MEDICINE, TRADITIONAL

Traditional Chinese medicine dates back to prehistoric times. Theories concerning its practice were formulated in the Spring and Autumn period (722–481 BCE). At that time, there were different medical specialties, and doctors began to use four diagnostic methods: observing, hearing, and smelling (called wen in Chinese, to include both senses), asking about background, and touching. Since then, a broad range of treatments have been used, including herbal medicine, acupuncture, and moxibustion, or the burning of various herbs on certain points of the body to stimulate blood flow.

In the Han dynasty (206 BCE–220 CE), yin-yang theory and five-elements theory were developed to explain physical symptoms. Yin-yang theory postulates a dualistic natural system based on a “yin” and a “yang” nature, with associated characteristics of each, while five-elements theory breaks down matter into five elemental building blocks: earth, metal, fire, water, and wood. During this period, Zhang Zhongjing (c. 150–219), known as the “sage of Chinese medicine,” wrote Shanghan lun (Treatise on cold damage), a masterpiece of traditional Chinese medicine. Hua Tuò (c. 145–208) used anesthesia during surgery some 1,600 years before Europeans did so. Chinese people today describe a great doctor as “Hua Tuò reborn.” During the Tang dynasty (618–907), Sun Simiao (581–682), known as “the king of medicine,” compiled more than five thousand prescriptions for 232 diseases in his thirty-volume Qian jin fang (Essential formulas for emergencies [worth] a thousand pieces of gold).

After the Tang dynasty, Chinese medicinal theories and writings spread to Korea, Japan, the Middle East, and western Asia. Chinese medicine also influenced Mongolian and Tibetan medicine. Today, these traditional East Asian medical systems are called collectively “Oriental medicine.”

The Chinese government established medical schools during the Song dynasty (960–1279). During the Ming (1368–1644) and Qing (1644–1912), the system of Chinese medicine became more complex. Li Shizhen’s (c. 1518–1593) fifty-two-volume Bencao gangmu (Compendium of materia medica) remains the premier reference work for herbal medicine and has been translated into many languages.

By the late Qing, traditional Chinese medicine was challenged by imported modern Western medicine, leading to ongoing debates between practitioners and patrons of Western and Chinese medicine. The primary question for many was whether traditional Chinese medicine should be preserved or abandoned. For those students and scholars who had studied abroad in Japan, America, and Europe, the predominant view was of Western medicine as science and Chinese medicine as superstition. As a result, Chinese medicine lost its favor in hospitals, and patients began to choose Western medicine and therapies to treat their afflictions.

In 1914, the establishment of the Peking Union Medical College highlighted the transition to Western-based medicine in China. American physicians constituted the majority of faculty on the China Medical Board by 1928. The following year, against the advice of many intellectuals, the Nationalist government outlawed the practice of traditional Chinese medicine. Thirty years later, Mao Zedong commissioned ten top Chinese doctors to survey Chinese medicine and standardize its application. In the People’s Republic of China, traditional Chinese medicine came to be widely practiced and taught in medical schools. From 1965 to 1981, primary health care in rural China was delivered through peasant farmers who were trained for up to eighteen months in the treatment of common illnesses. The arrangement came to be called the “barefoot doctor” system, in reference to the farmers who often worked barefoot in the rice paddies. The current health-care system in mainland China is delivered through a network of government-owned hospitals, including many hospitals utilizing the techniques of traditional Chinese medicine. Chinese medicine remains popular in mainland China, Taiwan, Hong Kong, and other East Asian countries.

THEORIES AND PRINCIPLES

There are three basic principles underlying traditional Chinese medicine. First, the yin and yang of the human body should be in balance. An imbalance of yin and yang causes illness, which must be treated by achieving the harmony of all the opposite elements. Second, all the parts, or all the organs, of the human body are seen as united and interconnected. The sickness of a certain organ must be treated with a view to the integrity of the whole body. Third, human beings have an intimate relationship with the environment. Therefore, the same symptom may be caused by different diseases related to different factors. Thus, diagnoses and treatments may vary from person to person. These three

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principles, that (1) the body is a holistic system, in which each part influences the health of the others, (2) this system is predicated on the continuing balance of yin and yang in the body, and (3) the body itself is dependent on a greater relationship with its environment, all underlie the five fundamental theories of traditional Chinese medicine: yin-yang theory, five-elements theory, zang-fu theory, jing-luo theory, and qi theory.

The notion of yin and yang is also basic to Chinese philosophy. Yin and yang represents the two opposing aspects of any phenomenon in the world, or in the human body. Yin, for example, might represent earth, darkness, or maleness, while yang represents heaven, lightness, or maleness. Yin and yang are mutually rooted, can mutually transform, and can mutually wax and wane. In Chinese medicine, the harmony of yin and yang is essential to the normal balance of the body.

