicators of angular velocity. (e) Tensoalgiometer parameters – point I. (f) Strain gauge indicators – point II. (g) Tensoalgiometer parameters – point III. (h) Indicators of tension – point IV

Table 3: Results of application of the principal component method*

Index	Factor number					
	1	2	3	4	5	6
Thermal imager	0.70	-0.15	0.58	0.01	0.30	0.25
Uglometry	0.64	0.41	0.14	-0.57	-0.04	-0.28
Tensile altimeter						
I point	0.48	-0.54	-0.58	0.11	0.29	-0.21
II point	-0.50	-0.49	0.63	0.08	0.06	-0.33
III point	-0.08	-0.80	-0.07	-0.54	-0.17	0.17
IV point	-0.78	0.27	-0.12	-0.39	0.40	0.06
Variation	1.99	1.43	1.11	0.78	0.37	0.32
Percentage of variance	0.33	0.24	0.18	0.13	0.06	0.05

*Principal component method

of treatment). From the presented results, it follows that the predicted values of the expected effects from the treatment are:

- 2.1% for the thermal imager
- 3.6% for indicators of angular measurement
- 7.8%, 15.6%, 14.21%, and 9.8% for the tensoalgiometry index for points I–IV, respectively.

In order to increase the validity of the interpretation of observational data and to identify the most significant

indicators, one of the tools of factor analysis was used – the method of principal components [Table 3]. At the same time, the VAS data (due to high subjectivity) and CL (due to the lack of data for all the 26 patients) were not used. The results of the calculations made it possible to establish that 88% of the variation of all available data is due to the first four factors, in which there are no clear dominant indicators (in each of these factors, there are at least two indicators whose load exceeds 0.5 in modulus).

According to the Kaiser criterion, factors that have variance less than 1 (<1), should not be regarded as significant. Thus the first three factors should be considered the most significant. Factor 1 is characterized by high loads on the parameters of the thermal imager, angular measurements, and two of the four indicators of the strain gauge (II and IV points); factor 2 – the indices of the I and III points of the strain gauge; and factor 3 – the thermal imager, as well as the I and II points of the strain gauge.

Thus, the results of statistical processing of the experimental data confirmed the expediency of dividing the entire aggregate of the analyzed indicators into three groups. The first group includes the parameters of the thermal imager, angle meter, and tensoalgiometry, equally and meaningfully characterizing the results of treatment; the second – the parameters of

