



HAL
open science

The Institutional Transmission of Chinese Medicine A typology of the Main Issues

Pierre Henry de Bruyn, Evelyne Micollier

► **To cite this version:**

Pierre Henry de Bruyn, Evelyne Micollier. The Institutional Transmission of Chinese Medicine A typology of the Main Issues. *China perspectives*, 2011, 86, pp.23-32. halshs-01069135

HAL Id: halshs-01069135

<https://shs.hal.science/halshs-01069135>

Submitted on 28 Sep 2014

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

The Institutional Transmission of Chinese Medicine

A typology of the Main Issues

PIERRE-HENRY DE BRUYN AND ÉVELYNE MICOLLIER*

ABSTRACT: The aim of this article is to propose a typology of the different issues that the transmission of traditional Chinese medicine encounters today in the world, by successively highlighting ideological, epistemological, political, and educational difficulties. After showing how much the polarised aspect of the debates on Chinese medicine is already entrenched among specialists in this discipline, we explore the question of the epistemological status of this Chinese tradition by confronting it with the dominant biomedicine of Western origin. The originality of Chinese structures that were set up to protect and promote this national tradition is then highlighted as a possible source of inspiration at the international level, before describing the different economic factors likely to play a positive or negative role in the development of this medical and cultural heritage at the local level. Finally, the specific didactic questions that the transmission of this heritage and the teaching of this discipline raise are analysed before presenting a conclusion.

KEYWORDS: Chinese medicine, epistemology, health policy, pedagogy, social sciences

Teaching Chinese medicine to a Western public that knows almost nothing about the philosophical principles of Chinese civilisation implies overcoming a set of considerable intellectual, pedagogical, and institutional difficulties.⁽¹⁾ In 2004, Professor Éric Marié, who at that time held a position as research director at the Nanchang faculty of Chinese Medicine in Jiangxi and also taught this discipline at Lausanne University,⁽²⁾ was invited to use his expertise to establish a university degree that might help meet this challenge at France's University of La Rochelle. This degree, first supported by a letter written by the educational advisor at the Chinese Embassy in France to the university president, and then approved by the board of directors, received numerous registration applications but never saw the light of day. The registration forms were returned to the students. No reason was ever given to explain why this course of studies was not ultimately launched. This experience of failure led Pierre-Henry de Bruyn, who initiated the project, to ponder the resistance that traditional Chinese medicine encounters when attempting to penetrate a university environment in certain Western countries. The present article is the fruit of this reflection, enriched by the reflections that have led Évelyne Micollier to the Chinese health system over the course of some 20 years. The work below consists of tracing a typology of the ideological, epistemological, political, economic, and educational issues that come together around Chinese medicine in its transmission process, in order to identify some considerations regarding its future. In the line of thinking of this particular document, we consider Chinese medicine as a world heritage, and not as a purely Chinese or local phenomenon. This allows us to illustrate our thoughts using observations made in China, as well as in East Asia and the West.

The first issue: Avoiding a caricatured ideological bipolarisation

The first difficulty we encounter when discussing Chinese medicine in a university setting comes from the way discussions on this subject quickly take on an ideological flavour. This problem has also existed in China for a

* Pierre-Henry de Bruyn is a researcher at CEFC (UMIFRE no. 18 / CNRS-USR no. 3331 East Asia) and chief editor of *China Perspectives*; Évelyne Micollier is a researcher at IRD (French Institute for Development Research), UMI 233 (Unité Mixte Internationale – Joint International Unit), IRD-University of Montpellier I. She studied Chinese medicine at the Guangzhou Institute of Chinese Medicine at the beginning of the 1990s in the context of her PhD research on "An Aspect of Medical Plurality in PR China: The Practices of Qigong, Therapeutic and Social Dimension," PhD dissertation in anthropology, University of Provence, 1995.

