

**Yin, Yang and Coca Cola: Changing and Enduring Concepts of Health  
and Balance among *Zhong Yi* 中醫 in Southern China**

by

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Submitted in partial fulfilment of the requirements  
for the degree of Master of Arts

at

Dalhousie University  
Halifax, Nova Scotia

June 2018

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## Abstract

While modern dentistry views mouth and teeth as significant parts of the oral system, Chinese medicine does not juxtapose a concept of the ‘oral system’ in its epistemological system. Some *Zhong Yi* consider the mouth, tongue, nose and throat as parts of *Kou Zhou* 口周, but hardly ever focus on the teeth. Furthermore, Chinese Medicine is a resilient medical system that considers the body as a holistic balance. Hence, *Kou Zhou* is not a separated system of the body, but a location connecting several internal organs such as the heart, liver and stomach. Apart from the pulse diagnosis, some *Zhong Yi* prefer tongue diagnosis. In Chinese medicine, the tip of tongue has a strong correlation with the heart. The research on health issues in relation to *Kou Zhou* and their treatments provides us with access to viewing the internal environment of human body, and to the spirits of heart.



## Glossary

Term	Chinese Character	English
<i>Bian Zheng Lun Zhi</i>	辨證論治	Syndrome differentiation and determination of treatments
<i>Bing An / Yi An</i>	病案 / 醫案	Case history
<i>Chuang</i>	瘡	Ulcers
<i>Du</i>	度	Dosage and combination of medicines in a medical recipe, or the frequency and intensity of any Chinese medical therapies such as acupuncture therapy
<i>Fan Ti Zhong Wen</i>	繁體中文	Traditional Chinese
<i>Jian Ti Zhong Wen</i>	簡體中文	Simplified Chinese
<i>Kou Zhou</i>	口周	Surrounding areas of mouth, such as tongue, lips, throat and so on
<i>Lao Zhong Yi</i>	老中醫	Senior Chinese practitioner
<i>Mai</i>	脈	Pulse
<i>Mai Zhen</i>	脈診	Pulse diagnosis
<i>Pian Fang</i>	偏方	Folk medicine
<i>Qing Re</i>	清熱	Reducing the heat
<i>Qu Chi</i>	齲齒	Tooth decay
<i>/Zhu Ya</i>	/蛀牙	
<i>Shang Han</i>	傷寒	Cold damage disorders
<i>Shang Huo</i>	上火	Excess fire
<i>Shi Fu</i>	師傅	Master
<i>Ti Zhi</i>	體質	Physical type

Term	Chinese Character	English
<i>Xue Tu</i>	學徒	Disciple
<i>Wei Bing,</i> <i>Zhi Wei Bing</i>	未病, 治未病	Future or potential disease, Prevention
<i>Wen Bing</i>	溫病	Warm disorders
<i>Wen Yan Wen</i>	文言文	Classical Chinese
<i>Yang Sheng</i>	養生	Nurturing the life
<i>Yao Fang</i>	藥方	Medical recipes
<i>Yin Yang</i>	陰陽	Yin and Yang
<i>Za Yi</i>	雜醫	Hybrid Medicine / Mongrel Medicine
<i>Zhan Bu</i>	占蔔	Divination
<i>Zhong Yi</i>	中醫	Chinese Medicine
<i>Zhong Yi</i>	中醫	Chinese (medical) practitioners
<i>Zhu You</i>	祝由	Shamanic Medicine

## Acknowledgements

I am very grateful that I have a chance to study my MA at Dalhousie University, Canada. During my MA program, I have improved my writing skills and critical thinking, and also gained a deeper understanding of anthropology. My MA research provided me with opportunities to explore salient elements and the understandings of *Kou Zhou* 口周 among *Zhong Yi* from a decolonizing perspective.

As I noted in this thesis, I did not have any financial support for this research and I encountered a number of difficulties when conducting interviews and writing my thesis. Yet, some professors, families and friends kept encouraging me to finish my MA research and thesis. Here I express my deepest gratitude to my supervisor Dr. Robin Oakley, my committee members Dr. Christopher Helland and Dr. Afua Cooper, my parents, my friends and the *Zhong Yi* who took a part in my interviews.

## Chapter 1 Introduction

A Western-style biomedical oral hygiene system was introduced to China in the last century and this included new concepts of “oral hygiene” collectively referred to as “dentistry”. This biomedical penetration of China involved a devaluation of ancient techniques (Andrew, 2014; Heinrich, 2008). Whereas biomedicine was considered “scientific”, Chinese Medicine (hereafter CM) was considered superstitious and an array of outdated practices, and lacking “scientific proof” (Andrew, 2014; Adams, Schrempf & Craig, 2013; Hsu, 1999; Karchmer, 2010; Scheid, 2002). Promoting biomedicine and eliminating CM have become common sense among social elites in contemporary era, while simultaneously, CM is increasingly popular in the west (Lei, 2014; Esmail, 2007; Harmsworth & Lewith, 2001).

In the 1950s, the Chinese government supported the establishment of TCM, which combined epistemological systems and techniques of CM and biomedicine (Zhan, 2009, p. 184.; Andrew, 2014; Hsu, 1999; Lei, Sean Hsiang-Lin, 2014). Today TCM practitioners in TCM hospitals not only diagnose and treat patients according to Chinese medical tenets, but also employ biomedical approaches. So TCM seems to be a product of the modernization and institutionalization of CM (Farquar 1994:12), which is considered the authentic traditional medical system in China. In the literature, scholars vary as to whether

they employ CM or TCM, and are usually careful to define it in context. In this Master's thesis I explore the concepts of oral health and oral illnesses in CM in southern China.

The above topic came to fruition due to the realization that many people in China still prefer utilizing CM to prevent and cure illnesses for maintaining their health and treating themselves when they fall ill (Horden & Hsu, 2013). Causes of illnesses are typically understood in terms of imbalance (Horden & Hsu, 2013). Some of these imbalances could involve yin and yang (Ni, 1995), physical and social environment, season, diet, daily activities, emotional excesses and so on. *Zhi Wei Bing* 治未病, or in English, prevention is considered the first or the most essential step for maintaining health in CM (Cullen, 1993; Hsu, 2011).

Whereas biomedical practitioners concentrate on anatomy, organs (generally mouth and teeth in modern dentistry) and germs (Grønseth, 2001; Wickström, 2015). CM emphasizes holism, which evaluates the condition of the whole human being in relation to a larger cosmos-human relationship (Hsu, 2013; Grønseth, 2001). Metaphysical and supernatural forces such as ghosts, monsters, deities and ancestors also play an essential role in medical etiology in Chinese society (Seaman, 1992; Hsu, 2000). In order to promote a harmonious relationship between human beings and supernatural forces, some Chinese people visit temples to worship Buddha and their ancestors' memorial tablets, and offer sacrifices to

deities or their ancestors on the first day of month according to Chinese traditional lunar calendar. Furthermore, Chinese society is spiritually diverse, and CM takes ideas from different philosophical and religious systems, such as Confucianism, Daoism, Buddhism and Christianity, while biomedicine is regarded as inherently secular, “scientific” and “empirical” (Farquhar, 1994; Henrich, 2008; Horden & Hsu, 2013; Hsu, 2011; Lei, 2014; Leslie & Young, 1992).

Yet, CM is also empirical, testing and formulating efficacy through its own form of scientific method (Horden & Hsu, 2013; Leslie & Young, 1992). There is a strong correlation between the medical recipes or syndrome differentiation of *Zhong Yi* and their clinical experiences. While there are ancient treatments and formulae, *Zhong Yi* actively edit and test their medical recipes according to their clinical experiences, which makes many Chinese people tend to consult a senior *Zhong Yi* (Farquhar, 1994; Hsu, 2011) up until recently. Although the senior *Zhong Yi* use internet databases for obtaining some common prescriptions, few of them write two prescriptions the same as they concentrate on building up their personal synthesis and modifying common prescriptions according to their clinical experiences (Farquhar, 1994; Heinrich, 2008). Furthermore, CM is not a singular school of thought; *Zhong Yi* from different areas tend to absorb knowledge and practices from different schools. Whereas some practitioners in the south of China prefer *Wen Bing* 溫病 School, some in northern China tend to utilize treatments of *Shang Han*

傷寒 School (Hanson, 2011)

CM draws on foods, herbs, stones, metal and other materials (Yang & Flaws, 1998). Decoction, or liquids, are also a very important element (Farquhar, 1994; Hsu, 1999; Zhang, 2007). Ancient and modern knowledge and practices are transferred across generations so that knowledge of dietetics/food treatment, like the healing efficacy of tea in a physical surgery or a treatment of chronic disease, have become common sense among CM experts and people in Chinese society (Hsu, 2013). Apart from decoctions, CM also has a wide array of treatments (or medicines), such as pills, paste, medical bath, massage, acupuncture, blood-letting, cupping therapy and so on (Andrew, 2014; Cullen, 1993; Farquhar, 1994; Hsu, 1999; Hsu, 2011; Scheid, 2002).

### **1.1 How does CM view the Mouth and Teeth?**

Western concepts of oral beauty and aesthetics have impacted how some Chinese people view “beauty” (see for example, Dai, Hao, Li, Hu & Zhao, 2010; Luo, 2013; Gregory, Gibson & Robinson, 2005; Wickström, 2015). Biomedical dentistry sees ‘odd’ shaped teeth as a pathological problem (Wickström, 2015), and Chinese people who have the means are turning more and more to dentistry in the hopes of achieving a more westernized appearance (Gregory, Gibson & Robinson, 2005; Leem, 2016). These people tend to

choose modern dentistry for aesthetic reasons feeling that they must undergo painful surgeries such as orthodontic surgery and maxillofacial surgery to achieve “beauty” or to become more attractive (Luo, 2013; Wickström, 2015). Yet, these same people may continue to draw on CM for maintenance of good oral health and rarely return to the dentist for further regular care. There are many studies focusing on biomedical dentistry (Dai, Hao, Li, Hu & Zhao, 2010; Gregory, Gibson & Robinson, 2005; Nettleton, 1989), but very few studies focusing on how CM views the mouth and teeth; the region of the body that is a separated field of biomedicine, driven by its own epistemological and ontological understandings (Surathu & Kurumather, 2011).

I ask several questions in this thesis: How does CM regard the mouth and teeth in relation to the rest of body? How do the tenets of CM toward health maintenance (including oral health maintenance) and treatment differ from biomedical approaches? What new substances are being incorporated into CM by *Zhong Yi*? How are ancient medical formulae being edited? Are there cohort-based patterns of the above? How do CM practitioners negotiate the matrix of diverse forms of medical knowledge?

CM has a long history that has tended to be devalued, erased and contorted in biomedical terms (Arnold, 1998; Boomgard, 2003; King, 2002). This requires a decolonizing approach to study this form of medicine as it places values on local meanings and beliefs (Tuhiwai



Smith, 1999). One way to begin a decolonizing approach is to embrace the ancient texts and their modern understandings as manifested by *Zhong Yi*. In my research, I draw on Chinese medical textbooks and also have interviewed seven *Zhong Yi* to explore their personal understandings of oral health issues. Today some *Zhong Yi* who receive formal education at university tend to use textbooks instead of oral inheritance. Practitioners also have masters who are eligible to provide training and transfer their knowledge and practices (Hsu, 2000). But the relationship between practitioners and their masters is not as close as in ancient times, as students typically are not regarded as a member of masters' family anymore (Hsu, 1999, Scheid, 2002).<sup>i</sup>

I began this thesis wanting to know about how CM deals with “oral health”, but I soon realized that I couldn't start with this concept, instead one must start with the whole body. Rather than “oral health”, in this thesis I will hereafter draw on the Chinese concept *Kou Zhou* (口周). Following Hsu (2010, 2011) and Tuhiwai Smith (1999), my decolonizing approach to this project also involves drawing on Chinese terms and concepts as much as possible so as to reaffirm words that have become erased, contorted and transformed (King, 2002) during periods European and western cultural imperialism (Andrew, 2014; Lei, 2014; Chung, Hillier, Lau, Wong, Yeoh & Griffiths, 2011; Heinrich, 2008; Scheid, 2002; Zhang, 2007)

CM practitioners never lacked a concept of “contagion” and did not have effective treatments for the Manchurian Plague. It was during this time that the public health system developed (see for example, Lei, 2014; Scheid, 2002; Minden, 1994). Since the new public health system was effective both in preventing and treating the plague, CM failed to regain its authority and its popularity compared to biomedicine was exposed to Chinese public. (Andrew, 2014; Lei, Sean Hsiang-Lin, 2014). Some medical or social elites, such as *Yu Yan 余巖*, wrote a proposal in the “Chinese Medical Revolution”, *Yu Yan 余巖* and his colleagues believed that it is necessary to eliminate CM (see for example, Andrew, 2014). They launched the Chinese Medical Revolution in 1920s which aimed at eliminating CM. However this ended up giving birth to the National Medicine Movement *國醫運動* (1920s-1930s) (Andrew, 2014; Lei, 2014). The advocates of the National Medicine Movement used the term ‘National Medicine’ to replace CM (Lei, Sean Hsiang-Lin, 2014).

Today, the CM, or sometimes referred to as TCM, is a mixture of biomedical and traditional Chinese medical practices (Lei, 2014; Zhan, 2009, p. 184.; Andrew, 2014; Hsu, 1999; Farquhar, 1994, 1987). Although the integration of CM and biomedicine, or the transformation/modernization of CM, failed in 1920s-1930s, many Chinese political elites such as Mao Zedong supported the promotion of CM, and incorporated Chinese medical and biomedical knowledge and practices into TCM. The institutionalization of CM began in 1950s (Scheid, 2002). Consequently, many professional medical institutions and medical

colleges of TCM were built up (Andrew, 2014; Hsu, 1999; Scheid, 2002).

Although there are many biomedical hospitals in Xiamen, there is currently only one TCM hospital. The Xiamen Hospital of TCM was built in 1956 and provides patients with various TCM treatments (including approaches in CM and biomedicine), with about 150 medical experts. In this respect, although this TCM hospital also recruits biomedical practitioners, in this thesis I provide snapshots of CM practitioners working in this hospital.

The thesis is structured as follows: In Chapter Two I deal with the methods and methodologies that guided my project. I also include a research tool that I developed for future research on CM. In Chapter Three, I provide an exploration of the literature on Chinese Medicine, a resilient medical system that has been developed over more than two thousand years. I also deal with some “folk” medical systems such as *Yi* 醫, *Wu* 巫 and others in Chinese society in this chapter (see for example, Andrew, 2014; Hsu, 2011). In Chapter Four, I discuss the *Lao Zhong Yi* (老中醫) / senior *Zhong Yi* and younger generations, and explain that long clinical experience of *Zhong Yi* is considered the most essential criterion for Chinese patients to consult a *Lao Zhong Yi*. In Chapter Five, I explore the concepts of *Kou Zhou* 口周 and diagnosis based on the finding from my interviews. I also explain some medical terms in CM such as *Qi*, *Shen*, *Ji*, *Bing*, *Mai* and so on. In Chapter Six, I discuss some common diseases in relation to *Kou Zhou* 口周 area in Chinese

society and introduce some *Yao Fang* 藥方/ medical recipes and *Pian Fang* 偏方 / folk medicines for some oral ailments. This chapter offers various clinical and daily treatments such as blood-letting, acupuncture therapy, cupping therapy, medical bath and so on. In the last section of thesis I provide the conclusion.

## **Chapter 2 Methods and Methodology: Using and Developing Methods for Health Research**

### **2.1 Methods for Health Studies**

In this thesis I employed several linked methods to evaluate and assess patterns about how CM healers dealt with oral health. First, structured formal interviews were used in a non-probability purposive sample of *Zhong Yi*, and their perceptions of the mouth and teeth in relation to their training and practical work as *Zhong Yi*. This type of sampling method is used for in-depth studies of a few cases and used when you want to collect data from experts on cultural data (Bernard 2011:143-145). Additionally, I drew on the life course perspective to consider the salience of age in regard to training, treatment and outlook toward CM. In 2016 I was part of a small project with the permission of Xiamen Hospital of Traditional Chinese Medicine on oral health conceptions, and in this project I used schema analysis (see for example, Bernard, 2011) from the interviews gathered for that project on the results of this Master's research project to develop an understanding of the ways that oral hygiene is understood in Dentistry as a backdrop to how it is conceived in Chinese Medicine.

## **2.2 Life Course Perspective**

I employed life course methodology to understand the possible generational patterns and divergences of my sample. Life Course Methodology contextualizes people in relation to their historical, economic, political location (Giele & Elder, 1998). Evidence suggests a strong correlation between the types of medical recipes, diagnosis and prevention in regard to age (Tsai et al., 2017; Wang et al., 2013; Uchida et al., 2007; Farquhar, 1994). This also includes how people experience formal and informal education, their class status, social biographies, and so on. My research targeted practitioners above the age 18 and I arranged my data into different age cohort clusters such as 1960-1970, 1971-1980 and 1981-1990, and identified patterns to ascertain if there is any generational salience (Cole, 2013; Oakley, 2001; Giele & Elder, 1998; Marshall, 1987).

## **2.3 Cultural Consensus Modelling**

One of the outcomes of this project was the development of a Cultural Consensus Modelling (CCM) interview tool that could be used in future projects. CCM is an approach designed to understand a particular cultural domain and how people think about things that are related using a sentence frame method (Bernard 2011:228). Following Linda Garro (2000), I have developed a yes/no questionnaire (See Appendix B) to assess the esoteric nature of certain beliefs and practices among CM practitioners that came out of my

structured interview questions; essentially to “...measure the extent to which people agree about the contents of a cultural domain-to measure domain-specific cultural competence” (Bernard 2011:371). While my research afforded the opportunity to develop a CCM interview schedule as a tool for future research, however, actually deploying it in the field was beyond the scope of this MA project.

One of the findings from my in depth interviews is that Chinese medicine does not view the mouth and teeth as separate from the body as in biomedical dentistry (See Nettleton, 1989, 1988). Instead, the oral area is central to diagnose illness, and consume herbal decoctions, liquids-medical recipes to rebalance the ill body (Horden and Hsu, 2013). The CCM questionnaire is designed to follow-up on this and delve deeper into the degree of cultural agreement, exploring whether there are other areas of speciality within the cultural domain of Chinese medical practitioners in a future study (Bernard 2011:376). My CCM questionnaire consists of 77 yes/no questions on conceptions of the mouth and teeth and a few of the medicinal recipes used to treat illnesses that are diagnosed by examining the mouth, tongue and oral cavity (See Appendix B).

## **2.4 The Interviews**

I conducted seven in depth-structured interviews with *Zhong Yi* in the summer of 2017.

The sample was purposive and for this component of the project, I was fortunate to have a CM contact in Xiamen who trains other CM practitioners and had expressed an interest in participating in my MA study. He helped me meet representatives in Xiamen Hospital of Traditional Chinese Medicine and get my permission letter (in Appendix C). The practitioners were approached by providing my Information Sheet (Appendix A) and my contact details. Part of the interview process involves asking for copies of CM medical recipes. In total I interviewed seven practitioners. All interviews took place in Xiamen Hospital of Traditional Chinese Medicine, which is the only Chinese medicinal hospital in Xiamen city.

Additionally, this thesis will analyze interviews gathered in 2015 while I was a BA student in my third year when I interviewed eleven people who used both Dentistry and Chinese medicine on their views of how to maintain good oral health. Both sets of interviews involve beliefs and practices in China around the mouth and teeth, one from the field of Dentistry, and the other from Chinese Medicine. This will be covered in my conclusion to the thesis.

## **2.5 Content Analysis**

An additional method that I employed was content analysis on several medical recipes that



I got during my 2017 interviews. In Chapter Six, I analyse several general medical recipes for some common diseases. My respondents contended that one specific medical recipe might only be effective for one patient as different patients have their own physical characters, symptoms, self perception/auto-perception and so on (see for example, Farquhar, 1987, 1994; Hsu, 2000, 2011, 2013), and unlike the generations prior to them, they also search for general medical recipes online and edit them for certain patients. Further, they don't often write them down in ancient Chinese on a sheet of paper as had been the norm in previous times and what I assumed prior to my project. One of my respondents provided two photos of his medical recipes that were generated in this manner. CM practitioners gain a thorough understanding of patients and their social, emotional and physical contexts and constitution and then prescribe an array of decoctions and 'food medicines', or forms of 'functional foods' to prevent and treat illnesses (Etkin, 2006; Pieroni & Price, 2006; Hsu 2013). Anderson (1988) deals with the agricultural development and Chinese food offering a view of some traditional medical food in Chinese society. Reid (2005) explores the Chinese approach to healing common ailments and therapeutic food recipes in Chinese medicine. Wu and Cheung (2004) deal with the changes, innovations and medical application of some Chinese foods in many parts of the world in the late 20th century. There have also been some studies of biomedical prescriptions in China showing that age plays a significant role in the content of prescriptions (Wang et al., 2013; Uchida et al., 2007), but few focusing on CM prescriptions

as cultural artefacts except for those interested in data mining (Zhang et al., 2014). I searched for themes and repeated substances in some general medical recipes such as ancient ingredients and new foreign ingredients (Krippendorff, 2012) and this is analysed in Chapter Seven. Some anthropologists employ media such as digital images. Larissa Heinrich (2008) deals with photographic resources, such as the paintings and portraits of Chinese patients, which link diseases to Chinese identity (See Gamble & Burgess, 1921 for an early example). I had originally planned to take photos and develop an ethnographic film but this was not accepted by the REB at the Canadian institution. This is very unfortunate because the visual preservation of Chinese medicine is an important part of a decolonizing perspective. It would have also produced a valuable tool in the classroom for students interested in Science and Technology Studies and Medical Anthropology.

## **2.6 Contextualising myself**

I am a female student born and raised in Xiamen, I am fluent in Mandarin, Taiwanese and English. As a native researcher I used all the verbal, kinesthetic and proxemics cues to show my respect to my respondents and tried my level best to make them feel confident and comfortable (Thorgersten & Heimer, 2006). In China, younger people must be very respectful toward elders, and even more so if the elder is an expert of some kind (see for example, Hsu, 2000; Chung, Hillier, Lau, Wong, Yeoh & Griffiths, 2011; Zhang, 2007). A

different form of respectful Chinese is deployed and special terms are also used to connote respect. I opted to protect my respondents' privacy if they wished, and used aliases to replace respondents' real names.

In studying China, it is important to remember that Chinese is a classical diglossic language with many double semantic and metaphorical words (Hsu, 2011). One needs to be quite fluent in oral and written Chinese to conduct a successful study. To nuance this further, there are three writing styles in Chinese: one is *Wen Yan Wen* 文言文, or Classical Chinese, which is extremely short yet has very profound meanings, and it usually appears in ancient poems and classical texts. I have trained in this style since 2006 and this helped me access several classical texts including the four classics of CM and other books. The second style is *Fan Ti Zhong Wen* 繁體中文, or Traditional Chinese, which is the later version of Classical Chinese (they share many similar letters) that has been developed and used since the late Qing dynasty and is still in use. Finally, is *Jian Ti Zhong Wen* 簡體中文, or Simplified Chinese, which is also well in use today. As I noted earlier, I had anticipated that my knowledge of ancient Chinese would enable me to read the medical prescriptions. However, most of my respondents printed their prescriptions using complete online technology in simplified style of Chinese script. I translated all of my transcripts and some medical recipes into English and employ Traditional Chinese letters in my thesis.

## 2.7 Decolonizing Methods

Elizabeth Hsu (1999) conducted a decolonizing study in Chinese and became a disciple of a Qi Gong master Qiu and a student of Dr. Zhang during her field work in China. Employing Chinese *Pin Yin* / phonics, Hsu translates concepts about Chinese medicine from classic Chinese or Chinese to English (see for example, Hsu, 1999; Hsu, 2000; Hsu, 2011). Her work and approach is important and I will draw extensively from it along with the decolonizing approach of Linda Tuhiwai Smith (2012) whose groundbreaking approach to indigenous knowledges is very valuable to my work as a young Chinese Anthropologist. Stig Thøgersen (2006) analyzes three kinds of writing sources, all of which offer him more valuable insights that supplement and interact with the information gained from interviews and observation (p. 189-190). Bu Wei (2006, 2007) deals with her ‘outsider’ experience, and explores insider and outsider questions to inspire the interest of her respondents. Björn Kjellgren (2006) contends that there is no real ‘insider’ or ‘outsider’ in the fieldwork, also he discusses his own experience of field work in China to illustrate that the process of field work is largely influenced by the researchers’ personality. Ping Hsiung (2015) analyses two qualitative case studies in China to explore the core-periphery imbalance at the global and local levels. Lihong Zhou and Miguel Baptista Nunes (2013) uses Hofstede’s cultural dimensions as a tool in the interpretation and understanding of both the behavior and the preconceptions of the interview respondents involved in a research project focused on exploring and explaining barriers and enablers to knowledge sharing between traditional

and Western healthcare professionals in China (p. 419). Li and Hesketh (2016) employed ethnographic techniques and semi-structured interviews with children attending a 28-day summer weight loss camp in Hangzhou, China. Dorothy J. Solinger (2006) discusses her experiences of interviewing Chinese from high-level official to the unemployed, and different strategies she conducted to overcome difficulties during field work. In all of these projects, like my own, the researchers were interested in the intersection of biomedical and traditional approaches to maintain health.

## **2.8 Limitations**

Every study has its limitations and mine is no different. Consequently, one of the limitations of this study is that my sample was seven practitioners, whereas I had hoped for 10-15. Nonetheless, historically at the MA level in the Department of Sociology and Social Anthropology, MA sample sizes have ranged from five to 10 respondents, so my sample is still in good range for a qualitative study in spite of my disappointment. While many Anthropological studies utilize participant observation, mine did not, however, and I relied on several different qualitative methods as also often used in Anthropology (Bernard, 2011). Since I did not take part in participant observation, I was not able to be in people's homes or in TCM clinics and this also meant that I did not see what people were actually doing in regard to oral health and hygiene, nor what they actually consume in the case of medicinal

foods, nor did I witness any clinical encounters between practitioners and patients. I was also not able to observe the degree of compliance to practitioners' prescriptions. Arguably, this study would have been much more comprehensive with a long period of participant observation but I will have to wait for the PhD level for that. Aside from all these limitations, the study still provides valuable information about health practices in transition in an ancient society from the point of view of several practitioners (Merle, 2003).

