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Éric Marié

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Chinese medicine, a traditional system facing the test of the modern world

Éric Marié
Doctor of Chinese Traditional Medecine
Doctor of History and Civilisations

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The medical system that has flourished for over two thousand years in China is extraordinary from both a historical and anthropological perspective. During its long development process, it has maintained a remarkable epistemological continuity. China is the only country in the history of civilisation that has preserved its traditional medical system that was reinstated in the 1950s as a State-sanctioned health care system and accorded official status similar to that of biomedicine.

The principles of traditional Chinese medicine (TCM) are mainly defined in its founding documents, which are still used today as standard reference works by all practitioners and researchers. The most important of these is the *Huangdi neijing*, 黃帝內經 (The Yellow Emperor's Classic of Internal Medicine), a composite work whose most ancient texts are believed to date back earlier than 3 BC. Some of the work was lost and, up until the 7th century, the remaining texts underwent a series of amendments and were reorganised. Other "classic" works and a host of treatises and commentaries provide the main epistemological source of Chinese medical theory, in addition to the people's practice of medicine based on an oral tradition. What emerges from all this is the concept that no life form can be examined in isolation from its universal organic context. The physical structures and functions of human beings form an indivisible and interactive ensemble that constantly adapts to the cosmic, climatic and psychological environment. Chinese doctors define life as the implantation of an organising consciousness (*shen* 神) in an individual essence (*jing*, 精), through which it conducts and personalises the flow of universal energy (*qi*, 氣) in a bodily form (*xing*, 形). The theories of *yin/yang*, 陰陽 (the interaction of opposing complementary forces) and of *wuxing*, 五行 (Five

Movements), omnipresent in Chinese thought, constitute the basis of an entire system of connections and relations between organs, feelings, body tissue and physiological functions.

Moreover, the human body is envisaged as an empire in which the intestines are not mere flesh, but government ministries and departments. The terms, “emperor”, “chancellor”, “general”, “intendant” and the names of various kinds of officials are frequently used to describe them. The information they receive and transmit is conveyed by means of a complex network of *jingluo*, 經絡 (meridians and ramifications, also known as channels and collaterals) along which acupuncture points are placed.

Theories on the causes of illnesses have evolved and been defined throughout the history of Chinese medicine. At an important stage, they were divided into three etiological categories. Chen Wuze, in 1174, classified them according to external, climate-related causes, internal causes, which are related to the emotions, and other causes that did not fall into either of these categories. This thinking can be seen in practice today.

On the basis of these concepts, diagnosis takes place in two stages. The first is the detection of signs and symptoms through four investigative methods traditionally known as *sizhen*, 四診 (four diagnoses): observation (of the complexion, tongue, etc), smelling/hearing (voice, coughing, body odours), inquiry (past history, subjective signs and symptoms) and palpation (particularly of the radial artery pulse). Using this set of data, the physician can make a dual diagnosis: *bianbing*, 辯病 (identification of the illness), which names the pathological state without considering its causes and development, and *bianzheng*, 辯證 (identification of the syndrome), which establishes the etiopathogenic process that lead to the clinical condition. Based on these *zheng*, 證 (syndromes), specific to TCM, the therapist can suggest an appropriate treatment.

Chinese medicine consists of preventive measures and branches of treatment. A crucial role is played by its rich pharmacopoeia, which consists of 6,000 substances and almost 100,000 formulae are listed (although in practice roughly 600 of these substances are used and the number of formulae used is somewhere between 500 and 1,000). Among the other therapeutic techniques, the most noteworthy are acupuncture and moxibustion, massage, physical, breathing and mental exercises known as *qigong*, 氣功 (Qi exercises), as well as the “diet therapy”, based on recipes combining prescribed food with drugs from the Chinese pharmacopoeia.