- Given that the term "Traditional Chinese Medicine" (TCM) chosen by the PRC since the 1950s as a translation for the Chinese term *zhongyi* ("Chinese Medicine" – CM) is increasingly acquiring a limited meaning that is not really a synonym for "Chinese medicine," we prefer to use a literal translation of the term here, even if we still use the acronym "TCM" for the sake of convenience. In regards to this subject it is important to remember that "(Elisabeth) Hsu, Volker Scheid and Kim Taylor have explained the difference between the traditional medicine promoted by the government, namely TCM, and Chinese medicine in its larger acceptance. By presenting the plurality of medical practices, Scheid and then Taylor take into account the developments of TCM since 1949: Chinese medicine has been transformed into TCM by a planned state intervention." (Évelyne Micollier, "Un savoir thérapeutique hybride et mobile – Éclairage sur la recherche médicale en médecine chinoise en Chine aujourd'hui," *Revue d'anthropologie des connaissances*, vol. 5, no. 1, 2011, pp. 41-70; p. 47). This excerpt refers back to the following studies: Elisabeth Hsu, *The Transmission of Chinese Medicine*, Cambridge UK, Cambridge University Press, 1999; —, *Chinese Medicine: Innovation, Convention and Controversy*, Cambridge UK, Cambridge University Press, 2001; Volker Scheid, *Chinese Medicine in Contemporary China – Plurality and Synthesis*, Durham – London, Duke University Press, 2002, (p. 65); and Kim Taylor, *Chinese Medicine in Early Communist China, 1945 – 1963: A Medicine in Revolution*, London, Routledge, 2005. It should also be noted (p. 48) that "in official translations today, Chinese authors, like the Ministry of Health, confuse TCM with *Zhongyi*."
- In 2003, Éric Marié also presented a PhD dissertation in comparative history of medicine at the École des Hautes Études en Sciences Sociales [Graduate School of Social Sciences]. This work was then published under the title: *Le diagnostic par les pouls en Chine et en Europe – Une histoire de la sphéromologie des origines au XVIII^e siècle* (Diagnosis by pulse in China and in Europe – A history of sphygmology from the beginning to the eighteenth century), Paris-Berlin-New York, Springer, 2011.

number of years, as could be observed in 2006 with the mediated debate centring around an article by Zhang Gongyao, professor of philosophy of science at Changsha University, which considered the issue of including TCM in the Chinese public health system.⁽³⁾ Meanwhile in the West, this ideological aspect is even more pronounced in that it also crosses the narrow field of several specialists in this discipline, as we shall demonstrate. The “national character” of “Chinese” medicine involuntarily reveals these deep reflexes in the Western world that determine people’s attitudes toward the Other. In the preface of a book on the practice of acupuncture in the West published in 1997, Giovanni Maciocia thus pointed out:

Practically ever since Oriental medicine was introduced to the Western world, at least in recent times, there has been a dynamic tension between the need to absorb, understand and preserve Oriental medicine and the need to adapt it to Western conditions. Two opposing views could be presented, the first advocating the need to swiftly adapt Oriental medicine to Western conditions, the second advocating the need to first absorb, understand and master Oriental medicine as it has been handed down in Asia.⁽⁴⁾

Western discussions of Chinese medicine thus cross lines of tension between a centripetal and centrifugal motion. The centripetal motion consists of trying to absorb the differences of the Other by filtering the content of his knowledge and experiences into familiar categories of thinking. This is often found, for example, in Western faculties of medicine. In this kind of environment, the only aspects of Chinese medicine deemed worthy of interest are those that can join your “centre” in a fractional manner, or expressed differently, your mode of thinking: foreign medical tradition stops being “Chinese,” but certain aspects are considered possibly to be worth “medical” interest because of their therapeutic effectiveness.⁽⁵⁾ At the opposite end of the spectrum, the centrifugal approach tries to stress the exotic characteristics of the discipline: it is cultivated by numerous private schools of Chinese medicine but also in university environments in the faculties of Chinese studies, where it is brought into the medical dimension through its “Chinese” character: Chinese medicine thus becomes Chinoiserie.