Another limitation is that I was not able to interview any Chinese Dentists, nor CM patients. But since as a whole I was more interested in how *Zhong Yi* view the relationship of the mouth and teeth, the omission is not significant. Finally there is a lot of literature on Chinese biomedical dentistry (see for example, Gregory, Gibson & Robinson, 2005; Dai, Hao, Li, Hu & Zhao, 2010; Halawany, Abraham, Jacob & Al-Maflehi, 2015; Zhao, Wang & Chen, 2013; Li et al., 2017) already, but very little on how Chinese medicine views the mouth and teeth. A final limitation is that the sample size is small relative to the population of Xiamen, but in qualitative research projects, a small sample size is common and recommended (Bernard, 2011).

## **2.9 A Brief Introduction to the Fieldsite - Xiamen City**

*Xiamen* 廈門, which is also known as Amoy or *Lu Dao* 鷺島 / The Island of Egret in

English, is a small island in south-eastern Fujian, China. *Xiamen* City is the sub-provincial city in Fujian Province and a member of *Minnan Area* 閩南地區. *Minnan Area* 閩南地區 refers three cities – *Xiamen*, *Zhangzhou* 漳州 and *Quanzhou* 泉州 in south-eastern Fujian, all of which have constant economic, political and cultural interactions. *Xiamen* is also an international harbour and popular tourist spot.

Like most cities in China, Xiamen has ancient origins. In 135 B.C., In 1900s, the emperor of *Min Yue* 閩越 ordered invasion of *Nan Yue* 南粵 and constructed roads for more than 65 *Li* 裏 (1 *Li*=1/2 kilometre) in *Tongan* 同安, which is now a district in *Xiamen*. Being located far from the central authority (as most of emperors in ancient China chose Xi'an, Nanjing and Beijing as the capital city), Xiamen was ruled by local clans or forces (see for example, Local Chorography Office of the People's Government in Xiamen, 2017). In *Tang Chao* 唐朝 / *Tang* Dynasty (618-907), a large group of people moved into Xiamen, and they made a living on farming and fishing. From *Song Chao* 宋朝 / *Song* Dynasty (960-1279) to *Qing Chao* 清朝 / *Qing* Dynasty (1644-1911), Xiamen was considered as a southeast gateway by central government for military use (see for example, Tang, Lina, Zhao, Yang, Yin, Kai, & Zhao, Jingzhu, 2012). In 1647, the fourth year of *Shunzhi* 順治 of Qing Dynasty, *Chenggong Zheng* 鄭成功 set his army in the *Gulangyu Island* of *Xiamen* to repel Qing Dynasty. Many emperors in Qing Dynasty considered Xiamen or south-eastern coast as a troublesome area, and destroyed ships and boats to isolate China from

foreign influences. Today, some Xiamen citizens regard *Chenggong Zheng* 鄭成功 as a hero and the guardian of this small island. (Peers, 1997; Local Chorography Office of the People’s Government in Xiamen, 2017). *Xiamen* city was still a small harbor and fishing village in the early 20<sup>th</sup> century. During the wars, foreign armies from different countries, such as Japan, United States and so on, ruled this area and built their own embassy on *Gulangyu Island* 鼓浪嶼. In 1980s, *Xiamen* became the national economic zone (Tang, Lina, Zhao, Yang, Yin, Kai, & Zhao, Jingzhu, 2012), while the Chinese Vice Premier Xiaoping Deng looked for a wider global markets and opportunities to develop since the beginning of the “Reform and Opening-up Policy”. Xiamen soon grasped this great opportunity and grew to a new metropolis in China.

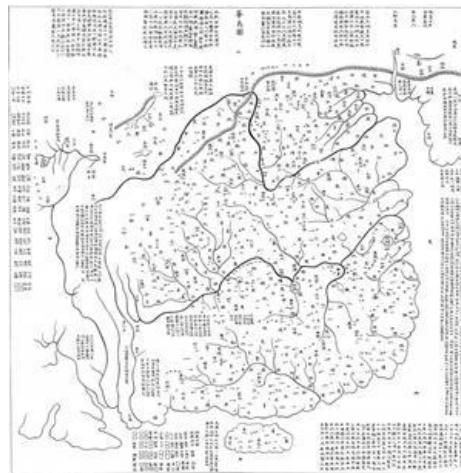


[Figure 1] (China Discovery, 2017)

Being located on the west of the Taiwan Strait and Taiwan Island, Xiamen has a close correlation with Taiwan. In ancient China, Taiwan and Xiamen both belonged to the Chinese mainland, and people in these two areas are from same clans and ancestors. The



following “Huayi Map” (Figure 2), engraved in the 6<sup>th</sup> year of Shaoxing of the Southern Song Dynasty (1136), shows that Taiwan and Xiamen were not separated from Chinese mainland one-thousand-years ago. Xiamen citizens also speak Taiwanese, which is also called Minnanese in Fujian Province. People in Minnan Area still keep some local ancient customs. For instance, some elder Minnanese, as well as *Zhong Yi*, tend to utilize Chinese lunar calendar to plan their daily activities much the same way that the liturgical calendar directed activities in early modern Europe (Muir 2005:66). The traditional lunar calendar offered a view of different activities in relation to *Yi* 宜 or *Ji* 忌 / good or bad fortune. There are still many clans in Minnan Area, which is regarded as not only a tie of blood and families but also a chamber of commerce (see for example, Freedman, 1971; Melinda and S., 2002). Buddhism and Taoism are both popular in Minnan Area.



[Figure 2] Huayi Map ([Guangdong 21<sup>st</sup> Century Maritime Silk Road International Expo, 2017](#))

In the late 18<sup>th</sup> century, the Chinese government restricted all commercial activities with

foreigners, but opened a zone of thirteen ‘factories’ in Guangzhou (*Guangzhoushisanhang* 廣州十三行) as is well known in the public domain. Within the commercial areas, western missionaries went to China and not only served as healers, who did not believe in superstitious cultural or medical healings in China, but also transmitted the Christian and religious doctrines to bridge the chasm between the religion and the secular (Adrew, 2014; Heinrich, 2008; Minden, 1994). Biomedicine and its practitioners achieved some degree of privilege in China. Some CM practitioners simultaneously realized that they should associate CM with the state to get access to more supports (Lei, Sean Hsiang-Lin, 2014; Scheid, 2002).

## **2.10 The Sample**

The sample in my thesis includes three males and four females. The semi-structured interviews took place in their offices and lasted about 2.5 hours. I was able to interview one of the practitioners twice and had the opportunity to discuss some important medical terms with him. All of these practitioners were formally educated and spent time as apprentices before graduating in different districts. All of the interviewees spent some of their working and training time at the Xiamen Hospital of Traditional Chinese Medicine and it was therefore an excellent place to conduct interviews, and all the interviews with *Zhong Yi* were conducted in their office. As is customary in China, a small gift such as a

small bag of tea was provided after the interview. The hospital is an important social space where TCM gets reproduced in a formalised manner. TCM is also practiced in homes throughout China, but in this thesis I am only focusing on formal practitioners who have been formally trained, have been certified and practice it for a fee. Prior to the interviews I got consent from the hospital (see Appendix C). The hospital administration was very pleased to have me there as they felt that someone taking interest in Chinese medicine was a positive thing. The people who I interviewed were between the ages of 30 to 57. Some of them were not born in Xiamen city, but spend most of their life in Xiamen. Unlike those who run a Chinese medicinal business with families and disciples, they do not have their own clinics but rather have offices. They also have a stable income paid for by government. In the next chapter, I will explore literatures on Chinese medicine and Chinese medical practitioners.

## **Chapter 3 Chinese Medicine: History and in Comparison to Biomedicine**

### **3.1 Chinese Medicine in Historical Perspective**

Chinese medicine is rooted in ancient practice and in a textual corpus in ancient Chinese writing. In the contemporary period the corpus is also available online in simplified or traditional writing styles. In this chapter, I provide the history as it is presented in the teachings of CM, as an “ideal type” (Weber, 1904/1949, 90). I explore how my respondents conceptualize CM and the ways that CM is characterized in both ancient and contemporary Chinese texts on the topic.

Perusing the available literature in English on CM, most writing is done by North Americans and Europeans (see for example, Andrew, 2014; Farquhar, 1987, 1991, 1994; Lei, 2014; Hsu, 1999, 2000, 2011, 2013; Henrich, 2008; Cullen, 1993). However, there is a lot of work in Chinese language on CM and scholars who cannot read Chinese are not privy to the medical formulae being constantly generated by practitioners and some online resources such as databases draw on ancient and new ingredients and techniques (see for example, Li, et al., 2016; Liu, Zhang, He & Li, 2012; Leislle & Young, 1992; Cheng, 1885). For instance, since 1950s, TCM has incorporated techniques and treatments from biomedicine and CM, and has adopted many foreign or new ingredients such as American ginseng, aloe, olibanum, myrrh, benzoin, styrax, garlic, pepper, coca cola and so on.

Although CM and biomedicine have many differences in their epistemological systems, therapeutic techniques, diagnosis and healing techniques, TCM seems to find a new way to take advantages of these two medical systems (see for example, Li & Zhang, 2008) and has for a long time (Farquhar 1994:21).

Hence, one dominant theme in the literature is that of personal synthesis (Li et al., 2016; Hsu, 2011, 2000, 1999; Wu, 1789; Zhang, 1127-1279; Zhang, 150-219). Chinese medical practitioners, and Chinese people, build up their epistemological systems and try to draw on as well as innovate practices in Chinese medicine in their daily lives. Ancient ingredients and techniques are drawn upon, but are done so in a dynamic manner that allows the incorporation of new materials and new approaches.

Another theme is transmission. While the ancient systems focused on practitioners learning from other practitioners, the transmission of Chinese medicine in person has been mostly replaced by formal medical education in medical universities (see for example, Scheid, 2002) over the decades. The relationship between “master” (*Shi Fu* 師傅) and “disciples” (*Xue Tu* 學徒) has also been replaced by teacher/ master-student (*Shi Tu* 師徒) relationship.

Yi 医, refers to general medical practitioners in ancient China, and was the historic source

of the category *Zhong Yi* 中醫 (Zhang, 2007). In the *Chun Qiu* 春秋 / Spring and Autumn Period (770-476 B.C., in the *Dong Zhou* 東周 / Eastern Zhou Dynasty), a hundred schools of thought coexisted, and China witnessed a cultural boom which also led to a rapid development of different medical systems, including *Yi* 醫, *Zhan Bu* 占蔔 / divination and *Zhu You* 祝由 / shamanic medicine. Yi had acquired an identity distinctive from *Wu* 巫 and *Zhu You* 祝由 in its therapeutic rationalization and technology (Zhang, 2007, p. 18). Medical elites such as *Bian Que* 扁鵲 (who treated illnesses before they happened) and *Cang Gong* 倉公, developed complex medical epistemological system (Hsu, 2011). Today, most ancient medical records that continue to be drawn upon, were edited and published in the Han Dynasty.

In the Western Han Dynasty, in order to show their respect for medical elites and precursors in the pre-Han period, disciples and followers of these masters recorded their medical cases, verbal expressions of medical thoughts and healing practices as is common in the humoral corpus (Hsu, 2013; Attewell, 2013; Duden, 2013; King, 2013). Some of these scholars also successfully compiled books outlining their methods and practices. This is another theme in Chinese medicine as compared to biomedicine: that practitioners often develop their own text books.

Unfortunately, the literature related to CM before the Western Han Dynasty (206 B.C.-24

A.D.) was almost lost. Surviving are *The Nan Jing* 難經, *Yellow Emperor's Classic of (internal) Medicine /Inner Canon* 黃帝內經 and *Shennong's Classic of Materia Medica* 神農本草經, all of which are the oldest literatures of CM. *Nan Jing* 難經 deals with eighty-one difficult issues in clinical treatment of CM (Unschuld, 1986). *The Yellow Emperor's Classic of (internal) Medicine* 黃帝內經 deals with medicinal theories including diagnosis, treatment, maintenance in relation to human-cosmos relationship (Ni, 1995). *Shennong's Classic of Materia Medica* 神農本草經 introduces CM in different aspects such as qualities, efficacy and so on (Yang, & Flaws, 1998).

In the Eastern Han Dynasty (25-220), the *Fang Ji Xue* 方劑學 / formulary, a significant sub-discipline in CM emerged. *Zhang Zhongjing* 張仲景/*Zhang Ji* 張機 wrote *The Treatise of Cold Damage Disorders and Essentials* 傷寒雜病論 and *Discussions of Prescriptions of the Golden Casket* 金匱要略, both of which included plenty of prescriptions in relation to dietetics and decoctions (see for example Hsu, 2011; Engelhardt, 2011; Shao, Sui, Zhou, & Sun., 2016). From the pre-Han period, these four classics have been discussed and commented on across generations. Different medical concepts such as *Yin Yang* 陰陽, five elements, disease/*Bing* 病 & *Ji* 疾, body, *Mai* 脈, *Yang Sheng* 養生 / nurturing the life and *Qi* 氣 (Hsu, 2011; Hsu, 2013; Farquhar, 1994; Lo, 2011), all of which are considered key concepts in CM, emerged among practitioners and medical elites from different schools. Today, moreover, different medical

practitioners have their own preferences for medical schools, such as School of *Shang Han* 傷寒 / Cold Damage Disorders and *Wen Bing* 溫病 / School of Warm Disorders (Hanson, 2011) and so on. Cullen (1993) explores the medicinal practices of the Ming Dynasty through *Jinpingmei* 金瓶梅 finding that the practices of Ming systems are still used by patients and CM healers in South China regardless of educational background. Hsu (1999, 2011) deals with ancient texts in different ancient medical textbooks, such as *The Yellow Emperor's Internal Canon* 黃帝內經, *He Yin Yang* 合陰陽, Prescriptions for Fifty-two Diseases 五十二病方 and so on. Prevention is considered the most essential step for maintaining bodily balance in CM (Cullen, 1993; Hsu, 2011, 2013). Some *Zhong Yi* concentrate on pulse, while others rely on observation (see for example, Scheid, 2002; Zhang, 2007). There are a wide range of treatments in Chinese medicine, such as decoctions, cupping therapy, acupuncture therapy, blood-letting, medical bath and so on (see for example, Leslie & Young, 1992; Farquhar, 1994; Hsu, 1999; Scheid, 2002; Andrew, 2014; Lei, 2014). Farquhar (1994) explores progresses of *Bian Zheng Lun Zhi* 辨證論治 / syndrome differentiation and determination of treatments. Hsu (1999) deals with different treatments such as *Qi Gong* 氣功. Zhang (2007) explores the diagnosis and treatments of emotional diseases in Chinese Medicine. Zhan (2009) deals with *Bian Que* 扁鵲, who was a medical elite in ancient China and treated his patients before they got sick.



In this thesis, my interest lies mainly in food-based medicines and understandings of the relationship between the mouth and the body. A significant element of CM involves food-based medicines both for treatment and prevention. Herbs, stones, metal, flesh or evacuate of animals and other materials are combined into an array of medical recipes (Yang, & Flaws, 1998). These are also all salient cultural artefacts with nuanced biographies of gathering, preparation and ways in which they are remembered and cherished (Hsu & Harris, 2010). Cullen (1993) deals with some food and daily medical recipes such as the efficacy of warm cow's milk and sugar for strengthening the body in *Jinpingmei* 金瓶梅. Pieroni and Price (2006) study the co-existence and overlap of food, and food medicines, some of which are applicable to China. Hsu (2010) deals with some indigenous medicines such as *Qing Hao* 青蒿/ *Artemisia carvifolia*.

### **3.2 Other Asian Influences on Chinese medicine**

Some scholars not only focus on Chinese Medicine but also other “Asian” medical systems such as Ayurvedic Medicine, Islamic Medicine, Tibetan Medicine, Yunani Tibb and so on. Leslie and Young 's (1992) classic study of ‘Asian Medicine’ underscores the similarities of Indian, Chinese and Islamic humoral systems to health and medicine. These Asian systems share similar values and concepts (See for example, Adams, Schrempf & Craig, 2013; Leslie & Young, 1992; Horden & Hsu, 2013). Janes (2002)

deals with Tibetan medicine, mentioning that it offers three kinds of therapies and give advice about a proper diet and behavior. Adams, Schrempf and Craig (2013) explore the medical intervention for people with cancer in Tibetan Medicine and biomedicine. Horden and Hsu (2013) deal with humoral medical systems in different Asian cultures concluding Ayurvedic Medicine, Yunani Tibb, Tibetan Medicine, Japanese Medicine, Chinese medicine, Islamic Medicine and so on.

Sherman Cochran (2006) explored historical figures who sold Chinese medicine to Asian consumers by employing different methods such as building up business through marketing, creating or controlling social media and so on. Cochran contended that Asian consumers localized Asian-made Tiger Balm in much the same way that other non-western consumers have localized western-made products and, moreover, they did it faster (see for example, Cochran, 2006).

### **3.3 Biomedical Penetration of China**

Since the 1850s, the Qing government was forced to concede to foreign imperialist powers and finally lost its jurisdiction in China. When China became a semi-colonial state, many social elites believed that the Chinese had to rebuild the state, and abandon what some elites considered outdated and superstitious traditions, including some traditional medical

thoughts, such as Qi transformation and divination (Andrew, 2014; Hsu, 1999; Lei, Sean Hsiang-Lin, 2014; Scheid, 2002). Whereas biomedicine was considered ‘scientific’<sup>ii</sup> in this constellation of events, CM was considered superstitious or invalid (Andrew, 2014; Hsu, 1999; Karchmer, 2010; Scheid, 2002).

After the Manchurian Plague, some medical scholars and also some *Zhong Yi* wanted to learn biomedicine and launched the Chinese Medical Revolution in 1920s-30s which aimed at eliminating CM but finally gave birth to the National Medicine Movement 國醫運動 (Andrew, 2014; Lei, Sean Hsiang-Lin, 2014). The advocates of National Medicine Movement used the term ‘National Medicine’ to replace CM (Lei, Sean Hsiang-Lin, 2014). The advocates of this movement did clinical research and incorporated approaches and practices in biomedicine such as the application of the laboratory into CM, while its opponents devalued this hybrid medical system as “mongrel medicine” or *Za Yi* 雜醫 / hybrid medicine. (Andrew, 2014; Farquhar, 1992; Lei, Sean Hsiang-Lin, 2014). The diagnostic methods of CM and biomedicine were melded and incorporated into this new “mongrel method”-*Bian Zheng Lun Zhi* 辨證論治, which consisted of syndrome differentiation and determination of treatments (Farquhar, 1994; Lei, Sean Hsiang-Lin, 2014; Scheid, 2002).

After the 1950s, many professional medical institutions and medical colleges were built up

in China (Andrew, 2014; Hsu, 1999; Scheid, 2002). Meanwhile, the Communist Party, which is the main party in the People's Republic of China, embraced the "integration of Chinese and Western medicine" legitimizing it in Mao's policy announcement of 1956 (Lei, Sean Hsiang-Lin, 2014, p. 274; Hsu, 1999). Mao Zedong called for promoting CM and the institutionalization of CM. During this period, the CM, which is considered a mixture of biomedical and traditional Chinese medical practices, began reaching its apex of authority and political legitimacy in Chinese society. Chinese people abandoned Chinese medical knowledge in the contemporary era and then participated in supporting the transformation of this ancient medical system after 1950s for patriotism (Andrew, 2014; Scheid, 2002). Today, CM, or so-called TCM, is thus for the most part, a mixture of biomedical and traditional Chinese medical practices (Zhan, 2009, p. 184.; Andrew, 2014; Hsu, 1999; Lei, Sean Hsiang-Lin, 2014). As a result of this, TCM universities and institutions were built, *Zhong Yi* started received formal education instead of studying CM with a master (Farquhar 1994; Scheid, 2002; Xu & Yang, 2009; Lei, 2014).

The resilience of Chinese medicine in the contemporary era continues to be supported to some extent from the policy of Chinese government and due to the fact that many people feel it works better than biomedicine (also referred to as western medicine) for maintaining health and healing illness. But bear in mind that China has a very strong biomedical research and application focus as well (see for example, Shao & Shen, 2015;

Zhejiangdaxue, 2015; Wang & World Scientific, 2013; Salter & Qiu, 2009).

According to the *China Health Statistical Year Book* (2016), compared to the increase of biomedical practitioners, the growth of *Zhong Yi* and Chinese medical pharmacists is slow. In 2016, there were about 500 thousand *Zhong Yi* (including internship) in China, while the number of pharmacists was 117 thousand. Due to the integration of Chinese medicine and biomedicine, *Zhong Yi* 中醫 who learn TCM at universities or institutions are required to study biomedicine as well, while only few western doctors who work in TCM hospitals are supposed to study TCM for diagnosis and treatment (see for example, Wang et al., 2017). Furthermore, while the number of *Zhong Yi* is still on the increase, more practitioners tend to employ western medicine, and only a few practitioners employ TCM exclusively (see for example, Xu & Yang, 2009, Zhang, 2007; Wang et al., 2017).

Some practitioners prefer employing biomedicine as they do not have sufficient clinical experiences and fail to diagnose or treat their patients using CM (see for example, Zhang, 2007). Furthermore, the shortage of financial support also compromises Chinese medicine from practitioners' first choice. Less money is generated through prescribing "sliced herbal medicines"<sup>iii</sup> and Chinese medical tablets than through the sale of western medicines. TCM hospitals in China also have biomedical practitioners, biomedicine and employs biomedical treatments. Techniques such as surgeries and laser treatment, and the profits of

prescribing biomedicine, combine to support the financial balance of TCM hospitals (see for example, Wang et.al., 2007). In 2012, the Ministry of Health issued *國家基本藥用目錄* the Chinese National Basic Medical Catalog (2012) which standardised some common Chinese medicines; but due to the complexity of Chinese herbal medicines, the lack of national regulations of the cultivation of some raw herbal medicine as well as the process of sliced herbal medicine, there is still cause concerns for some in Chinese society (see for example, Xu & Yang, 2009; Springer, 2017). The toxicity of some Chinese herbs make this situation worse in terms of regulation and safety (Feng et. al., 2006; Xu & Yang, 2009;). Hence, there is a blurred boundary between TCM and *民族醫藥* ‘nationality medicine’ (Lei, 2014) that reflects the dominance of mainstream biomedicine, which is recognized by national government and institutions. In this context, CM is regarded in a diminutive manner as marginal medicine, or as “folk medicine” (see for example, Springer, 2015; Moore & McClean, 2010).

Biomedicine, of course, also has its side effects. Why do some people tend to accept the toxicity of biomedicine, or other forms of western medicine, but have much more suspicion that suspect that Chinese medicine might do harm to their health? To some extent, apart from the westernization in China after the 1970s reforms, the intangibility and incalculable of *Du 度* (dosage and combination of medicines in a medical recipe, or the frequency and intensity of any Chinese medical therapies such as acupuncture therapy) in Chinese

medicine, make this traditional medical system more complicated (see for example, Farquhar, 1994; Hsu, 1999). Due to this nuance which is related to each individual's health situation, it is very difficult for non-professionals to verify the efficacy of modifying dosage in specific medical recipes, or to understand how a *Zhong Yi* adjusts the amount or types of ingredients in a prescription. Although some databases have explored the methods to measure Chinese medical formula and its ingredients, the existence of *Du* 度 is still a sticky question for scholars, and some young *Zhong Yi*. For instance, *Yu Xing Cao* 魚腥草 (*Houttuynia Cordata*) is regarded as poisonous in biomedical science, but Chinese people from areas such as Guiyang, still consider this medicine as a resource of daily cuisine. How to deal with the usage of such medicines is constantly mooted.

Chinese medicine is rooted in Chinese ancient culture and history, has been transferred and innovated across generations, and some maintain that it is not that different than biomedicine (see for example, Li & Zhang, 2008). While there is an interest to verify it in a biomedical manner, there are still many aspects that simply cannot be validated using the standard methods of biomedical science. The nuances of dose based on patients' unique characteristics, the concept that excess emotion can cause illness, considerations involving the wider social environment, and so on, underscore that CM cannot be easily pinned down. Indeed, in attempts to do so the essence of CM risks being lost, and with it its most valuable elements, the very reasons that it is effective, and why it has practiced all over the world

and especially in the west, despite its very marginal position via biomedicine in the west.

In 1960, China was in the midst of the Great Leap Forward (1959-1961), which aimed at ‘Overtaking Britain in Fifteen Years’ referring to increasing its total amount of major industrial output. The slow development of industry and agriculture failed to support high natural growth rate because of the vast population and policies for boosting fertility in Chinese society. Millions of people died of famine between 1960 to 1963. (see for example, Chan, 2001; Bianco, 2012; Ashton, Hill, Piazza & Zeitz, 1984).

In the early 1960s, the Chinese government began to popularize the bovine vaccine for preventing smallpox, which is considered as an infectious disease to both children and adults in ancient China. In the 1960s, China began to inoculate for several diseases such as pertussis, diphtheria, tetanus, measles and poliomyelitis (see for example, Dong, 1984; Zheng, Zhou, Wang & Liang, 2010). In 1963, several Chinese medicines for fractures, brucellosis, goitre, spinal tuberculosis, tape worms and infantile paralysis, and also acupuncture therapy were published in the International Congress held in Beijing. Some *Zhong Yi* with secure employment were able to publish their own medical recipes, as the TCM education and transmission became more standardised, and TCM practitioners began to earn a respectable reputation (see for example, Farquhar 1994:14; Hillier & Jewell, 1983; Hsu, 1999; Scheid, 2002).



