

# Newsletter

Number 10 May 1987

Centre d'Etudes de l'Inde et de l'Asie du Sud EHESS, 54 bd Raspail, 75006 Paris, France



## International Association for the Study of Traditional Asian Medicine

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### Editorial

The study of traditional Asian medical systems has been marked for many years by divergent currents. Based on European - American traditions of academic inquiry, scholars investigate the history, the conceptual contents, the clinical reality, or the social conditions of traditional Asian medicine to gain insights. Publishing these insights contributes first of all to the dynamic process of constructing theories in various fields of science. Those who study traditional Asian medical systems to apply them clinically may have a different set of interests.

Given the variety of world views in contemporary Western societies, and because no single medical system has yet been able to cope satisfactorily with all health problems perceived in a given population, it is not surprising that traditional Asian ideas of health care have recently become more influential in Western societies.

Before serious literature became available in Western languages on Asian medical traditions, little discourse took place between academics, who were less interested in the practical value and efficacy of these traditions, and advocates of the Asian medical systems who were committed

to promoting their influence.

In the past, academic researchers were reluctant to associate with practitioners in professional organizations, at conventions or in other ways. The practitioners in turn hesitated to communicate with those who saw not only the attractive, "alternative" aspects of Asian medicine but who also wrote critically about problems and historical inconsistencies.

In recent years, significant changes have occurred, affecting both the level of knowledge and the degree of self-confidence of those interested in applying Asian medicine in the West. Emerging scholarship is facilitating a dialogue between academics and practitioners. Just as a dialogue already exists among historians, anthropologists, and sociologists of Western medicine, the time is now ripe for ALL groups interested in the study of traditional Asian medicine to communicate on a more regular basis.

The International Association for the Study of Traditional Asian Medicine was founded during the first International Conference on Traditional Asian Medicine (ICTAM) in Canberra, Australia

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## Closing the gap and reversing the tide!

### *Fundamentals of Chinese Medicine*

Compiled from texts by:

Beijing College of Chinese Medicine, Nanjing College of Chinese Medicine, and Shanghai College of Chinese Medicine.

Translated and amended by Nigel Wiseman and Andrew Ellis. Consulting Editor Li Cheng-Yü, C.M.D. Senior Editor Paul Zmiewski.

606 pp., US \$ 65.00

Paradigm Publications, 44 Linden St., Brookline, Mass. 02146, U.S.A.

This book will make history. For the first time a monograph-size publication directed at Western practitioners and expounding the conceptual foundations and clinical application of "Chinese Medicine" may be said to meet all the criteria of a serious, scholarly contribution. The standards set by this book cannot be neglected by anyone writing on Chinese medicine in the future. In fact, Wiseman, Ellis, and Zmiewski deserve credit for having contributed more than anyone else so far first to raising the quality of "applied" literature on Chinese medicine to a level where academics and practitioners can communicate with each other without compromising their respective goals and ideals, and second to standardizing the medium which brings traditional Chinese medicine to Western audiences, that is the terminology employed in contemporary translations.

In a most thoughtful Introduction, Ted Kaptchuk may have once and for ever shed away many of the clichés that accompanied the presentation of "Chinese Medicine" in Western literature in the past. In a most refreshing way, Kaptchuk points out the cultural idiosyncrasies of Oriental medicine, thus emphasizing the need to adapt Chinese medicine to certain requirements resulting from values and lifestyles inherent in Western culture. Kaptchuk speaks of the heterogeneity of Chinese medicine, and describes the fact that Westerners tend to select from a broad array of thoughts and practices those that are attractive as an alternative to current Western medicine. Also, for the first time, readers of such a book are informed that the Chinese texts translated here, valuable and useful as they are, represent a selection of earlier Chinese traditions themselves; current political conditions in China do not allow for a wholesale acknowledgment of past ideas yet. The most decisive contribution of this Introduction, though, may perhaps be seen in the fact that "Chinese Medicine" is no longer treated as a sacred entity either to be adopted "as is" or not to be touched at

all. Kaptchuk presents convincing arguments liberating Western practitioners to further develop Chinese thoughts and practices according to the very specific needs of their patients by retaining, nevertheless, the basic approaches that distinguish Oriental from Western medicine.