It is important to stress that no environment, including that of specialists in Chinese medicine, escapes this tension. For example, we can observe that Western historians of Chinese medicine, based on their intellectual or ideological prejudices, often present divergent points of view in their interpretations of contemporary history. Thus the anthropologist Elisabeth Hsu, in the preface of her collective work *Innovation in Chinese Medicine*, introduced the articles of Volker Scheid and Kim Taylor, specialists in the history of Chinese medicine, while stressing the following contrast:

When Taylor highlights unification through political indoctrination, Scheid emphasizes pluralism in government institutions; where Taylor mentions application of the Soviet sciences, Scheid stresses adaptation of Western medicine; and where Taylor shows how canonical knowledge was done away with, Scheid delves into cracking medical lineages and establishes genealogies of drug prescriptions.⁽⁶⁾

The contrast between positive prejudices toward Chinese medicine, such as those of Volker Scheid, or negative, as with Kim Taylor, is moreover not new. The parallels with two other specialists, Manfred Porkert and Paul Un-

schuld, confirm this: the former defends the profoundly scientific character of Chinese medicine, while the latter considers the use of this discipline in the West to be mainly a response to an ideological and spiritual void.

Manfred Porkert holds:

At present three major factors work together in the debasement of Chinese medicine. The first, most visible and much dreaded, is the apparent power, in appearance overwhelming and universal, of orthodox Western medicine. The second, widespread and much publicised in all industrialised Western countries, is the acclaim and interest Chinese medicine gets from practitioners of what is called “alternative” medicine.⁽⁷⁾ And the third, by far the most serious, menace is the bungling and degradation Chinese medicine suffers from some of its most prominent speakers in China proper.⁽⁸⁾

And yet, according to Porkert, Chinese medicine is “a science in its own right,” the existence of which offers the medical profession a unique opportunity for potential development, as little as it may be recognised as such.⁽⁹⁾ It is in this same line of thought that certain authors today are writing veritable comparative chronological tables, thus indirectly attributing to the history of Chinese medicine an importance comparable to that of Western medicine. One of the most eminent examples of this type of work is the collection inaugurated in 2004 under the very telling title of *Bridging Hippocrates and Huang Ti*.⁽¹⁰⁾

In contrast to this viewpoint, Paul Unschuld considers instead the current idolatry of “nature” in the West, which...

...required a theology, and this was certainly not offered by the use of water, warmth, heat, light, and air. This is too primitive. So-called Chinese medicine was better equipped to provide the required theology. It simultaneously presented itself as a secularized religion. [...] The “theology” of Chinese medicine gives answers that believers in the churches of conventional religion have to live without. Of course, this “theology” is not theology, because it has no Theos. The yin-yang and five agents doctrines are the cosmology of a secular

- See Évelyne Micollier, “Un savoir thérapeutique hybride et mobile – Éclairage sur la recherche médicale en médecine chinoise en Chine aujourd’hui,” *Revue d’anthropologie des connaissances*, vol. 5, no. 1, 2011, pp. 41-70, p. 49; —, “Management of the AIDS Epidemic and Local/Global Use of Chinese Medicine,” in Évelyne Micollier (ed.), *Chinese Society confronted with AIDS: Social Responses and Cultural Politics*, Special Feature, *China Perspectives*, no. 77, 2009, pp. 67-78, 72-73.
- Giovanni Maciocia, “Foreword,” in Hugh MacPherson, Ted J. Kaptchuk (eds.), *Acupuncture in Practice – Case History Insights from the West*, London, Elsevier Limited, 1997, p. ix.
- The article by Lucia Candelise in this issue shows that in France, there was a strong reaction among acupuncture doctors against this centripetal tendency, which created a current among them that she called “traditionalist.” Also see Ronald Guilloux, “Évolution de la ‘tradition’ dans la réception de l’acupuncture chinoise en France (1860-1980),” *Revue d’anthropologie des connaissances*, vol. 5, no. 1, 2011, pp. 13-40.
- Elisabeth Hsu (ed.), *Innovation in Chinese Medicine*, Cambridge, Cambridge University Press, 2001, p. 8.
- Chinese medicine would thus be reduced to no more than a somewhat ethereal holistic therapeutic technique manipulated by New Age and natural medicine advocates.
- Manfred Porkert, *Chinese Medicine Debased – Essays on Methodology*, Dinkelscherben (Germany), Phainon, 1998, p. 2. In this third point, Manfred Porkert directly targets current Chinese state institutions that are disseminating the teaching of Chinese medicine under the pressure of political motivations that are better thought out than those under a concern for scientific fidelity to a therapeutic tradition. In the twenty-first century, in addition to the political motivations described by Porkert, there are also motivations for increasing the scientific outreach of China as well as powerful economic motives (Évelyne Micollier, *art. cit.*, 2009, pp. 81-82).
- Ibid.*, pp. 13-35; p. 34.
- Paolo Marandola et al. (ed.), *A Comparative Thesaurus of Traditional Chinese and Western Urology, Andrology and Sexology*, Amsterdam, Elsevier, col. “Bridging Hippocrates and Huang Ti,” vol. 1, 2003.