In 1966, the Chinese Cultural Revolution began and the “bourgeois reactionaries” were targeted. To preserve communism in China, Chinese youth responded to Mao and struggled to remove ‘revisionists’ through class struggle and eliminating the class gap between new political and old cultural elites (see for example, Peng, 1990; Andreas, 2009; Abud, 2014). From the mid 1960s to 1970, the Cultural Revolution had a huge impact on (medical) education in Chinese society (see for example, Armstrong, 2012; Park, Giles & Wang, 2015). TCM colleges and universities ceased to enroll and educate students. TCM medical school reopened in 1970 and the university entrance examinations were abolished. The curriculum of medical universities was reduced to three years (Dimond, 1999, p. 768).

After 1976, the Cultural Revolution ended and Chinese (medical) education enterprise embarked (see for example, Targeted News Service, 2016; Dimond, 1999). In 1977, Chinese vice president Deng Xiaoping proposed that science and technology are part of the productive forces and China should focus on the development of science and education to follow the step of advanced countries. In 1978, under the guidelines of Deng, China embarked the economic reform, which introduced China to global market and opened the investment among China and other foreign countries (see for example, Marsh & Kau, 1993; Marti, 2002; Weigelin-Schwiedrzik, 2012). The Chinese

government soon established special economic zones in different coastal cities such as Xiamen City (see for example, Luo, 2003; Tang et al., 2012). After 1978, China underwent sustainable and rapid development in economy, politics, education and technology, which makes huge contributions for China's accession to WTO in 2001.

Since 1978, China transformed into a new economic system, taking advantage of all the virtues of both capitalism and socialism, and giving individuals opportunities to share interests in economic market. The rapid development in economy, culture and education made China one of the most competitive economies in the world (see for example, Suliman, 1998; Chai, 1997). From 1950s to 1995, more than two million 'barefoot doctors' were trained and about half of them have passed an examination comparable to that required of graduates in the secondary medical school (Gao, Shiwaku, Fukushima, Isobe & Yamane, 1999, p. 769).

Owing to the opening of reforms in 1978 and the support of Chinese government, Xiamen has developed quickly in the past decades. Compared to other economic zones, Xiamen's yearly revenue largely depends on tourism. The anticipated regional GDP in Xiamen is about 430 billion Chinese yuan and up by 7.5 percent year on year. Along with this, Xiamen's tourism revenue reached 116 billion Chinese yuan in 2017, up by 19.8 percent year on year (What is on Xiamen Team, 2018).

### 3.4 Studies on Mouth and Teeth (or *Kou Zhou* 口周 Area)

Unlike westernized biomedicine, CM emphasizes holism, which evaluates the condition of the whole human being in relation to a larger cosmos-human relationship rather than a fixation on anatomy, organs and germs as per biomedicine (Hsu, 2013; Grønseth, 2001). Causes of illnesses are understood in terms of imbalances which represents a dynamic and harmonious relationship between the internal part of human beings and external environment (Horden & Hsu, 2013).

Hence, some ancient medical textbooks deal with the mouth and teeth in relation to the whole bodily system. For instance, in *Yellow Emperor's Internal Medicine* 黃帝內經, the growth of beard (or other hair near the mouth) can reflect sufficient blood in the body and women don't have beards because they have sufficient Qi, but deficient blood (Ni, 1995). This explanation is not approved in biomedicine as in biomedical terms, since hormones are believed to control the growth of the beard. As we shall see in later chapters, the mouth, tongue and oral cavity are vital in diagnosing an array of illnesses.

Biomedical practitioners, including dentists, tend to concentrate on anatomy, organs (Grønseth, 2001), germs, the mouth and the teeth (Dai, Hao, Li, Hu, & Zhao, 2010; Gregory, Gibson, & Robinson, 2005; Nettleton, 1988; Wickström, 2015). But in CM, as

noted, the mouth and teeth are not separated from the rest of the body. Toothache and other ailments are only different symptoms of the same imbalance which may be located in the physical, social and metaphysical bodies (Horden and Hsu, 2013; Unschuld, 1986). Despite of the expansion of “dentistry” in China which began in the 1980s as part of a national embrace of western-based modernity (Leslie and Young, 1992; Hsu 2011), and as noted above many people continued to consult *Zhong Yi* and opted for Chinese medicines first although in some cases they may be ashamed to note it publicly<sup>iv</sup> especially if the treatment was cosmetic. When drawing on the expertise of a dentist, patients find that they do not speak or understand the same language as dentists whereas they feel more comfortable with *Zhong Yi*.

### **3.5 Conclusion**

In this chapter I have explored a brief history of Chinese medicine and outlined some of the ways that it differs from biomedicine. I have noted that like other traditional forms of medicine (see for example, Moore & McClean, 2010), contemporary Chinese medicine is rather syncretic, drawing in some ways from biomedicine, and for some time now the Chinese government has encouraged this. There are varying degrees of acceptance of CM vs biomedicine, and some element of risk associated with using CM due to the potent substances used in treatment. CM uses an array of healing techniques, and in this thesis my

primary interest lies on food-based recipes and the relationship of the mouth and oral cavity to health and healing in CM generally. In the next chapter I introduce *Zhong Yi* cohorts, and explore their education and working environment.

## Chapter 4 *Lao Zhong Yi* 老中醫 and Personal Synthesis

This thesis deals with *Zhong Yi* 中醫 from three cohort clusters: 1960-70 and 1971-80, 1981-90. The sample has three male respondents and four female respondents. 1960-70 and 1981-90 clusters have two respondents respectively, and there are three respondents in the 1971-80 cluster. Two respondents from 1971-80 cluster are specialized in diagnosing and taking care of children, a respondent from 1960-70 is expert in employing acupuncture therapy.

Two senior respondents (1960-70) mentioned that they raised interests in learning CM because of their past experiences about *Zhong Yi* or illnesses. Four of my respondents contended that they started training to be a *Zhong Yi* by chance.

### 4.1 *Zhong Yi* 中醫 and *Lao Zhong Yi* 老中醫: A Cohort Analysis of Respondents

In order to do cohort analysis of my respondents, I coded them as respondents A-G (hereafter A-G). In the table below, I focused on the cohort and the emphasis of the practitioner, methods of diagnosis, treatment, and conceptions of the mouth as per health and wellness.

	A	B	C	D	E	F	G
Cohort	71-80	71-80	60-70	60-70	60-70	81-90	81-90
Gender	F	F	M	F	F	M	M
Emphasis	Spleen & stomach	<i>Kou Zhou</i> 口周 area	Spleen & stomach	<i>Mai</i> 脈 (vessels, pulse)			Spleen & stomach
Diagnosis	Tongue > <i>Mai</i>	Fingerprint (<3); <i>Mai</i> (>3); Tongue	Tongue and <i>Mai</i>		<i>Mai</i> and Tongue Five Elements	<i>Mai</i> > Tongue	<i>Mai</i> > Tongue
Treatment	Medicine (decoction), food	Medicine (decoction), patent medicine, needle	Medicine, patent medicine, folk medicine	Needle> Medicine, cupping, blood letting	Medicine (decoction, pills, paste), food, folk medicine, medical bath, cupping	Medicine (decoction, pills), needle, food, folk medicine	Medicine (decoction, pills), patent medicine, needle, cupping, food
Emotion		Emotional discases				Emotion, <i>Qi</i> Stagnation	
Parts of <i>Kou Zhou</i> 口周 mentioned in interview	Tongue, Gum	Tongue, Throat, Nose, Lips	Teeth, Tongue, Throat, Lips, Upper Jaw/Jaw	Teeth, Tongue, Throat, Lips, Upper Jaw/Jaw	Tongue, Gum, Lips	Tongue	Tongue

[ Table 1 ]

I interviewed seven *Zhong Yi* from three age cohorts born between 1960-1970, 1971-1980 and 1981-1990. While A, C, E, F and G are general practitioners, B specialise in paediatrics<sup>v</sup>, and D specialise in acupuncture therapy and also other Chinese medical therapies such as cupping and blood letting, and concentrates on *Mai* 脈 (pulse) (see for example, Table 1). Apart from focusing on balance and holistic body, most of the general

practitioners (A, C, G) concentrate on taking care of spleen and stomach when treating patients. However, two respondents emphasized different aspects of body. As a pediatric *Zhong Yi*, B concentrated on the *Kou Zhou* area, as children might not be able to express their different feelings and senses as well as adult. Furthermore, the tongue condition would reflect the general health status of their bodies. Interestingly, she also prefers utilizing stethoscope for auscultation.

Practitioners have different attitudes toward tongue diagnosis and pulse diagnosis. Most of the practitioners from 1960-1980 (B, C, E) contend that these two methods for diagnosis are both helpful and have not shown their preferences; whereas two respondents from 1981-1990 (F, G) prefer pulse diagnosis more than tongue diagnosis. F mentioned that every practitioner has their own skills, and he is not good at analyzing detailed conditions of the tongue. G contended that compared to *Mai*, the tongue is easily affected by the external environment such as the intake of food. In this respect, senior doctors have more experience in employing different methods for diagnosis at the same time and analyzing details of conditions on the tongue, while younger practitioners tend to rely on pulse diagnosis and they would not observe or analyze many parts in the *Kou Zhou* area but only concentrate on the tongue as senior practitioners do. But the situation is quite different in the part of treatment that practitioners from 1981-1990 employ different medical treatments as well as those from 60-80 clusters.



It is worth noting that A and C became Chinese medical practitioners because they suffered from serious childhood diseases and were treated successfully by *Zhong Yi*. While G (1980-90) chose to study Chinese medicine for making a good living as his parents consider that being a Chinese medical practitioner will assure future financial prosperity. Unlike the senior practitioners, the younger cohort born between 1980-1990 tended to focus on people's emotional state such as their working hours, working environment and marriage and so on. While senior practitioners have settled down in Xiamen city for several decades or more and their children are almost adults; younger practitioners might be under more pressure as they are worried about their living expenses, families, especially their small children, or have not been married yet or have been in relationship with someone that went sour. Moreover, unlike practitioners who run their own business and are able to earn money via diagnosing patients and prescribing medicine, the salary of these young practitioners are generally regulated by local government, so while they do have a steady income, it is not a large one.

#### **4.2 Education in China: Being a *Lao Zhong Yi* 老中醫**

In imperial China, different medical practitioners, such as literati physicians (*Ru Yi* 儒医), hereditary physicians (*Shi Yi* 世医), Shaman (*Sa Man* 萨满), monks and so on, all made

their contributions to build up the epistemological system of Chinese medicine. Hereditary physicians impart or inherit their medical theories and practices through a mentor-disciples or a mentor-followers relationship across generations (Leslie & Young, 1992), and those who have plenty of clinical experiences are usually regarded as senior *Zhong Yi* (*Lao Zhong Yi* 老中醫). In the past, *Lao Zhong Yi* refers to persons who transmitted knowledge and practices in person and has his own understandings or explanations of medical terms and classics (see for example, Farquhar, 1994; Hsu, 1999, 2000). But now this concept seems to have changed meaning.

In the 1950s, the Chinese government supported the integration of biomedicine and Chinese medicine (traditional Chinese medicine), which aimed at building up a strong correlation between Chinese medicine in relation to secular science. After the institutionalization of Chinese medicine and the resuming of national university entrance examination (1970s), Chinese medical practitioners started receiving formal medical education at universities (see for example, Scheid, 2002); in Kleinman's diagram, *Zhong Yi*, especially TCM practitioners, belong to the professional sector which requires you that go through professional training (Cullen, 1993, p. 102).

In the contemporary period, *Zhong Yi* who were educated at universities must undergo Chinese national university entrance exams. For example, according to the regulations of

Fujian University of Traditional Chinese Medicinevi, completing a bachelor degree of CM requires four to five years (see for example, Fujian University of Traditional Chinese Medicine, 2017). All practitioners must learn both TCM and biomedicine at universities. Certainly, not all practices and medicines will be incorporated in the CM or TCM rubric (See for example Springer, 2015) at an “official” level.

*Zhong Yi*, and also biomedical physicians, are responsible for going through compulsory training and other training, all of which are generally organized by government or universities before or after they graduate (see for example, Xu & Yang, 2009). In ancient China, there were no medical universities for acquiring CM and medical disciples would follow their master to learn medical knowledge. Also, during the Northern and Southern Dynasties (420-589), there were many large patriarchal clans, who had abundant wealth and educational resources to build up a school at home, studied Chinese medicine at home (*Can Xing Yi Tian* 參刑義田, 2000). For many decades now, many Chinese people tend to acquire ancient medical knowledge and practices at universities, and the formal systems that were established in the 1950s (Farquar 1994), the traditional relationship between master and disciple also has been replaced by the teacher-student relationship. Both the practitioners who study Chinese medicine at home and the ones who attend a medical university can be considered as a *Lao Zhong Yi*.

All of the practitioners I interviewed studied Chinese medicine at universities or colleges. Unlike biomedical students who sometimes have opportunities for diagnosing or treating patients (for instance, some biomedical students are allowed to diagnose patients or taking part in a surgery before becoming a professional doctor), Chinese medical students do not have a chance to diagnose patients directly until they have become a *Zhong Yi*. Although Chinese medical students usually have an internship during their undergraduate programs, they follow a *Zhong Yi* and learn how the real practitioner diagnoses, treats and communicates with patients. *As one of my respondents said, 'I also had an internship at university, I followed a teacher and observed how he/she diagnosed patients. A disciple is not allowed to give a prescription. Only when I diagnose and treat patients by myself, can I understand that it is very different from diagnosing myself... many patients want to consult a chief physician as chief physicians have more experiences.'*

Unlike practitioners who have studied with their masters since their childhood, most of my respondents started studying Chinese medicine after attending university so that today many *Zhong Yi* do not keep a close relationship with their master/teacher like they did in ancient times. In this respect, they only spent four years or more on building up their epistemological system in Chinese medicine before diagnosing patients. This is considered by many senior practitioners such as C, D and E, as insufficient time to understand this ancient medical system. D, who consulted a *Zhong Yi* noted that,

*“One day, I went to see a Zhong Yi and he/she used only three recipes to deal with my problem. But nowadays Zhong Yi are stuck in a dilemma that most Chinese medical practitioners who studied in Chinese medical colleges do not meet the standard. In Chinese medicine, I prefer transforming the knowledge and practices between masters and apprentice.”*

Some respondents also complained that this self-directed learning style makes them feel nervous in the clinical environment. However, some also noted that the advantage of this is that they might dig into medical classics from different medical schools to achieve a more comprehensive understanding of medical regimens, while medical disciples who follow one *Lao Zhong Yi* tend to prefer medical regimens in one or two medical schools or build up their epistemological system on the basis of their master’s.

Many *Zhong Yi* test their knowledge or medical theories through clinical practices after working in their clinics, while *Zhong Yi* who transmit Chinese medicine in person (at home) gain clinical experiences and acquire epistemological knowledge at the same time. In this respect, some Chinese medical practitioners might become nervous or depressed, and today mental health training and supports can be accessed by these practitioners to improve their confidence and mental health (see for example, Lam, Mark, Goldberg, Lam & Sun, 2012).

All the *Zhong Yi* noted a deep respect of their traditions. They respect not only the old ways for transmitting ancient medical practices and knowledge, but also the social status or the tremendous reputation of *Lao Zhong Yi* in ancient times. Moreover, my respondents all show their preferences in *Lao Zhong Yi* but not younger *Zhong Yi*. But when it comes to biomedical doctors, one of my respondents had a different idea,

*“They (patients) prefer not only senior Zhong Yi but also doctors. When I consult a doctor, I will choose doctors at around 40 years old, as they can receive some new knowledge and also have eminent medical skills.”*

From 1911 to 1949, the number of Chinese medical practitioners (TCM doctors, doctors’ assistants and TCM herbalists) decreased rapidly. After the 1950s, the number of TCM practitioners increased (see for example, Andrew, 2014; Xu & Yang, 2009; Zhang, 2007). In 2016, the total number of TCM practitioners in China reached 613,000; while the total number of employed practitioners was 8,454,000 and the number of licensed and assistant doctors reached 3,190,000 (see for example, 2016 年我国卫生和计划生育事业发展统计公报 *The 2016 Statistical Report on the Development of Health and Family Planning in China*, 2017).

### 4.3 Modern Textbooks

Respondent C spoke about his reading list, for example, he stated that he had read,

“ (I have read) *中醫基礎理論* *The Basic Theory of Traditional Chinese Medicine*, *中醫診斷學* *Diagnostics of Traditional Chinese Medicine*, *中藥學* *Science of Traditional Chinese Medicine*, *方劑學* *Pharmacology of Traditional Chinese Medicine*, *黃帝內經* *Yellow Emperor's Classics of Internal Medicine*, *傷寒論* *The Treatise of Cold Damage Disorders*, *金匱要略* *Essentials and Discussions of Prescriptions of the Golden Casket*, *溫病* *Febrile/Warm Disease*, *內科學* *Internal Medicine*, *耳鼻喉科學* *Otorhinolaryngology and Ophthalmology*. I also read theories of different schools in CM. I might have read some books of biomedicine, such as *西醫診斷學* *The Diagnostics of Biomedicine*, *西醫婦科學* *Gynaecology of Biomedicine* and *西醫兒科學* *Pediatrics of Biomedicine*. I am not sure about that whether I have read anything on Surgery. I have also read *Microorganism and Parasites*, *Pathobiology*, *Physiology*, *Biochemistry*, *Electrocardiogram* and *Anatomy*.”

In this respect, it is difficult for people to become a *Lao Zhong Yi* as they are required to acquire knowledge and improve their diagnosis or treatments from two medical systems.

All of my informants to some degree expressed the need to have some biomedical knowledge and they also utilized some biomedical terms (such as oral ulcers) to diagnose their patients and to write their medical cases. I saw stethoscope and X-ray pictures in their

offices and they noted that they also employ biomedical treatments such as laser treatment. While *Zhong Yi* are expected to learn biomedicine at TCM universities, even biomedical doctors who work in a TCM hospital are supposed to learn TCM (see for example, Wang et al., 2017).

#### **4.4 Consulting a *Lao Zhong Yi* 老中醫**

P: *'I feel really bad these days. I cannot fall asleep at night but the doctor told me that there was no problem in my medical examination. Have I got a fatal disease?'*

I: *'How about if you consult a Zhong Yi?'*

P: *'A Zhong Yi?'*

I: *'Yes, you need to consult a Lao Zhong Yi. A younger practitioner might not find the root (causes) of your disease.'*

When I sat near my respondents' office, two people are talking about their health issues. When one person mentioned *Zhong Yi*, she emphasized that another person should find a *Lao Zhong Yi* 老中醫 (senior *Zhong Yi*) but not only a general *Zhong Yi* (*Zhong Yi* 中醫). In China, more and more people today prefer consulting a senior *Zhong Yi* than a younger one, even my respondents prefer senior practitioners. Although *Zhong Yi* who work in the public hospital might receive similar medical training, each practitioner has his / her own



personal synthesis which is formed with his *Li Lun* 理论 system (epistemological system) and medical experiences, all of which are linked to the prolific literature and schools of Chinese medicine (including medical classics and modern texts) in China (see for example, Xu & Yang, 2009; Hsu, 2011).

While many medical scholars and anthropologists contend that Chinese patients prefer senior *Zhong Yi* as those practitioners have more clinical experiences in diagnosis and treatment (see for example, Farquhar, 1994; Hsu, 1999, 2011; Andrew, 2014; Zhang, 2007), during my research I found that other factors, such as the professional title of practitioners and interpersonal relationships, also exact impact on patients' choices. For instance, when I did an interview with B, she said, *'Today we can talk a lot, as most patients go to consult the chief physician.'* This participant also mentioned that local people sometimes recommend famous *Zhong Yi* to each other,

*"A friend of my husband had coughed for a month consulted doctors in nearly every hospital in Xiamen. His/Her blood test seemed to be good, but he/she could not stop coughing. A Zhong Yi told us that only three chief practitioners in Xiamen can treat this patient..."*

This can also be a problem for patients lacking connections to practitioners as noted in the 1990s by Farquhar (1994:20).

#### **4.5 Difficulties in Establishing Trust with Patients and Society: An Embarrassing Situation of Chinese Medical Practitioners**

Biomedical physicians diagnose and treat their patients by focusing on their pathological characteristics (see for example, Henrich, 2008; Nettleton, 1988; Wickström, 2015). However, in CM, human beings are viewed as a whole, and when *Zhong Yi* diagnose their patients, they tend to concentrate on a number of elements, especially their patients' feelings (see for example, Hsu, 1999, 2011; Zhan, 2001; Zhang, 2007). In this regard, the diagnosis and treatments are dependant on the patients' descriptions and complains of illness at some degree. The medical practitioner-patient relationship in CM relies heavily on the satisfaction of patients. If a *Zhong Yi* cannot diagnose his / her patients, he / she is blamed for not having sufficient clinical experience and qualified medical abilities, or they are seen as not good at dealing with specific diseases in Chinese medicine. Usually this would result in them making a referral for his / her patient to see other senior *Zhong Yi* or even biomedical doctors rather than try to diagnose patients again (see for example, Chung, Hillier, Lau, Wong, Yeoh & Griffiths, 2011; Zhang & Sleeboom-Faulkner, 2011).

According to my research on oral illnesses and oral health (Li, 2015), some consult a dentist, or employ biomedicine and oral surgeries as they want to be able to go back to work as soon as possible, and many contend that Chinese medicine does not deal with acute disease as well as biomedicine. Patients prefer consulting Chinese medical practitioners for *Xiao*

*Bing* 小病 (small ailments), *Wan Ji* 頑疾 (stubborn disease) and *Qi Bing* 奇病 (rare or incurable disease), but not *Ji Bing* 急病 (acute disease). The development of biomedicine and biomedical dentistry also makes doctors, or dentists more competitive, more and more patients tend to employ biomedicine and biomedical technique for (acute) illnesses related to teeth or aesthetic reasons (see for example, Jin, 2010; Luo, 2013). However, Chinese medicine is capable of treating some acute illnesses, and even curing some diseases in a short time (see for example, Liu, Zhang, He, & Li, 2012; Liu et al., 2014; Lu, Yun, Jin, Wei, Zhang, Hong & Zhang, Xiao Yun, 2016). Respondents shared their experiences of dealing with illnesses such as oral ulcers, cough and fever by employing a medical recipe or one application of acupuncture therapy or blood-letting.

There is an old saying in Chinese: *Bing Ji Luan Tou Yi* 病急亂投醫, which literally means people try consulting every medical practitioner when he / she is critically ill, like a drowning man will clutch at a straw. Hence, some people consult a *Zhong Yi* when they do not have a choice. Some practitioners complained about the embarrassing circumstance that doctors, and a few *Zhong Yi*, only make a referral to other *Zhong Yi* when they cannot diagnose their patients or encounter a stubborn illness (which is understood of *Wan Ji* 頑疾 in Chinese). Furthermore, sometimes Chinese medical practitioners only deal with some small ailments such as oral ulcers and *Shang Huo* 上火, which is understood as hot syndrome, or excess fire in Chinese medicine and might cause hot illnesses such as sore

throat, ulcers / *Chuang* 瘡 and tooth decay (see for example, Hsu, 1999, 2011; Zhang, 2007).

When F and G shared their other complaints and experiences in engaging with Chinese medicine they noted that their working environment and daily routine should be improved. Unlike the practitioner who runs his / her own business, *Zhong Yi* working in a hospital setting does not typically have her/his own pharmacy in the office. The Xiamen Hospital of TCM has a pharmacy for CM and another one is for biomedicine. The officers working in the pharmacy are licensed pharmacists. Pharmacists who have pharmaceutical license for biomedicine cannot work in pharmacy for CM. When I consulted other private *Zhong Yi* such as at *Deshan Hall* in Xiamen City, I found that private practitioners often do have their own pharmacy. When I circulated my information sheet in the Xiamen Hospital of TCM, a representative told me that there was once a factory for processing Chinese medicine in the hospital in last decade, but it closed due to a lack of financial support.

Furthermore, being a *Lao Zhong Yi* takes a huge toll on one's energy levels as all the practitioners I interviewed noted that the work can be extremely exhausting. A practitioner may need to work from 8 am. to 5:30 pm. per day and it usually takes 15 to 30 minutes to diagnose a patient, hence they may see 10-25 of patients a day. A specialized practitioner employing acupuncture therapy and other Chinese medical therapy might spend more time

on per person. Sometimes practitioners need to work at night, which is something that practitioners among the sample I interviewed, prefer not to as they find it very tiring.

Additionally, one respondent expressed being dissatisfied about their living expenses and expressed concern about their quality of life. For instance, the average monthly salaries of general practitioners who work in an office is around ten thousand Chinese Yuan (about two thousands Canada dollars)<sup>vii</sup>, and this is not a lot of money given the very high housing expenses in Xiamen. According to the data from 廈門中原研究中心 Xiamen Central Plains Research Centre, the average price of purchasing a house from 2017 to 2018 is 42424 Chinese yuan per square meter. G complained that he is very busy, finds it hard to manage his work, and has very little time for any form of leisure and worries also about being able to get married or form lasting relationships due to his workload.

#### **4.6 Conclusion**

Drawing on the life course perspective, I outlined the cohort clustering of my interviewees in relation to their unique take on CM. I also examined the basic training involved in becoming a CM in the contemporary context. I also explore their working environment in the TCM hospital. In the next chapter I will dig into concepts relating to emotions and spirits in CM.

