



Asian Medicine Newsletter

no. 2 (New Series) July, 1992

International Association for the Study of Traditional Asian Medicine

Charles W. Nuckolls

Editor

Department of Anthropology
Emory University
Atlanta, Georgia 30322 USA
404-72704027 (voice)
404-727-2860 (fax)
anthcn@emuvml (bitnet)

Francis Zimmermann

President

Centre d'Etudes de l'Inde et
de l'Asie du Sud
EHESS 54 boulevard Raspail
750006 Paris, France

Carol Laderman

Secretary - General

760 West End Avenue
New York, NY 10025 USA

Kenneth Zysk

Treasurer

Dept. of Near Eastern
Languages & Literature
New York University
50 Washington Sq. South
New York, NY 1003 USA

Ma Kanwen

Vice-President

Beijing, China

Hakim Mohammed Said

Vice-President

Islamabad, Pakistan

K.N. Udupa

Vice-President

Varanasi, India

What is "traditional" about traditional Asian Medicine?

Charles Leslie

Perhaps we should eliminate the word "traditional" from our title and call our organization IASAM, International Association for the Study of Asian Medicine.

The idea of creating a network of scholars studying Asian medicine was first discussed at a conference that I organized in 1971, and IASTAM was founded 8 years later at a second conference organized by Prof. Basham. The central concern of both conferences was humoral medicine formulated in the classic texts of Islamic, South Asian and East Asian civilizations, and carried on in one form or another by innumerable contemporary practitioners.

I excluded ritual curing from the first conference to focus on transformations of humoral practices consequent to the emergence of a world system of biomedical institutions. The idea was to encourage comparative research by bringing historians, sociologists and anthropologists together with scholars trained in the humoral traditions and in cosmopolitan medicine.

Basham continued this idea, broadening it to include ritual curing and volunteered papers by any scholars or practitioners who wished to attend. Some academics in Europe and North America refused the open invitation Basham issued with the complaint that Asian medical practitioners misinterpreted their own historical traditions, and were out to promote themselves rather than scholarly research. Basham and I considered this attitude to be narrow minded. The professionalization of Asian medicine and large scale production of drugs involve commercial and political transformations of humoral traditions of considerable interest. We hoped to facilitate communication between all kinds of inquiry through interdisciplinary, international and multicultural activities.

Our thinking was that traditions are not fixed in ancient and medieval texts for which there is a single proper interpretation. To us, traditions were variations of practices that have endured through generations while changing as they endured by being combined with each other, or otherwise transformed, or displaced by other

In this issue

Brief Research Reports	1 - 14
Reviews of Recent Publications	14 - 20
Dues are Due	14
The 4th International Conference In Tokyo	20

practices, or, finally, given up altogether. These historical processes were to be the subject matter of IASTAM. Yet for many people the connotations of "traditional" in our title are very different from this fluid and pluralistic conception. For them the word suggests practices that are unchanging, out-moded, irrational, or unscientific. To avoid misunderstandings I think we should drop the term, but at the same time I think we should add another to further broaden our subject, and call our organization IASAMHC, International Association for the Study of Asian Medicine and Health Care. The reason is clear, for we are concerned with practices to cultivate health as well as the larger framework of practices to cure illnesses.

(rejoinders to this article are welcome and will be published in future issues. Send your comments to the editor.)

IASTAM Panel

Vincanne Adams

IASTAM is proposing a two-part panel for the AAA meetings in San Francisco, 1992. The panel will be entitled: Asian Medicine in Transnational Perspective: Postmodernity and Power. The panel will have two parts. The first part will examine the circulation of Asian medical practices and knowledge in the non-Asian context, asking what are the dynamics of late capitalism which enable this to occur and which are revealed by its occurrence? The second part examines the inscription of modern forms of power through medical practices in the non-Western setting. Here, we will ask how modern forms of power come to meet and integrate with history in medical systems, and how knowledge comes to be shaped, re-shaped by this interaction. The utility or lack of utility of writings of David Harvey and Michel Foucault will serve to lay out theoretical guidelines and integrate discussion for us.