Until the early 20th century, medical knowledge in China was based on the passing of knowledge from master to disciple, frequently within a family-based system. At a very young age, during childhood or adolescence, the pupil would begin his training by studying classical texts and continued this by following his teacher in his work. However,

medicine was not always the first profession chosen. Sometimes, unforeseen circumstances in the course of an official's career, such as illness or some other unexpected event, would induce a man of the arts to take a passing or even lasting interest in medicine. Several reference works were written by former magistrates and ministers who became respected, well-known doctors as a result of unforeseeable circumstances. This no doubt created or reinforced the image of the "body as an empire" and guided therapeutic strategies, which were clearly influenced by political, economic or military concepts, as proven by the TCM lexicon. It may seem that the definitive changes of ancient methods of apprenticeship into national university degree courses, over fifty years ago, has replaced every traditional form of the transfer of knowledge. This is not the case at all. On the contrary, traditional methods were sanctioned by the Ministry of Health in the late 1950s, when a certain number of students were trained by *laozhongyi*, 老中醫 ("old" Chinese doctors) so that ancient wisdom could be preserved and handed down.

Today, Chinese faculties of medicine provide training for students up to the level of *xueshi*, 學士 (5 years), and then three more years to the level of *shuoshi*, 碩士. After a further three years of study they finally qualify as *boshi*, 博士, thus concluding their eleven-year training period. Training phases of the same duration are also envisaged for the study of Western medicine. The decision between the two disciplines, Western and Chinese, is made at the end of secondary school. Each system has its own hospitals, research institutes, national academy and central administration. During training to become a *xueshi*, students attend about 3,800 hours of lectures. 950 of these are devoted to general subjects (languages and sciences) and the rest are divided among TCM (about 70%) and biomedicine (about 30%). Finally, after basic training in one of the two main branches of medicine, students may opt for a course known as *zhongxiyi jiehe*, 中西醫結合 (Integrated Chinese and Western medicine).

The desired institutional balance between Chinese medicine and Western medicine, however, is often uneven. The pharmaceutical industry in China and in other countries invests far more resources in biomedicine. This affects the material working conditions of practitioners and researchers. It is not easy to license drugs from the Chinese pharmacopoeia, which is essentially based on the TCM practitioners' prescriptions for natural substances. The strong tendency of TCM treatment to be tailored to the individual is not compatible with the development of ready-made specialised drugs, which are available in China but which account for only a very small proportion of prescriptions. Since the drugs prescribed by TCM practitioners cannot be exploited financially, the pharmaceutical industry, which is more interested in the testing of raw materials and in the economic

potential of this type of medical treatment, has preferred to focus on isolating active agents from traditional drugs. In China, this work is done by an increasing number of researchers and it is encouraging to see that new drugs are being discovered in this way. However, biomedicine tends to be the dominant system. It hijacks and exploits TCM's therapeutic tools, which have proved effective in their specific context, and incorporates them into its own frames of reference, resulting in discrepancies and poor performance. The positive contribution that TCM can make towards biomedicine stems precisely from the fact that it encourages comparison between different sets of paradigms, thus enabling Western medical science to reappraise its own body of knowledge and methods by subjecting them to more critical scrutiny that can be of benefit to TCM as well.

Throughout the Western world, TCM is becoming increasingly attractive. In China, however, many doctors, teachers and researchers are faced with a dilemma. Should they allow TCM to become gradually insulated through the lack of means and the right conditions for knowledge to be developed and handed down, or should they accept its subservience to Western medicine, norms and objectives that would result in the loss of not only TCM's identity, but also of its specific effectiveness? Some practitioners see a third alternative, envisaging the creation of teaching and research centres in the West managed by reputable TCM specialists who could initiate an effective and constructive dialogue with biomedicine and develop joint research through the two systems, based on a rigorous scientific approach coupled with respect for each other's integrity and differences. This type of initiative has already been given a boost in two countries. According to the WHO (2001), in western Pacific alone, TCM is the subject of government policy documents in 75% of countries; 62.5% of these countries offer university courses in TCM, and 69% of them have national institutions that conduct research on TCM. In France, although certain initiatives have been undertaken, there is no significant teaching and research in the TCM area. Although academic cooperation with Chinese universities exists in almost all branches of knowledge, TCM faculties in China and elsewhere have no institutional counterpart in France. The few projects that have been initiated are often led by experts in associated disciplines who rarely meet all the requisites for in-depth study of TCM, such as knowledge of the Chinese language and familiarity with TCM literature and thought, combined with clinical experience of its practice. This is a gap that urgently needs to be bridged, as the rich legacy of medical knowledge and the increasing number of fields of inquiry that are engendered by TCM constitute a sector of research of international importance. It is a sector in which France must make its presence felt, sooner rather than later.