## Chapter 5 Spirit in the Heart of Diagnosis: The Trilogy of *Jing* 精, *Qi* 氣 and *Shen* 神

In this chapter I will explore the concept of *Kou Zhou* 口周, an essential element of diagnosis in CM and also four steps taken in diagnosis. After this, I examine several important concepts in CM: *Jing* 精, *Qi* 氣, *Shen* 神 and *Yin* 陰, *Yang* 陽. Collectively these relate to “Spirit”, an important element in Chinese medicine that underscores the self-perception of patients (see for example, Farquhar, 1991, 1994). “Spirit in the heart”, as my respondents noted, plays a vital role in diagnosis. All of the practitioners I interviewed emphasised these concepts and spoke about the scholars who cultivated these relationships through their writing. In this chapter I further touch upon salient concepts that emerged during the interviews such as *Ji* 疾, *Bing* 病 and *Zheng* 癥 “disease”, “syndrome”, “symptom” respectively in ancient Chinese medical texts. Additionally, I explore another important element - *Yin Xu Huo Wang* 陰虛火旺 in Chinese medical terminology.

### 5.1 *Kou Zhou* 口周 and the Whole Body: *Bian Zheng Lun Zhi* 辨證論治

As noted, oral hygiene is a medical term in modern dentistry, while Chinese medicine does not juxtapose the mouth and teeth from the rest of the body. Instead, the whole surrounding oral area is referred to as *Kou Zhou* 口周. This refers to many surrounding areas such as

lips, tongue, throat, and some respondents even regarded the nose as a part of *Kou Zhou*. *Elements of Kou Zhou* are also integrally linked to the rest of the body, the spirit, the heart and to the wider social and emotional environment. One of my respondents aged 51 (D), noted that the upper jaw also constitutes *Kou Zhou*. She explained that when the tongue is contacting with the upper jaw, the *Ren Mai* 任脈 (*conception/supervisor vessel*) and *Du Mai* (governing/controller vessel) 督脈<sup>viii</sup> is connected, which is known as ‘*Da Que Qiao* 搭鵲橋’ in Mandarin. None of my respondents used the terms ‘oral hygiene’ or ‘oral system’, although all of them had heard of these concepts as they studied both tenets of CM and biomedicine at school. *Kou Zhou* 口周 then, is not seen as a problem in need of fixing, but rather an essential region of the body that is connected to the health of other parts of the body. It is an integral part of diagnosis, and is also part of the treatment through consumption of medical prescriptions taken by mouth.

*In addition to Kou Zhou* 口周, *Mai* 脈 (*pulse, channels, vessels*) is another salient component of diagnosis (see for example, Cullen, 1993; Farquhar, 1994; Hsu, 2011; Scheid, 2002) , while other factors, such as the fingerprints, the condition of tongue and other surrounding mouth area also exert significant effect on diagnosis. When asked about this, D invoked the *Yellow Emperor’s Internal Canon* and told me to consult it and then come back to her. When I did I found: “The pulse is where the blood flows and congregates. The blood is mobilized by the *Qi*. If we see a long pulse, it indicates that the qi is flowing

smoothly. If we see a short pulse, it indicates that there is pathology at the qi level. If we see a rapid pulse, it indicates that the disease has attacked the heart. If we see a large pulse, it indicates that the pathogen is progressing...if initially the pulse is faint, but suddenly becomes wiry, this is a sign of death.” (*The Yellow Emperor’s Internal Canon*) When I went back to see my respondent, she explained that the subtle changes and movements of the pulse can be very complicated and elusive, as such diagnosis relies on practitioners’ clinical experiences and personal abilities (see Kerewsky-Halpern, 1985). To feel the pulse, practitioners normally touch the patient’s hands on a stable platform referred to as *Mai Zhen* 脈診. *Zhong Yi* tend to employ *Mai Zhen* 脈診 for analyzing the rhythm and strength of pulse, however, sometimes they employ other methods such as tongue diagnosis. All of my respondents conduct both *Mai Zhen* 脈診 and tongue diagnosis so that they would be able to check conditions of internal organs and the whole body from the tongue and pulse, which requires practitioners to focus on another essential Chinese medical element - holism.

Indeed all of the *Zhong Yi* I interviewed emphasized holism, which evaluates the condition of the whole human being in relation to a larger cosmos-human relationship. Although *Kou Zhou* is also a part of the body, the changes and interplay of different parts of body can be reflected by its condition. They explained that the tongue is connected with heart, while teeth belongs to kidney and when the tip of tongue is red, the *Xin Huo* 心火 (Fire in the Heart) is strong. A, F, and G argued that the cause of red tip of tongue can also involve



other external factors such as diet, season, weather and so on. B noted that if the patient has icy food before consulting a *Zhong Yi*, his tip of tongue might be red, which can be a very common issue in summer.

Furthermore, although the tongue is regarded as belonging to the heart in general, different parts of tongue are related to other visceras. The tip of tongue refers to the heart, the two sides of tongue refer to liver and gall, the root of tongue refers to kidney and the centre of tongue refers to spleen and stomach. Therefore, the tongue is the opening of the whole body as the tongue can not only reflect the condition of heart but also connect with different parts of body via *Mai 脈*. My respondents emphasized the salience of checking the tongue when diagnosing patients. The *She Zhen 舌診* (tongue diagnosis) and *Mai Zhen 脈診* (palpation/pulse diagnosis) are both essential methods for diagnosis. It is also important to note that while teeth constitute a key element in biomedical dentistry (Nettleton, 1988), *Zhong Yi* do not pay much attention to teeth but concentrate on tongue. Moreover, as respondent D and F noted, different parts in *Kou Zhou* have their related acu-points. G also noted that before finding the acu-points, maps of vessels were recorded in various ancient texts such as *五十二病方 Recipes for Fifty-Two Ailments* and *脈數 Mai Shu* (see for example, Hsu, 2011). Vessels deliver nutrition to every part of body, and acu-points are connected with different parts of body. To deal with ailments in *Kou Zhou*, some *Zhong Yi* focus on treatments in relation to acu-points including massage, blood-letting, cupping

therapy and acupuncture instead of dealing with related viscera. D echoed that the related acu-point of upper gum is *Shang Yang* 商陽 and *He Gu* 合谷 on the same side, and for the lower gum is *Li Dui* 厲兌 and *Nei Ting* 內庭 from different side. She further emphasized that, the location of acu-points depends on person and the utilization of above therapies relies on the personal abilities and personal synthesis of *Zhong Yi*.

## **5.2 *Jing* 精, *Qi* 氣 and *Shen* 神**

The trilogy *Jing*, *Qi* and *Shen*, originating from Taoist theory, plays an essential role in diagnosis and treatment in Chinese medicine. Ancient Taoist scholars and medical experts took advantage of the integration of *Jing* 精, *Qi* 氣 and *Shen* 神 for maintaining health and nourishing their life. For instance, today *Tai Chi* 太極, is understood to refine vital essence/*Jing* and promote the movement of *Qi*, is still one of the most popular means of fitness regimen in Chinese society (see for example, Zhang, Layne, Lowder & Liu, 2012; Farquhar & Zhang, 2005; Chen, 2004) and has become popular throughout North America and Europe as well (see for example, Jahnke, Larkey, Rogers, Etnier & Lin, 2010; Gatts, SK. & Woollacott, 2007; Kuramoto, 2006).

*Jing* 精 refers to physical properties which provide human beings with energy and vitality. Both a drain of *Jing* 精 and lack of *Qi* 氣 can cause bodily imbalance, infertility, or even death (see for example, Horden & Hsu, 2013; Ni, 1995). In the Taoist classic *The Book of*

*Changes*, the aggregation of *Jing* 精 and *Qi* 氣 can be transformed into a body: 精氣為物，遊魂為變，是故知鬼神之情狀 (*The Book of Changes*, 1046 B.C.-771B.C.)

This means that the interaction between *Yin* and *Yang* is believed to give birth to life. The soul finds its location in a body as the *Jing* and *Qi* of *Yin* and *Yang* can be transformed into a body, which is considered as a life. After death, the *Yin* and *Yang* are separated, and the undead-soul would encounter new life again when the *Yin* and *Yang* create a new body. However, whether the soul can begin a human being's life, depends on its mind in the heart such that if it is intent to be a human being, it will, but if it is intent to be a ghost or a diety, it will be that instead.

*Jiebin Zhang* 張介賓(1563-1640), who was a famous *Zhong Yi*, also discussed *Jing Qi* in *Lei Jing* 類經 (*Classified Canon*) as follows: 故人之生也，必合陰陽之氣，構父母之精。The birth of life should involve the interplay of *Yin Qi* and *Yang Qi* to create the encounter of parents' essence. Zhang also explored the concept of *Shen* and the trilogy of *Jing*, *Qi* and *Shen* : 精之與氣，本自互生。精氣既足，神自旺矣。雖神自精氣而生，然所以統馭精氣而運用之主者，則又在吾心之神。 Moreover, there is a codependent relationship between *Jing* and *Qi*. When there are sufficient *Jing* and *Qi* (in the body), *Shen* is promoted. Although *Shen* is created by *Jing Qi*, *Shen* is able to control the *Jing* and *Qi* so that the centre of the body lies in the *Shen* in the heart.

This is a significant point emphasized by my respondents: In CM, the human mind is not controlled by the brain, but by the heart, which is considered as *Shen* (神) in some Chinese medical classics. Heart, especially the *Shen*, or *Jing Shen* 精神 in the heart, is dominant over the body (see for example, Hsu, 2000). Respondent G commented that the *Jing Shen* 精神 in the heart of a person can be reflected on the face. Apart from concentrating on the tongue, when diagnosing patients, practitioners should observe patient's face, which includes looking at facial color, cheek, skin and so on. Another affirmed that practitioners should keep calm and control their mind/ *Jing Shen* 精神 when diagnosing and treating patients. In both cases, the spirit is designated the dominant position in one's being and their health as well.

In the *Yellow Emperor's Internal Canon*, the heart refers to not only the centre of the body but also the location of *Shen*: 心者，五臟六腑之大主也，精神之所舍也。 meaning that the 'heart is the centre of internal viscera and the location of *Jing Shen*'. My respondents noted that they regularly check patients' *Shen* when diagnosing patients' (see for example, Ni, 1995, p. 62). Respondent G emphasized that he would take the *Shen* in the eyes, skin condition and complexion into consideration. For instance, sometimes the pulse changes rapidly and the color of the coating of tongue can be affected by having some specific food or medicine such as purple sweet potato so that practitioners should

focus on other parts of patients' face. If the patients' face is too pale, it is postulated that they might have deficiency of blood or *Qi*. Moreover, *Shen* is sometimes understood as an impersonal matter that constitutes and permeates the universe (see for example, Hsu, 2000, p. 4.).

*Qi* is the invisible form of the body, while *Xing* 形 is the visible and material form of the body. Although *Qi* is invisible and immaterial, it can be more significant than *Xing* 形 for people to maintain a holistic bodily balance. Some ancient texts emphasized that there is then a strong recognition that the longevity of human beings depends on *Qi* sufficiency but not the body. For instance, in the medical classic *Si Zhen Jue Wei* 四診抉微, '凡人之大體為形, 形之所充者氣。形勝氣者夭, 氣勝形者壽。' "... body-*Xing* is filled with *Jing Qi*/*Qi*. People who are fat and have deficient *Qi* tend to get ill easily and die prematurely, people who are slim but have sufficient *Qi* tend to have long life." (*Lin Zhi Han* 林之翰, 1723)

All my respondents agreed that there is a strong correlation between *Qi* and *Xing* 形 (body) in relation to man's physique in Chinese medicine. In the Yellow Emperor's Internal Canon, the physical types of man is classified into different taxonomy such as 'Wu Xing Ren' 五形人, which divides physical characters into five types in relation to

five elements-*Jin* 金, *Mu* 木, *Shui* 水, *Huo* 火 and *Tu* 土 (see for example, The Yellow Emperor's Internal Canon) .

All my respondents were emphatic that classics are an important source in becoming a proficient *Zhong Yi* 中醫. They noted that some classics, and modern CM textbooks, divide human being's bodies into three main types: *Yin Zang Ren* 陰臟人 refer to people who have deficient *Yang Qi* 陽氣 but sufficient *Yin Qi* 陰氣. The physical types of these people tend to be fat and short, with a rounded head, stubby neck, wide shoulders and thick chest. They tend to have dampness and phlegm internally (see for example, *Zhong Yi Zhen Duan Xue* 中醫診斷學 Diagnostics of Traditional Chinese Medicine, p. 21; *Cheng Zhi Tian* 程芝田, 1885). *Yang Zang Ren* 陽臟人 on the other hand has too much *Yang*, deficient *Yin*, and consequently has a slim body, long head, thin neck, narrow shoulder, flat chest and so on; and *Ping Zang Ren* 平臟人 can usually maintain the balance of *Yin* and *Yang* in the body, has medium build. All of my respondents were well-versed in these categories and spoke about them as a priori categories.

A nuance to these physical types is that all people have primordial *Qi* in their body. What this means is that their body may be attacked by external pathogenic *Qi* or generate pathogenic *Qi* accidentally. For example, respondent F noted that,

*“Practitioners have to be in a good bodily condition. If they are weak, when they utilize*

*acupuncture therapy, they would infect the Pathogenic Qi in patients' body. CM emphasizes a calm mood. Only when we are calm can we feel patients' pain well."*

In this case, the patient can be affected if the practitioner has too much pathogenic *Qi* in their body and the pathogenic *Qi* would be transferred from practitioner's body to patient's. In lay understandings, food is a common method for regaining and refining *Qi* and finally transforming them into primordial *Qi* (see for example, Hsu, 1999, 2011; Farquhar, 1994). As G noted, the preference of food can help patients change their *Ti Zhi* 體質 (which is also a physical type in CM), which produces pathogenic *Qi*. For instance, if a patient consumes too much spicy and sweet food, or meat in their daily life, heat/hot and wet would accumulate in their body, especially in their stomach. Coca cola is also considered as this kind of sweet food and excess intake of this product can do harm to the body, but in the right amount, it can be healing. Another respondent noted cereals are an important resource for gaining primordial *Qi*. In the above section I have shown that in CM, the trilogy of *Jing*, *Qi* and *Shen* have a strong correlation with the constitution of human body, and the mind is controlled by the heart instead of head. Moreover, Chinese medical texts divide people into different physical types according to the balance or imbalance of *Yin Qi* and *Yang Qi* in their body.

### 5.3 Concepts of Disease in Chinese medicine: *Ji* 疾, *Bing* 病 and *Zheng* 癥

In Chinese medicine, *Ji* 疾, *Bing* 病 and *Zheng* 癥 all refer to the concepts of disease as noted above. In ancient China, innumerable medical or non-medical texts discussed and compared these concepts. Although these three concepts have been translated into “disease” in English, there are nuances and *Ji*, *Bing* and *Zheng* had semantic differences.

Practitioners I interviewed consider diseases as *Ji Bing* 疾病 or *Bing* 病, while *Ji Bing* 疾病 refers to diseases in both biomedicine and traditional Chinese medicine. However, in Chinese medicine, *Bing* 病 is generally defined by the auto-perception / self perception of patients (see for example, Zhang, 2007; Farquhar, 1991, 1994; Cullen, 1993). In this respect, if a *Zhong Yi* fails to diagnose his patients, he might be blamed that he is not capable of diagnosing patients due to a lack of clinical experiences or ability. There is another medical term, *Wei Bing* 未病, referring to disease that may come in the future. Respondent B and G noted that prevention is understood as the most essential element of Chinese medicine (Cullen, 1993; Hsu, 2011). In this regard, an adage ‘上工治未病’ ‘A doctor of the highest caliber treats an illness before it actually happens’ (see for example, Zhan, 2009) is characteristic of this conceptualisation. My respondents affirmed this sentiment contending that *Zhong Yi* treat patients before the diseases happen and if disease does happen, all the practitioners can do is to extend life rather than curing disease. Accurate diagnosis is another vital element in CM and if practitioners are not able to diagnose their



patients correctly, they would lose patients' respect (see for example, Cullen, 1993; Hsu, 1999; Scheid, 2007). In contrast, lacking ability to render an accurate diagnosis is characteristic of biomedical practitioners (Fox, 1980; Green et al., 2002), and in China when biomedical doctors face difficulties in diagnosing their patients, they tend to refer patients to *Zhong Yi*.

Unlike *Ji* 疾 and *Bing* 病, practitioners consider *Zheng* 癥 as the symptoms (including the feelings) of patients, which help practitioners do *Bian Zheng Lun Zhi* 辨證論治. The semantic content of *Ji* and *Bing* were hotly contested in the Pre-Han Period (-B.C. 202). *Zuo Zhuan* 左傳 contended that *Ji* 疾 is the common term for designating illnesses, *Ji Bing* 疾病 for referring to a serious illnesses, and *Bing* 病 frequently refers to the emotional state of a person who is aggrieved. In contrast, the *iatromantic Shuihudi* 睡虎地 manuscripts it was noted that that *Ji* 疾 is latent, while *Bing* 病 is visible. *Shuo Wen Jie Zi* 說文解字, 'mentioned that *Bing* 病 is *Ji* 疾 and more.' (Hsu, 2011, p. 64-65). It was during the Han Dynasty (B.C. 202-220), that CM literature reached its first peak. Compared to the Pre-Han period, Chinese people had developed relatively systematic theories of *Bing* 病 and the body. Although *Bing* 病 refers to illness in CM, it is not equal to biomedical disease terms. But after the 1950s, the term *Bing* 病 became a derivative of disease (Karchmer, 2010).

#### 5.4 *Yin* 陰 and *Yang* 陽: Metaphysical Theory and Its Utilization in Chinese Medicine

In this section I will explore metaphysical elements-*Yin* and *Yang*, both of which are essential parts for diagnosis and treatment in CM according to my respondents. Taoist Theories such as *Yin Yang* 陰陽 and the Five Elements play an essential role in Chinese medical epistemology. (see for example, Cullen, 1993; Despeux, 2011; Farquhar, 1994; Hsu, 2013; Lo, 2011; Zhang, 2007). For instance, Fire, which is one of the Five Elements, plays an essential role in Chinese medical system. Some common diseases, such as excess *Yang* or *Yin*, have two main types-deficient type and sufficient type in CM. Respondents F emphasized that he would employ theories of *Yin Yang* 陰陽 and the Five Elements to distinguish deficient and sufficient types of disease.

A significant corpus of the Chinese medical canon and scholars deal with the *Yin Yang* theory. The flow and interplay of *Yin Qi* 陰氣 and *Yang Qi* 陽氣 in relation to humours such as blood dominates the condition of bodily balance (see for example, Ni, 1995; Hsu, 1999, 2011; Duden, 2013; Zhang, 2017). *Yin* and *Yang* refer to myriad things in the world, ranging from a certain part of the body to cosmic forces. Some Chinese medical scholars have discussed the four aspects of *Yin* and *Yang* including ‘Control through Opposition’, ‘Mutual Reliance and Mutual Use’, ‘Equilibrium of Waxing and Waning’, and ‘Mutual Transformation’ (see for example, Hsu, 1999). *Yang* means masculine/males, sunny side of the hill and warm/hot, while *Yin* represents feminine/females, dark side and cold (Hsu, 1999;

Farquhar, 1994; Lo, 2011; Zhang, 2007). It is understood that the proper sexual-cultivation between a man and a woman not only can help people nurture the life, but also cultivate a balance of *Yin* and *Yang* (Lo, 2011).

Respondent A, B, C and G noted that CM has its own form of medical pathology and etiology. In CM, diseases, or imbalances, are classified into different main types in relation to several medical terms such as *Yin Xu* 陰虛 (the deficiency of *Yin Qi*) and *Yang Xu* 陽虛 (the deficiency of *Yang Qi*). When my respondents diagnose and treat patients, they tend to focus on the coexistence and interplay of *Yin* and *Yang* in the hope that they would help patients promote their balance of *Yin Qi* and *Yang Qi*.

Some *Zhong Yi* identified *Yin Xu* and *Yang Xu* in their medical canon. For instance, *Zhongjing Zhang* 張仲景, who made significant contributions to the theories of *Shanghan Pai* 傷寒派 (School of Cold Disease), dealt with *Yin Xu* and *Yang Xu* in relation to *Mai* 脈 (Pulse) in *The Treatise of Cold Damage Disorders* 傷寒雜病論 (see for example, Shao, Sui, Zhou & Sun, 2016).

In CM, diseases related to *Kou Zhou* area are understood in terms of bodily imbalances which could involve the movement of *Qi*, the interplay of *Yin* and *Yang*, Five Elements or other metaphysical forces. *Yin* and *Yang* are essential factors for diagnosis. My respondents

went through syndrome differentiation to diagnose their patients and usually analyzed the interplay of *Yin* and *Yang* such as the *Yin Xu* 陰虛, *Yin Xu Huo Wang* 陰虛火旺 and *Yang Xu* 陽虛, which causes diseases in *Kou Zhou* area. However, one informant, a practitioner who specializes in acupuncture therapies, indicated that she prefers to concentrate on the movement of *Qi* and vessels when diagnosing and treating patients.

### **5.5 *Yin Xu* 陰虛 and *Yin Xu Huo Wang* 陰虛火旺**

*In this section I will explain Yin Xu Huo Wang 陰虛火旺, another important element in CM and identified by my respondents as salient. This is considered as the Hyperactivity of Huo 火 (Fire / internal heat) due to Yin Xu (Yin Deficiency) in Chinese medicine. In the Five Elements system, Huo (Fire) refers to Yang, whereas Shui 水 (Water) refers to Yin. Yin Qi 陰氣 is responsible for flowing through the body and nourishing Five Zang 五臟 (five organs including heart, liver, spleen, lung and kidney), while Yang Qi 陽氣 reaches the sensory orifices and allows one to see, hear, smell, taste, feel and decipher all information so that the Shen (spirit) can remain clear and centered. When the Yang Qi is excess, the excess Huo would damage the flow of Qi and humoral system of the body so that patients would suffer from the deficiency of Jing (essence) and blood (Hsu, 1999, 2011; Ni, 1995, P. 23-24). In other words, the flow of liquids in a balanced manner is vital (Horden and Hsu 2013) and referred to as Yang Xie Shang Yin 陽邪傷陰. Other elements such as Wu Zhi Guo*

*Ji* 五誌過極 referring to the excesses of five emotions and *Jiu Bing Shang Yin* 久病傷陰 / *Yin Xu* due to an prolonged disease can also cause *Yin Xu* (Zheng et al., 2016, p. 179).

Respondent B emphasized the concept of *Qing Zhi Bing* 情誌病. The concept *Qing Zhi* 情誌 refers to emotions in CM and *Qing Zhi* 情誌 is generally considered as *Wu Zhi* 五誌 and *Qi Qing* 七情. The excess of *Wu Zhi* 五誌 might cause *Qing Zhi Bing* 情誌病, which refers to emotional diseases (see for example, Zhang, 2007). In *The Yellow Emperor's Internal Canon*, *Wu Zhi* 五誌 (internal emotions) refer to *Nu* 怒, *Xi* 喜, *Si* 思, *You* 憂, *Kong* 恐, while *Qi Qing* 七情 (external emotions) includes *Xi* 喜, *Nu* 怒, *Si* 思, *Bei* 悲, *Kong* 恐 and *Jing* 驚; and the overuse or losing control of these emotions would cause bodily imbalances. For instance, the love story between Chinese poet *Lu You* 陸遊 (1125-1210) and *Tang Wan* 唐婉 shows that emotional excesses can even cause death. In Chinese medicine, *Wu Zhi* 五誌 has a strong correlation with organs. *Xi* 喜 refers to heart, *Nu* 怒 refers to liver, *Si* 思 refers to spleen, *You* 憂 refers to lung and *Kong* 恐 refers to kidney.

When respondent A and E discussed the concept of *Huo* 火 (Fire), they dealt with differences between two types of *Huo* 火 (Fire)-*Shi Huo* 實火 and *Xu Huo* 虛火. Whereas *Hua Huo Shang Yin* 化火傷陰 is caused by *Shi Huo* 實火, *Yin Xu Huo Wang* 陰虛火旺 is related to *Xu Huo* 虛火. The treatments of this two types can be differed so that practitioners employ Four Steps of Diagnosis and *Bian Zheng Lun Zhi* 辨證論治 for gaining patients'

symptoms comprehensively.

Practitioner E also mentioned the symptoms and relationship of *Shi Huo* and *Xu Huo*. ‘*Shi Huo* would cause a dry mouth, halitosis and constipation. Oral ulcers can be caused by *Xu Huo* and *Shi Huo*. Except oral ulcers, *Shi Huo* would lead to many symptoms. But if it is caused by *Xu Huo*, patients might have a dry mouth, but not halitosis and constipation. Even when patients drink water, their dry mouth cannot be improved.’

As the textbook *Zhong Yi Ji Chu Li Lun* 中醫基礎理論 / *Basic Theories of Chinese Medicine* noted, the general symptoms of *Yin Xu* 陰虛 are *Wu Xin Fan Re* 五心煩熱 (dysphoria with feverish sensation in chest, palms and soles), *Gu Zheng Chao Re* 骨蒸潮熱 (internal heat and intermittent fever), *Dao Han* 盜汗 (perspiration at night), tinnitus, dry throat and skin, *Quan Hong* 顴紅 (flushed cheeks), *She Hong Shao Tai* 舌紅少苔 (red tongue with little coating), small volume of urine, *Mai Xi Shu* 脈細數 (thread and rapid pulse), oral ulcers and so on (see for example, Zheng et al., 2016; Lin et al., 2012).

Respondent A and G emphasized that the epistemological systems from different medical schools of Chinese medicine has been developed for more than two-thousand-years, making this ancient medical system a cultural heritage in China. They mentioned the School of Warm Diseases (Chinese words here), which is popular in the *Minnan* Area of

Southern China. In Chinese medicine, the causes of diseases could involve *Yin* 陰 and *Yang* 陽, the social and physical environment, diet, daily activities, emotional excesses and so on (Andrew, 2014; Cullen, 1993; Farquhar, 1994; Hsu, 2011; Scheid, 2002, Zhang, 2007). When the external environment, such as weather, season and temperature, changes, the balance between *Yin* and *Yang* might be affected. In the *Minnan* Area, the weather is warm and humid, and can be extremely hot (above 35 degree on average) in summer and fall, which lead local people to be exposed to external *Yang Xie* 陽邪 (pathogenic *Yang Qi*). *Yin Xu*, especially Kidney *Yin Xu*, is one of the common diseases in Southern China (Wang et al., 2011; Zell et al., 2000), where most people suffer from warm diseases rather than cold damage disorders (see for example, Hanson, 2011).