Research Reports

Tenets of Traditional Chinese Medicine¹

John Wm. Schiffeler

Medicine is that field of human endeavor that is concerned with the cure, alleviation, and prevention of disease in human beings, and with the restoration and preservation of health by human beings for each other. Disease is the absence of ease, or a state of uneasiness; it is a condition of the mind/body, or some part or organ of the body, in which the basic functions are disturbed or deranged. Health is regarded as a state of well-being in which the most basic functions of human beings are duly and efficiently discharged; health, like disease, manifests itself through symptoms.² The interpretations of what disease and health are vary within the cultural context. The approaches of medical intervention are not always uniform, since they vary in accordance with the interpretations, beliefs, and experiences associated with particular cultures.

In Chinese society the interpretations of disease and health have found expression in a system of medicine known as Zhong-yi (中醫), or "[traditional] Chinese medicine." Its approach is one in which the "view is of harmony with nature rather than conflict or conquest; the concept of man/not man... is above all one of mutuality-man is in nature and one cannot speak of man and nature."³

Based upon this philosophical premise of nature, which has been considerably influenced by Taoism, the Chinese gradually developed this system of medicine. It reflects both their empirical knowledge of nature as well as their *a priori* definitions of nature through inductive reasoning. Chinese medicine also mirrors the attitudes of the Chinese toward tradition, including mysticism (e.g., symptoms are frequently regarded as omens), and demonstrates their latitude of reasoning with regard to what we view as the "forces of nature." Their fundamental medical practices reflect both rational and religio-magical approaches which are inextricably interjoined in theoretical and technical knowledge. It is a system of medicine that formulates ethical principles, medical deontology, and discusses medical aesthetics.

The Chinese quest over the past three millennia for a harmonious union between man and his biophysical and socio-anthropological environment has given rise to a worldview in which man and his affections are viewed by the Chinese practitioner as being an integral part of the cosmos and intrinsically interjoined with the moral, physical, and spiritual "forces." This metaphysical concept is connoted by the term san-ling

(三靈), or the "three spiritual influences," appertaining, in one context, to the three-fold concept of heaven, earth, and man, each of which consecutively corresponds to the above spiritual "influences" while coincidentally comprising all of them. In accordance with this "world concept" matrix, the Chinese have developed a workable, integrated, and holistic system of inductive and synthetic reasoning which forms the basis of their system of medicine.

The philosophy of medicine or the study of the relation between philosophy and medicine was systematically first studied by the Su Wen

(素問), or "Elementary Inquiry" sect

(continued on page four)

INVITATION TO SUBMIT

ARTICLES RESEARCH REPORTS ESSAYS

BOOK REVIEWS COMMENTARIES NEWS

TO



International Association for the Study of Traditional Asian Medicine

Charles W. Nuckolls, Editor
Department of Anthropology
Emory University
Atlanta, Georgia 30322 (USA)

of the Yin-Yang chia (陰陽家), or the "Yin-Yang 'school'" during the last century of the Eastern Zhou dynasty (771-256 B.C.). There is no known record of the names of the scholars who established this sect or any dates as to when it was founded.⁴ However, one of the oldest Chinese medical treatises (c. 3rd century B.C.), the Huang-ti nei ching (黃帝內經素問), or

"An Elementary Inquiry into the Yellow Lord's Esoteric Classic,"⁵ is attributed to this sect, with a portion of the title (viz., su wen) reflecting both its name and the purpose for which it was established, namely, to conduct research (or "elementary inquiries") into the psycho-physiological correlations of human beings in accordance with the philosophical theories postulated in the Yin-Yang doctrine.

This doctrine is predicated on two major theories. The first and earliest theory, from which the "school" derived its name, is the Theory of Yin and Yang. It asserts that the universe is an ordered cosmos consisting of and regulated by the primordial twin potencies of the Yin, or "principle of darkness," and the Yang, or "principle of light," both of which create all of the phenomena in the universe through their harmonious interaction and fluctuation throughout infinity. The concept of these two potencies predates the "Elementary Inquiry" sect by probably more than one millennium, having had its origin in the in the Shang-Yin dynasty (c. 1500-1027 B.C.). It was based upon the observations of the mythopoeic Shang-Yin people, who associated darkness and light as being dualistic cosmic "forces" that affected their well-being. Therefore, by the time of the establishment of the Yin-Yang "school" by the Ji-xia (稷下) academician Zou Yen (鄒衍) (fl. 350-270 B.C.) in the third century B.C., this

concept was well-permeated in Chinese society, especially among the literate population.

