

NEW FINDINGS FROM THE HISTORY  
OF CHINESE MEDICINE

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It is not absolutely essential to know anything about Vesalius in order to become a good anatomist, nor about Rudolf Virchow in order to become an eminent pathologist. In our study of the history of Western medicine and our teaching of this history we tend, as medical historians, towards those doctors who place intellectual demands on their medical activities over and above the current day to day exercise of their profession and professional experience.

As medical historians, we look towards those doctors who are not content simply to receive a university education and spend the rest of their lives applying their received knowledge more or less mechanically, but rather who work towards gaining an insight into and understanding of why it was this particular knowledge and not another, and why in his own life he thinks and acts specifically in this way with respect to health care and not another.

The history of medicine is therefore not idle self-contemplation but rather a set of basic principles vital to all those who take a long-sighted view of man's way of dealing with his illnesses, his patients and the possibilities and limits of facing death sooner or later in a meaningful and helpful way.

These demands are also relevant to our study of the history of Chinese medicine-yet this history allows us in a way that no other foreign cultural tradition does to draw comparisons with the West and thus perceive differences and parallels, general human and specifically cultural factors in the evaluation of health care and diagnosis, prophylaxis and treatment of illness.

But the study of the history of Chinese medicine offers an additional meaning that is lacking in the history of Western medicine. The basis of this additional meaning offered by the study of the history of medicine in China is the fact that in the case of Chinese medicine, a therapy form has been introduced from a foreign culture into the so-called Western world over a considerable period of time. This is something of a unique process and there are therefore no adequate precedents for it.

Within the framework of this Chinese medicine, eyes have been focused above all on what is known as acupuncture, a therapy method with which doctors and lay practitioners have claimed success for some 2,000 years in China and about 1,000 years in Japan and this acupuncture is now to be transplanted to the West. Yet the perceptive observer of this process cannot help but have the impression sometimes that this art of acupuncture has been handled by its proponents as if it were a bale of fine silk or an attractive Chinese porcelain vase. The vase and the bale of silk are things that have been seen in, or as is the case with returning visitors, while in China, and liked,

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and they can be packed away and unpacked again at will, fulfilling their intended purpose.

The same sort of thing has happened with acupuncture. There are weekend seminars, or courses organized over several weeks or even six-month residential courses in East Asia; more than a few have packed away their acupuncture kits to return home with vase, silk and needles.

And that brings us to the very heart of the matter: how much luggage does a well-meaning doctor have to pack in his suitcase in China in order to be able to practice acupuncture here with a good conscience? Does he have to go to China at all; can acupuncture be detached from Chinese culture-in the same way that the silk and Chinese vase can-without losing an essential part of its substance? Many of you will have collected your own experiences and formed a corresponding opinion for yourselves but what do we tell the students who are coming to us in increasing numbers and asking:

Is it possible to learn acupuncture here in Germany?

Why is acupuncture not an integrated part of the medical syllabus?

Do we need to learn the Chinese language to be able to study Chinese literature?

Is it really possible that a Chinese knowledge going back 2,000 years, set down in more than 15,000 works compiled over this period and available in the libraries of China, is it possible for such a comprehensive knowledge to be summed up in the few two or three-hundred page books obtainable in German, English or French today?

How far, our students are asking, must we go into Chinese medical theory, must we get to grips with yin and yang, the five phases, the theories of the so-called "conduits," "depots," and "palaces," of the body or are these all outdated speculations that were around before the appearance of science that we can happily disregard nowadays, and may we translate the Chinese concepts of the "conduits," "depots," and "palaces," of the body as "meridians," "solid organs," or "hollow organs," as often happens, without losing something in translation? Is there, our students and others ask, another way, apart from our own natural science, of perceiving the natural world without recourse to metaphysics?

These are all questions that don't arise for the would-be doctor of our Western medicine but which are of the greatest relevance when dealing with the passing of traditional Chinese medicine across the two cultures. And the much-needed answers to all of these questions are not to be found in a weekend seminar, nor even by signing up for a six-month acupuncture course in China; the answers to these questions can be found only through in-depth study of the history of Chinese medicine.

This in-depth study must take place here at home; we cannot ask such questions in China since they are of no relevance there. Yet the path back through the history of Chinese medicine is not an easy one for us. The enormous language barrier allows access to only a few and this language barrier is only the first major hurdle and by no means the only one. If, however, the various obstacles which make access so difficult are overcome one by one, the study of the knowledge that has been put together in the extensive literature of traditional Chinese

medicine over the past two thousand years is extremely interesting and the insights that can be gleaned from it worth the effort.