Similarly groundbreaking as Kaptchuk's introduction is the Translators' Foreword. Never before has a team of translators put so many efforts in developing an appropriate terminology for rendering contemporary Chinese texts on traditional Chinese medicine into English as have Wiseman, Ellis, and Zmiewski with this book. The translators discuss their approach extensively, and it is only to be hoped that not only Western authors but also Chinese authors writing for Western audiences will read this Foreword carefully and adopt its general message. This is not to say that there is no room for further improvement or for a discussion of various details; the basic methodology developed by Wiseman, Ellis, and Zmiewski for rendering Chinese terms should serve as a starting point of a development leading to an eventual large-scale agreement among all those devoting themselves to the difficult task of familiarizing Western readers with Oriental notions of health care. It is a historical achievement of the translators and editors of this book to have combined the scholarly expertise of the linguist with the experience of the practitioner.

The main sections of Fundamentals of Chinese Medicine include Part I: Basic Theories, with chapter 1/ Yin and Yang and the Five Phases, 2/ Qi, Blood, Essence, and Fluids, 3/ The Channels, 4/ The Organs, and 5/ Diseases and their Causes, and Part II: Pattern Identification and Treatment, from chapter 6/ The Four Examinations, to chapter 12/ Principles and Methods of Treatment, including acupuncture and drug therapy, as well as a Glossary of Terms, a Stroke-Order Glossary, a Latin-Chinese and Chinese-Latin Indexes of Chinese Drugs, English-Chinese and Chinese-English Indexes of Chinese Medicinal Formulae, an Acumoxotherapy Index, a Bibliography, and finally a Concepts Index.

REVIEWED BY PAUL U. UNSCHULD

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*to appear in January 1988*

Proceedings of our Munich symposium  
*Approaches to Traditional Chinese Medicine*  
Paul U. Unschuld, Editor

D. REIDEL Publishing Co. has begun production of the proceedings of the Munich symposium of August 1986 on methodologies and terminologies applied in rendering and analyzing texts of traditional Chinese medicine into modern languages. Supported by a repayable publication subsidy of about DM 13,000 by the German Research Association, the volume is scheduled for publication by January 1988.



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## Editorial

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in 1979. A.L. Basham planned that conference to bring together a group of scholars and practitioners committed to the serious study of Asian medical systems. The backgrounds and professional orientations of the group were diverse, and this diversity enriched the whole endeavor from its very beginning. The conference was too successful to just end after a week, and the participants pressed Professor Basham to establish an organization that might promote the objectives and maintain the kind of interactions that characterized the first ICTAM. He served as the Founding President, and working with Charles Leslie, the first Secretary-General, and the other officers and council, they established our unique organization.

In 1984, ICTAM-II in Surabaya, Indonesia, renewed the vigor of the organization. The host committee produced a schedule of scholarly sessions and cultural programs that stimulated participants intellectually and pleased them esthetically. IASTAM has been growing in the years since then and now has regional chapters throughout the world, an expanding Newsletter, plans to establish a journal, and has a history of sponsoring important scholarly meetings.

IASTAM encourages and facilitates study of traditional Asian medical systems from many vantage points. It is not confined to a single academic discipline, and even though our mission is to promote scholarly study, our membership is not exclusively academic. Some are practitioners who value that study and whose work sustains the Asian medical traditions directly. IASTAM aims to complement the activities of other organizations whose goals overlap. While the serious study of traditional Asian medical systems is a unifying theme, the diversity of the membership of IASTAM represents the range of legitimate approaches that contribute to our understanding of the subject.

We begin planning for our third international conference to be held in 1989 by calling upon those within our membership who have considered it and are willing to host the next ICTAM. We welcome proposals specifying the qualifications of the con-

ference organizers and the resources and support facilities of their sponsoring academic institution, or other resources required for this kind of international meeting. The conference must be held in a country open to participation by all of our international membership. Obviously, hosting such a conference is a major undertaking that requires a major commitment. Proposals should reach the Secretary-General by May 1, 1988. The council will then consider these proposals and select the site for ICTAM-III.

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## Call for applications ICTAM III

Preparations have begun for organizing the Third International Conference on Traditional Asian Medicine (ICTAM III) in the latter half of 1989.