The second coeval theory was a metaphysical protraction of this concept of the Yin and Yang principles that was intended to explain the observable changes within nature as well as the

wan-wu (萬物), or the "myriad of phenomena." This theory is called the Wu-xing (五行), or "Five Movements/Phases" Theory. It originally referred to the observable changes within nature, namely, the seasons and the biological transitions associated with them, which, like the Yin and Yang principles that produced them, were regarded as being in a constant state of flux, flowing and discharging their respective influences throughout the passage of time. It was through this interaction of "movements/phases" between this five thermodynamic-like "force fields" that all of the phenomena of the universe was created. Furthermore, these "movements/phases," as well as the preceding Yin and Yang principles, produced an ethereal substance called qi (氣), or "pneuma" that pervaded throughout the universe and became infused into all of the phenomena within it.

This Theory of the Five Movements/Phases gradually became transformed into that of the "Five Elements," with their multifarious symbolizations. For example, in addition to the seasons of nature, spring, summer, mid-year, autumn, and winter), there were, among other of its attributes, the wu-fang (五方), or the "five cardinal directions," the wu-qi (五氣), or the "five atmospheric influences," the wu-sheng (五牲), or the "five sacrificial beasts," etc.⁶ However, with regard to medicine, there were the wu-zang (五臟), or the "five viscera," namely, the gan

(肝), or the "liver," the xin (心), or the "heart-mind,"⁷ the pi (脾), or the "spleen," the fei (肺), or the "lungs," and the shen (腎), or the "kidneys." Also, included was the anatomical description, the wu-ti (五體), or the "five bodily constituents," namely, the jin (筋), or the "muscles," the mai (脈), or the "vessels," the rou (肉), or the "flesh," the gu (骨), or the "bones," and the pi-mao (皮毛), or the "skin and hair." This list of attributes could be further enumerated,⁸ however, this would go beyond the scope of this essay. It suffices to say that these "elements" were generally referred to as mu (木), or "wood," huo (火), or "fire," tu (土), or "earth," jin (金), or "metal," and shui (水), or "water." Furthermore, it should be remembered that these "elements" were not to be literally interpreted, although as this theory became more engrained within Chinese society over the passage of time its metaphysical premise became transformed by practitioners of the occult into a quasi-religious schema from that of its original designation in the Shu jing (書經), or the "Classic History" in which it is written that "The nature of water is to soak and descend; of fire, to blaze and ascend; of wood, to be crooked and to be straight; of metal, to obey and to charge; while the virtue of earth is seen in seed-sowing and ingathering. That which soaks and descends becomes salt; that which blazes and ascends becomes bitter; that which is crooked and straight becomes sour; that which obeys and charges become acrid; and from seed-sowing and ingathering comes sweetness."⁹ This latter part of the descrip-

tive characteristics of the Five Elements gave rise to the term wu-wei (五味), or the "five flavors/tastes," namely, xian (鹹), or "salt," ku (苦), or "bitter," suan (酸), or "sour," xin (辛), or "acrid," and gan (甘), or "sweet."

"The association of saltiness with water, while natural indeed to a coastal people," according to Sir Joseph Needham, "suggests primitive experiments and observations on solution and crystallization. The association of bitterness with fire, while perhaps the least obvious of the five, may imply the use of heart in preparing decoctions of medicinal plants, which would be the bitterest substances likely to be known. There would also be a connection of "hot" and bitter in spices. The association of sourness with wood can be readily explained, since wood, as vegetal, would be connected with all kinds of plant substances which become sour on decomposition. The alkali in plant ashes would also taste sour. The association of acidity with metal points directly to smelting operations, many of which would give off highly acrid fumes, e.g. sulphur dioxide. Lastly, the association of sweetness with earth would be due to the finding of honey in bees' nests in the earth; and to the general sweet taste of cereals."¹⁰

Wu-sheng (五勝), or the "five permutations" is expressed by the phrase, Wu-xing sheng ke

(五行生剋), or "the production and destruction of the Five Movements/Phases," which are as follows: Earth generates metal, which generates water, which generates wood, which generates fire, which, in turn, generates earth and so on in a continuing cycle of productivity; the counterpart being that earth destroys water, which destroys fire, which destroys metal, which destroys wood, which, in turn, destroys earth and so on in a continuing cycle of destructiveness. It can be inferred from these cycles of permutations the importance of the agrarian economy to the mainstay

of the Chinese livelihood, since both of them "begin" and "end" with the earth element."¹¹

