

# Chinese Medicine Today: Issues for Research, Education and Practice in the West

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## ABSTRACT

This article is a commentary on the modernisation of Chinese medicine and some of the issues concerning its transmission and practice in contemporary Western settings. Over the last one hundred years, complex socio-historical factors have altered Chinese medicine's traditional concepts and methods and generated misunderstandings for Western students and professionals.

In the health care professions today, research and education guide best clinical practice. However, the two main branches of research into Chinese medicine – bioscientific and socio-historical – rarely assist Chinese medicine professionals with issues of clinical practice. Although historical, anthropological and textual researchers reveal sophisticated discourses built around a distinctive approach to knowing the world and the body-person, they do not normally discuss the implications of their work for clinical practice. Bioscientific researchers argue that it must be possible to utilise and test Chinese medicine from within a biomedical framework. Yet the methodological constraints required by scientific research alter Chinese medicine's traditional methods, standardise treatment protocols and remove its flexibility and responsiveness to clinical variations.

Today, bioscientific methods and evidence act as the organising structures for medical knowledge and as a mechanism to exclude some types of knowledge. This paper argues that Chinese medicine's unique diagnostic characteristics and therapeutic methods are worth investigating on their own terms. It applies a synthetic approach to multidisciplinary sources outside the traditional Chinese medicine (TCM) orthodoxy, which tend to contest the simplified and biomedicalised version of Chinese medicine generally available in English-speaking countries today. Multidisciplinary researchers have shown how premodern Chinese representations and modern scientific representations of the medical body have been constructed according to their respective methods of investigating reality. Their research can assist English speakers to approach Chinese medicine's traditional perspectives, help demonstrate the relevance of those perspectives for contemporary clinical practice, and restore the traditional connectedness between Chinese medicine's concepts and methods.

**KEYWORDS**      biomedicine, Chinese medicine, education, healthcare practice, integration, research.

## Introduction

The depth of the Chinese medicine tradition in China and East Asia includes a kind of maturity that is lacking in the West. In English-speaking Western countries, Chinese medicine has only a few decades of marginalised practice, a very small senior practitioner population, difficult access to source texts and a relatively slight hold on the public mind. Complex socio-historical factors and forces of the last one hundred years have changed Chinese medicine locally and worldwide; they have altered Chinese medicine's traditional methods and generated misunderstandings for today's students and clinicians.<sup>1-5</sup>

Misunderstandings and misinterpretations are especially a problem for English-speaking Westerners who wish to practise traditional Chinese medicine and strive to gain an understanding of the discipline that corresponds to its established frameworks and methods. The most significant factor of all is the global dominance of bioscientific medicine in medical education and research, and in related political and professional institutions and healthcare delivery systems. This paper's overview of some of the issues for the transmission of Chinese medicine into the contemporary world and Western languages argues that these changes present a significant challenge for the preservation of Chinese medicine as a distinct medical discipline.<sup>6,7</sup>

The transmission of Chinese medicine historically, and to countries outside China, has largely been possible due to the textual legacy that has recorded its conceptual and therapeutic developments. Today, Chinese- and Western-generated TCM textbooks are the main route of Chinese medicine transmission globally. During the middle of the twentieth century, the architects of TCM consolidated Chinese medicine's diverse and disparate currents and systematised Chinese medical theory-practice. TCM textbooks were created to present structured frameworks for the learning and application of traditional medical theories. The new textbooks revised premodern conceptual models and treatment methods to suit the contemporary reader and today's bioscientific medical culture.<sup>8</sup> These developments have raised questions concerning the modernisation of Chinese medicine and the relevance of its traditional methods, and the gulf that has developed between Chinese medicine's 'basic theory' and its clinical applications.<sup>9-11</sup>

When the Chinese decided to modernise and scientise their national medicine, their revisions included a number of projects aimed at formulating theoretical principles and standardising therapeutic content.<sup>1,2,9</sup> For instance, pattern identification (辨证 *bian zheng*) was redefined to encompass

conflicting premodern diagnostic methods. The great success of the new pattern identification model was its capacity to also incorporate biomedical disease categories into TCM diagnostic analysis.<sup>12</sup> To facilitate the newly developed centralised teaching curriculum, disease (病 *bing*) and pattern (证 *zheng*) analysis had to be standardised, as did therapeutic principles, medicinal actions, acupoint features, locations, methods and a raft of related terms.