### 5.6 *Yang Xu* 陽虛

This section explores *Yang Xu* 陽, which is generally understood as a *Yang* deficiency or possibly excess *Yin*, as the local weather is hot and wet, and people are exposed more to *Yang Xie* 陽邪 instead of excess *Yin*. The main diseases related to *Yang Xu* 陽虛 are *Yang Xu* 陽虛 in the stomach, *Yang Xu* 陽虛 in the spleen and *Yang Xu* 陽虛 in the kidney and so on.

Three respondents discussed the pathological issues of *Yang Xu* 陽虛. C mentioned that

losing teeth can be caused by the deficiency of *Yang* 陽 in the kidney. The Kidneys are considered to be one of the most essential organs in Chinese medicine, since the *Jing* 精 in the kidneys support other organs. Too little *Jing* 精 causes the loss of energy and vitality (life). Also, the kidney is understood in CM to govern bones, and the teeth is the rest of bones. When people suffer from *Yang Xu* 陽虛, the depletion of *Jing* 精 (and *Qi* 氣) could cause the loss of teeth (see for example, Ni, 1995; Hsu, 2011). Two out of seven of my respondents C and D affirmed this relationship.

Practitioner G, contended that *Yang Xu* 陽虛 can lead to changes of *Ti Zhi* 體質 (physical types) in Chinese medicine,

*“Different people have their own Ti Zhi 體質. The physical type of some people in western countries is excessively hot due to the over consumption of meat. In CM, your physical type depends of what types of food you eat. He / She also echoed that If you eat one type of food for a long time, you will become the same type of person. Yang deficiency would make you be afraid of cold. If you have too much hot food, you would have too much hot Qi, Wet and both of them would turn to Heat as time passes, which is difficult to be cured.”*

This practitioner also classified the physical types of patients into different types such as *Shi Re* 濕熱 (heat) and *Xu Han* 虛寒 (deficiency and cold).



## 5.7 *Bian Zheng Lun Zhi* 辨證論治

The *Zhong Yi* 中醫 I interviewed concentrated on *Bian Zheng Lun Zhi* 辨證論治 for diagnosis, which focus not only different diagnostic methods, such as four main steps- *Wang* 望, *Wen* 聞, *Wen* 問, *Qie* 切 (inspection/observation, auscultation and olfaction, discussion, and palpation/feeling the pulse), and eight principles (see for example, Farquhar, 1994; Lei, 2014; Scheid, 2002), but also certain patterns of treatments are clustered together with a recommended formula (Karchmer, 2010, p. 244-247). In this respect, my practitioners noted that they select recommended formula from textbooks or medical classics such as *金匱要略* *Discussions of Prescriptions of the Golden Casket* and *五十二病方* *Recipes for Fifty-Two Ailments*, and then edit the formula in relation to patients' personal characters such as their physical types, diet, daily activities and so on.

Although *She Zhen* 舌診 and *Mai Zhen* 脈診 are both methods of diagnosis. *She Zhen* 舌診 starts from the first step of diagnosis-*Wang* 望. *Wang* 望 requires *Zhong Yi* check their patients' physique, physical types, pose, activities, hair, head, face colouration and quality, eye, ear, mouth, nose, tongue and so on. Practitioners are able to conclude the syndrome of patients through the progress of *She Zhen* 舌診 and *Mai Zhen* 脈診. But the accuracy of these two diagnostic methods usually depend on other two processes- *Wen* 聞 and *Wen* 問, especially *Wen* 問 according to my respondents who indicated that they would ask series of questions in regard to patients' diet, life style, case history, drug usage, wishes, worries,

family, career, social life and so on.

The impact of pressures in the external environment seems to be an emerging pattern in China (Zhang, 2018). For instance, according to my respondents, they encounter many patients who get ill due to difficulties in daily life. One of my respondents commented about his personal situation with his mother:

*“My mom coughed for a long time...about two to three months, her nose was blocked, both of which did not be cured by biomedicine. She never told me about that and I did not see her in person, but I prescript medicines for her. I first regard her symptom as blocked nose, so I did not cure the root of her disease... When I read the article *The Psychological Study of Non-Erosive Gastroesophageal Reflux in TCM*, I finally found that her disease is affected by emotional factors. I heard from her that my little brother has gave birth to a daughter but not a son<sup>ix</sup>. So the liver depression, which caused by the emotional feelings, leads to gastroesophageal reflux, gastroesophageal reflux leads to cough.”*

What is interesting here is that the practitioner drew on scholarly materials on CM that incorporated biomedical terminologies with more ancient forms of Chinese medicine. In one way or the other, all of my respondents emphasized the importance of consulting scholarly journal-based materials on Chinese medicine.

Furthermore, Respondent F and G emphasize that diagnosis should go through four main

steps - *Wang* 望, *Wen* 聞, *Wen* 問, *Qie* 切 when diagnosing their patients, while others only mention syndrome differentiation and holism. Younger practitioners tend to talk about details and theories of diagnosis, and they provide more medical cases rather than adhering to specific four steps.

## 5.8 Conclusion

In this chapter I have explored concepts of *Kou Zhou* 口周, disease and *Yin Yang* 陰陽 in CM, and I also dealt with other essential element such as Five Elements, *Yin Xu* 陰虛, *Yin Xu Huo Wang* 陰虛火旺 and *Qing Zhi* 情誌/emotions. I have noted that although some Chinese medical terms, such as disease, have been translated into English, they sometimes have several definitions in Chinese medical texts. Furthermore, some concepts in CM can have a similar counterpart in biomedicine, but this counterpart can be much different sometimes. For instance, CM does not have a word that refer to oral systems. *Kou Zhou* 口周 refers to different parts of maxillofacial area such as lips, tongue, throat and mouth, some practitioners even regarded the upper jaw and nose as parts of *Kou Zhou* 口周. In the next chapter I will explore some common diseases in relation to *Kou Zhou* 口周 in Xiamen city and deal with some popular basic medical recipes recorded in some Chinese medical texts. I will also analyze and compare components of two real medical recipes for treating one disease.

## Chapter 6 *Yao Fang* 藥方 / Medical Recipes and the *Kou Zhou* Area

In this chapter I explore the common diseases in the *Kou Zhou* area 口周 such as oral ulcers, map tongue and gingivitis/periodontitis. I also explore medicines including Chinese herbal medicine, folk medicine, food, medical recipes. I gathered a number of disease categories from my respondents, along with the treatments mentioned and classified them in the Table 2. I also conducted content analysis of two diseases and compared their treatments in the form of medical recipes in the second part this chapter. Some of my respondents noted the salience of recipes, techniques, medical elements as they are related to specific ancient texts, and here I attempt to identify some of these materials.

In Table 2 I employ two biomedical terms in relation to *Kou Zhou* 口周 diseases (oral ulcers and gingivitis) that I learned from my respondents. I also introduce the main characters of these three common diseases such as their pathologies, syndrome, Chinese medical names and basic medical recipes. My respondents provided me with some basic medical recipes yet they noted that different patients have their own characters, and practitioners rarely use the same specific medical recipe for two patients. Practitioners, as a rule of thumb, edit their basic medical recipes after diagnosing patients.

Diseases	Oral Ulcers (biomedical term)				Gingivitis (biomedical term)		Map Tongue & Buo <i>Tai 剥苔</i>			
Cause/ Location of diseases	<i>Pi Huo</i> 脾火 / Fire in the Spleen		<i>Wei Huo</i> 胃火 / Fire in the Stomach	<i>Xin Huo</i> 心火 / Fire in the Heart	<i>Gan Huo</i> 肝火/ Fire in the Liver)		<i>Pi Huo</i> 脾火	<i>Wei Huo</i> 胃火		
	<i>Xu Huo</i> 虛火 ( <i>Pi Yin Xu</i> 脾 陰虛, The Yin Deficiency of the Spleen)	<i>Shi Huo</i> 實火					<i>Xu Huo</i> 虛 火	<i>Shi Huo</i> 實 火	<i>Wei Yin Xu</i> 胃陰虛	<i>Xue Xu</i> 血虛
Medical Recipes	<i>Erchen</i> Decoction 二 陳湯, <i>Liujunzi</i> Decoction 六君子湯		<i>Qingwei</i> Powder 清胃散	<i>Daochi</i> Powder 導赤散	<i>Longdanxiegan</i> Decoction 龍膽瀉肝湯		<i>Shengmai</i> Decoction 生脈飲/生 脈散, <i>Xie</i> <i>Huang San</i> 泄黃散	<i>Qingwei</i> Powder 清胃散, <i>Shengyangsanhuo</i> Decoction, <i>Chengqi</i> Decoction 承氣 湯	<i>Yiwei</i> Tang 益 胃湯, <i>Xie</i> <i>Huang</i> San	
Herbal Medicine	<i>Ren Shen</i> 人參 (Ginseng)		<i>Shi Gao</i> 石膏, <i>Zhi Mu</i> 知母	<i>Dan Shen</i> 丹 參, <i>Sheng Di</i> 生地黄	<i>Yin Chen</i> 茵 陳, <i>Long Dan</i> Cao 龍膽草		<i>Ginseng</i> , <i>Mai Dong</i> 麥冬, <i>Wu</i> <i>Wei Zi</i> 五 味子	<i>Da Huang</i> 大黃, <i>Hou Pu</i> 厚樸		
Patent Medicine	<i>Huanglianjiedu Pill</i> 黃連解毒片, <i>Huangliansanqing Pill</i> 黃連 三清丸, <i>Xi Gua Shuang</i> 西瓜霜 (for reducing Heat),				<i>Shengmai</i> Decoction 生脈飲/ 生脈散, <i>Liuweidihuang Pill</i> 六 味地黃丸 & <i>Zhibaidihuang</i> Pill 知柏地黃丸 ( <i>Yin Xu Huo Wang</i> 陰虛火旺)				<i>Bao Ji Pill</i> 保濟丸, Iron Supplement	
Folk Medicine and Food	Pork Liver, vegetable (cucumber), fruit								Pork Liver, Pork Blood, Lean Pork, Egg Yolk.	

[ Table 2 ] Common Diseases in relation to Kou Zhou Area and Medicines Based on my Respondents

According to my respondents, the most common disease in relation to the *Kou Zhou* 口周 area in Xiamen city is oral ulcer (especially in summer). I noted that some practitioners utilize biomedical terms such as ‘oral ulcer’ to replace medical terms related to ulcers in *Kou Zhou* area in CM. In CM, ‘ulcer’ can be translated to different words such as *Chuang* 瘡, *Chuang Yang* 瘡瘍, *Ding* 疔 and so on, and ‘oral ulcer’ in the different parts of oral system are referred to as *Chun Ding* 唇疔 (oral ulcers on the lips), *She Ding* 舌疔 (oral ulcers on the tongue), *Xue Feng Chuang* 血風瘡 and so on. Today TCM practitioners tend to utilize some biomedical terms when referring to case history of patients. Also, some practitioners use these terms for diagnosis and treatments, while most of my respondents utilize biomedical terms such as oral ulcers.

Furthermore, compared to biomedicine, CM defines diseases from a different point of view. As discussed in Chapter Five, in ancient times, CM considered the disease concepts in terms of *Ji* 疾, *Bing* 病 and *Zheng* 癥. However, after the establishment of TCM, which has incorporated the epistemological system and practices of both CM and biomedicine (see for example, Hsu, 1999, 2000, 2011; Scheid, 2002; Zhang, 2007), some practitioners view the concept of diseases as *Zheng* 證, and the diagnosis and treatment are understood as *Bian Zheng Lun Zhi* 辨證論治. (see for example, Farquhar, 1994; Zhang, 2007). *Zheng* 證 refers to syndrome or/and disease.

Hence, in the next part of this chapter and following my respondents, I employ the Chinese medical term ‘Zheng 證’ to replace the biomedical term ‘disease’ for analyzing these Kou Zhou 口周 health issues in relation to their modern understandings and ancient texts in a decolonizing spirit. In the textbook ‘Diagnostics of CM’ (2016), one of the national Chinese medical textbooks, Zheng 證 is nuanced as Zheng Ming 證名 (the name of Zheng 證, a diagnostic name of disease like Gan Yu Pi Xu Zheng 肝郁脾虛證 / Liver Stagnation and Spleen Deficiency) , Zheng Xing 證型 (the common types of Zheng 證 in clinical treatment), Zheng Hou 證候 (symptoms and physical characteristic) and Zheng Su 證素 (some essential factors in relation to Zheng 證 such as the Bing Wei 病位 location of pathologies, and ) (p. 4).

CM emphasizes holism, and a health issue in one part of body is understood to be caused by the imbalance of (an) internal organ(s)/part(s) such as the spleen and stomach. For instance, when there are black spots on the tongue of a patient, s/he tends to have blood stagnation in other parts of the body. Or when the tip of tongue of a patient is very red, he might have too much heat in the heart as the tip of tongue is connected with heart.

Moreover, whereas biomedical disease terms related to the oral system are considered as oral disease (in relation to particular parts or organs) such as oral ulcers; the Zheng 證 of

a pathological issue (like oral ulcers or *Chuang 瘡*) in the *Kou Zhou 口周* might have several *Zheng Ming 證名* (name of the *Zheng 證*), as it depends on the cause or location of diseases in the body. As respondent C noted, when a patient has oral ulcers, he might have excess fire in the different organs such as stomach, spleen and heart. If his ulcers are caused by excess fire/*Shi Huo 實火* in the stomach, the *Zheng 證* might be *Wei Re Chi Sheng Zheng 胃熱熾盛證* and so on. For excess fire/*Xu huo 虛火* in the stomach, the *Zheng 證* can be *Wei Yin Xu Zheng 胃陰虛證* and so on. Some respondents tend to employ and edit medical recipes such as *Qing Wei San 清胃散* for reducing fire/*Shi Huo 實火* in the stomach. For patients suffering from *Xu huo 虛火* in the stomach, apart from reducing fire and heat in the stomach, practitioners need to focus on nourishing the *Yin 陰* in the stomach for maintaining a balance between *Yin 陰* and *Yang 陽*. In this context, practitioners can also employ *Qing Wei San 清胃散* but have to amend it to add some (herbal) medicines for nourishing *Yin 陰*, or employ other medical recipes. But when there is excess fire/*Xu huo 虛火* in the spleen, the *Zheng 證* would be *Pi Yin Xu Zheng 脾陰虛證*. If patients have too much *Shi Re 濕熱* in the spleen (which is a type of *Shi Huo 實火*), the *Zheng 證* would be *Pi Xu Shi Re Zheng 脾虛濕熱證*, *Shi Re Yun Pi Zheng 濕熱蘊脾證* and so on. Some respondents employ *Er Chen Decoction 二陳湯* and *Liu Jun Zi Decoction 六君子湯* for reducing fire and heat in the spleen. In this respect, a biomedical disease can be considered as a different Chinese medical disease, or, different *Zheng 證*, and a *Zheng 證* can have different treatments.



The concepts of *Xu* 虛 and *Shi* 實 are significant in CM, especially for the cause of disease and diagnosis of *Zheng* 證. Disease caused by the excess of pathogenic *Qi* is *Shi Zheng* 實證 (such as *Pi Xu Shi Re Zheng* 脾虛濕熱證, *Wei Re Chi Sheng Zheng* 胃熱熾盛證 and *Gan Huo Chi Sheng Zheng* 肝火熾盛證), while disease caused by the deficiency vital *Qi* is understood as *Xu Zheng* 虛證 (such as *Pi Yin Xu Zheng* 脾陰虛證 and *Wei Yin Xu Zheng* 胃陰虛證).

As shown in the Table I, gingivitis and oral ulcers both can be caused by excess fire in the stomach and might become the same *Zheng* 證 - *Wei Re Chi Sheng Zheng* 胃熱熾盛證 in CM, and some respondents also use *Qing Wei San* 清胃散 to deal with gingivitis caused by excess fire in the stomach. The existence of *Zheng* 證 helps *Zhong Yi* not only employ one medical recipe for treating different diseases, but also deal with one disease in several ways. In the next section I lay out common *Zheng* 證 A-D in relation to diseases in *Kou Zhou* 口周 and some basic Chinese medical recipes (as practitioners edit the content of basic medical recipes to make a specific medical recipe for different patient). These *Zheng* 證 might have plenty of basic medical recipes, but I only deal with some of them mentioned by my respondents.

## 6.1 Zheng 證 A: Pi Xu Shi Re Zheng 脾虛濕熱證

The spleen takes charge of transporting and transforming substances (digestion) in the body such as dominating the fluid of blood, which is considered as *Pi Zhu Jian Hua* 脾主健化 in CM. The stomach takes charge of receiving and storing *Shui Gu* 水谷 (water and cereal, or refers to all food for human beings), which named *Wei Zhu Shou Na* 胃主受納. In CM, the spleen and stomach are responsible for transforming the essence of *Shui Gu* 水谷 into blood and *Jing* 精 essence, both of which can be transformed into *Qi* in the body (see for example, Hsu, 1999). The movement of *Qi* in the spleen should be upward, which is considered as *Pi Zhu Sheng Qing* 脾主升清. *Qing* 清, or *Qing Qi* 清氣, refers to the substances (such as nutrition) digested by spleen. When the *Qi* in the spleen move upward, the spleen is able to transport these substances to other organs located above the spleen such as the lung and heart. The spleen prefers dryness, while the stomach prefers moisture. The *Yellow Emperor's Internal Canon* also deals with the functions of the spleen and stomach: “飲入於胃，游溢精氣，上輸於脾，脾氣散精，上歸於肺，通調水道，下輸膀胱，水精四布，五經并行”: When the fluid is received by the stomach, it flows and transport *Jing Qi* 精氣 (vital essence) to the spleen, and the spleen transports these substances to the lung. The *Qi* in the lung regulates the movement of fluid in the body and moves substances to bladder. In this respect, the substances are separated in different parts of body such as the internal organs, skin and hair.

Respondent G noted that patients who have *Pi Xu* 脾虛 (spleen deficiency) often suffer from problems of blood/fluid transformation, nutritional intake and so on. They might sleep poorly, have anorexia, heaviness of the limbs, excess of phlegm and so on. *Pi Xu* 脾虛 refers to the imbalance of Yin and Yang, deficiency of blood and *Qi* in the spleen, all of which can be caused by unhealthy diet (spicy food, icy/cold food and drink), the changes such as the temperature of external environment, emotional excesses, toil, a prolonged illness and so on. The condition of the spleen has a close correlation with the lips.

In the Chinese medical classic *Ben Cao Jing Shu* 本草經疏, patients who have dropsy have *Pi Yin Xu* 脾陰虛 (Yin deficiency of spleen), which causes *Yin Xu Huo Wang* 陰虛火旺, known as excess fire/*Xu huo* 虛火 in the spleen. The growth of excess fire can lead to oral ulcers, gingivitis, red tongue, less sleep, night sweat, less of appetite, thirst (even if the patient drinks much water, she / he may still feel thirsty), *Wu Xin Fan Re* 五心煩熱, dysphoria with feverish sensation in chest, palms and soles and so on. Unlike *Xu huo* 虛火, excess fire/*Shi Huo* 實火 is caused by excess *Yang* in the spleen. The difference between dealing with *Shi Huo* 實火 and *Xu huo* 虛火 is to add herbal medicine to nourish *Yin* for treating *Xu huo* 虛火. Furthermore, the *Shi Re* 濕熱 (a type of *Shi Huo* 實火) in the spleen is generally caused by *Shi Re Nei Yun* 濕熱內蘊 or external pathogenic factors. *Shi Re Nei Yun* 濕熱內蘊 can be caused by bad diet (spicy food, hot and cold/icy food or drink such as coca cola, excessive drinking, gluttony). This aspect of the quality of food was

emphasized numerous times in my interviews. Interestingly, in modulation, the quality substances, liquids, can also have healing properties, as when ginger and coca cola are combined to treat sore throat. CM, according to my respondents, has six external pathogenic factors named *Liu Yin* 六淫—*Feng* 風 (wind), *Han* 寒 (cold), *Shu* 暑 (hot), *Shi* 濕 (wet), *Zao* 燥 (dryness), *Huo* 火 (fire). *Shi Re* 濕熱 is considered as the combination of wet and fire. Apart from *Shi Re* 濕熱 in the spleen, *Shi Huo* 實火 can also cause *Xin Huo Kang Sheng Zheng* 心火亢盛證 and *Wei Re Chi Sheng Zheng* 胃熱熾盛證.

To reduce fire and heat in the patients' spleen for maintaining a balance between *Yin* and *Yang*, or, between internal system and external environment, my respondents reported tending to select basic medical recipes from Chinese medical texts and to modify the quantity or types of herbal medicines in the recipes for each patient. CM is based on a historic literature, and even a seemingly basic medical recipe might have different editions which can provide practitioners with different combination of herbal medicines (see for example, *Zhongjing Zhang* 張仲景, 150~154-215~219). I also asked my respondents about the processing methods and refer to their responses in the section below. Most of the decoctions should be cooked for two to three times which is able to enhance their efficacy. The *Xiamen Hospital of TCM* also sells *Dai Jian Zhong Yao* 代煎中藥 medicines in tea bags for more convenient use. There are various ways for processing sliced herbal

medicines before cooking them to make a decoction. According to my respondents, some sliced herbal medicines need to be soaked in the water for about half of hour before simmering them to make a decoction and others need to be soaked and the boiled for many hours at a very low heat. All emphasized that *Jian Yao* 煎藥 / making decoctions can be difficult and complicated since both the duration of time cooked, the temperature and so on have to be meticulously followed. My respondents cited this aspect as a major reason the pharmacy sells this kind of medicine which is already processed and packed in small tea bags. When patients need to drink the decoction, s/he can heat the medicines in the tea bags with hot water. Even more recently, patients can buy an automatic electronic device for making decoctions, which is much more convenient than cooking decoctions in a traditional medical pot.

Furthermore, some practitioners have developed a preference for utilizing patent medicine, which is extracted or made from Chinese herbal medicines and is regulated by the *Ministry of Health*. Some classic medical recipes, such as *Shengmai Decoction* 生脈飲/生脈散 and *Liuweidihuang Pill*, a patented medicine, have been modified across generations and continue to be incorporated into the CM approach. Although the efficacy of patent medicines might be satisfying for common medical cases, my respondents sometimes prefer prescribing a specific medical recipe for particular cases noting that the condition of some patients might be very complicated. Moreover, the condition of the body differs

among patients, and practitioners sometimes need to diagnose patients more than one time and/or edit medical recipes, as well as possibly use some other types of CM in combination. Practitioners who need to edit a medical recipe have different resources such as the internet, textbooks and medical magazines (some of my respondents even read biomedical articles) for searching medical recipes and other medical cases.

In the next section, I provide some of the medical recipes gathered from my respondents that they invoked when I asked them to share some medical recipes with me in relation to my project. I have included below all the recipes that were noted by at least two or more of my seven respondents. I will list common diseases / *Zheng 證* A-D and one to four medical recipes after an explanation of *Zheng 證* A-D in CM. I have not included the quantities as some respondents did not detail that, and there was some variation in the amounts noted. As previously noted, my respondents, all of whom were practitioners who work in TCM hospital use computer and electronic medical system for prescribing medical recipes and there may be some individual variations on them by practitioner. Medical recipes are printed in simplified/modern Chinese, not ancient Chinese as I assumed at the start of this project.

6.1.1 Medical Recipe A for *Zheng 證 A: Er Chen Decoction 二陳湯* (*Tai Ping Hui Min He Ji Ju Fang 太平惠民和劑局方*)

Component: *Ban Xia 半夏* Pinellia Ternata (should be cooked with hot water for seven times<sup>xi</sup>), *Ju Hong 橘紅* Exocarpium Citri Rubrum *Bai Fu Ling 白茯苓* Poria *Gan Cao 甘草* Licorice (*Zhi 炙*/Stiring Licorice with some special liquid ingredients such as wine), which is one of the ways to make sliced herbal medicines,

Directions: Adding seven pieces of sliced ginger, a smoked plum and cooking with hot water.

Efficacy: Regulating Qi and Adding dryness to balance wet in the spleen, maintaining the functions (transporting and transforming substances in the body) of spleen, reducing phlegm.

Disease: *Tan Shi Zheng 痰濕證* Phlegm and Wet Disease, The spleen takes charge of transforming liquid in the body and phlegm is considered as one of the humours in CM so that the deficiency of spleen can cause excess phlegm. *Pi Xu Zheng 脾虛證* The Deficiency of Spleen, Mucosal Disease in *Kou Zhou* such as Oral Ulcers, Cough.

Note: Using this recipe to treat patients who have dry cough due to Yin deficiency and bloody phlegm should be careful. The monarch drug (see for example, Farquhar, 1994) in this recipe is *Ban Xia 半夏* Pinellia Ternata, which is warm and dry, and can be helpful for reducing wet and phlegm, clearing stuffiness and recuperating the stomach. The relationship between stomach and spleen is very close. *Ju Hong 橘紅* regulates Qi and

reduce phlegm. Adding ginger can make up for the side effects of *Ban Xia* 半夏. The smoke plum would reduce the pungent scent of *Ban Xia* 半夏.

6.1.2 Medical Recipe B for *Zheng* 證 A: *Liu Jun Zi Decoction* 六君子湯 (*Yi Xue Zheng Zhuan* 醫學正傳)

Component: *Chen Pi* 陳皮 Dried Orange Peel *Ban Xia* 半夏 Pinellia Ternata, *Fu Ling* 茯苓 Poria Cocos *Gan Cao* 甘草 Licorice *Ren Shen* 人參 Ginseng *Bai Shu* 白術 *Attractylodis Macrocephalae Rhizoma*

Directions: Cut these herbal medicines into slices (2-3mm). Adding two Ziziphus Jujuba and three pieces of ginger, and cook them with fresh water.