This synchronistic alternation of the "Five Movements/Phases" (i.e., all phenomena) by the dualistic "force" of the Yin and Yang potencies throughout the infinite cosmos reflected the overall aspect of the Chinese "world concept."¹² This holism is symbolized by the word dao (道), which connotes an all-pervading harmony in the universe and throughout time.¹³ If we were to transpose this process of dynamic harmony by internalizing it in the body of man, as practitioners of traditional Chinese do, then we could say that the Occidental concept of the human metabolism is synonymous to the Dao, which, in this example, acts as a "governor" or "regulator" of life. The productive and destructive cycles of the "Five Movements/Phases" can also be likened to the biochemical process of anabolism and catabolism by which, according to our reasoning, life is sustained. Furthermore, the thermogenic energy which is associated with the process of metabolism is similar in scope to the Chinese concept of qi or "pneuma," which, in its medical application, "regulates the circulation of the blood, ingestion, and the autoprotection of the organism."¹⁴

In traditional Chinese medicine, the human being is regarded as the microcosmic counterpart of the macrocosmic universe, both of which are the creations of the dualistic "forces" of the Yin and Yang principles, which, in turn, are supposed to function in accordance with the harmonious principle of the Dao (This metaphysical concept is expressed by the phrase, Yi yin yi yang zhi wei dao

(一陰一陽之謂道)

or "The unity of the Yin and the Yang is called, 'Dao'.")¹⁵ In the field of traditional medicine, therefore, good health may be interpreted, to paraphrase Jerome D. Frank's article on faith healing, as the "harmonious integration of the person

within himself and with his society, nature, and the cosmos. Illness and suffering are indications that this harmony has been disrupted, a disruption for which the patient himself is considered partly responsible—that is, he has fallen ill because he has in some way transgressed the laws of nature, society...and therefore he must actively participate in the healing process. The task of the healer is to rest the disrupted harmony by activities which involve participation by persons close to the patient as well as spiritual exercises."¹⁶ The Chinese, therefore, turn to their practitioners of traditional Chinese medicine not just because of their empirical medical knowledge and techniques, but because they are regarded as "philosopher-physicians" who understand the proper medico-philosophical therapy essential to recovery in a culture where health and disease are based on rational propositions of experience and convictions of faith.¹⁷

The philosophy of medicine is a discipline that considers medicine in its totality by examining the position of medicine in humanity, in society, and in the different medical sects and schools. For by contrasting the relations between the different facets of medicine itself, humankind affirms medicine's essential being and acknowledges its finitude and dependence on the contingencies of time and space.¹⁸ As G.E.R. Lloyd states, "It was indeed partly by contrasting itself with magic and philosophy that medicine began to define its own identity and methods: but if it is important to see what was new in that development, it is equally important not to misconstrue or overstate the nature of that contrast or to neglect the continuing links of medicine with both."¹⁹ And, as Ludwig Edelstein has concluded, "... medicine did not influence philosophy to find a solution of ethical questions. But medicine did serve philosophy as a means of explaining and of making acceptable to men that conclusion which philosophy itself had reached, that man can live with philosophy as little as he can live without medicine."²⁰

Notes

1. I wish to give special appreciation and acknowledgment to the late Dr. Otto E. Gutentag, Samuel Hahnemann Professor of Medical Philosophy at the University of California in San Francisco.
2. N.B. the definitions of "disease," "health," and "medicine" in Dorland's Illustrated Medical Dictionary, 25th ed. (Philadelphia: W.B. Saunders, 1974), pp. 453, 682, and 922.
3. R. Redfield, The Primitive World and Its Transformation (Ithaca: Cornell University Press, 1953), p. 107.
4. J. Needham, History of Scientific Thought, Vol. II of Science and Civilisation in China (Cambridge: Cambridge University Press, 1956), p. 265.
5. N.B. Manfred Porkert, The Theoretical Foundations of Chinese Medicine, Vol. III of M.I.T. East Asian Science Series (Cambridge: The MIT Press, 1974), Chs. 1&2 *et passim*.
6. W. F. Meyers, The Chinese Reader's Manual, Repr. (Taipei: Ch'eng Wen Publishing Co., 1971), pp. 311-321.
7. The heart is regarded in traditional Chinese medicine as being both the seat of intelligence and emotional feeling, thus, *xin* can be translated as either "heart" or "mind." To express this two-fold characteristic, I have translated it in a binomial form as "heart-mind." N.B. the definitions of "liver," "heart," "spleen," "lungs," and "kidneys" in Charles A.S. Williams' Encyclopedia of Chinese Symbolism and Art Motives, Repr. (New York: The Julian Press, 1960), pp. 253, 219, 361, 257, and 238.
8. I. Veith, trans., Huang Ti Nei Ching Su Wen: The Yellow Emperor's Classic of Internal Medicine, 2nd ed. (Berkeley: University of California Press, 1973), pp. 18-25.
9. J. Legge, The Shoo King, Vol. III of The Chinese Classics, 5 Vols. (London: Trubner, 1865), pp. 325-326.
10. Needham, *op. cit.*, p. 244.
11. N.B. the various interpretations of this cyclic ordering of the "Five Movements/Phases" in Wolfram Eberhard's article, "Beitrag zur kosmologischen Spekulation Chinas in der Han Zeit," Baessler Archiv, Vol. 16, No. 1 (1933), pp. 44ff.
12. Needham, *op. cit.*, pp. 290-291.
13. J. Wm. Schifffeler, "The Origin of Chinese Folklore Medicine," Asian Folklore Studies, Vol. XXXV-1 (1976), 17-34 and "An Essay on the Traditional Concept of Soul in Chinese Society," Chinese Culture,