Regional chapters and individual members are invited to submit proposals for hosting ICTAM III.

Proposals specifying qualifications, resources, and support facilities of sponsoring academic institutions should reach the Secretary-General of IASTAM by May 1, 1988.

Hosting countries must be open to participation by all of IASTAM's international membership.

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Number 11 (November 1987) of IASTAM NEWSLETTER is in the press. Number 12 will be published in May 1988. Published twice a year, in May and November

## Zhenjiu jing

Catherine DESPEUX

*Prescriptions d'acupuncture  
valant mille onces d'or,*

Traité d'acupuncture de Sun Simiao  
du VII<sup>e</sup> siècle

Paris, Guy Trédaniel [Publ., 76 rue  
Claude Bernard, 75005 Paris], 1987

492 pp., ill., index FF 295,00

ISBN 2-85-707-233-3

C. Despeux, in her beautifully edited book, sets a very high standard in translating "The Canon of Acupuncture and Moxibustion" (Zhenjiu jing), that constitutes juan 29 and 30 in "The Prescriptions Worth a Thousand" (Qianjin fang) by Sun Simiao (581-682), at least in the state in which this book has come down to us. The Qianjin fang, an important and systematic work of the Tang dynasty (618-907), which dates from the middle of the 7th cent. AD, comprises 30 juan that can be classified in six main parts (pp. 10-12):

- 1 Introduction
- 2 Pharmacotherapy (the most important one)
- 3 Dietetics
- 4 Nourishing the Vital Principle
- 5 Sphygmology
- 6 Acupuncture and Moxibustion

The last part is translated here. These two juan 29 and 30 do not seem to have been part of the Qianjin fang originally. They are likely to have been a book in itself, "The Canon of Acupuncture by Sun Simiao" (Sun Simiao zhen jing), which is quoted in several Song dynasty catalogues (p. 46).

C. Despeux offers more than a translation. The first part of her book introduces the Qianjin fang and the author Sun Simiao. Then follows an introduction to the history of acupuncture and moxibustion, based on Sun's work. Finally, and this is certainly the most fruitful part of the book, Dr Despeux expounds the etiology and nosology of Tang dynasty Chinese medicine, including the definitions of the main symptoms given in the Zhenjiu jing. The definitions are mainly based on "On the Origins and Symptoms of Diseases" (Zhubing yuanhou lun) by Chao Yuanfang (dated 640 AD), which was the reference book for pathology in the Tang dynasty. So that we have a true vade mecum of nosology in Chinese medicine, valid until the Song dynasty (960-1279) at least, the Chinese system having partly changed later.

Living at the time of a climax of Chinese civilization, Sun Simiao was at the crossroads in its main intellectual and religious trends. Being a high official, a scholar, an alchemist, and a doctor, that is, both a dignitary and a recluse, he soon became

the object of a cult that must have developed in the time of Xuan Zong (713-756) (p. 33). Several shrines were later dedicated to him. In both great medical books by Sun, the Qianjin fang and "The Annex Prescriptions Worth A Thousand" (Qianjin yifang), which dates probably from 682, Ayurvedic influences are found, introduced through Buddhism, as well as Taoist ones. These last ones are especially important in the Qianjin yifang, which is made for one fourth of Taoist elements (p. 30).

The only book entirely dedicated to acupuncture and moxibustion to come before Sun Simiao's ones and to have been saved is "The ABC of Acupuncture and Moxibustion" (Zhenjiu jiayi jing) by Huangfu Mi (235-282). This is to emphasize the interest of the text translated by Dr Despeux. However, it should be remembered that acupuncture had a lesser importance in the Tang dynasty (p. 41). Sun Simiao seems to have moved progressively towards more circumspection regarding the value of acupuncture. Thus, according to him in the Qianjin fang, acupuncture, moxibustion and pharmacotherapy should be used as complements to one another. But in the Qianjin yifang, which Sun completed at the end of his life, he is more reserved about the innocuous properties and efficiency of acupuncture (pp. 45-6).