Efficacy: Promoting *Qi* and strengthening the spleen, adding dryness to balance the wet in the spleen and reducing phlegm.

Disease: *Tan Shi Zheng* 痰濕證 Phlegm and Wet Disease, *Pi Wei Qi Xu* 脾胃氣虛 (The Deficiency of *Qi* in the Spleen and Stomach ), Mucosal Disease in *Kou Zhou* such as Oral Ulcers.

According to the respondent C, this medical recipe strengthens the *Qi* and promotes transformation and transportation of substances in the body in a peaceful way. The monarch drug in this recipe is ginseng, which promotes *Qi* in the spleen and stomach, strengthens the spleen and lung, and nourishes *Yin* and humours and so on. *Chen Pi* 陳皮 helps clear stagnation and promote appetite. *Ban Xia* 半夏 reduces phlegm and swelling in the spleen.



*Bai Shu* 白術 strengthens the spleen. *Fu Ling* 茯苓 strengthens the spleen and can help the body move wet to the lower part of the body which leads to diuresis. *Gan Cao* 甘草 would take care of the stomach. *Chen Pi* 陳皮, *Fu Ling* 茯苓 and *Gan Cao* 甘草 are all edible herbal medicines, and Chinese also add *Chen Pi* 陳皮 and ginger to their daily dishes. For instance, some Cantonese use *Chen Pi* 陳皮 to make *Chen Pi Ya* 陳皮鴨 (Stewed Duck with Orange Peel), and some citizen in Xiamen use ginger to make *Jiang Mu Ya* 姜母鴨 (Ginger Duck).

#### 6.1.3 Medical Recipe C for *Zheng* 證 A: *Sheng Mai Decoction* 生脈飲/生脈散 (*Yi Xue Qi Yuan* 醫學啟源)

Component: *Mai Dong* 麥冬 Dwarf Lilyturf, *Wu Wei Zi* 五味子 Five-Flavor Berry, *Ren Shen* 人參 Ginseng

Directions: Adding water and make into a decoction.

Efficacy: Promoting Qi and humours, accumulating the *Yin* and suppressing sweat.

Disease: Hot Disease (patient might have oral ulcers, gingivitis, dry and red tongue, less coating of the tongue, dry throat, thirst, sunstroke and so on), 久咳傷肺、氣陰兩虛證 (The *Qi* and *Yin* Deficiency of Lung due to a Prolonged Cough).

Note: This medical recipe is very simple and useful. Patients can also get this medicine directly from the pharmacy instead of cooking a decoction, as it has been made as a patent medicine. Ginseng is the monarch drug which can nourish humours and *Qi* in the lung and

spleen. According to two of my respondents (aged 48 and 30), *Mai Dong* 麥冬 is sweet and gentle, and can nourishing Yin in different organs such as the stomach so that this basic medical recipe can also be used for dealing with excess fire and *Yin* deficiency in the stomach. When asked about this, one of my respondents invoked the *Shennong's Classic of Materia Medica*, *Mai Dong* 麥冬 is in the top grade of herbs - 久服輕身, 不老不饑 (If people consume *Mai Dong* 麥冬 frequently, their body would feel light and it can help them not to feel hungry as well as feel and look younger). Another respondent noted that adding *Mai Dong* 麥冬 to this recipe can help Ginseng to nourish the *Yin* in the body. *Wu Wei Zi* 五味子 is sour and can regulate *Yin*, suppress sweat and regulate *Qi* in the lung for reducing cough.

#### 6.1.4 Medical Recipe D for *Zheng* 證 A: *Xie Huang San* 泄黃散 (*Xiao Er Yao Zheng Zhi Jue* 小兒藥證直訣)

Component: *Huo Xiang Ye* 藿香葉 Patchouli Leaf, *Shan Zhi Ren* 山梔仁 The Fruit of Gardenia Jasminoides *Shi Gao* 石膏 Gypsum Fibrosum , *Gan Cao* 甘草 *Fang Feng* 防風 *Radix Saposhnikovia* (去蘆 cutting off the top of it, 切 cutting into slices, 焙 putting it into a pot and frying it over the low heat, stirring it until it turns to another color and becomes crispy).

Directions: Crush these materials and gently simmer the powder with honey and wine to make almost a clumpy powder that can be further powdered. Cook powder with water when

the decoction is about half what you started with, it is ready.

Efficacy: Reduces excess fire or *Fu Huo* 伏火 (latent excess fire) in the spleen.

Disease: Oral ulcers, Oral Putrescence and Halitosis caused by *Fu Huo* 伏火 in the Spleen and Stomach.

Note: Patients who have *Fu Huo* 伏火 in the spleen and stomach might have following symptoms, 煩渴易饑 Feeling Thirsty (due to the Deficiency of Humour) and Hungry, 口燥唇幹 Dryness in the Mouth or on the Lips, 舌紅脈數 Red Tongue and Rapid Pulse, 脾熱弄舌 Tongue Moves Back and Forth/Licking the lips Constantly due to Excess Fire in the Spleen or Heart. *Shi Gao* 石膏 is not a type of herbal medicine but a mineral. *Shi Gao* 石膏 is pungent, sweet and a little cold, and it has been widely used in treatments of cold or hot disease and stroke. *Shi Gao* 石膏 and *Shan Zhi Ren* 山梔仁 clear away the heat and excess fire in the spleen and stomach so that both of them are monarch medicines in this recipe. *Huo Xiang Ye* 藿香葉 regulates Qi in the spleen for promoting the transportation and transformation in the spleen and stomach so that the abnormal fermentation in the stomach can be cleared, which can treat halitosis. *Gan Cao* 甘草 is gentle so that it can relieve the spleen and stomach (reducing fire in a gentle way), and it also mediates other medicines in this medical recipe. Several respondents emphasized the importance of honey as it is sweet, non-poisonous and gentle, it can reduce the pain, nourish the *Qi* in the spleen and moisten internal organs. Respondent B cautioned that patients who have deficiency-cold syndrome in the spleen and stomach should not employ this recipe.

For patients who have ulcers on the tongue or halitosis, practitioners might add *Huang Lian* 黃連 Rhizoma Coptidis, *Sheng Ma* 升麻 Rhizoma Cimicifugae and *Ding Xiang* 丁香 Clove/ Syzygium Aromaticum. This medical recipe appears in the appendix of *Qing Wei San* 清胃散, and is known to clear excess fire and heat in the stomach. In CM, the five main organs are related to different colors. For instance, the color of the spleen is yellow so that *Huang* 黃 in this medical recipe refers to the spleen. Some practitioners also employ this medical recipe for dealing with diseases in relation to the stomach.

## 6.2 Zheng 證 B: *Wei Re Chi Sheng Zheng* 胃熱熾盛證

While the spleen is *Yin* Earth, the stomach is *Yang* Earth. Earth is one of the Five Elements and main internal organs such as the heart and spleen refer to different elements in CM (see for example, Hsu, 2011). The stomach is characterised by *Zhong Yi* as having three functions-*Shou Na* 受納/Receiving water and food in the body, *Fu Shu* 腐熟 (this Chinese medical term refers to initial digestion of food and water in the stomach) and *He Jiang* 和降 (The *Qi* of stomach generally moves downward). The stomach loves moistness and hates dryness, as several respondents noted. The stomach and spleen are both located in the *Zhong Jiao* 中焦 (middle part of body in CM) and work together to transfer food and water into blood and *Qi* in the body.

When one of the functions- *He Jiang* 和降 is disabled due to excess fire/ *Shi Huo* 實火 in the stomach, patients might have epigastralgia, rapid pulse, thirst, *Xiao Gu Shan Ji* 消谷善饑 (excess appetite), halitosis, gingivitis, sore gums, gingival atrophy, constipation, red tongue, yellow coating of tongue, preferences of cold drink and so on.

#### 6.2.1 Medical Recipe A for *Zheng* 證 B: *Qing Wei San* 清胃散 (*Pi Wei Lun* 脾胃論)

Component: *Sheng Di Huang* 生地黃/*Sheng Di* 生地 Radix Rehmanniae, *Dang Gui Shen* 當歸身 The Body of Angelica Root<sup>xii</sup>, *Mu Dan Pi* 牡丹皮 Tree Peony Bark, *Huang Lian* 黃連 Rhizoma Coptidis ( my respondents commented that the amount of Huang Lian is unstable), *Sheng Ma* 升麻 Rhizoma Cimicifugae

Directions: Crush these materials for one decoction, and then cook them with water (about 200 ml), when it remains 70% of water, it is done. Removing the dregs of decoction and waiting until the decoction is cool.

Efficacy: Clearing the stomach and cooling the blood.

Disease: Excess Fire in the Stomach, Toothache, Oral Ulcers, Gingivitis, Tonsillitis.

Note: Patients might also have headache, gingivitis, bleeding due to gingival atrophy, halitosis, red tongue, yellow coating of tongue, thirst and so on. For patients who have a sore throat, practitioners might add *Yin Hua* 銀花 Honeysuckle Flower, *Lian Qiao* 連翹 Forsythia Suspensa, *Jie Geng* 桔梗 The Root of Platycodon Grandiflorus and *Chuan Xin*

*Lian* 穿心蓮 *Andrographis Paniculata*. All my respondents agreed that the most important drug in this is *Huang Lian* 黃連, which is cold and bitter, and can reduce excess fire in the stomach. *Sheng Ma* 升麻 is sweet, pungent and a little cold, it is used in the medical recipes for treating excess in the fire frequently, and it also support *Huang Lian* 黃連 to remove the potential excess fire out in the stomach. *Mu Dan Pi* 牡丹皮 is bitter, pungent and a little cold, which make it an important medicine in this medical recipe for reducing excess fire and heat in the stomach. *Mu Dan Pi* 牡丹皮 also deals with congestion and swelling, which helps patients with toothache, gingivitis and oral ulcers relieve the pain. Angelica Root can nourish the blood and clear away blood stagnation.

#### 6.2.2 Medical Recipe B for *Zheng* 證 B: *Da Cheng Qi Tang* 大承氣湯 (傷寒論 *The Treatise on Cold Damage Disorders*)

Component: *Da Huang* 大黃 *Radix Et Rhizoma Rhei*, *Hou Pu* 厚樸 *Magnolia Bark/Bark of *Mangnolia Officinalis** (Removing the peel, *Zhi* 炙/Stiring Licorice with some special liquid ingredients), *Zhi Shi* 枳實 *Fructus Aurantii Immaturus* (*Zhi* 炙), *Mang Xiao* 芒硝 *Natrii Sulfas*.

Directions: Add water, *Hou Pu* 厚樸 and *Zhi Shi* 枳實 first, then adding the *Da Huang* 大黃 to make a decoction. Finally, add and dissolve *Mang Xiao* 芒硝 in this decoction.

Cooking *Da Huang* 大黃 and *Mang Xiao* 芒硝 for a long time would affect the purgative efficacy of this medical recipe.

Efficacy: Clear away internal stagnation due to excess *Shi Huo* 實火.

Disease: *Yang Ming Fu Shi Zheng* 陽明腑實證 (This is also a *Shi Zheng* 實證. In *The Treatise on Cold Damage Disorders*, *Zhang Zhongjing* 張仲景 divided the *Zheng* 證 of CM into six types named *Liu Jing* 六經 such as *Yang Ming Zheng* 陽明證. *Yang Ming* 陽明證 usually refer to the *Shi Zheng* 實證 in the stomach. Patients with *Yang Ming* 陽明證 have constipation and hot disease. When the internal pathogenic heat from the stomach encounters and struggled with excretion in the intestine, the excretion would be dry and stagnated, which is understood as *Yang Ming Fu Shi Zheng* 陽明腑實證. Patients might also have sunken and solid pulse; or *Re Jie Pang Liu Zheng* 熱結旁流, fecal impaction with diarrhea. When the fecal excretion in the intestine is stagnated, the humours in the intestine flow down.) and so on.

Note: There are three types of *Cheng Qi Tang* 承氣湯 in the *傷寒論* *The Treatise on Cold Damage Disorders* named *Da Cheng Qi Tang* 大承氣湯, *Xiao Cheng Qi Tang* 小承氣湯 and *Tiao Wei Cheng Qi Tang* 調胃承氣湯, all of which use *Da Huang* 大黃 for reduce excess fire in the stomach and have differences in their components. *Da Cheng Qi Tang* 大承氣湯 is one of the common basic medical recipes for treating *Shi Zheng* 實證. When there is excess fire in the stomach, the *Qi* in the stomach is also stagnated. *Cheng Qi Tang* 承氣湯 is cold and strong, which help patients clear away *Qi* stagnation or disorder in their stomach and might also do harm to the (vital) *Qi* in the stomach. For patients who are weak (especially for elders, children and pregnant women), practitioners should be careful

in editing this medical recipe or choose other basic recipes. Apart from *Da Huang* 大黃, the amount of *Hou Pu* 厚樸 is double. *Hou Pu* 厚樸 is also a monarch drug, and can regulate *Qi* and clear distention and fullness in the stomach. This medical recipe focus on clear away stagnation by dealing with *Qi* movement. *Mang Xiao* 芒硝 is salty, bitter and cold, *Mang Xiao* 芒硝 reduces fire, heat and swollen, nourishes dryness, softens fecal excretion.

### 6.3 Zheng 證 C: *Wei Yin Xu Zheng* 胃陰虛證

Compared to *Wei Re Chi Sheng Zheng* 胃熱熾盛證, *Wei Yin Xu Zheng* 胃陰虛證

Is a *Xu Zheng* 虛證 caused by the deficiency of *Yin* in the stomach. *Wei Yin Xu Zheng* 胃陰虛證 sometimes happen in the late stage of hot disease, or caused by unhealthy diet (spicy and dry food), excess fire due to *Qi* stagnation, emotional excesses and so on. Under this circumstance, the functions of stomach such as *Shou Na* 受納 and *He Jiang* 和降 would be disabled and humours in the stomach are deleted. Patients might feel hungry but have poor appetite, or have map tongue, red tongue, dry throat and mouth, constipation, rapid pulse and so on.



### 6.3.1 Medical Recipe A for Zheng 證 C: Xie Huang San 泄黃散

Note: This medical recipe can be used for dealing with excess fire in the spleen and stomach.

Some respondents tend to use few basic medical recipes for different diseases.

### 6.3.2 Medical Recipe B for Zheng 證 C: Yi Wei Tang 益胃湯 (Wen Bing Tiao Bian 溫病條辨)

Component: *Sha Shen* 沙參 Radix Adenophorae, *Mai Dong* 麥冬, *Bing Tang* 冰糖 crystal sugar, *Xi Sheng Di* 細生地/ *Sheng Di* 生地 Radix Rehmanniae, *Yu Zhu* 玉竹 Rhizoma Polygonati Odorati (*Chao Xiang* 炒香/Stirring it with some materials, which is a common way of processing Chinese herbal medicine)

Directions: Making them a decoction.

Efficacy: Nourishing *Yin* and the stomach.

Disease: *Wei Yin Bu Zu Zheng* 胃陰不足證 (Yin Deficiency in the Stomach).

One of my respondents emphasized that this medical recipe is gentle, sweet and cool, and concentrates on taking care of the stomach. *Mai Dong* 麥冬 and *Sheng Di* 生地 are sweet and cold, and can nourish Yin and reduce fire so that they are monarch drugs in this medical recipe. *Sheng Di* 生地 and *Sha Shen* 沙參 support monarch drugs to nourish *Yin* and humours in the stomach. *Bing Tang* 冰糖 mediates medicines above in this recipe.

#### 6.4 Zheng 證 D: *Gan Huo Chi Sheng Zheng* 肝火熾盛證

In CM, apart from the blood fluid in the body, the rest of blood (blood of *Yin*) is stored in the liver and liver regulates the movement of *Qi* and blood in the body. My respondents noted that some people who have emotional excesses would have *Qi* stagnation in their liver, as liver takes charge of emotions in CM (see for example, Ni, 1995; Hsu, 2011; Zhang, 2007). The *Qi* stagnation in liver can lead to excess fire (which is generally *Shi Huo* 實火) in the liver and can finally cause *Gan Huo Chi Sheng Zheng* 肝火熾盛證. During my interviews, my respondents noted that most patients with excess fire and *Qi* stagnation in the liver are adults, who might face more pressure from the living expenses, study, social interaction, work and family. Therefore, *Gan Huo Chi Sheng Zheng* 肝火熾盛證 is sometimes considered as an emotional disease. Also, *Gan Huo Chi Sheng Zheng* 肝火熾盛證 can be caused by external pathogenic fire (such as the *Huo* 火/fire in the *Liu Yin* 六淫), spicy food such as cigarette and alcohol. The excess fire in the liver would flow upward and lead to headache, costalgia, tinnitus, irritation, insomnia, bitter taste, thirst, oral ulcers and so on. Patients might also have red or yellow coating of tongue.

Also, the pathological issues in the liver could cause diseases in the spleen and stomach according to my respondents. When the liver cannot supply enough blood for other organs to clear stagnation in the spleen and stomach, or when the *Qi* in the spleen and stomach is out of control, the digestion and transformation of nutrition in the body would be stagnated.

This is echoed by Ni (1995) and Zhang (2007). Furthermore, the liver can store and produce bile so that some diseases in relation to stomach and spleen, or digestion, are caused by imbalances of liver. Additionally, when deficient blood stored in the liver it can do harm to the eyes.

Respondent B also noted that her mother got bronchitis and cough due to emotional excesses. Emotional excesses are more common among adults instead of children, as the preschool children are under less pressure from the social environment. But children who have already attended school might receive too much pressure from homework and their families, which might cause hand shaking, *Kou She Wai Xie* 口舌歪斜 (The Distorted Mouth and Tongue) and *Yan Yu Jian Se* 言語蹇澀 (Sluggish Speech) according to the same respondent.

#### 6.4.1 Medical Recipe A for Zheng 證 D: 龍膽瀉肝湯 (*Yi Fang Ji Jie* 醫方集解)

Component: *Long Dan Cao* 龍膽草 Chinese Gentian (*Jiu Chao* 酒炒/frying with wine and other materials before making this decoction), *Huang Cen* 黃芩 Scutellaria (*Chao* 炒, frying with other materials before making the decoction), *Zhi Zi* 梔子 Jasmine/ Gardenia Jasminoides (*Jiu Chao* 酒炒), *Ze Xie* 澤瀉 Rhizoma Alismatis, *Mu Tong* 木通 Akebia quinata), *Che Qian Zi* 車前子 Plantain Seed, *Dang Gui* 當歸 *Angelica Sinensis* (*Jiu Xi*

酒洗/Herbal medicines would be soaked in wine and other materials, which is a traditional method to process Chinese herbal medicines.), *Sheng Di Huang* 生地黃 (*Jiu Chao* 酒炒), *Chai Hu* 柴胡 Radix Bupleuri, *Gan Cao* 甘草 (raw).

Directions: Adding water and making it a decoction. This medical recipe can also be made to pills (6-9g per), which should be taken twice a day with warm water. For some acute diseases, employing decoctions is better than taking pills. But sometimes the smell or scent of decoctions might be bad, and pills are more convenient and taste better

Efficacy: Reducing *Shi Huo* 實火 in the liver, *Shi Re* 濕熱 in the *Gan Jing* 肝經 (*Gan Jing* 肝經 is one of the essential vessels in the body and has close relationship with the liver).

Diseases: *Gan Huo Chi Sheng Zheng* 肝火熾盛證 and other *Gan Dan Shi Huo Shang Yan Zheng* 肝膽實火上炎癥 (diseases caused by *Shi Huo* 實火 in the liver and bladder), *Gan Jing Shi Re Xia Zhu Zheng* 肝經濕熱下註證 (the *Shi Re* 濕熱 in the *Gan Jing* 肝經 is transported to the lower part of the body, which causes swollen and itch of perineum).

Note: The monarch drug - *Long Dan Cao* 龍膽草 is very bitter and cold, which is of great significant for reducing excess fire and wet in the liver. *Huang Cen* 黃芩 and *Zhi Zi* 梔子 can reduce excess fire and add dryness in the liver. *Zhi Zi* 梔子 would also protect the liver and blood. When there is excess fire in the liver, the blood of *Yin* in the liver is generally reduced, so *Dang Gui* 當歸 and *Sheng Di Huang* 生地黃 are very important herbal medicines for nourishing the blood of *Yin* in the liver. When the blood of liver is

abundant, the function of liver would be promoted too. *Gan Cao* 甘草 is a gentle medicine and can prevent this medical recipe from being too strong for patients who are weak, especially for young patients and elders. A respondent also noted that they employ *Yin Chen* 茵陳 *Herba Artemisiae Scopariae* and *Long Dan Cao* 龍膽草 to deal with excess fire in the liver.

Although Chinese medical practitioners have several basic medical recipes such as the ones I discussed above, some patients might have different situations and particular requirements so that practitioners need to edit the medical recipe. What this means is that practitioners might change the usage and types of medicines of one or several basic recipes based on the different situation of the patient. For instance, when patients have severe diseases or rare disease, or, when patients are at the different stages of an illness, practitioners might modify the recipe. If patients are children and elders, some practitioners would add medicines for taking care of the spleen and stomach of patients. Some practitioners also use common recipes which are circulated among colleagues or edit their own recipes.

In the above section, I selected nine medical recipes that my respondents shared and emphasized as important to health maintenance. They draw on these formulae and also edit them for individual cases. In the next section I examine patent medicine.

## 6.5 Patent Medicine

Patent medicine are also considered a significant part in CM. Some patent medicines are extracted from Chinese herbal medicine so that some contend that patent medicine is not real Chinese medicine (see for example, Scheid, 2002; Hsu, 1999). However, three out of seven of my respondents view patent medicine as an important part of CM and noted that they sometimes prefer prescribing patent medicine. Two respondents had mixed feeling about patent medicines only using them if the indigenous form was unavailable. On the one hand, Chinese government has national regulations for making patent medicine, which is recognized by secular science and undergone several clinical tests. Respondent G noted that patients who prefer biomedicine might be more satisfied with patent medicine. On the other hand, practitioners who have limited experience in amending his/her own medical recipes, or do not have enough time to prescribe medical recipes for each patient would also be more likely to use patent medicine. Also, all my respondents noted that patients who do not want to cook decoctions would like to have, and/or prefer patent medicine. Some of my respondents prescribe *Shengmai Decoction* 生脈飲, Huanglianjiedu Tablet 黃連解毒片, Huangliansanqing Pill 黃連三清丸 and Xi Gua Shuang 西瓜霜 (Citrulli Degelatinatum) for oral ulcers, and employ Liuweidihuang Pill 六味地黃丸 and Zhibaidihuang Pill 知柏地黃丸 for gingivitis. These are all patent medicines. It is also

worth noting that one respondent utilizes biomedical prescriptions for , iron supplements, to deal with *Xue Xu* 血虛 blood deficiency, and another practitioner suggests Vitamin B2 supplement and food containing Vitamin B2 for treating oral ulcers.

## 6.6 Dietetics in CM

Respondent G noted that in ancient China, medical practitioners divided medicines into different grades. For instance, in the medical classic *Shennong's Classic of Materia Medica*, medicines are divided into *Shang Pin* 上品 (upper class), *Zhong Pin* 中品 (middle class) and *Xia Pin* 下品 (lower class). Some herbal medicines such as ginseng, *Fu Ling* 茯苓, *Yin Chen* 茵陳, *Gou Qi* 枸杞 (Chinese wolfberry/*lycium barbarum*) are edible foods and also considered as medicines. For instance, some food such as salt is considered as food and medicine for cleaning mouth and teeth by members of the aristocratic families according to one respondent, as the production and circulation of salt are controlled by the upper class in ancient China. According to respondent F I interviewed, some Chinese also drink tea containing edible Chinese herbal medicines such as *Gou Qi* 枸杞 and chrysanthemum to replace the decoctions for reducing the halitosis and excess fire, which is also a modern practice.

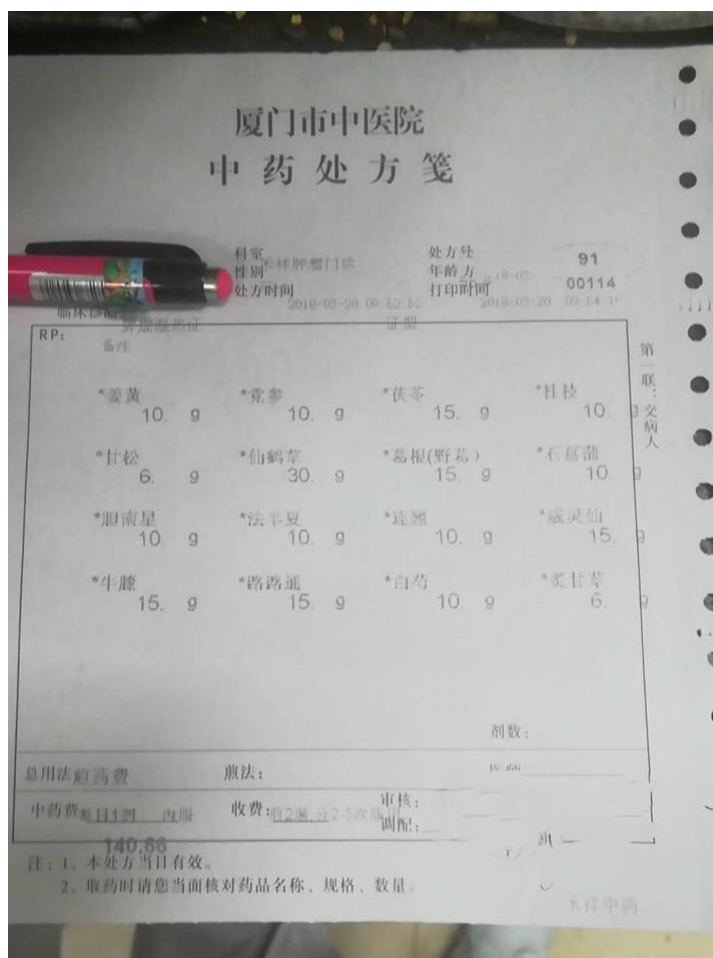
Apart from *Yin* deficiency in the stomach, *Xue Xu* 血虛 (blood deficiency) can also cause

pale tongue or map tongue. CM has plenty of medical recipes such as *Dang Gui Bu Xue Tang* 當歸補血湯 and *Gui Pi Tang* 歸脾湯 for dealing with *Xue Xu* 血虛 (see for example, *Nei Wai Shang Bian Gan Lun* 內外傷辨感論, *Ji Sheng Fang* 濟生方), but my respondents tend to employ dietetic treatment for treating patients with *Xue Xu* 血虛, especially young patients. Children are not supposed to have too many tonics, as they can lead to sexual precocity. In this respect, one respondent uses dietetic treatment and suggests that patients who have *Xue Xu* 血虛 should have more food for nourishing blood such as pork liver, pork blood, lean pork, egg yolk and so on in their daily life. Also, patients with oral ulcers are encouraged to have more vegetable and fruit. Furthermore, one respondent combines the epistemological knowledge in biomedicine and dietetic treatment in CM for treating oral ulcers contending that oral ulcers are caused by a lack of Vitamin B2 and having more pork liver can help patient's intake more Vitamin B2.

