

Panel 6: The Limits of Authenticity - Views from Practitioners

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It is not surprising to me that some of the most vibrant work on the history of Chinese healing arts comes from social and cultural anthropologists who seek intimacy with their subjects. Practitioners are also at an advantage. Jaded stereotypes of practitioners motivated by commerce and career, and seeking continuity in practice, or academics in their ivory towers, were fashioned at a time when disciplinary, geographic and ethnic boundaries seemed more fixed before our eyes. They hardly fit the complex manifestations of medical research and practice that surround us in the twenty-first century. They are even less relevant to the new generation of researchers and practitioners that surround us. This panel comprises practitioners writing at the margins on the relationship between authenticity and tradition in modern practice.

6.01. Beneath The Four Pillars

Nancy Holroyde Downing, (PhD candidate UCL, Practitioner of Chinese Medicine)

In the field of medicine, the interchange of knowledge from different traditions offers fertile ground for the growth and transformation of both theory and practice. In the realm of diagnostics this is particularly true. While the “Four Pillars” of diagnosis in Chinese traditional medicine – looking, listening, asking and palpating – can be discerned in canonical texts and in contemporary curricula, exactly what is being looked at, listened to, asked about and palpated has undergone subtle and not-so-subtle transformation over time. A look at Tongue diagnosis in Chinese traditional medicine yields a fascinating set of possibilities as to its development and rise to prominence. Early compilations of Tongue illustration and commentary are not widely cited in case histories until at least the late Ming and early Qing Dynasties, and yet today the inspection of tongue is second only to the palpation of the pulse. Such shifting nuances of focus can be seen to both reflect the interface between ‘traditional’ medicines and ‘modern’ biomedicine’s insistent and increasingly global voice, and also to transform the current practice of traditional medicine and the education of its clinicians.

6.02. Practitioner of Chinese Medicine, Jack Reginald (JR) Worsley 1923-2003: The Legacy

Helen Fielding

According to the biographical details of Worsley inc (of the Worsley institute), following a spell in the British Army as an education officer, Jack (JR) Worsley travelled to Taiwan, Singapore and Japan to study Acupuncture. He had

apparently already studied homeopathy, osteopathy and naturopathy, whilst working as a physiotherapist. He was also a practising Christian. The same biography states Jack founded the College of Traditional Acupuncture (CTA UK) in the 1950's, the Traditional Acupuncture Institute in 1974 and the Institute of Chinese Acupuncture in 1988.

Subsequently unnamed visiting professors who visited CTA Leamington Spa in the mid 1980's acknowledged his style of acupuncture as practised in China thousand of years ago. JR never visited mainland China, or studied with Chinese doctors. In the 1990's the name Chinese was dropped from the College.

This 'Classical 5 element Acupuncture' with JR's emphasis on diagnosis according to CF (causative factor), his long diagnostic sessions with a concentration on diagnosis through the 'five emotions' and delivery with 'love' [a thoroughly un Chinese expression in clinical encounters] is undeniably an inspired modern construct.

Despite the collective myth-making Jack inspired generations of individuals to study and practice Acupuncture in the UK, Europe and across the USA. He founded colleges and thousands of people found his work inspirational and effective. Today roughly one third of registered British Acupuncture Council members are trained in the 5 element style at a college Jack founded as are key members of the IASTAM council.

Some say that the air of secrecy and secret transmission of knowledge embedded in the hierarchical structure of his teaching increases JR's reputation as a charismatic healer. Some say his diagnostic procedure is nearly identical to post war homeopathic concepts, and that he was simply applying needles rather than remedies. This paper aims to unpack much of the mystery surrounding the Five Element school through a presentation of the history and culture of the man and his school.

6.03. On three alternative schools of acupuncture in Europe

Dr Anita Meyer, Acupuncturist, Switzerland

The Sixties and Seventies 2007 brought an enormous progress in western medicine: With huge technological progress everything seemed "doable" in a medicine with increasing specialisation. In this brave new world, the human being became a technical device, mendable in its pieces by specialists of all its different organs and numerous physiological functions.