The text translated here describes 650 acupuncture points, that is, over twice as much as in "The Yellow Emperor Classics" (Huangdi neijing) (p. 51). The classification of the points is not done according to the 12 meridians but according to the body parts. We regret that the color acupuncture charts that went together with Sun's text were lost during the Yuan dynasty (1277-1367) at the latest (p. 47). Besides, a history of Chinese medical illustrations is still to be done.

The rather complex system of interdicts in puncture and moxibustion, linked to the age of the patient, to the seasons and to hemerological considerations, is well described by C. Despeux (pp. 58-62). This system must have ruled over daily medical practice. Sun's book is the oldest remaining one that gives a list of these prohibitions (translation, p. 171).

"The Canon of Acupuncture and Moxibustion" mainly is a repertory giving the therapeutic indications of each point and, conversely, the points to puncture during the treatment of various diseases. Dr Despeux has added an index of the symptoms broadly following Sun Simiao's classification. Her translation emphasizes the important problem of interpreting nosological entities in traditional Chinese medicine. Entities which, most of the time, have no equivalent in the classification of diseases in modern medicine. In her presentation of Chinese etiology and pathogeny, Dr Despeux shows, for instance, the impossibility of finding equivalents



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in the modern system for diseases listed in a very large group, the diseases caused by Wind (p. 68, p. 105).

The author somehow seems to go too far, when using the words "immunologic system" (p. 68) or "diabetes" (p. 95), in describing Sun's nosological system. These words are inadequate, because too much related to modern science concepts.

To sum up, this is an important book, allowing access at last in a Western language to a fundamental text of Chinese medicine and, furthermore, written by a great sinologist specialized in this field. This book is to be read especially by all sinologists, medical historians, and, nowadays, acupuncture practitioners. It is hoped that the last ones will find here stimuli to useful questions about their daily practice.

Zhenjiu jing 鍼灸經  
 Sun Simiao 孫思邈  
 Qianjin fang 千金方  
 Sun Simiao zhen jing 孫思邈鍼灸經  
 Zhubin yuanhou lun 諸病源候論  
 Chao Yuanfang 巢元方  
 Xuan Zong 玄宗  
 Qianjin yifang 千金翼方  
 Zhenjiu jiaoyi jing 鍼灸甲乙經  
 Huangfu Mi 皇甫謐  
 Huangdi neijing 黃帝內經

Reviewed by Frédéric Obringer

## F. Obringer

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An important review by Frédéric Obringer of Arthur Kleinman's book *Social Origins of Distress and Disease* (New Haven/London, Yale U.P., 1986) is to appear in the next issue.

## Thailand herbal drugs in PHC

a report by  
Amanda le Grand,  
Royal Tropical Institute,  
Amsterdam

We received from Ms. Amanda le Grand the report of a short mission to Thailand (February-March, 1987), the objectives of which were to prepare the ground for a study on the utilization of herbal drugs in Primary Health Care, carried at the request of the Dutch Minister of Development Cooperation, and under the auspices of the Royal Tropical Institute, Amsterdam. This is exactly the type of information we wish to print in the Newsletter. Dr T.E. Meindersma [Felland 50, 9755 TC Onnen, The Netherlands], the founder and former Secretary of IASTAM-European Chapter, was instrumental in getting this report through to us. It is not possible to print it in full, for lack of space and because the programme still is in its preliminary phase. Short excerpts will be reproduced, to encourage our readers to correspond with the author. Dr Amanda le Grand, in collaboration with Dr P.A. Wondergem, also compiled a bibliography on "Traditional Medicine in Modern Health Care". Write to: Dr Amanda le Grand, Royal Tropical Institute, Rural Development Programme, 63 Mauritskade, 1092 AD Amsterdam, The Netherlands.

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... The first Primary Health Care pilot project [in Thailand] was started in Chiang Mai Province in 1969. A nationwide programme covering a period of five years was launched in 1977. Within the Ministry of Public Health, the Office of Primary Health Care was established in 1982. [But many health posts face a lack of medical staff, and a lack of drug supply.]

There is not a clear national essential drugs policy in Thailand. The Thai list of essential drugs counts 402 items. Besides, there are another 26,000 [sic] brands on the Thai market (D. Gosling, "Thailand Bare-headed Doctors", *Modern Asian Studies*, 19, no. 4, 1985, pp. 761-796).