The five elements in Chinese philosophy are metal, wood, water, fire, and earth. They are not conceived as real substances but represent basic materials, phenomena, and universal processes. The five elements exist in two cycles of balance: a “generating” cycle and an “overcoming” cycle. In the generating cycle, wood feeds fire, fire creates earth, earth bears metal, metal carries water, and water nourishes wood. In the overcoming cycle, wood parts earth, earth absorbs water, water quenches fire, fire melts metal, and metal chops wood. In Chinese medicine, each element is associated with different organs, emotions, body parts, body fluids, tastes, and smells. For example, the five elements are believed to be related to various emotions; wood, fire, earth, metal, and water are believed to represent anger, happiness, yearning, sadness, and fear, respectively. These associations can be extrapolated even further: Metal represents the lung, and water represents the kidney. In the five elements theory, metal supports (or generates) water. So it is believed that when the lung is healthy, the qi (breath) will be efficient, which will improve the flow of water in the kidney.

Zang-fu theory can be understood alongside yin-yang theory and five-elements theory. Zang refers to the yin organs: wood, fire, earth, metal, and water represent the liver, heart, spleen, lungs, and kidneys, respectively. Fu refers to the yang organs: wood, fire, earth, metal, and water represent the gall bladder, small intestine, stomach, large intestine, and urinary bladder, respectively. Zang xiang is the visceral manifestation of the interaction between zang and fu.

Jing-luo theory refers to channels connecting organs, in which qi (breath, spiritual energy) and blood run through the whole body. Jing are the main vessels in the human body, and luo are small or branch vessels. There are twelve regular jing-luo channels, each nourishing and acting on a certain organ. Chinese acupuncture and qigong use the jing-luo map of the human body to treat diseases.

TRADITIONAL CHINESE MEDICINE IN CONTEMPORARY CHINA

In modern times, Western medical theories and techniques are dominant in the Chinese medical system. The ratio of hospitals and doctors of Western medicine relative to those of Chinese medicine is about six to one. Nevertheless, traditional Chinese medicine remains important in China. By the early twenty-first century, mainland China still had some 334,000 practitioners of traditional Chinese medicine, although the number was much higher in 1911 (800,000) and 1949 (500,000).

In 2008 thirty-two of mainland China’s 136 medical universities were schools of traditional Chinese medicine. Students at these schools also study basic Western medical principles, pharmacology, technologies, and surgery, and they are thus able to diagnose and treat patients using Western approaches when necessary. In effect, their practice of traditional Chinese medicine is based on a broad knowledge of all areas of medicine.

There were also 3,072 hospitals of traditional Chinese medicine in mainland China in 2008, offering more than 330,000 beds for patients. In addition to these hospitals, most clinics include a department of traditional Chinese medicine. Traditional Chinese medical services are offered at the majority of county clinics, district medical centers, and other small clinics. According to data from 2006, nearly 300 million patients were treated using traditional Chinese medicine.

DIAGNOSTIC PRACTICES AND TREATMENTS

Modern diagnostic practices can be traced back to the four categories adopted in the Spring and Autumn period: observing signs and symptoms, examining the tongue, asking about a patient’s background, and feeling the pulse. By feeling the pulse, a trained traditional physician may discern which organ is sick and what causes the sickness. According to literature of the Ming and Qing dynasties, male doctors were not permitted to touch female patients. They would hold a thread with one end tied to the woman’s wrist, and thus determine whether the woman was pregnant. Unlike their teachers, modern practitioners of traditional Chinese medicine often combine traditional approaches with such Western methods as x-rays and laboratory tests to make a diagnosis.

Chinese herbal medicine is built on Chinese peoples’ practical experiences over thousands of years. According to one count, there are 12,080 herbal medicines recognized in traditional Chinese medicine. Various parts of a plant can be used as an herbal drug, including the roots, twigs, leaves, flowers, fruits, and grasses. Insects, animals, and minerals can also be used as medicines. A prescription
is generally a combination of different kinds of medicines, and the amount of each medicine must be very precise.

In most cases, patients being treated with traditional medicines must go to a drugstore to collect the materials in the prescription, which they then prepare by boiling them at home. Today, most hospitals will prepare medicine for patients. The herbs and ingredients in many traditional medicines are now available as soluble granules and tablets, which are very popular.

Along with herbs, there are other traditional Chinese medical treatments, acupuncture being the most common. In acupuncture, the practitioner inserts a number of fine needles into the skin or the pockets of the body at precise points. Each point is associated with a corresponding visceral organ. Acupuncture is thought to influence the nervous system and perhaps the endocrine system.