religion. It is a religion, because it makes the individuals' integration in the greater whole understandable. It is secular, because the numinous does not exist in this religion. No god or gods. No demons or ancestors.⁽¹¹⁾

Here we find, on the topic of TCM, the old Western debate between science and religion. Torn between a possible status of "science" (defended by those who not only study it, but also use it as practitioners, such as Volker Scheid and Manfred Porkert) and a kind of religious doctrine that one must either believe or doubt (as Paul Unschuld and Kim Taylor both suggest in their own manner), Chinese medicine struggles to find this epistemological status, which consequently constitutes the second fundamental issue it encounters in the process of transmission.

The second issue: Leaving a vague epistemological status

The question of the relationship between science and religion has been asked in a much different manner in China than in the West. Knowledge is not constructed in China in opposition to a religious power. It also did not form its structure in a discourse involving a pretension of scientific universality. As a "medical" tradition, the principle motivation by which the Chinese cultivated and transmitted their medical tradition is essentially practical: only therapeutic effectiveness counted.

To arrive at concrete therapeutic results, they had to consider human beings who were ill and human beings who were in good health. They unconsciously created a culturally situated anthropology and cosmology. Therefore Chinese medicine is "Chinese" because it rests on an approach to the body and mind nourished by a specific civilisation: Chinese culture. In a world where Western culture has exercised an influence of almost tidal wave proportions, Chinese medicine offers a way of discovering concretely how a therapeutic action is possible from the starting point of a perception of human beings other than what a Western perspective offers. Shigehisa Kuriyama has demonstrated how perceptions of the body in Greek and Chinese civilisation are radically different in areas as fundamental as the history of tactile perception, the relationships between the way of hearing and seeing, and bleedings:

The true structure and workings of the human body are, we casually assume, everywhere the same, a universal reality. But when we look into history, and our sense of reality wavers. (...) Accounts of the body in diverse medical traditions frequently appear to describe mutually alien, almost unrelated worlds.⁽¹²⁾

The observation of this difference between the perceptions of the body conveyed by Taoism and that circulating in the West is the basis of a recent work by Pierre-Henry de Bruyn, which as an extension of Kristoffer Schipper's ground-breaking book on the Taoist body⁽¹³⁾ aims to address the current state of this question in Western studies.⁽¹⁴⁾ This work presents Taoism as a doctrine that is essentially centred on the body. However, to insist excessively on the Taoist roots (Confucian or Buddhist) of Chinese medicine would also risk obscuring the epistemological status of the latter rather than helping to define it. It is therefore better to consider the problem by going back to what is essential in the act of healing: this is what the Chinese have done over the centuries in transmitting their medical traditions.