Traditional medicine still plays an important role [Compare Viggo BRUN and Trond SCHUMACHER, *Traditional Herbal Medicine in Northern Thailand*, Berkeley, U. of California Press, 1987].

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There are 45,000 registered herbalists and it is estimated that there are another 55,000 nonregistered traditional practitioners. There are 8,700 stores which sell modern drugs and 6,688 stores which sell traditional drugs. There are 749 registered clinics (Ministry of Public Health, 1986).

[Activities to promote traditional medicine are listed and described briefly:]

In 1983 the Office of Primary Health Care started a project, financed by UNICEF, under the title "Development of Traditional Medicine Through Primary Health Care". This programme ended in 1985; assistance for project extension has been requested for 1987-1988 [ ]. As yet 44 medicinal plants have been selected for nationwide promotion in Primary Health Care, and several herbal gardens and cultivation centers have been established for the provision of herbs to 25 target provinces (1,000 villages).

[Non-governmental projects include: the "Self-Curing Group", which coordinates health care and research activities in eight selected areas; herbalist programmes in refugees camps, e.g. a Dutch programme among the Hmong at Ban Vinal in NE-Thailand; the Norwegian rural development project of Redd Barna.]

[The report then enumerates favorable circumstances for investigating the use of herbal drugs in Primary Health Care: herbal gardens all over the country, government support, networks. The last section characterizes four categories of problems in any attempt to implement a traditional medicine programme:]

a. Legal problems: [ ] All practices in which elements of modern and traditional medicine are combined are illegal. Physicians who have completed their studies at the Ayurvedic school in Bangkok, where modern methods of diagnosis and Ayurvedic herbal medicine are taught, and start practice, are acting against the law [ ].

b. Different approaches to the promotion of traditional medicine: [ ] the science-based approach and the community-based approach. The Government programme is mainly science-based: it concentrates on those elements of traditional medicine which can be scientifically investigated, i.e. medicinal plants [ ]. Little attention is given towards the role of traditional practitioners, as they do not fit in with the scientific framework. Non-government organizations adhere to a more holistic, community-based approach [ ].

c. Ecological zones: [ ] great differences in uses of herbal medicines [between the north and the south].

d. Weaknesses of the PHC system [ ].

IASTAM Editor's comments and summary have been printed within square brackets, to distinguish them from direct quotations. Elaborating upon the conclu-

sions of her report, Dr Amanda le Grand sent us a revised version of the research proposal, on the basis of which she will be deputed to Thailand again.

"The objectives of the study [she will be conducting] are:

1. to investigate to what extent PHC can be strengthened by utilization of herbal drugs, to compensate for a shortage of basic drugs and to provide cheaper alternatives to other drugs.

2. to investigate whether the use of herbal drugs contributes to a strengthening of local traditional medicine and an increase in self reliance of village communities.

3. to compare the results achieved by two main approaches to stimulate the utilization of herbal drugs in PHC, i.e. the science-based approach and the community based approach.

4. to investigate the conditions required for or beneficial to replication of the project-strategies in other countries or regions, when utilization of herbal drugs for strengthening drug supply is shown to be appropriate."

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## Sri Lanka

GLYNN, J.R. & HEYMANN, I.D., "Factors that influence patients in Sri Lanka in their choice between Ayurvedic and Western medicine, British Medical Journal, 291, 17 August 1985, pp. 470-472.

Medical practitioners and students in Europe and North America have become increasingly interested in Asian medical systems. The British Medical Journal has run a series of articles for students to describe their experience on medical electives, and the authors of this article discuss the role of Ayurvedic practitioners and other traditional healers in the lives of the 350 patients they interviewed during their medical elective in Sri Lanka. While the article demonstrates how the interaction of Western-styled and traditional practices appears to some Western medical students, it is not especially sophisticated with respect to medical anthropological frameworks. A subsequent issue of the journal contains a critique of the article (see WOLFFERS, I., "Factors that influence patients in Sri Lanka in their choice between Ayurvedic and Western medicine [correspondence], British Medical Journal, 291, 5 October 1985, p. 970).

Reviewed by Mitchell Weiss

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authors  
are kindly requested  
to send to the editors  
review copies  
& offprints  
for review in the Newsletter