Let us take for example the thoughts of the Chinese doctor Xu Dachun 徐大椿 from 1754 on the development and contemporary situation of medicine in Chinese culture. The thoughts of Xu Dachun, a work now available in translation in a European language, affords anyone here who is interested in acupuncture specifically and Chinese medicine more generally, an opportunity to come into very close contact with a highly intellectual, and hence also humorous and at times incisively critical representative of pre-modern China. The writings of this man on specific topics pertaining to therapy and diagnosis but also to many general issues that we have in common, such as ethics and the training of doctors or the doctor-patient relationship, paint a picture of the diversity and historical aliveness of Chinese medicine that is quite different from the dry portrayals of so-called theoretical principles already available to the European reader in such great diversity.

In this connection, it should be pointed out that no special attention is paid to an author such as Xu Dachun in China today and this applies above all for those areas of his writings which are of particular fascination for us. From where we stand, however, Xu Dachun is one of the most important characters in medicine of the pre-modern era since he, as no other, set out his reflections on the past and the contemporary 18th century, thereby treating us to insights that no other author has as yet been able to convey.

From our own researches, we are able to see much more clearly where the differences between and parallels in Chinese health care and Western medicine lie. We know very much better today than we did a few years ago where the emphasis of traditional Chinese medical theory lies and this knowledge has implications of its own. This knowledge in effect gives us the freedom to decide which parts of traditional Chinese medicine we can usefully apply and which not and I emphasize once again that it is only by studying the language and history of Chinese medicine that we can attain this freedom. By making a historical comparison, we are able to recognize that the so-called traditional Chinese medicine as expounded in the People's Republic of China today and which finds its expression in numerous publications there, that this so-called traditional Chinese medicine is a product of the new era, which has largely grown up out of the political objectives and contemporary conditions of communist China today.

The political objectives and current political conditions in the People's Republic of China have led, amongst other things, to a situation in China where, of the entire heritage of Chinese medical history, in effect only the part that appears to stand in complete contrast to modern Western medicine is recognized and designated as TCM, with a further restriction in that, out of the totality of that traditional knowledge and approach in China which appears to contradict current Western medicine, in fact only those parts have been accepted into the present which, in the Marxist vision and a way of thinking tending towards natural science, do not appear absurd, are clearly obsolete or indeed objectionable, because they countenance metaphysical, or as it would be termed in common communist parlance, feudalistic thinking. In other words many areas of traditional

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example ophthalmological health care, pediatric and women's health care and above all the insights into physiological and pathological approaches that do have some validity in both cultures are no longer part of current thinking in traditional Chinese medicine for the good reason that they are to be regarded merely as outdated and irrelevant when seen against the teachings of today's modern science that are nurtured today. The religious element of traditional Chinese health care too, which included amongst others the all-important function of treatment for psychically eccentric patients, also this religious element has been removed from contemporary thinking in traditional Chinese medicine, so that what is left after this adjustment to today's values is a shell of health care, which is casually being claimed as a complete alternative to Western medicine but which is barely equipped with any traditional means of dealing with the indispensable field of psychiatry, for example.

This approach, nurtured by the needs of Chinese internal politics, severs from the diverse and multi-faceted historical knowledge of China only those elements which seem appropriate, as compared with the concepts and practices of Western medicine, to produce an illusion of fundamental contrast, and yet at the same time a contrast that is dictated by time. And it is indeed an illusion. In fact, it would be equally possible, if one so wished, to concentrate on only those areas of traditional Chinese medical heritage run which directly parallel with Western medicine.

It certainly could not be said that Western medicine reached China as a foreign body intact over the past century. It came face to face with a health care system that had many identical underlying approaches.

Chinese medicine has a tradition of ontology in its perception of illness, for example, that has been the predominant tradition in Chinese medicine for 2,000 years. This Chinese ontological tradition readily lent itself to seamless continuance in Western medicine. This tradition of ontology in China spoke of invaders in the body that were to be traced to quite specific parts of the body and then either annihilated or driven out. This ontological tradition in China did not form part of an overall context at all; it was not focused on a perception of the suffering of an organism as a whole, but aimed at eliminating illnesses; it used a terminology which was almost identical in its basic precepts to the language of our chemotherapy and immunology. This ontological tradition of China focused on illnesses that were already manifest and made use of numerous medicinal drugs as its therapeutic arsenal.

If the political objective of differentiating between a supposedly Chinese and a supposedly quite different type of Western medicine prevailed in China, and did so not as a means of defending the culture, then one might well say with all good intention that Western medicine merely provided further development for what had long been an inherent part of the ontological tradition of Chinese medicine.