On the positive side, standardising and scientising Chinese medicine content and categories created disease classification structures and treatment strategies with clear lines of separation. Standardised terms and diagnostic criteria gave the discipline a firm foundation for learning and promised to improve the inter-examiner reliability of Chinese medicine practice and research. More recently, the moves to standardise the English translation of Chinese medical terminology have alerted many Westerners to the breadth and complexity of its technical language.<sup>13-15</sup>

Chinese medical terms are used in different ways depending on the historical context, so standardising the translation of terms is not without problems. While source-based translations attempt to preserve historical contexts and connections, bioscientific translations endeavour to align premodern concepts with contemporary scientific understanding.<sup>16-19</sup> Standardised biomedical translations of Chinese terms in particular decouple contextual meanings from clinical methods, erase thousands of years of diversity and remove some of the tradition's inbuilt flexibility.<sup>20</sup> Moreover, when guided by a bioscientific agenda the translation of traditional terms leads to a sense that TCM is essentially similar to bioscientific medicine.<sup>21</sup>

The biomedicalisation of terms is one example of how modernisation has affected the transmission of Chinese medicine as a distinct field of medicine. Medical anthropologists have explored the vulnerability of traditional medical systems to the political hegemony of biomedicine. For example, the global dominance and momentum of scientific medicine means that the biomedicine-and-state 'body politic' defines efficacy and how to measure it. Consequently, the integration of Chinese medicine and biomedicine is in reality a one-sided process that biomedicalises healthcare.<sup>21,22</sup>

Advocates of scientisation argue that it must be possible to utilise and test Chinese medicine from within a biomedical framework, and if scientisation means removing Chinese medicine's traditional principles and concepts then surely it could be made more efficient and more effective in the process. For contemporary healthcare professionals and researchers this is a persuasive option. To understand why, we only have to consider Chinese medicine's conservative historical legacy, its

complex and disparate currents, its apparent neglect of physical structures and mechanisms, its incompatible assumptions and methodological dissonance with biomedicine and our problems with access to premodern sources.<sup>23</sup>

## Biosciences and social sciences

Generally speaking, contemporary research into Chinese medicine follows one of two main directions – bioscientific or socio–historical – and rarely does either direction assist Chinese medicine professionals with issues of clinical practice. On one side, scholars and researchers in the humanities use textual and qualitative methods and are reluctant to engage directly with the practice of science, technology and medicine. On the other side, bioscientific research methods are reductive and objective, and scientists are unwilling to engage with philosophy, scholarship and research in the humanities and social sciences.<sup>24,25</sup> The model for the discipline of medical history separated scholarship from practice in the nineteenth century. Since then, historical, anthropological and textual researchers of China’s medical traditions normally avoid discussing the implications of their work for clinical practice.

Historically, we know that Chinese medical methods have been tested and consensus reached by systematic observation and repeatable results over two thousand years. Longitudinal reports of repeatability and clinical success, however, are not regarded as high-level evidence. Today, a set of research protocols called ‘evidence-based medicine’ (EBM) overrides all other criteria for therapeutic safety and efficacy and have become the determiner of best practice.<sup>26–28</sup> Bioscientific and evidence-based research methodologies investigate complex phenomena in a systematic way by isolating and testing their more simple parts or factors.

The methodological constraints required by scientific research ignore Chinese medicine’s diagnostic reasoning and basic principles of practice: they alter traditional methods, standardise treatment protocols (to reduce variables for example) and remove Chinese medicine’s flexibility and responsiveness to clinical changes and variations.<sup>29–31</sup> Too often, a technique, substance or bodily response has been tested by removing it from the unique clinical setting, including the frameworks, rationale and relationships that contribute to the particular clinical instance or encounter. Yet, Chinese medicine’s traditional practices are all about these features.

Even so, the general acceptance of the scientific approach today means that its methods and the knowledge produced

are thought to be reliable, objective and widely applicable.<sup>32</sup> Consequently, scientific medicine is not open to non-scientific views, and ‘to call a medical system “non-scientific” is virtually to damn it as arbitrary, irrational, unsystematic, misguided, ineffective and probably a danger to health’.<sup>33</sup> This perception seems to have developed during the eighteenth and nineteenth centuries with the beginnings of the new sciences, including scientific medicine.