#### **6.7 A Content Analysis of Medical Recipes for *Pi Xu Shi Re Zheng* 脾虛濕熱證**

I gathered several medical recipes for treating *Pi Xu Shi Re Zheng* 脾虛濕熱證. As noted above, practitioners who work in the TCM hospital use computer and electronic medical system for prescribing medical recipes and there may be some individual variations on them by practitioner.





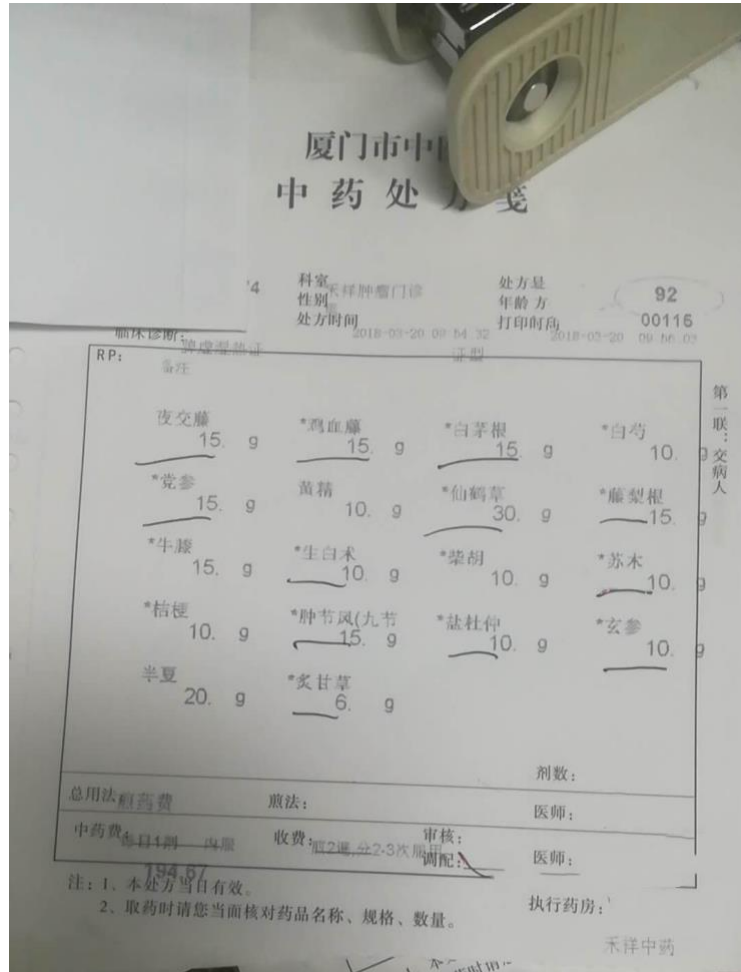
[ Figure 3 ]

The recipe generated above is referred to as *Pi Xu Shi Re Fang* 脾虚湿热方 for *Pi Xu Shi Re Zheng* 脾虚湿热证.

Component:

*Jiang Huang* 姜黄 *Curcuma Longa*, *Dang Shen* 党参 *Codonopsis Pilosula*, *Fu Ling* 茯苓 *Poria Cocos*, *Gui Zhi* 桂枝 *Cassia Twig/Ramulus Cinnamomi*, *Gan Song* 甘松 *Nardostachyos Root and Rhizome*, *Xian He Cao* 仙鹤草 *Agrimonia Pilosa*, *Ge Gen* 葛根 *Radix Puerariae*, *Shi Chang Pu* 石菖蒲 *Rhizoma Acori Graminei*, *Dan Nan Xing* 胆南

星 Arisaema Cum Bile, *Fa Ban Xia* 法半夏 Rhizoma Pinelliae, *Lian Qiao* 連翹 Fructus Forsythiae, *Wei Ling Xian* 威靈仙 Radix Clematidis, *Niu Xi* 牛膝 Radix Achyranthis Bidentatae, *Lu Lu Tong* 路路通 Beautiful Sweetgum Fruit, *Bai Shao* 白芍 Radix Paeoniae Alba, *Gan Cao* 甘草 Licorice (*Zhi 炙*).



[ Figure 4 ]

The recipe generated above is also referred to as *Pi Xu Shi Re Fang* 脾虛濕熱方 for *Pi Xu Shi Re Zheng* 脾虛濕熱證.

Component: *Ye Jiao Teng* 夜交藤 *Caulis Polygoni Multiflori*, *Ji Xue Teng* 雞血藤

Caulis Spatholobi, *Bai Mao Gen* 白茅根 Rhizoma Imperatae, *Bai Shao* 白芍 Radix Paeoniae Alba, *Dang Shen* 黨參 Codonopsis Pilosula, *Huang Jing* 黃精 Rhizoma Polygonati, *Xian He Cao* 仙鶴草 Agrimonia Pilosa, *Teng Li Gen* 藤梨根 Radix Actinidiae Chinensis, *Niu Xi* 牛膝 Radix Achyranthis Bidentatae, *Sheng Bai Shu* 生白術 Atractylodis Macrocephalae Rhizoma, *Chai Hu* 柴胡 Radix Bupleuri, *Su Mu* 蘇木 Lignum Sappan, *Jie Geng* 桔梗 The Root of Platycodon Grandiflorus, *Zhong Jie Feng* 腫節風 Herba Sarcandrae, *Yan Du Zhong* 鹽杜仲 Cortex Eucommiae, *Xuan Shen* 玄參 Radix Scrophulariae, *Ban Xia* 半夏 Rhizoma Pinelliae, *Gan Cao* 甘草 Licorice (*Zhi* 炙).

These two medical recipes focus on treating *Yin* deficiency and excess fire in the spleen. They both employ *Bai Shao* 白芍, *Dang Shen* 黨參, *Xian He Cao* 仙鶴草, *Niu Xi* 牛膝 and *Gan Cao* 甘草. *Xian He Cao* 仙鶴草 is the essential drug in these two medical recipes. *Xian He Cao* 仙鶴草 is bitter and tart, it is widely used for dealing with blood bleeding, illnesses in relation to the spleen and stomach, eparsalgia, cancer, diarrhea and so on. *Yin* deficiency in the spleen would cause stagnation of *Qi* and blood so that the function of spleen would be disabled and might lead to diarrhea, fecal excretion and so on. *Xian He Cao* 仙鶴草 not only nourishes *Yin*, *Qi* and blood (humours) *Yin* in the spleen, but also deals with diarrhea. In the *Shennong's Classic of Materia Medica*, *Bai Shao* 白芍 is a medicine for nourishing blood. *Niu Xi* 牛膝 can promote the circulation of blood. *Dang Shen* 黨參 is usually used for strengthening the spleen. *Gan Cao* 甘草 is a very common

medicine for taking care of spleen and stomach.

Whereas the former recipe employs *Dang Shen* 黨參 and *Fu Ling* 茯苓, the later one employs *Dang Shen* 黨參 and *Sheng Bai Shu* 生白術 for strengthening the spleen. *Shennong's Classic of Materia Medica*, *Fu Ling* 茯苓 is pale and gentle, it promotes diuresis, clear swollen and tranquilizes the mind. *Sheng Bai Shu* 生白術 is widely used in suppressing sweat, preventing miscarriage and promoting diuresis. To promote the circulation of blood, the former recipe uses *Jiang Huang* 姜黃 and *Niu Xi* 牛膝, while the another recipe employs *Niu Xi* 牛膝 and *Ji Xue Teng* 雞血藤.

*Fa Ban Xia* 法半夏 and *Ban Xia* 半夏 are both *Rhizoma Pinelliae* in English. Adding 15% of *Gan Cao* 甘草 and 10% of quick lime to undergo some certain processes can produce *Fa Ban Xia* 法半夏 so that *Fa Ban Xia* 法半夏 can be understood as a type of *Ban Xia* 半夏. *Fa Ban Xia* 法半夏 and *Ban Xia* 半夏 can both add dryness in the spleen, and reduce cough and phlegm. To deal with phlegm, the former recipe employs *Fa Ban Xia* 法半夏 and *Dan Nan Xing* 膽南星, while the later one employs *Ban Xia* 半夏 and *Jie Geng* 桔梗. *Dan Nan Xing* 膽南星 and *Jie Geng* 桔梗 both can reduce excess fire and phlegm, but they still have differences. *Jie Geng* 桔梗 is bitter, pungent and gentle, and can regulate Qi and relieve lung, reduce phlegm, relieve throat and discharge pus. *Jie Geng* 桔梗 are widely used in different cold and hot diseases. *Dan Nan Xing* 膽南星 is

bitter, a little bit pungent, and good at dealing with *Feng* 風 (wind) and tranquilizing the mind (see for example, Gansheng Zhong et al. , 2016). The medicine *Ye Jiao Teng* 夜交藤 in the later recipe can also help patients tranquilize the mind.

Owing to the clinical experiences and clinical expertise of *Zhong Yi*, different basic or common medical recipes will emerge. Practitioners employ different combinations of medicines to promote the efficacy of their medical recipe. There are no specific standards in editing these medical recipes and the system of medical recipes in CM is like an infinite database that can be tailored for each individual patient.

## 6.8 Conclusion

In this chapter I explored the understandings of *Zheng* 證-disease in CM. I also explored some common diseases and their basic medical recipes from my respondents. *Zhong Yi* take advantages from different foreign and domestic, or ancient and modern ingredients to modify their medical recipes. One recipe might be used for different diseases, and one disease can have several treatments and medical recipes. In next chapter I will conclude the thesis by considering how and why people consult a dentist or a *Zhong Yi*.

## Chapter 7 Conclusion

### 7.1 Experiences with Dentist

I will conclude this thesis by referring back to a research project I conducted in 2014 on the understandings of oral health issues and oral care among dentist and patients in Xiamen.

I employed participant observation and semi-structured interviews with eleven people in Xiamen with approved of my BA supervisor and university. Each interview took about one hour. I focused on the people's understandings of oral health and oral care with a focus of following questions: Under what circumstances would they consult a dentist or *Zhong Yi*? What kind of treatment do they prefer and why? Do they think they have maintained good oral health and why? How do they maintain or promote their oral health in daily life?

What I found is that although dentistry has been in China since the 20<sup>th</sup> century, people still mainly draw on CM concepts such as *Shang Huo* 上火 / excess fire, and *Qing Re* 清熱 / reducing the heat. But the Chinese government realized the necessary of promoting dentistry in 1987 and initiated the 'Love Teeth Day' campaign in 1989. The development of modern dentistry started late. Many Chinese people are still not familiar with the standards of oral health in modern dentistry, the rationale behind oral diseases and employment of oral treatments and products. Also, the lack of dental resources exerts large impact on the transmission of modern dentistry. Although Chinese people have begun to

build up their epistemological systems of oral health for several decades, compared to urban areas, the access to dental resources in some rural areas is quite limited (see for example, Dai, Hao, Li, Hu & Zhao, 2010).

Under this circumstance, although modern Dentistry, which is supported by biomedicine, modern science and biotechnology, has obtained some authority in China, many laypeople still do not have a deep or even a basic understanding of modern Dentistry (see for example, Dai, Hao, Li, Hu & Zhao, 2010), and do not seek out dentistry service regularly. Furthermore, they don't see their mouth as separated from the rest of the body, while modern dentistry concentrates on mouth and teeth instead of the whole body. It is also worth noting that some people also emphasized that they received high level education so that they would not employ Chinese medicines as it is not supported by secular science.

Dentists tend to diagnose patients' oral health condition under the guidance of biomedical epistemology, yet in China, some of them might, nonetheless, link patients' condition to a wider environment. Things like taking patients' daily activities and diet into consideration as *Zhong Yi* do, or suggesting to patients that they should select other kinds of treatments such as dietetic treatment for small ailments instead of taking antibiotic medicine or receiving oral surgeries. Under this circumstance, Chinese dentists build up a theoretical and practical system related to what I have explored in this thesis. They even sometimes

use terms in CM for diagnosis and prognosis, or conduct various treatments and emphasize prevention both of which form an important part in Chinese medicine, they are not able to tell patients the exact rationale behind such treatments or methods of prevention (Harmsworth & Lewith, 2001). Although it seems like that they borrow some ideas from Chinese medicine, they do not like to recommend Chinese medicine to their patients (Chung, Hillier, Lau, Wong, Yeoh, & Griffiths, 2011).

Whereas dentists consider a diverse set of criteria when diagnosing people including scent, appearance (color, size, structure), and the presence of wisdom teeth, tooth decay and periodontitis, people tended to evaluate their oral health condition by their direct feelings such as pain. My respondents considered the functionality or pragmatic needs of their teeth as the top priority in their understandings of oral health. For example, some respondents had their wisdom teeth, which was considered pathological by dentists, and it was suggested that they should extract those teeth. However, those respondents contended that wisdom teeth did not affect the functionality of their teeth such as abilities of biting and it was not necessary for them to receive a painful surgery. In CM, many illnesses can be prevented or improved, but not be cured, but the function of body must be guaranteed. In this respect, the behavior that my respondents tend to relieve the pain but not cure the oral disease, seems to be ally with this tenet in CM.



Furthermore, small oral ailments such as tooth decay without pain tended to be ignored by some of my respondents and it was not seen on an aesthetic issue. Some of my respondents worried about the side effects of biomedicine and biomedical oral treatments such as orthodontic surgery and maxillofacial surgery, and noted that they preferred to employ Chinese herbal medicines or folk medicine instead of biomedicine. Some respondents noted that they regulated their daily activities and modify diets, both of which are understood as essential methods to treat diseases by CM.

But without a doubt, oral beauty is becoming a hot topic among Chinese people. Many people talked about wanting to access methods of oral beauty such as laser treatment for whitening the teeth, dental cleaning, orthodontic treatments and so on. Some respondents noted that they had tried certain methods of oral beauty, but they were not satisfied with those treatments and consequently became afraid of the side effects of these treatments. For instance, some of them received dental cleaning, and all complained that dental cleaning was strong but could not remove tartar and dirt from their teeth perpetually, and a person might need to receive dental cleaning twice or three times per year so that dental cleaning could be a waste of money and time. However, people who wanted to achieve a better appearance might neglect the disadvantages of these treatments and instead are willing to undergo invasive oral surgeries such as the orthodontic surgery.

In recent years, the majority of people who turn to dentistry do so for surgeries, so as to make themselves more aesthetically appealing. There is a focus on a more westernized appearance (Gregory, Gibson & Robinson, 2005; Leem, 2016; Luo, 2013; Wickström, 2015), for an increased, and new, sense of “wellness” perhaps.

## **7.2 Self-treatment and Promoting Oral Beauty**

Although respondents consulted a dentist when they sought advice for a treatment or for other types of daily oral care, they finally employed self-treatments such as dietetic treatment, changing a healthy regime, using drugs privately and so on. Dietetic treatment is premier method of prevention and treatment in CM (see for example, Hsu, 2011). Some respondents preferred dietetic treatment instead of taking biomedicines as they believed that food is a “natural” product, while biomedicines are made of chemical compounds, or they considered them too strong and potentially harmful to their bodily systems. Also, they were afraid of the side effects an oral surgery might cause. Some respondents utilized chrysanthemum tea or green tea to relieve pain of their teeth or treat certain oral diseases such as ulcers, periodontitis and so on, which is accorded with CM. In order to promote their oral health, respondents also changed their diets by eating less hard food or having mild food (stopping having the food which is too cold or warm, or too stimulating such as spicy food and icy food), which is very similar to the ideas of nurturing life and prevention

in CM. Also, some knowledge about food's efficacy, qualities (hot, cold, poisonous and so on) or methods of application (choosing food ingredients, cooking process, methods of taking food and so on) have become common sense among Chinese people (see for example, Cullen, 1993).

Drawing on previous observation of dentists and their patients reveals that some ideas about health, medicine and technology are resilient. Concepts of prevention and treatment through food medicine, the idea that the mouth and teeth are parts of the rest of the body and concepts of aesthetics are among the salient elements. In the next section, I conclude my thesis.

### **7.3 *Zhong Yi* and Chinese Medicine, Final Thoughts**

I have explored the history and literature in the first part of my thesis, noting that missionaries made a huge contribution to the introduction of western medicine in China (see for example, Minden, 1994; Heinrich, 2008). They earned a reputation by dealing with fatal diseases such as Manchurian plague (see for example, Andrew, 2014; Lei, 2014). In the contemporary era, Southern-China became a semi-colonial society, and CM, became considered superstitious or outdated, and lost its legitimacy (see for example, Andrew, 2014).

Thus, CM has been devalued and erased from mainstream medical system till 1950s. But in the 1950s, Chinese national government started establishing a new medical system – TCM (Traditional Chinese Medicine), which incorporated tenets and practices from biomedicine and CM (see for example, Hsu, 1999; Schied, 2002; Lei, 2014). When CM evolved into TCM in 1950s, some outdated theories, which cannot be verified by secular science and clinical trials, have been eliminated in TCM, and *Zhong Yi* who learn TCM in universities and work in a TCM hospital are supposed to employ biomedical approaches as well. Under the circumstances, being a *Zhong Yi* seems to be more complicated than studying biomedicine. Many Chinese medical practitioners are, after all, required to acquire knowledge from two different medical systems and take advantage of both of them in clinical environments. It would be more complicated for a student to become a *Zhong Yi* than a biomedical practitioner, and the growth of *Zhong Yi* is slower than that of biomedical practitioners. These details might help us understand why there is only one TCM hospital in Xiamen city. One of my respondents also complained that as a *Zhong Yi*, he works for a long time per day and even needs to work in the night, and his salary is much lower than *Zhong Yi* in other western countries such as Canada and United States.

Moreover, although the establishment and development of TCM system are of great significance to the transmission of CM in the modern China, two of my respondents

complained that sometimes they are criticized by some practitioners from other countries or regions, such as Hong Kong, that the existence of TCM system verifies that the development of CM in Chinese society lost its purity. In this respect, TCM is not that traditional, but a result of industrialization. From their perspective, CM has been transferred across generations and rooted in the daily routine of Chinese people. For instance, some Chinese employ *Tai Chi* 太極 for exercises or deal with healthy issues by modifying diet (see for example, Scheid, 2002). Although in the TCM universities and hospitals, my respondents are required to employ medicines and practices recognized by national government, five out of seven practitioners emphasized the significance of dietetics or have employed food and folk medicine in their daily routine. Compared to TCM, CM refers to a wider empirical medical system that has been evolved for thousands of years and plays an essential role in Chinese social culture and Chinese daily life. It would, therefore, be very difficult to clarify a clear boundary between CM and TCM. Yet, all my respondents considered themselves as CM practitioners-*Zhong Yi* 中醫 but not as TCM practitioners. Therefore, in my thesis I generally employ CM instead of TCM.

It is quite contradictory that while science and biomedicine were considered as foreign elements in contemporary China. There has been pressure for CM to be verified and approved in secular science, making CM and especially its modern edition – TCM, a little embarrassing at times. For instance, one of my respondents told me that although some

tenets of CM such as the map of *Jing Mai* 經脈 cannot be approved by secular science, no one can assure that *Jing Mai* 經脈 is non-existent in the body. When it comes to dietetics, the nutritive or medical value of food such as edible bird's nest seems to be unsatisfying.

As the Chinese politician *Deng Xiao Ping* said, 'Science and technology are primary productive forces.' (Breslin, 1996) Promoting science and technology have become a top priority in the nation. In modern China, science is not a foreign element any more but has evolved into a new icon in every social aspect, and the Chinese government makes every effort to build up its own 'scientific' medical system (see for example, Lei, 2014). In TCM hospitals, practitioners who received a 'scientific' education would not employ treatments in relation to metaphysical and supernatural forces such as *Qi Gong* 氣功. Hsu (1999) interviewed a *Qi Gong* master when she conducted research in China. Although *Qi Gong* was not recognized by science, some people consulted a *Qi Gong* Master when they had no choice.

Under this circumstance, the situation of *Zhong Yi* is quite embarrassing in Chinese society. But when patients come for an incurable disease in biomedicine, they totally ignore the fact that CM emphasizes prevention yet diseases cannot be cured but improved in some Chinese medical texts (see for example, Ni, 1995; Hsu, 2011; Horden & Hsu, 2013; Andrew, 2014). Instead of making a 'miracle' (see for example, Zhan, 2001), *Zhong Yi* tend to deal with

the potential cause of illnesses before they happen (see for example, Zhan, 2009) and CM penetrates its tenets in relation to prevention to the patients' daily life.

Apart from prevention, I explore other essential elements such as *Jing* 精, *Qi* 氣, *Shen* 神 of CM in Chapter Five, all of which relate to 'Spirit' and play an essential role in constructing the body. *Yin Qi* 陰氣 and *Yang Qi* 陽氣 flow through the whole body and construct an internal balance. *Yin* and *Yang* play an important role in the diagnosis and diseases are caused by imbalances between them. *Shen* 神, which can be translated into spirit in English, is located in the heart in CM. Unlike biomedicine, the heart is considered the most important part of the body, as the 'Spirit' is stored in the heart. In this respect, the heart takes charge of emotions of a person.

Diseases can also be caused by imbalances in relation to emotional excesses (see for example, Zhang, 2007). As noted by my respondents, when a patient has suffered from emotional excesses, the result of biomedical body examinations such as blood tests might seem to be normal and this could mislead the diagnosis of *Zhong Yi* so that the discussion between patients and practitioners is very significant. *Zhong Yi* focus on our main steps- *Wang* 望, *Wen* 聞, *Wen* 問, *Qie* 切 (inspection/observation, auscultation and olfaction, discussion, and palpation/feeling the pulse). *Wen* 問 refers to the discussion of condition of disease between *Zhong Yi* and patients. When my respondents are not able to find the root

of disease in other ways, they tend to talk more with their patients to find out if their patients have emotional excesses due to some specific reasons such as examines, personal issues, social life and so on. Furthermore, as a holistic medical system, the outlook of a patient, such as the color of face, tongue and the condition of eyes can reflect the condition of *Jing* 精, *Qi* 氣, *Shen* 神 inside the body. Except pulse diagnosis and tongue diagnosis, checking ‘Spirit’ also makes sense in the clinical environment.

I also dealt with the concept of *Kou Zhou* 口周, which has similarities with the concept of oral system in biomedical dentistry, and generally refers to tongue, lips and throat in CM. Some practitioners also contend that the nose and upper jaw should be parts of *Kou Zhou* 口周. CM has its own medical system that it does not have a concept of “oral health” as every part of body might have a close relation, and has its own medical terms and explanations such as *Kou Zhou* of different parts of oral system. Unlike biomedicine, which concentrates on mouth and teeth separately (Nettleton, 1988), CM link parts of *Kou Zhou* 口周 to the rest of body that different parts of *Kou Zhou* 口周 can reflect the condition of internal organs relatively. For instance, the tip of the tongue is related to the heart so that when there is any healthy issue on the tip of tongue, *Zhong Yi* would analyze the imbalances in the heart instead of just dealing with pathological area on the tongue. Moreover, CM does not focus on teeth, which is considered as essential part of oral system in biomedicine.



As a holistic medical system, CM has its own empirical system to deal with common oral diseases. Medicine and food are still the premier method in CM for preventing and treating disease. I discussed different common diseases and some basic medical recipes noted by my respondents. Some of my respondents stated that they sometimes use patent medicine or basic medical recipes, but for patients who have unique issues such as special physical type, rare disease and so on, modifying a new recipe based on a basic one is necessary. How a practitioner modifies a specific recipe depends on his / her personal synthesis so a practitioner might use different recipes for patients with same health issues. The diagnosis and treatment of CM are affected by the self perception of patients and the personal synthesis of *Zhong Yi*. But the differences among different medical cases and the lack of accurate standards of editing medical recipes makes it difficult to measure the efficacy of Chinese medical recipe using western scientific methods.

My respondents think that people still prefer senior *Zhong Yi*, and younger *Zhong Yi* expressed worry over their lack of experience. Another salient aspect is that *Zhong Yi* today tends to access ancient medical recipe through online database and resources. Some of my respondents recommend that I should also search textbooks and medical recipes via the internet. While the respondents I interviewed said they adhere to ancient recipes, they also actively modify them with new ingredients, such as American ginseng, coca cola, patent medicines, electronic decoction devices, and by using the internet and so on.