However, this conciliatory type of approach is unthinkable in China for the reasons mentioned. In contrast to the ontological approach, what is defined in China today as being traditional Chinese medicine is quite different and is in effect the functional approach to illness. It can be categorically ascertained from a historical analysis of Chinese health care traditions that the functional approach to illness has always taken a back seat to the ontological approach yet con-

trary to historical evidence, this functional view alone is generally being defined nowadays as “Chinese medicine,” because this functional approach to illness is precisely the antithesis to the approach that prevails in our Western medicine today. The Chinese functional approach to illness is after all an attempt to treat successfully by early diagnosis of functional disturbances. This is in contrast to the teleological view of the body, which predominates in Western culture and determines our behavior to a large extent. Since ancient times, we have relied on the body’s inherent tendency to restore a healthy state in the case of minor illness and, not uncommonly, more acute illnesses too. Widespread wise old sayings like “most illnesses heal themselves,” are testimony to this attitude, which attributes to the body as an organic system an interest in self-maintenance.

The theory behind the functional approach underlying traditional Chinese medicine is quite different. Throughout the history of medicine in China, we are aware of only a few voices who have made any reference to a self-healing process in illness. On the contrary the attitude that every disturbance should be diagnosed at the earliest opportunity and more acute development prevented by counter-measures is widespread. In the functional tradition of TCM, these counter-measures consist in practicing early needling, from which one assumes such measures are in a position to restore a slightly upset balance to the desirable normal state. Chinese medical literature of the past two thousand years contains many summonses to treat deviations from a normal healthy state at an early stage. If this does not happen, the illness penetrates the organism deeper and deeper until eventually it will no longer respond to therapeutic measures, leading to the death of the patient. This approach is lacking in the teleological concept of a *vis medicatrix naturae*, i.e., a tendency of the organic system towards self-healing, the repercussions of which have been felt in the West since ancient times and which is only recently being revised in the field of oncology. If patients over here are reluctant to make use of facilities for early oncological diagnosis, it is not due solely to fear but also to the more or less subliminal hope that an as yet not apparent problem will perhaps be put right again by the organism itself. The Chinese philosophy of early diagnosis emerged at the same time as the political approach of Confucianism-legalism; it is to be found in the biography of Bian Qio in “Historical Sketches,” from the year 90 B.C. as well as in the so-called inner classics of the Yellow Emperors, also a theoretical text from the year 1 B.C. The political parallels with the medical philosophy of early intervention can be clearly seen here. Just as peace in the State is restored by prescribing legal measures and intervention to bring back order before acute unrest breaks out, so preventive measures have to be taken with the body before illness manifests itself in full. The chosen method for early intervention was to undertake light thrusts-in the case of illness by needling the body.

Chinese literature of ancient times states quite clearly at various points that only charlatans would use needles, i.e., acupuncture, against illnesses that are already in evidence. The outstanding doctor, so *Ling2shu1* 靈樞, for example, tells us at one point, needles once the illness is in evidence but has not yet broken out into its full strength. And the third best category of doctors needles a patient when his illness has already reached the stage of weakening. Nobody, so this text concludes, should dare to needle when an illness is in the phase of its full manifestations this would be an error of the art that

might harm the patient.

The task of needling was to treat as early as possible those illnesses that were thought to be attributable to the effect of an almost exclusively predominating emotion or an almost exclusively predominating environmental factor such as heat, cold, wind or dampness, or to imbalances in the daily rhythm of life, possibly with respect to diet, clothing, waking and working or sexual behavior, all of which could cause illness. Acupuncture, it would appear, was used above all for the treatment of illness before the stages of full manifestation; we might perhaps call it a prophylactic form of therapy. In view of the historical evidence and in view of the warnings in the classics from the early Chinese era not to use acupuncture against fully manifest illnesses, it is hardly surprising that questions are now being asked in the West as to whether it might not perhaps be meaningful to take these warnings and reminders of the classics to heart today and revert to viewing acupuncture as what it was at the outset, namely a therapy for the purposes of early treatment of functional disturbances.

One problem that is very closely linked with this thought is the question as to whether there is any sense in adopting the traditional theoretical superstructure of acupuncture and whether it is actually possible. This superstructure came, as we know, from *yinyang* and the five phases theories of systematic correspondence, i.e., systems of ideas which for the most part today have come to be identified simply as Chinese medical theory. In order to evaluate the meaning of these theories, we must go back into the history of acupuncture both in China and in Europe.

The history of acupuncture in Europe has provided us with a very important insight. When Andreas Cleyer published a Chinese text about theory and practice of pulse diagnosis in a European language in 1682 for the first time, he naturally encountered the greatest difficulties in expressing the theoretical principles of Chinese diagnostics in Latin, which was the language he used. On the one hand we might conclude, from a careful analysis of his Latin translation, that he had not really achieved a complete understanding of the Chinese text; on the other, he was faced with almost insuperable problems in expressing in Latin what he thought he had understood.

At the end of the day, even up to contemporary attempts by non-philological translators, very little has changed. Since Cleyer, a form of therapy that is clearly regarded by its proponents as being an effective form of therapy for more than a few illnesses, has spread in the West without any serious or in-depth attempt to gain an adequate understanding of its background in traditional Chinese theory.