The work of philosopher Michel Foucault (1926–1984) established some relevant facts about the scientific perspective of the body.<sup>34</sup> The scientific perspective first appeared in Europe’s Age of Enlightenment, when rationality dispelled superstition and dogma, science gathered observable, measurable evidence and medical science employed objective methods to investigate the physical body. Influential thinkers such as philosopher Karl Marx (1818–1883) and sociologist Emile Durkheim (1858–1917) argued that science set people free from superstition and religion and removed the culturally contingent elements from ideas.<sup>35</sup>

What was ‘new’ about the new sciences were the impersonal, systematic and rational experimental models of scientific positivism and determinism that promised authoritative and objective findings. In contrast, even today objectivity is not a requirement of TCM diagnostic methods. In fact, ordinary and subjective experiences – the client’s bodily experiences and sensory perceptions, and the clinician’s observations and interpretations – are thought to be sufficient to understand the patho–mechanisms and patterns of illness. Nevertheless, despite the acknowledged socio–political origins of science and scientists, the knowledge and evidence produced by their methods are accepted as untainted by subjective representations.

The new scientific methods of the nineteenth century were premised on ‘scientific essentialism’ – a belief that direct observation can avoid the unreliable and interpretive problems of representation. Philosophical developments of the last century, however, refute scientific essentialism: postmodernism has shown that everything we know is known through representation, and Thomas Kuhn (1922–1996) has demonstrated that there is no clear distinction between observation and theory. Kuhn found that, far from being unassailable, the sciences are historically specific, they do not have tight deductive structures or a methodological unity, and their concepts are not especially precise.<sup>35</sup>

Chinese medicine’s unique diagnostic characteristics and therapeutic methods entail certain procedural issues that ought to guide research design and the methodologies applied to investigate its mechanisms and efficacy. Bioscientific research designs that test single acupoints or isolated active herbal constituents on specific diseases, for instance, ignore Chinese

medicine's widely adopted methods of 'treatment according to pattern differentiation' and its 'multi-component prescriptions'. Some researchers have been designing clinical research that does address Chinese medicine's diagnostic and therapeutic methods as well as abiding by scientific standards. Appropriate research design and procedures support the principles of research integrity and merit; in addition, they help ensure the validity of research outcomes and their relevance for clinical practice.<sup>28,36-38</sup>

Even though we know scientific observations are imbued with theoretical interpretations, biomedical research methods still largely adhere to the positivist view that representation can be vanquished and reality discovered by scientific methods. Today's bioscientific methods and evidence act as the overriding structures that organise medical knowledge and exclude some other types of knowledge.<sup>39,40</sup> Whilst anyone conversant with twentieth century philosophies of science might question scientific objectivity and its assessment of medical practices, the precision of biomedical technologies continues to maintain a strong hold on the public mind.

## The medical body

Just like early Chinese representations of the medical body, modern European representations were constructed according to favoured notions of reality and methods of knowing.<sup>35,41-43</sup> In other words, as the object of medical research the body is also the effect or outcome of the research perspective and methods. The ways in which premodern Chinese medicine and contemporary biomedicine each view the body distil the differences that remain strangely problematic for the smooth integration of biomedical and Chinese medical practices. These differences persist because, although the physical body itself is a material, non-discursive entity, our representations of it are always discursive.<sup>35</sup> Scholarship explaining historical and medical perspectives of the body attests to this.<sup>44-48</sup>

The differences in perspectives also explain why social scientists and historians of Chinese medicine and culture often contest contemporary interpretations of early Chinese texts and concepts. Not only have they shown that the body is a socio-political construct rather than an objective, quantifiable entity, their investigations of Chinese medicine's conceptual frameworks reveal sophisticated discourses built around a distinctive approach to knowing the world and the body-person.<sup>49-57</sup> An example is Nathan Sivin's collaboration with Geoffrey Lloyd.<sup>58</sup> Their study of the social, institutional and intellectual frameworks of ancient Greek and Chinese science and medicine challenges our assumptions regarding the universal biomedical reality of the body.