*Zhong Yi* from different cohort do their best to improve their knowledge and practices, or, try to raise patients' interests. One informant told me that some *Zhong Yi* also prescribe masks made by Chinese herbal medicine or medical tea for their patients who would not like to drink bitter decoction and / or hope to achieve a nice appearance. CM is, thus, not only a medical system but also a part of social life for Chinese people. Promoting a medical system which has been devalued since the colonial period is a long decolonizing journey for Chinese society. This thesis is written for people who try their best to preserve and promote this cultural heritage, ancient science and knowledge with a modern twist.

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- i In my bachelor program, I conducted a small research project on concepts of oral health and oral illnesses in biomedicine and interviewed eleven respondents in a medical community in Xiamen, China. I discovered that many patients and medical experts insist that they do not trust CM as CM has not been proved in secular science, but they still utilize CM for maintaining their bodily balance. It is also very intriguing that some patients had their own medical recipes or diet when suffering from some oral problems such as oral ulcers. I also found that CM has a different epistemological system from biomedicine, which emphasizes holism and aims at nourishing life and preventing diseases in the whole life (Cullen, 1993; Hsu, 2011; Zhan, 2009).
- ii ‘Scientific’ was not a biomedical term, some Chinese medical elites invented and utilized this word to express a common idea that Chinese medicine cannot be approved in secular science (Lei, 2014).
- iii Sliced herbal medicines are essential parts of Chinese herbal medicines. *Zhong Yi* utilize different methods such as heating and crush to process herbal medicines (see for example, Gansheng, et al., 2016).
- iv As I noted in a small BA course-work field study that I worked on in 2015.
- v CM did not have specific specialities in the past. After the establish of TCM in 1950s, many TCM hospitals with different medical departments were built up (see for example, Xu & Yang, 2009; Hsu, 1999, 2000; Zhang, 2007).
- vi I take Fujian University of Traditional Chinese Medicine for an example, as Xiamen city (which is located in the Fujian Province) does not have its own Chinese medical university.
- vii This is a proximate amount, but might differ among practitioners.
- viii The oldest known medical classic concerning *Mai* is *足臂十一脈灸經* Cauterization Canon of the Eleven Vessels of Foot and Forearm (168 BCE), which was copied on a longer medical text named *五十二病方* Recipes for Fifty-Two Ailments in *馬王堆* Manwangdui Han Tombs Site (see for example, Harper, 1998; Lo, 2011). According to Chinese medical classic *難經* *Nan Jing*, *Du Mai* and *Ren Mai* are parts of *奇經八脈* Eight Extraordinary Meridians. In the chapter twenty-eight of *Nan Jing*, ‘The *Du Mai* (supervisor vessel) originates from the transportation [hole] at the [body's] lower end; it continues inside the backbone and moves upward toward the wind palace, where it enters the brain. The *Ren Mai* (controller vessel) originates from below the chungchi [hole] and moves upward toward the [pubic] hairline. It proceeds inside the abdomen, ascends to the kuanyüan [hole], and reaches the throat. The throughway vessel originates from the ch'ich'ung [hole], parallels the footyangbrillianceconduit, ascends near the navel, and reaches the chest, where it dissipates. The belt vessel originates from the smallest rib and circles around the body. The yang walker vessel originates in the heel; it proceeds along the outer ankle, ascends upward, and enters the fengch'ih [hole]. The yin walker vessel also originates in the heel; it proceeds along the inner ankle, ascends upward, and reaches the throat, where it joins the throughway vessel.’ (Bianque & Unschuld, 1986, p. 327)
- ix Some elders in *Minnan* Area prefer a son than a daughter.
- x *Xu Huo* 虛火 is caused by *Yin Xu* 陰虛 (Yin Deficiency) and *Yang Kang* 陽亢 (excess Yang), and practitioners should not only promote Yin Qi but also reduce the heat *Xu Huo* 虛火 to deal with *Xu Huo* 虛火. While practitioners only need to deal with excess heat for treating *實火* *Shi Huo*.
- xi *Raw Ban Xia* 半夏 *Pinellia Ternata* is considered poisonous so that it needs to be cooked with spoiled water for seven times before making this medical recipe. Owing to the new technique for processing sliced herbal medicine, *Ban Xia* 半夏 got from TCM hospital and pharmacies can be used directly without cooking for seven times.
- xii *Dang Gui Shen* 當歸身 is an important part of *Dang Gui* 當歸 *Angelica Sinensis*. Whereas *Dang Gui Shen* 當歸身 aims at nourishing the blood in the body, the top of *Angelica Sinensis* can help stop bleeding.

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## **Appendix A Information Sheet 信息表 & Consent Form-知情同意表**

**Title of Project:** *Yin, Yang and Coca Cola: Changing and Enduring Concepts of Health, Aesthetics and Balance in China*

**项目名称:** *阴阳与可口可乐: 中国社会的健康, 美学与平衡观*

**Lead Researcher:** Chenxin Li (Preferred name: Vonnie Li)

**调查者:** 李晨昕

**Project Supervisor:** Dr. Robin Oakley

**调查指导:** 洛宾 欧克利

My name is Chenxin Li, I am a Masters candidate from Dalhousie University. I am conducting my research on Chinese medicine and how it maintains oral health and treats oral diseases. I want to know that whether you are willing to do an interview with me about these topics and to share some of the medical recipes that you use for maintaining oral health and for treating oral health illnesses. The interview will take place during the month of August 2017, here at the Xiamen Hospital of TCM. It will take between 1 to 1.5 hours and will consist of several questions. I will use my encrypted password protected laptop to take notes during the interview. You can refuse to answer any question in this interview. You will be given opportunity to withdraw your data before September 1, 2017, and if you do so, it will be destroyed. I will provide a copy of my translated thesis via Dalhousie's

FileExchange as well as a link to my thesis in English through Dalhouse in the FGS database. If you are interested in participating in this project, please email me at [ch342894@dal.ca](mailto:ch342894@dal.ca)

我是李晨昕，一名来自达尔豪斯大学的学生。我正在进行中医方面的调查。我希望知道您是否愿意接受我这个从中医视角看口腔医疗问题的调查。调查将在中医院或您的办公室进行，时长达 1 至 1.5 小时，调查内容含许多开放性问题。如果获得您的许可，我会在调查过程中使用手提电脑做笔记，或录像，或对访谈录音。您可以拒绝回答我提出的任何问题。您有机会在九月一号之前取回你的访谈记录，如果你这么做，您的记录将被销毁。在我完成论文之后，我会给您一个我调查报告的链接。

我希望能在此次调查中制作一部民族志电影，并期待您能够参与其中。希望我的调查能用有助于保护这一古代科学。我将通过学校的 FileExchange 软件与您共享我论文的翻译文件，并提供我英语论文在达尔豪斯大学研究院数据库的链接。如果你对我的研究项目有兴趣，请联系邮箱 [ch342894@dal.ca](mailto:ch342894@dal.ca)

**Title of Project: *Yin, Yang and Coca Cola: Changing and Enduring Concepts of Health, Aesthetics and Balance in China***

项目名称： 阴阳与可口可乐：中国社会的健康，美学与平衡观

Lead Researcher: Chenxin Li (Preferred name: Vonnie Li), ch342894@dal.ca, +86 136 9692 9849 or +1 902 219 2618

调查者： 李晨昕

Project Supervisor: Dr. Robin Oakley, oakleyr@dal.ca, +1 902 494 7371

调查指导： 洛宾 欧克利

Purpose and Outline of the Research Study 调查目的与大纲

My project explores Chinese medicine with a focus on knowledge related to oral health. There is significant literature on Chinese biomedical dentistry, most of which is fixated on pathologies of the teeth and mouth. My project explores how oral health is maintained and how oral illnesses are dealt with in Chinese medicine. I am also interested in how the ancient medical recipes may have been modified with new ingredients and if there are any age-related patterns in these modifications. In order to explore this topic, I will conduct 5-10 interviews with TCM Practitioners (hereafter *Zhong Yi* 中医) in Xiamen, a small city in southern China and analyze medical recipes from the participants. The interviews will take place in August. I will employ life course methodology and cohort analysis (Marshall, 1983) and content analysis of the medical recipes (Krippendorff, 2012). During the

interviews, I will ask for the medical recipes that are used to both maintain good oral health and treat oral disease. It is anticipated that this project will make modest contributions to Medical Anthropology, Social Studies of Science Technology, and Chinese Studies in addition to an aspect of TCM (oral health) that has not been widely explored in Chinese medicine.

我的调查聚焦于中医药在口腔健康方面的运用。有许多关于中国西医口腔学科的重要文献，大多数着眼于牙齿与口腔的病理。我的调查项目研究中医如何保持口腔健康和治理口腔疾病。我对中药传统药方中的新元素是如何被更改的也很有兴趣，以及不同的（中医的）年龄组在药方元素更改方面是否有规律。为了探索这个主题，我将在厦门，一个中国南方城市，调查 5-10 名中医，并分析一些中医的传统药方。调查将在八月份展开。我会使用生命进程方法论和年龄组分析。在调查中，我会询问与保持口腔健康和治理口腔疾病的药方。希望这个调查项目可以对与在中国还没有被广泛调查的（口腔健康）中医药相关的人类学，社会科学技术研究和中国研究作出贡献。

Who Can Take Part in the Research Study 参与调查的人员

You can take part in this study if you have been formally trained as a Chinese Medical practitioner and are over the age of 18.

如果您是一名经过训练且年龄超过 18 岁的中医，您可以参与此次调查。



### What You Will Be Asked to Do 调查内容

You will be asked to answer several questions that will take between one to one and a half hours at the Science Education Department of Xiamen Hospital of Traditional Chinese Medicine. The interviews will take place at the Science Education Department of Xiamen Hospital of Traditional Chinese Medicine in August 2017.

您将被提问数个问题，调查将在厦门中医院科教科持续一到一个半小时。调查将在2017年八月，与厦门中医院科教科进行。

### Possible Benefits, Risks and Discomforts 收益，风险和不适评估

You might enjoy discussing aspects of Traditional Chinese medicine with me. I am from the region and have trained in Ancient Chinese, the writing used for the Medical Recipes in Chinese medicine. Participating in my project might help me to learn things that will contribute to identifying how Traditional Chinese Medicine views oral health and how it treats oral health disease and how these views might be patterned by age.

您也许会享受与我探讨中医相关的话题。我来自这个地区，并接受过文言文的训练，而文言文经常被用于书写中医药方。参与我的调查可能会帮助我了解中医药是怎样被运用于口腔健康，这些与之相关的看法和中医医务人员的年龄是否有关。

**Risks 危害:** There are minimal risks associated with this study other than perhaps getting bored or tired during the interview. I will offer you breaks during the interview if you like.

除了您可能在调查中感觉到无聊或劳累，此次调查没有风险。如果您需要，我们可以在调查中场休息。

#### Compensation / Reimbursement 补偿

As per Chinese etiquette, a small gift of tea will be provided by the PI after the interview.

根据中国传统礼仪，我将赠送一小包茶叶给您作为调查纪念。

#### How your information will be protected: 您的信息将被如何保护

Confidentiality: No personal names will be gathered in this study and pseudonyms will be used throughout. The interview data will be stored on my laptop. The laptop will be encrypted and the computer is password protected and automatically set to lock after three minutes. If you want to withdraw your interview data you can do so by emailing me by September 1, 2017. After that, the data will be retained by me a copy will also be provided to my supervisor. While I may publish your quotations, I will ensure that no identifiable information will be included to identify the information to you.

机密性：此次研究不收集参与调查者的个人姓名，将全程使用匿名。调查数据将被储存在我的个人笔记本。笔记本会将其编码，使数据受密码保护。电脑会被设置成三分钟自动锁定。如果您想撤回您的调查数据，您可以在2017年9月1日之前联系我。在这之后，数据将被我完全保留，并且，我会向我的导师提供一份数据备份。

我可能会公布您的一些调查对话，但我保证这不会泄露您的任何个人隐私信息。

In the unlikely event that we witness child abuse, the abuse of vulnerable people, and/or suspect it, I am required to report it to the local authorities.

我的调查不太可能涉及到儿童虐待，残疾人虐待或与当地权力的斡旋。

Data retention 数据保留: No personal names will be gathered in this project. Pseudonyms will be employed throughout the study and only I will know the true identities of the participants. The data will have no personal names and each interview will have a pseudonym. Any materials that could potentially be linked back to an identifiable individual will be removed from the data before September 1, 2017. You also have until September 1, 2017 to withdraw your data and from the study. After that, no data will be destroyed. The knowledge is part of China's and the world heritage of medical and health approaches and is of value in the long run. It is also standard for Anthropologists to create longitudinal datasets and not to destroy any data and for some societies this has become a precious part of their historical and cultural tradition during times of rapid change. I will retain a soft copy of the transcripts, and I will provide a soft copy to my supervisor as well.

此次调查不收集个人姓名。匿名将被贯穿使用在我的研究中，只有我自己知道参与调查者的个人身份。数据内也没有个人姓名，每个调查使用匿名。所有能直接联系到个人身份的材料将在 2017 年九月一号前被销毁。你也可以在 2017 年九月一号之

前撤回你的数据或退出这个研究项目。在那之后，没有数据会被销毁。这些知识是中国的，乃至全世界在医学和健康维护方面的文化遗产，源远流长。人类学家们设置时间纵向的年龄组和不销毁一些数据是很正常的，对一些社会来说，这将成为它们在迅速发展中和历史传统方面的珍贵纪念。我将保存一份电子版的访谈记录，并提供一份电子版给我的导师。

#### If You Decide to Stop Participating 如果您打算停止参与调查

You are free to stop participating during the interview and can withdraw your data by emailing me before September 1, 2017. After that time, it will become impossible to remove it because it will already be analyzed and/or published.

在调查过程中您可以停止调查，并通过在 2017 年九月一号前给我发邮件取回您的数据。在那时候，数据将不能被移除，因为它会被分析并发表。

#### How to Obtain Results 如何获得最终研究成果

No individual results will be provided, however, all graduate theses are stored at Dalhousie in the FGS database which you can access with an internet connection after I complete it.

I will forward you a copy of my thesis translated into Chinese via Dalhousie's FileExchange soon after my thesis is completed.

个人研究成果不能被提供，所有的毕业论文将被储存在达尔豪斯的研究院数据库，在我完成论文之后，您可以通过连接学校数据库看到研究成果。在我写完论文后，

我将会通过达尔豪斯的文件交换软件，发送一份我论文的中文翻译件。

## Questions 问题

We are happy to talk with you about any questions or concerns you may have about your participation in this research study. Please contact Vonnie Li at (+86 13696929849, [ch342894@dal.ca](mailto:ch342894@dal.ca)) or Robin Oakley (at +1 902 494-6807 [oakleyr@dal.ca](mailto:oakleyr@dal.ca)) at any time with questions, comments, or concerns about the research study (if you are calling long distance, please call collect). We will also tell you if any new information comes up that could affect your decision to participate.

举例：我们很乐意与您探讨一些你可能会有的相关问题和担忧。请随时联系李晨昕 (+86 13696929849 , [ch342894@dal.ca](mailto:ch342894@dal.ca)) or 洛宾 欧克利 (+1 902 494-6807 [oakleyr@dal.ca](mailto:oakleyr@dal.ca)), 探讨相关问题，给予建议。我们也会随时通知任何可能影响您参与调查意愿的研究新动向。

If you have any ethical concerns about your participation in this research, you may also contact Research Ethics, Dalhousie University at +1(902) 494-1462, or email: [ethics@dal.ca](mailto:ethics@dal.ca) (and reference REB file # 2017-4223).

如果您有任何关于调查伦理的疑虑，您也可以联系达尔豪斯学校的调查伦理，+1(902) 494-1462, or email: [ethics@dal.ca](mailto:ethics@dal.ca) (并查阅调查伦理申请 # 2017-4223).

## Appendix B Tentative “Yes” or “No” Questions / CCM Questionnaire

### General Questions

1. Are you a general Chinese physician/*Zhong Yi*? *你是一位全科中医吗?*
2. Or, are you interested in certain disciplines such as the Gynecology, Chinese massage and mouth and teeth?  
*或者, 你是一位注重于妇科, 理疗或者口周的专科医生?*
3. Do you learn Chinese medicine in your family? *你在家学习中医?*
4. Or, at school? *或在学校学习?*
5. Do you have your own clinic or office? *你有你自己的诊所或办公室吗?*
6. Or, do you work in a working unit (for example, a hospital)? *或你在事业单位工作吗?*
7. Is Chinese medical practitioner your primary profession? *这是你的第一个职业吗?*
8. Are you satisfied with being a Chinese medical practitioner (such as working environment, salary/income, interpersonal relationship and so on)? *你对你的工作的各方面 (包括工作环境, 工资, 人际关系等) 满意吗?*
9. Do you work alone? *你独自工作吗?*

10. Do you know other Chinese medical practitioners in Xiamen? 你还知道其他在厦门的中医吗 (针对滚雪球调查方法) ?
11. Are you a senior Chinese practitioner? 你是老中医吗?
12. Are senior Chinese practitioners more popular than the younger generations? 年纪大的中医比年轻中医更受欢迎吗?
13. Do you prefer a senior practitioner? 你自己更倾向于看有老中医吗?

#### Consulting a Medical Practitioner

14. Have you consulted a dentist for oral problems? 你曾因口腔问题看过牙医吗?
15. Or, have you consulted other Chinese medical practitioners when you suffer oral illnesses? 或者你曾因相关问题看过其他中医吗?
16. Have you treat yourself when you suffer from oral health problem? 你会在有口腔问题的时候治疗自己吗?
17. Do you employ any Chinese medicine for yourself or your patients? 你对自己和病人使用中药吗?
18. Have you employed any food or folk medicine for yourself or your patients? 你在治疗自己或病人的时候利用过食物和民间医药吗?
19. Have you employed any western medicine for yourself or your patients? 你在治疗自己或病人的时候使用过西药吗?

20. Have you employed any medicine in relation to other medical systems for yourself or your patients? *你在治疗自己或病人的时候使用过来自其他医学系统的药物吗?*
21. Do you believe in and employ any supernatural force for yourself or your patients? *你相信并在治疗自己或病人的时候使用超自然力量吗?*
22. Has your patient complained about his or her oral health problem? *你的病人曾抱怨过他的口腔问题吗?*
23. Has your patient consulted a dentist for oral problems? *你的病人因口腔问题看过牙医吗?*
24. Or, has your patient consulted you or other Chinese medical practitioners when he or she suffer oral illnesses? *或者, 你的病人因口腔问题看过你或其他中医吗?*
25. Do your patients treat their oral illnesses by themselves? *你的病人会自己治疗他的口腔问题吗?*
26. Have you ever treat a patient for his or her oral health problem? *你给病人治疗过口腔问题吗?*
27. Have you suggested that your patient should consult a dentist or doctor for their illnesses? *你会推荐你的病人看牙医或西医吗?*



28. Does Chinese medicine have a specific discipline for oral health or being related to oral hygiene system today? 中医在口腔健康或关于口腔系统方面有什么特别的定律?
29. Do you think mouth and teeth are separated from the rest of body? 你认为口和牙是和身体其他系统分开的吗?
30. Do you think the aesthetics of teeth related to the condition of whole oral hygiene system? 你认为牙齿的美观和口腔系统健康有关吗?
31. Do you think Chinese medicine can treat oral illnesses? 你认为中医可以治疗口腔疾病吗?
32. Does Chinese medicine have its own terms for oral system and its different parts? 中医有它自己的口腔系统和组成部分的名词吗?
33. Except for common oral ailments in biomedical terms, does Chinese medicine have its own terms for oral health problems? 除了常见的口腔疾病, 中医有它自己的口腔疾病名词吗?
34. Is there any Chinese medical classics or theory related to oral health issues? 有任何关于口腔健康的中医的经典或理论吗?
35. Will you diagnose your patients by checking their oral system (especially the tongue)? 你会通过观察病人的口腔来诊断她们吗?
36. Is tongue diagnosis the first step for you to observe and diagnose patients? 舌诊在你观察和诊断病人的时候是第一步吗?

37. Is tongue diagnosis the most essential step for you to observe and diagnose patients? 舌诊在你观察和诊断病人的时候是最重要的一步吗?

38. Do the results of tongue diagnosis fully reflect the condition of patients? 舌诊可以完全反馈病人的身体状况吗?

39. Do the results of tongue diagnosis mislead your diagnosis of patients? 舌诊结果会导致你误诊病人吗?

#### Prevention

40. Does Chinese medicine deal with the prevention of oral ailments? 中医药可以预防口腔问题吗?

41. Does prevention is the first or the most essential step for maintaining oral health? 预防在口腔健康方面是最重要的一步吗?

42. Do you employ Chinese medicine for preventing oral ailments? 你会使用中药预防口腔问题吗?

43. Do you employ biomedicine for preventing oral ailments? 你使用西药预防口腔问题吗?

44. Do you employ food and folk medicine for preventing oral ailments? 你使用食物或民间医药预防口腔疾病吗?

45. Do you combine Chinese medicine and biomedicine approaches for preventing oral ailments? 你会在预防口腔疾病的时候中西药并用吗?

46. Do you employ Chinese medicine more often than biomedicine or any technique in relation to modern dentistry? 你会在更多使用中药而不是西药来研究口腔问题吗?

47. Do you prefer Chinese medicine for preventing oral illnesses? 你会更倾向于使用中药来预防口腔问题吗?

#### Treatment

48. Do you employ any Chinese medicine for oral illnesses? 你用任何中药来治疗口腔疾病吗?

49. Do you employ any biomedicine for your oral illnesses? 你用任何西药来治疗口腔疾病吗?

50. Do you combine Chinese medicine and biomedicine approaches for oral illnesses? 你在治疗口腔疾病的时候中西药并用吗?

51. Do you employ Chinese medicine more often than biomedicine or any technique in relation to modern dentistry? 你治疗的时候更倾向于使用中药吗?

52. Do you prefer Chinese medicine for treating oral illnesses? 你更喜欢用中药治疗口腔疾病吗?

53. Do you employ other medicines (such as Ayurvedic medicine, Tibetan medicine, other foreign or new ingredients and so on)? 你会使用其他医学体系的药物吗 (啊育吠陀的药物, 藏药或其他外来的、新的药材)

54. Are the treatments of oral illnesses (for example, some Chinese medical prescriptions for oral health) being shaped via encountering biomedicine, other medical systems or other foreign ingredients? 中医对口腔疾病的治疗 (比如一些药方) 受到西医或其他医学系统、外来元素的影响了吗?

#### Illnesses

55. Do you deal with oral ulcers? 你治疗口腔溃疡吗?

56. Do you deal with tooth decay? 你治疗蛀牙吗?

57. Do you deal with periodontitis? 你治疗牙周病吗?

58. Do you deal with wisdom teeth? 你治疗智齿吗?

59. Do you deal with other common oral illnesses? 你治疗其他常见口腔疾病吗?

60. Do you diagnose your patients' oral illnesses and other illnesses in Chinese medical terms? 你会用中医学术语来诊断病人的口腔疾病或其他疾病吗?

61. Do you diagnose your patients' oral illnesses and other illnesses in biomedical terms? 你会用西医学术语来诊断病人的口腔疾病或其他疾病吗?

62. Do you prefer diagnosing your patients' oral illnesses and other illnesses in Chinese medical terms? 你更倾向于用中医名词来诊断病人的口腔和其他疾病吗?

63. Or, do you diagnose your patients and communicate with them in plain language? 或者, 你会用普通语言来诊断和与病人沟通?

## Chinese Medicines and Medical Recipes

64. Do you have any Chinese medicine for helping patients who undergo oral surgeries? 你有任何中药可以帮助做口腔手术的人吗?
65. Do you have any Chinese medical recipes for these health issues related to oral hygiene? 你有任何关于这些口腔疾病的中药病方吗?
66. Do you have different medical recipes for each patient? 你对每个病人使用不同的药方吗?
67. Do you write or edit any Chinese medical recipes in regard to oral hygiene or maxillofacial system? 你有开任何与口腔或下颌系统相关的中药病方吗?
68. Do you write any prescriptions in biomedical terms? 你会用西医术语写药方吗?
69. Do you (often) edit your Chinese medical prescriptions? 你会 (常) 更改药方吗?
70. Or, do you edit your prescriptions for different patient? 或者, 你因不同的病人修改药方吗?
71. Do you give a copy of your recipes to your patients? 你会给病人一份药方吗?
72. Do you use different prescriptions during various stages for treatments? 你会在疾病的不同阶段使用不同药方吗?

73. Do you circulate your Chinese medical recipes with other *Zhong Yi*? 你会和其他  
中医共享药方吗?
74. Or, do you share your ideas together? 或你们会交流各自的看法吗?
75. Do you circulate your Chinese medical recipes with doctors? 你们和西医共享药  
方吗?
76. Have you received any advice for editing recipes from other medical  
practitioners? 你从其他医生那里收到过修改药方的意见吗?
77. Have you received any advice for editing recipes from your patients? 你从病人  
那里收到过修改药方的意见吗?

## Appendix C Permission Letter

# 厦门市中医院

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Permission Letter for Chenxin Li

Dear Chenxin Li (Vonnie Li),

We are very excited about your research project titled Yin, Yang and Coca Cola: Changing and Enduring Concepts of Health, Aesthetics and Balance in Southern China and that it will be part of a scholarly study and possible documentary about Chinese medicine. You are welcome to contact our members about being involved in your project between July and September 2017. If we can do anything at all to facilitate your project, do not hesitate to ask.

We wish you luck with your project.

Sincerely,

Science Education Department, Xiamen Hospital of Traditional Chinese Medicine

致李晨昕，

我们对你题为“阴阳与可口可乐：中国南方社会的健康，美学与平衡观”的调查很感兴趣。这个调查将会成为关于中医药的学术研究和记录文件。我们欢迎你在2017年的七月到九月采访会员。如果有需要帮助的地方，请联络我们。

希望你的研究项目进展顺利。

厦门中医院科教科

2017.06.23