It is only during the last two or three decades that the situation has changed to the extent that a not inconsiderable number of proponents of these same traditional Chinese theories have emerged in the West and claim to have mastered them.

What is in fact now being propagated as traditional Chinese medicine—and this is not necessarily to be regarded as negative—is a mixture derived from old Chinese exotic concepts on the one hand and basic values of Western logic and concepts that hold an attraction in Europe and the USA today on the other hand and this mixture is finding credibility and conviction with a lot of people who, for various reasons, are turning away from natural science or would like to marginalize its influence.

If we look somewhat more closely at the history of acupuncture specifically and the history of medicine in China generally, we now realize something that is in any event of great interest and in addition very meaningful for us.

The theories of yinyang and the five evolutive phases that are allegedly so crucial to Chinese medicine have only had any role to play in the field of evaluating functional disturbances and as a basis for the early intervention philosophy. However, anywhere where traditional Chinese medicine has had to deal with real phenomena that are valid in a cross-cultural context, the supposedly indispensable theories of yinyang and the five evolutive phases were used only temporarily and superficially or not at all.

Our historical researches would demonstrate that the use of pharmaceutical drugs remained as far as possible unaffected by those theories which form the basis of functional therapy using acupuncture. The thinking behind functional approaches lends itself to many interpretations. In traditional Chinese medicine, functional changes of state are linked to invisible, patho-physiological processes and can be interpreted, without any risk of contradiction, in virtually any way with the aid of yinyang and five phases theories by means of subjectively perceived parameters that would barely stand up as a set of standards, as pain or changes in pulse, facial coloring and mood swings might.

In traditional Chinese medicine, it is still not absolutely clear whether the theories of yinyang and the five evolutive phases are suitable for diagnosing an illness initially on the basis of a theoretical evaluation using the subjective parameters mentioned above, and subsequently deriving from it the appropriate therapy.

It is more likely the case that the traditional Chinese doctor would have relied on the experience steadily accumulated during the course of his lifelong activity, gleaned either personally or appropriated from a teacher, chosen specific therapy on the basis of this experience to meet the specific circumstances and then supported the theoretical adaptation of the therapies to the particular circumstances with the concepts of yinyang and the five phases.

In contrast to this, pharmaceutical drugs are real substances with a real appearance and all too often real effects and the history of Chinese medicine has demonstrated that it was possible to incorporate the phenomena of pharmaceutical therapy in the edifice of ideas deriving from Ying Yang theories on a superficial level only. There were too many contradictions.

The same applies to a real nosological problem such as lepra. The theories of yinyang and five phases also foundered when faced with real problems of this type. Over the centuries there is evidence to show that attempts have been made to encompass real problems of such nature in these theories but it is also clear, and we have shown such to be the case, that these attempts were in vain.

A similar situation also applies to ophthalmological health care. We can show today that the invisible processes in the organism, which were assumed to be the cause of eye suffering, were comprehensively dealt with on the basis of the Yin Yang and five phases theories. However, as soon as real recognizable mechanisms came into play—such as damage to the eyes through excessive long-term strain due to poor light or through sharp wind—the theories in question were of

no use.

The reception of acupuncture in Japan should also be contemplated in this connection. There are no indications at all that acupuncturists in Japan have produced worse results than their Chinese teachers and colleagues. However, the Japanese view of the Chinese theories brought to Japan alongside acupuncture is very much more reserved than in China. Blind acupuncturists who by nature were able to draw very little use from the comprehensive theoretical literature, have been able to assume a dominant position among acupuncturists in Japan; as far as our studies in this area to date allow us to conclude, the basis of their healing activity would appear to rely more on experience than on the use of Chinese theories.

All these realizations have various implications in the overall context. Amongst other things, they place us in a position that allows us to decide for ourselves whether we must adopt, as some demand, an edifice of ideas, which was quite obviously only of restricted use in the history of China and failed in the face of reality, in order to be able to take advantage of acupuncture and its effects.

That is not to say that the theories of *yinyang* and the five phases did not bring to light some areas that are worth looking into; what it does mean is that we must not chain ourselves to Chinese theories just because people have applied them in China for two thousand years as a means of explaining to themselves and others the effects of acupuncture. There is no reason, and it would not sit well with the European mentality, to follow blindly thoughts that hail from other times and another culture.

Having an understanding of the history of traditional Chinese medicine, and I reiterate the argument from the start of my statements, has a different function from having an understanding of the history of our own European traditions. It is only by having an understanding of the history of Chinese medicine that we can gain the freedom and self-confidence to apply standards of interpretation, be they scientific or traditional, to specific therapeutic evaluations which we ourselves regard as valid.