The non-TCM literature does challenge us to investigate Chinese medical language and history (for example) as integral to our professional education and evolution. Chinese medicine's premodern perspectives of the body are the basis of its therapeutic intelligibility, efficacy and relevance.<sup>48,59</sup> Only in recent years has the West been able to access more philologically accurate translations of some premodern texts,<sup>55,56,60-61</sup> and publications such as these have revealed the generally simplified presentation of the discipline in the English language literature.

Historically, Chinese medicine's philosophy-practice nexus reflects the connection between the person and the cosmos that can be found throughout the Chinese medical classics. Multidisciplinary sources from within the field of Chinese medicine and adjacent disciplines can help English-speaking Westerners contextualise premodern concepts and their recent revisions to better understand traditional perspectives of the medical body. Today, a synthetic approach to research and education reflects the premodern perspectives and methods that Chinese medicine applied to its investigations of the body in health and illness, and demonstrates their relevance for contemporary clinical practice.

Although a synthetic approach ignores the currently accepted convention that separates academic scholarship and professional practice, it offers three important advantages for Chinese medicine. First, familiarity with the historical and cultural contexts of premodern medical discourses can assist Westerners without Chinese language knowledge to approach Chinese medicine's traditional perspectives.<sup>62</sup> Second, the multidisciplinary investigation of Chinese medical texts, concepts and practices that incorporates their historical, cultural and philosophical influences contests the simplified and biomedicalised version of Chinese medicine generally available in English-speaking countries today.<sup>12</sup> Finally, the synthesis of scholarship and practice acknowledges and can help restore the traditional connectedness between Chinese medicine's concepts and methods – its philosophy-practice nexus.<sup>63</sup>

## Concluding remarks

The changes of the last one hundred years affect the future of Chinese medicine and its transmission in the West. Clearly it is possible to better inform the English-speaking profession, and by all accounts the correct and deep understanding of the Chinese medical body is a key aspect of the clinical encounter and linked to the efficacy of its therapeutic interventions.<sup>9,64</sup> On that basis alone, traditional concepts and practices are worth investigating on their own terms and without using biomedicine as the scientific standard and interpretive filter.

To whatever extent the profession can achieve and convey a deeper understanding of Chinese medicine's traditional conceptions and its distinctive philosophy–practice nexus, Western English-speaking educational, practice and professional outcomes will benefit. Greater precision with technical terms and conceptual models will assist communication and exchange between Chinese medicine professionals internationally. Researchers will be better able to take Chinese medical conceptions into account, to design appropriate methodologies and to engage in scientific research from a position of scholarly rigour and clinical relevance.

Historical and philological research has shown how Chinese medicine's empirical methods and reasoning enabled growth and flexibility over time, and today, it may be that Chinese medicine's proven ability to absorb ideas and influences will benefit its therapeutic competence in the contemporary world. Multidisciplinary sources that help us to access premodern perspectives of the medical body can extend and deepen our reading of TCM textbooks. The Chinese medical literature in English, when it includes fields of research outside the TCM orthodoxy, highlights areas of theoretical difficulty and can provide insight into their resolution or displacement. As one cultivates a more traditional Chinese 'medical gaze', the coherence between Chinese medicine's conceptual models, the clinical process and the logic guiding therapeutic decisions becomes more evident and pragmatic.

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## Clinical Commentary

English-speaking Westerners who wish to practise traditional Chinese medicine strive to understand its established frameworks and methods. However, since the 1960s and 1970s TCM textbooks have revised premodern concepts and treatment methods to facilitate the integration of Chinese medicine with Western biomedicine. Today's bioscientific methods and evidence are the overriding structures that organise medical knowledge and exclude some types of knowledge. Their methodological constraints alter Chinese medicine's traditional methods and remove its flexibility and responsiveness to individual presentations and clinical changes. In this way, the 'integration' of Chinese medicine with biomedicine has become a one-sided process that biomedicalises clinical education and practice.

All medical diagnoses rely on the practitioner's understanding of the medical body. Social scientists and historians of Chinese medicine have described sophisticated discourses built around its distinctive approach to the body–person. They have shown how Chinese medicine's traditional perspectives are the basis of its internal coherence, and how the correct understanding of them is linked to the efficacy of its therapeutic methods. Historical, cultural and language scholarship can help English-speaking Westerners to better understand traditional perspectives of the medical body. Traditional perspectives in turn can reveal the coherence between Chinese medical concepts, the clinical process and the logic guiding therapeutic decisions.

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