In moxibustion, another common treatment, a practitioner places a small quantity of dried herbs, usually artemisia, on a patient’s body or limbs. The herbs are then set alight, or the practitioner may use a paper tube to gently heat the herbs. Other treatments include cupping, guasha, massage therapy, Chinese food therapy, and qigong. To treat a disease, a doctor may use more than one therapy.

BRANCHES OF TRADITIONAL CHINESE MEDICINE

There are many branches of traditional Chinese medicine. Since the Han and Tang dynasties, the most prominent has been the Jingfang school, which relies on the oldest classics, Huangdi neiijing (The medical classic of the Yellow Emperor) and Shennong bencaojing (Shennong’s classic of materia medica). In the Ming and Qing dynasties, the Jingfang school was challenged by the Shifang school, which preferred to use prescriptions later than the Song dynasty. The competition between the two schools continues into the twenty-first century. Other branches of traditional Chinese medicine include the Wenbing school, which deals especially with febrile diseases; the Shanghan school, specializing in cold damage; the North school, popular in north China and combining the Jingfang and Shanghan schools of
thought; and the South school, prevalent in South China and combining the Shifang and Wenbing approaches.

Physicians have been evaluating the efficacy and safety of Chinese medicine through clinical trials. Recent research suggests that Chinese medicine does indeed exert measurable therapeutic effects on many acute or chronic diseases, including cardiovascular diseases, diabetes, and stress-related disorders. Clinical evidence also suggests that acupuncture can grant a patient relief from pain, prevent nausea, and improve the success rates of conventional infertility treatments. In addition, qigong and dietary therapies are widely used to maintain patient health and prevent future disease.

Traditional Chinese medicine has a long history and is a central part of Chinese culture. For certain diseases, people may first try traditional Chinese treatments. However, cooperation between traditional Chinese medicine and Western medicine is a new trend, and most people will accept both types of treatment.

SEE ALSO Acupuncture.

BIBLIOGRAPHY


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MEDICINE, WESTERN, 1800–1949

Portuguese and French Jesuits first brought Western medical concepts and texts to Macau and Beijing in the mid-to-late eighteenth century, but Protestant missionaries introduced Western medical practice and education in China. The first Protestant society to enter China, the London Missionary Society, sent Robert Morrison to Macau in the early 1800s. Morrison had only the limited medical training that prepared missionaries to survive in a setting without proper medical facilities, and he never practiced medicine. He did, however, see Western medicine as important to the Christian mission, and he established the first medical clinic of its kind in China.

The first medical missionary to arrive in the Far East was Peter Parker (1804–1888), who studied divinity and earned a medical degree at Yale University before going to Guangzhou (Canton) in 1834. The next year, Parker established China’s first mission hospital, known as the Ophthalmic Hospital for Parker’s outstanding ophthalmologic surgeries. In 1855 John Glasgow Kerr (1824–1901) relieved Parker, and in 1859 Kerr reopened the expanded hospital in a new location and named it as Boji Hospital, which became one of the best-known mission hospitals in China. The entire country then had only twenty-eight medical missionaries, but by 1905 the number had climbed to 301 working in 166 mission hospitals and 241 clinics (Zhu 1988, p. 66). Among them, women missionary doctors such as Mary Stone (Shi Meiyu, Shih Mei-yu, 1873–1954) and Ida Kahn (Gan Jiehou, 1873–1930) contributed to the medical training of women and the establishment of hospitals for women and children.

Medical missionaries soon realized that medical practice provided an entry into Chinese society. As one observed: “The medical missionary gains access at homes that are closed to other workers. He is called by all classes, rich and poor, high and low, and all classes come to the dispensary for consultation and medicine. He is able to make acquaintances and to gain friends, real friends, especially among the more educated and more progressive Chinese” (Choa 1990, p. 14). Deeply rooted in native medical theories and herbal medicine, however, most Chinese looked to Western medicine as a last resort. Despite the success of ophthalmologic and other types of surgeries in mission hospitals, the efficacy of Western medicine and the motives of its practitioners stirred suspicion among the Chinese. “The provision of free services would have engendered fresh antagonisms—either from literati who found yet another of their functions eroded, or from Chinese doctors who found their livelihoods threatened” (Spence 1974, p. 43). Nevertheless, Western medical practice and education developed rapidly in China, especially since the late nineteenth century.

In contrast to instruction at modern medical schools, Western medical training in China started with the master-apprentice method. The earliest such training occurred at Boji Hospital, which became the South China Medical College in 1904. In 1898, thirty-nine out of sixty mission hospitals provided medical training, with six hundred Chinese graduates (Zhu 1988, p. 67). The number of graduates and the quality of their training proved unsatisfactory, however. Eventually, formal medical schools were established. During the first half of the