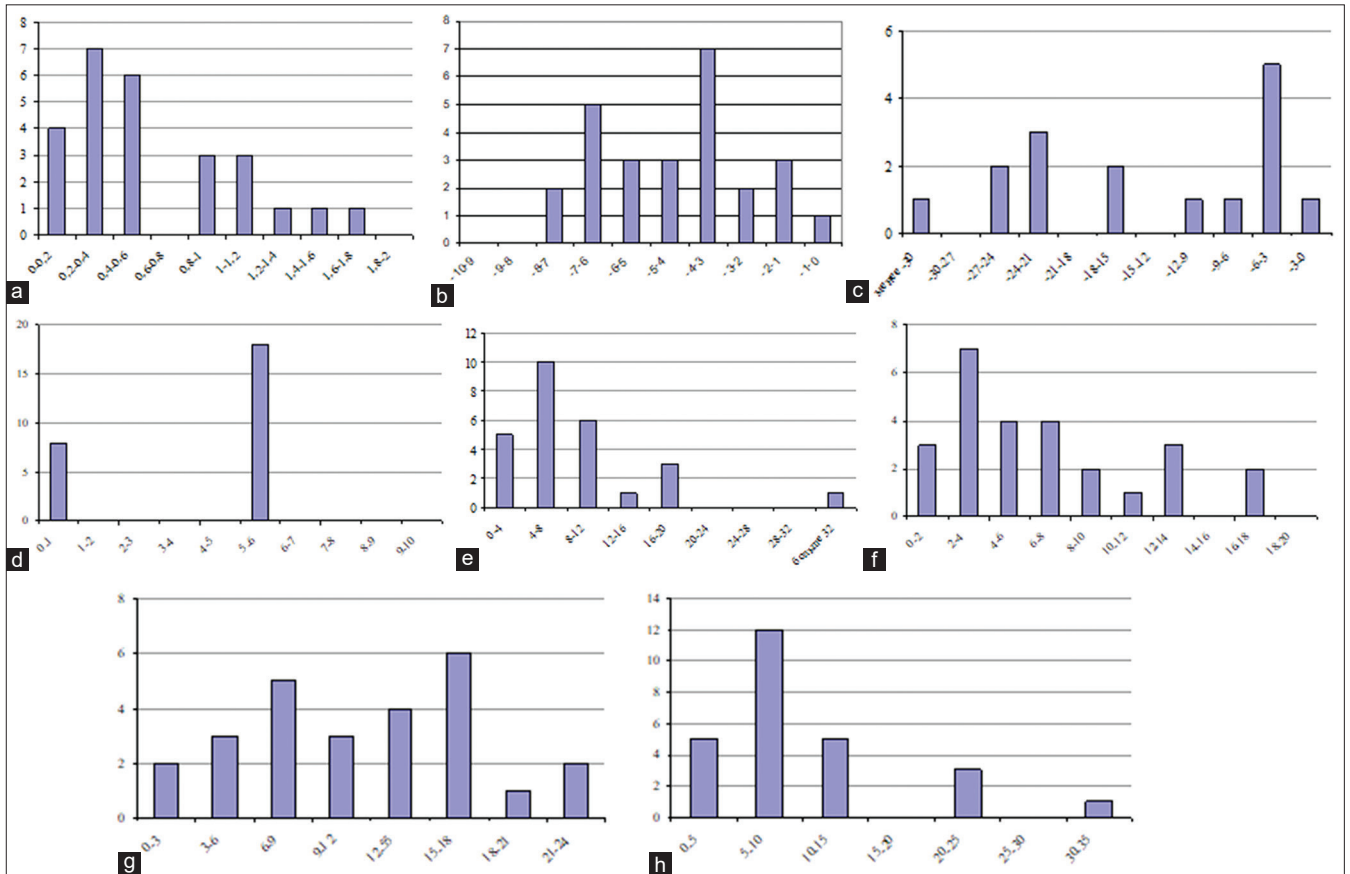


Figure 2: (a) Thermal imager performance. (b) Visual Analog scale indicators. (c) The parameters of the chemiluminometer. (d) Indicators of angular velocity. (e) Tensoalgimetre parameters – point I. (f) Indicators tensoalgimetre – point IV. (g) Tensoalgimetre parameter – point II. (h) Indicators tensoalgimetre – point III

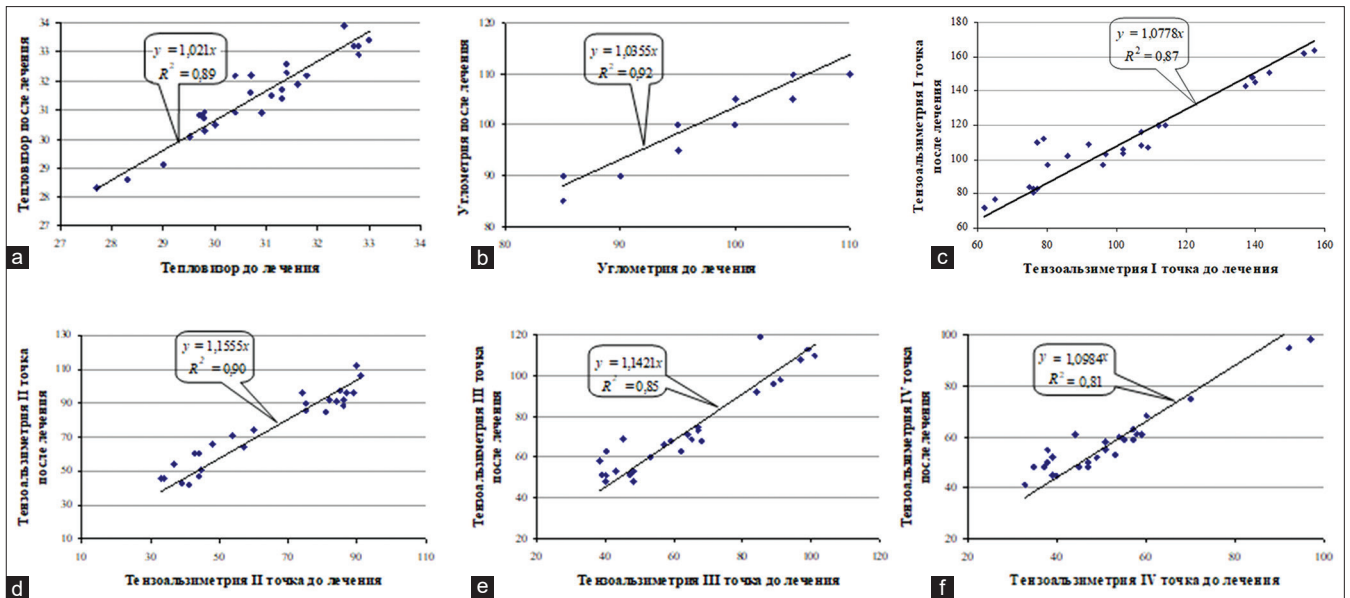


Figure 3: (a) Values of the thermal camera (before treatment [horizontal] – after treatment [vertical]). (b) Visual Analog Scale values (before treatment [horizontal] – after treatment [vertical]). (c) Chemiluminometer values (before treatment [horizontal] – after treatment [vertical]). (d) Angularity values (before treatment [horizontal] – after treatment [vertical]). (e) Tensoalgimetre (horizontal). (f) Tensoalgimetre – point IV (before treatment [horizontal] – after treatment [vertical])

chemiluminomer, reliably characterizing the effect of treatment, this method of research can be used only in patients with the presence of synovitis; in the third – the VAS indicator, which, due to the high subjectivity of its assessments, should be regarded as poorly informative.

CONCLUSION

According to the results of the study, the effectiveness of treatment by the method of J.-P. Guiliani, which can be attributed to the sanogenetic, three types of reaction of the organism were identified: an immediate, rapid and delayed response. The instant response corresponded to the temperature changes, which were fixed with the thermal imager. To the rapid reaction, we included the assessment of the pain syndrome with the help of VAS and tensoalgimetry; we also classified the angular velocity, which allowed us to estimate the change in the amplitude of motion, which correlated with the degree of pain syndrome. A delayed response was determined by the degree of dynamics of the inflammatory activity of the synovial fluid, which was assessed by CL. The indicators characterizing the effectiveness of treatment could be divided into three groups with different informativeness. The most informative were the parameters of thermal imaging, angular, and tensoalgimetry, followed by the study of the inflammatory activity of synovial fluid with the help of chemiluminomer, and the least informative was the assessment of pain syndrome according to the VAS. Despite

the heterogeneous data undergoing statistical processing, it can be concluded that the method of energy osteopathy used is effective.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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