The Sixties also brought the first contacts with an acupuncture that claimed to be 'traditional' and to have a philosophic background, taught by Nguyen van Nghi, a Vietnamese-Chinese doctor. He had translated what he claimed were 'Pre-confucian scripts', based on a 'Daoist' philosophy, into French in 1966. A group of physicians from the French part of Switzerland studied the Chinese Classics in Marseille, France, and introduced them into Switzerland in 1970.

They founded the first associations of a Daoist Chinese Medicine for physicians in the French and German parts of Switzerland. There is no doubt that van Nghi caught the political and philosophic spirit of the moment with his offer of an alternative medicine. It attracted those, like me, dissatisfied with our orthodox medical training and searching for a new social and political ideal against which to frame our healing practice.

M. Porkert, a sinologist from Germany, translated some of the Chinese Classics of acupuncture and herbal medicine and adapted the Chinese terms to western thinking by using Latin and Greek nomenclature, thus contributing to the spreading of Chinese Medicine in the German part of Switzerland. His 'scientizing' of Chinese medicine through the traditional Western use of classical European languages gave acupuncture an air of authority.

Another modern branch of acupuncture was auricular acupuncture, developed by Dr. Nogier from Lyon, France. This was a traditional European practice given a Chinese gloss and, with the exotic presentation, it rapidly gained new members among the Swiss doctors in the 1980s.

All three approaches, however inauthentic and loosely based upon classical Chinese knowledge and practice, attempted to articulate the relationship between ancient and modern practice. In framing their medicine in opposition to a perceived monoculture of specialism they exerted considerable appeal to a generation of disaffected medical physicians.

Modern TCM schools teach without any philosophical background, or any attempt at accessing the deep knowledge about *Qi* medicine as once taught by Van Nghi, and with the opening of the PR of China came an increasing influence of a modern and westernized form of TCM, emphasising the technoscientific approach to acupuncture. This paper analyses the social and cultural contexts to the different stages through which acupuncture and Chinese medicine has taken root in Switzerland from the point of view of a practitioner concerned about the effects of a scientised and 'modern' TCM on the "art" of classical Chinese Medicine.

06.04 The East in West. Chinese medicine practice in France and in Italy

By Lucia Candelise

Practised in Europe since the nineteen thirties, acupuncture and the Chinese medicine have been gaining, for about twenty years, indisputable social recognition. But what are the reasons and the value of their presence in the European medical context where the biomedicine dominates?

The analysis of the spreading of the Chinese medicine among French and Italian physicians that practice acupuncture brings us to consider the value of this transcultural movement which experiences a knowledge transcending simple technique into a cultural reality.

In our intervention we shall show the importance of the "cultural diversity" in the reasons which explain the presence of this medicine in the practice of European conventional physicians.

Through our ethnographical field studies in a hospital environment, we shall also attempt to show how we can understand how spreading of Chinese medicine in France and in Italy is a phenomenon of globalization, and how the

relationship between the local and the global articulates in a dialectic which testifies of the integration of the Chinese medicine within conventional medicine.

06.05 The Dilemma of Acupuncture and Modern Research - Why Sham-Acupuncture doesn't exist

By ???

This paper focuses on key elements of acupuncture and surveys basic assumptions underlying the acupuncture doctrine which are accepted by clinical acupuncture research.

To assess the treatment efficacy of an acupuncture intervention, acupuncture at real points (verum) is frequently compared to acupuncture at false points (sham). The basic assumption here is that verum and sham acupuncture are indeed valid concepts. A prerequisite of the validity of these concepts though is that it must be possible to localize verum acupuncture points in an exact and reproducible manner.

But, from the vague descriptions of the pathways of the „vessels“ and „acupuncture loci“ in the early sources of Chinese Medicine, how did we arrive at the exact anatomical depictions of the „meridians“ and „acupuncture points“ in modern textbooks?

By tracing the idea of the „meridian“ and its course and the acupuncture point and its localization through the history of Chinese Medicine from the earliest primary sources to modern textbooks it becomes evident that there is no exact definition of the „classic“ or real acupuncture point and that reproducible localization of acupuncture points is not possible. Thus, from a historical and text hermeneutic perspective the concept of both the real and the sham acupuncture point remain elusive.

The ideas and practices of Chinese Medicine are part of a historical and cultural process with a remarkable continuity in tradition. If, however, consciously or unconsciously removed from this context and subjected to the imperatives of modern research methodology both modern research and the traditions face a dilemma.