Before the nineteenth century, the only "medicine" (醫學 – *yixue*) that the Chinese knew was Chinese. Over its long history, Chinese medicine nonetheless crossed other Asian medical traditions, including, for example, Indian and Buddhist medicine, as highlighted by Paul Unschuld.⁽¹⁵⁾ On the other hand, numerous very local Chinese medical traditions or medical knowledge cultivated in ethnic minority groups exist in China and refer to medical knowledge based on written (Tibetan, Mongolian, Korean, and Uyghur medicine) or oral sources. The importation of what is referred to as "Western medicine" (西醫 – *xiyi*) upset this intellectual landscape, and Chinese medical tradition found itself gradually placed in a position of relativity in China to the point of soon becoming only a "Chinese" medicine (*zhongyi*). Very soon, certain Chinese medicines tried to propose a synthesis by attempting to integrate elements of Western medicine into their traditional medical system: they came to be known as the "school of integration between Chinese and Western medicines" (中西會通牌 – *zhongxi huitong pai*).⁽¹⁶⁾

Some years later, Mao Zedong renewed these efforts by advocating a union of Western and Chinese doctors. The debates on the kind of union envisioned were numerous, and revolved around different slogans. What order of priority should be considered: "first Chinese medicine and then Western medicine" (先中後西 – *xian zhong hou xi*), or the inverse?⁽¹⁷⁾ Would it be better to think of mutual "integration" (結合 – *jiehe*), "unification" (團結 – *tuanjie*), "cooperation" (合作 – *hezuo*),⁽¹⁸⁾ or even "synthesis" (綜合 – *zonghe*)?⁽¹⁹⁾

However, certain researchers or social actors believe that China will be able to find its medical legitimacy through its own specificity, rather than by seeking to join Western medicine with Chinese medicine. They stress that contemporary Chinese medicine has an urgent need for development and deep transformation. The Chinese anthropologist Hor Ting thus explains what many of his compatriots are thinking:

In China, since the transformation of traditional society, Chinese medicine has been modernized from its traditional aspects. For most contemporaneous Chinese, as for the author, the modernization of Chinese medicine seems quite natural and uncontested. In fact, this view is formed a priori on three assumptions:

- Chinese medicine has to change from its ancient form to a new form;
- Chinese medicine has to complete its evolution from its present primitive level to a higher level;

11. Paul U. Unschuld, *What Is Medicine? Western and Eastern Approaches to Healing*, Berkeley/Los Angeles, University of California press, 2009, p. 202.
12. Shigehisa Kuriyama, *The Expressiveness of the Body – and the Divergence of Greek and Chinese Medicine*, New York, Zone Books, 1999, p. 8.
13. Kristofer Schipper, *The Taoist Body*, translated by Karen C. Duval, Berkeley/London, University of California Press, 1993 (French version: *Le corps taoïste*, Paris, Fayard, 1982).
14. Pierre-Henry de Bruyn, *Le taoïsme – Chemins de découvertes*, Paris, CNRS, 2010.
15. Paul Unschuld, *Medicine in China: A History of Ideas*, University of California Press, Berkeley, 1985.
16. Among other things, Tang Zonghai (1851-1908), Zhang Shouyi (1873-1934), and Zhang Xichun (1860-1933) were famous supporters of this current.
17. Kim Taylor, *op. cit.*, p. 125.
18. *Ibid.*, p. 137.
19. In the twenty-first century, the use of terms referring to the concept of synthesis is spreading in symposiums, and in official, academic, and popular publications; for example in the context of the First World Congress of WHO on traditional medicine (*chuantong yixue*) (WHO Congress on Traditional Medicine hosted by the Ministry of Health and SATCMC), 7-9 November 2008, on the topic "Developing Traditional, Alternative and Complementary Medicines for Today's Society," facts and observations collected by Évelyne Micollier and presented to this Congress. Let us add that Volker Scheid (2002) formalised this concept.