Vol. XVII; No. 2 (June, 1976).

14. S. Palos, The Chinese Art of Healing, Bantam Book (New York: Herder and Herder, 1971), p. 45.
15. Porkert, *op. cit.*, pp. 9-43 *et passim*.
16. Jerome D. Frank, "The Faith That Heals," The Johns Hopkins Medical Journal, Vol. 137, No. 3 (September, 1975), 128.
17. N.B. the section on primitive medicine in Henry E. Sigerist's Primitive and Archaic Medicine, Vol. I of A History of Medicine (New York: Oxford University Press, 1951-1961), pp. 105-213; Joseph Needham's "Medicine in Chinese Culture," Ch. 14 of Clerks and Craftsmen in China and the West (Cambridge: At the University Press, 1970), pp. 263-293; and Owsei Temkin's "On the Interrelationship of the History and the Philosophy of Medicine," Bulletin of the History of Medicine, Vol. XXX, No. 3 (May-June, 1956), 241-251.
18. P. Tillich, "Moralisms and Morality from the Point of View of the Ethicist," in Ministry and Medicine in Human Relations, ed. by Iago Galdstone (New York: International Universities Press, 1955), p. 3.
19. G.E.R. Lloyd, "Aspects of the Interrelations of Medicine, Magic and Philosophy in Ancient Greece," Apeiron, Vol. IX, No. 1 (1975), 11.
20. L. Edelstein, Ancient Medicine, ed. by Owsei Temkin and C. Lilian Temkin (Baltimore: The Johns Hopkins Press, 1967), p. 366.

IASTAM Meeting at AAA Conference

There will be an informal meeting of IASTAM members at the annual conference of the American Anthropological Association. The conference will take place in San Francisco this November. Please check the bulletin boards for announcements of time and place.

At the meeting, we will discuss plans for IASTAM panels at the 1993 conference; the 4th ICTAM in Tokyo; and the proposed meeting of the North American and European chapters in London in 1994.

We will also appoint a new treasurer, to assume the position vacated by Phil Zarrelli.

Birth, Marriage and Death in Peking:

Popular Culture and Elite Culture from the 19th Century to the Present

Mechthild Leutner

The societal changes in China of the last century are reflected in the customs surrounding the central social events of birth, marriage and death. This study presents the changing traditions and customs in these three areas, showing how they are embodied within the context of family economics and the corresponding deep-rooted patterns of action and thought. The aspects of birth, marriage and death are understood and interpreted from the perspective of socio-historical research of popular culture as integral components of not only the popular culture, but of the old and new elite cultures as well.

The major shift from an agrarian to an industrial society in China began in the late imperial era and is still ongoing. Parallel to this development, the old Confucian elite was replaced by a new elite dedicated to industrial interests and economically rational patterns of thought. Traditional family structures marked by an agrarian logic and lifestyle, however, continue to predominate and have even experienced a reactivation during the reform period of the last decade. At the end of the imperial period, practices of birth, marriage and death were basically the same for both the popular and the old elite cultures because of similar interests regarding family structures. This is not the case in the People's Republic, where a divergence can be identified between the family-oriented practices of the populace and the more industrially-oriented practices of the new elite, emphasizing the strength of the resistance of the popular culture to the modernization initiated by the new elite.