• *Chinese medicine has to be transformed from an unscientific practice to a scientific practice.*⁽²⁰⁾

Then, in a critical approach, Hor Ting himself demonstrates the assumptions that he has just defined. According to him, Chinese medicine should not try to find a new form for itself, because outside of China it is precisely as “traditional” medicine that it has been adopted by Westerners as a “medicine of the future.”⁽²¹⁾ In addition, since Chinese medicine constitutes “a well-established system of knowledge and skills,” it represents *de facto* an “empirico-speculative medicine, developed into its full maturity” and should not aim for a new metamorphoses in order to be an accomplished medical tradition.⁽²²⁾ Finally, by noting that therapeutic efficiency is what counts in the medical act of healing rather than the scientific explanation provided,⁽²³⁾ Hor Ting goes so far as to reverse perspectives by declaring, from the point of view of science history, that it is in fact Western medicine that should be considered strange for claiming to base all of its processes on a “reasonable scientific objectivity” for which it creates its own unique criteria of truth; thus it should be Western and not Chinese medicine that represents “an isolated case in medical history.”⁽²⁴⁾ This reasoning shows how the question of the epistemological status of Chinese medicine can indirectly shake up certain scientific dogmas and can wrongly lead, by an inverse excess, to caricaturising knowledge called “scientific” and engendering a reductive vision of science, neglecting the fact that the model of the scientific paradigm consists of a continual reconsideration of previous results through the insertion of new results, and that as such, the scientific process is only interested in what it can know in the state of the knowledge of the moment. Furthermore, this paradigm is based on a theory of knowledge that is “open” in perpetual construction and thus reconstruction. From this point of view, the epistemological resistance that Chinese medicine encounters in its transmission process is double: on the one hand, the systematic questioning of its practices and results required of Chinese medicine by the dominant scientific paradigm produces internal resistance to a modification of its modes of operation; on the other hand, compelled to acknowledge its experience through experimental results that are quantitatively measurable, Chinese medicine is facing an external challenge of a kind that is totally new in its history.

The third issue: Establishing competent institutions and efficient public policies

Chinese medicine would not have even the epistemologically vague and ideologically debated status it has in China and the world today without the major political support that the authorities of the PRC strategically chose to give it at the end of the 1950s.

It is indisputable that starting in the 1950s, China established powerful institutional organisations charged with the national and international dissemination of Chinese medicine.⁽²⁵⁾ In addition, for Kim Taylor, “It is also noteworthy that only after Hong Kong was returned to China in 1997, were similar steps taken to institutionalize and standardize the medicine.”⁽²⁶⁾

We can at least state that this process intensified after the handover of Hong Kong. Such strong political support for Chinese medicine by PRC authorities does not, however, justify the reduction of Chinese medicine to a mere political medical system, or to deduce that the interest of “the West” was attracted more to the “traditional” aspects of Chinese medicine than

its “scientific merits.”⁽²⁷⁾ In fact, if the political character of TCM is often decried, this does not detract from its scientific or above all therapeutic merits.

To be able to understand how the Chinese government structures this discipline, or what the political lines it defines may be, it is important to know the principal institutions mobilised to promote and bring about its institutional dissemination. At present, the central administrative organisation in the development of TCM in

China and in the world is the “State Administration of Traditional Chinese Medicine of the People’s Republic of China” (中華人民共和國國家中醫藥管理局 – SATCM-PRC),⁽²⁸⁾ which has been given two essential missions. With the help of members of the vast network that it directs in the various Chinese institutions in China and in the world, this institution must:

- 1) Formulate strategies, plans, and policies for the development of TCM and the use of ethnic medicines;
- 2) Supervise all concrete applications of TCM, both preventive and clinical;
- 3) Coordinate the integration of TCM and Western medicine;
- 4) Guide the exploration, summarisation, and improvement of the theoretical components of TCM;
- 5) Direct the protection, exploration, and rational usage at the industrial scale of Chinese pharmacopoeia;
- 6) Promote educational activity at all levels in order to ensure the renewal of a pool of competencies in TCM;
- 7) Direct the scientific and technical research likely to improve the credit granted to TCM;
- 8) Ensure the protection of the immaterial heritage that constitutes TCM at the diagnostic and therapeutic level as well as at the literal and cultural level;



Wang Guoqiang, general secretary of the SATCM-PRC
© Wang Yiping, BUCM

20. Ting Hor, “Modernization of Chinese Medicine: An Anthropologist’s View,” in Ping-Chung Leung et al., *A comprehensive guide to Chinese medicine*, Singapore, World Scientific Publishing Co, ch. 12, pp. 301-323.
21. *Ibid.*, p. 304.
22. *Ibid.*, p. 307.
23. *Ibid.*, p. 311.
24. *Ibid.*, p. 310.
25. On this question see the detailed study of Wen Xiang, *Minguo zhongyi yizheng* (The medical policy of Chinese medicine in the Republic of China), Beijing, Zhongguo Zhongyiyao chubanshe, 2007.
26. Kim Taylor, *Chinese Medicine in Early Communist China, 1945 – 1963: A Medicine of Revolution*, op. cit., p. 87.
27. *Ibid.*, p. 109.
28. We choose to use the acronym “SATCM-PRC” rather than “SATCMC,” which is currently used in official translations (*cf.* note 19 above), in order to stress the political character of the term: since China is not only constituted by the PRC, this nuance could be, in certain contexts, as ill-suited as *zhongyi* as “TCM.”



The Second World Education Congress of Chinese Medicine was held on 28-30 October 2011, at the Beijing International Convention Centre. Leaders from the Ministry of Health, Beijing government and the SATCM-PRC attended the Conference. More than 100 overseas delegates from 31 countries or regions and 400 delegates from 30 provinces gathered together during this conference. © Pierre-Henry de Bruyn

- 9) Develop international collaborations for better transmission of TCM in the world, especially in partnership with Hong Kong, Macao, and Taiwan;
- 10) And finally – *last but not least!* – “To perform other tasks given by the State Council and the Ministry of Health.”⁽²⁹⁾

A secretary general and five vice-commissioners preside over this administration. The careers of these great public servants of Chinese medicine shed light on the political character of this institution, and the diversity of their origins testify to its national dimension and the balance between regions.⁽³⁰⁾ It is also important to stress that none of these officials has training in biomedicine, but all have post-graduate degrees in Chinese medicine.⁽³¹⁾ These two details allow us to stress how much the SATCM-PRC reveals a very marked national character and constitutes an atypical form of organisation compared to Western institutions, where policy decisions on health issues are typically entrusted to experts trained in biomedicine.

All of these officials serve one common mission: promoting Chinese medicine in China and in the world according to the wishes and respecting the instructions of the PRC authorities. Numerous other associations in China are working in this direction, but always in relationship with this central authority. Among these we will mention the “Confederation for the Universalisation of Chinese Herbal Medicine” (中藥全球化聯盟 – *Zhongyao quanqihua lianmeng*), which was founded in 2003 and aims to bring together the political authorities of the entire world, universities, research centres, and the pharmaceutical industry to promote the modernisation of Chinese medicine, ensure the protection of its cultural capital, improve the quality of its products, and by creating a platform for exchange, to encourage hospital research and bring the tradition of pharmacology and Chinese medicine into the mainstream of medical studies. Since its foundation, this confederation has already organized nine academic conferences, the last of which was held in August 2011 in Shanghai.⁽³²⁾

The productivity of SATCM-PRC is not limited to China or even to Chinese medicine. It has also contributed to creating awareness at the international level of the need to establish adequate institutions for the management of alternative medicine policies that are distinct from those directly involved in the area of biomedicine.⁽³³⁾ On the other hand, these Chi-

nese organisations lack a similar structure in most other countries. In the pursuit of international recognition of “Chinese” medicine as belonging to the “world” heritage of humanity, it would be wise to reflect on the national or possibly supranational SATCMs (for example a Europe-SATCM), which would not arise directly from SATCM-PRC, but the creation of which could be modelled on this institution. South Korea, for example, moved in this direction by creating a series of institutions in the 1990s for promoting its own medical tradition.⁽³⁴⁾ The response that the public authorities of a country or a place can give to the therapeutic needs of practitioners using Chinese medicine in their medical practices (as well as to the sick who require them) passes through established political structures adapted to this specific discipline and healthcare system. The original institutional

29. The English version: www.satcm.gov.cn/English2010/structure/2010-10-06/150.html (consulted on 23 November 2011).

30. The secretary general, Mr. Wang Guoqiang 王國強, was born in 1955 in Shanghai in a family originally from Anhui. After working in Inner Mongolia, he entered the CCP in 1973, then studied at the Beijing College of TCM, where he received his degree in 1978. Beginning in 1983, he worked in the National Commission responsible for family planning, where he remained active until January 2007, at which time he became vice-minister of health and the secretary responsible for SATCM-PRC.

31. The five vice-commissioners are: 1) Wu Gang (吳剛), born in 1953 in Shanxi, graduate of the Beijing College of TCM in 1976; 2) Yu Wenming (于文明), born in 1963 in Shandong, graduate of the Shandong Institute of TCM; 3) Li Daning (李大寧), born in 1953 in Jilin Province, graduate in CM at the Heilongjiang Institute of TCM; 4) Ma Jianzhong (馬建中), born in Zhengzhou, Henan Province, in 1957, graduate of the Henan College of TCM in 1976; 5) Wang Zhiyong (王志勇), born in 1966 in Shanxi, graduate in 1989 of the Beijing College of TCM.

32. www.zhong-yao.net/new/zy/201109/249110.html (consulted on 23 November 2011).

33. The definition of “traditional medicine” is very large and covers a very diverse range of therapies, practices, and areas of knowledge according to country and locality. They can be labelled “alternative medicines” or “complementary medicines” (CAM – Complementary and Alternative Medicine). The public policy measures taken by China and its long-term political will to promote traditional medicine encounter the concern of states and civil and economic actors on an international scale as well as recommendations of WHO aiming to integrate traditional medicine into public health systems. Thirty years ago, at the International Conference on Primary Health Care – Alma-Ata (1978), the Chinese system appeared to be a model for other states to imitate, in particular those for whom medical resources were very limited, with an objective of “Health for All in 2000.” The declaration of Beijing adopted at the end of the First World Congress of the WHO on traditional medicine, which was held from 7 to 9 November 2008, subscribed to this continuity and called for a more generalised application of broad parameters of public policy and strategies of WHO for traditional medicine (2002-2005), which were initiated as of 1987: “Recognising progress achieved by numerous governments to date in integrating traditional medicines into their systems of national health, we call on those who have not yet done so to take measures” (paragraph borrowed from Évelyne Micollier, *art. cit.*, 2009, p. 76).

34. See the article by Kang YeonSeok in this issue.

Chinese experience that constitutes the SATCM-PRC experience, charged with keeping alive a medical system that is complementary to the dominant system of biomedicine, could justifiably inspire others to carry out similar initiatives.⁽³⁵⁾ Determining who in a given country can speak with authority on Chinese medicine, coordinate training in each discipline, rule on the competencies required to exercise it, and orient research in this area, are vital questions for the future of Chinese medicine in the world. They are neither ideological nor philosophical; they are political and economic.

The fourth issue: Finding the economic means for development

The fact that Chinese medicine represents a potential source of financial benefit results endows its organisation with an economic dimension that further complicates the process of its transmission. Without even talking about issues of training (which we will address separately below), several aspects should be stressed in this area: the market for medicinal products, professional opportunities, reimbursement for healthcare, and research financing. We will principally address the situation in China.

The market for medicinal products

The economic issue of the market for Chinese medicine represents the most obvious financial interest. It influences the current discussions on Chinese medicine in a decisive manner both in China and abroad. With some 6,000 manufacturers of medicine in China, capable of producing more than 1,000 chemical medicines and 8,000 traditional Chinese medicines, a large number of people are involved in marketing these products: as early as 1999, the *Journal of Chinese Medicine* counted some 1,000 medicine factories, of which 178 were average to large, with a total production valued at over US\$23.5 billion (194.6 billion *yuan*).⁽³⁶⁾ This turnover has increased considerably in the last ten years. In 2007, estimated sales in traditional pharmaceutical products in China increased to US\$5.5 billion out of a total of US\$22.6 billion for all medicines combined.⁽³⁷⁾ The underlying economic dimension of the current discourse of Chinese authorities promoting the transmission of TCM is omnipresent. A March 2008 report by the Institute of Chinese Medicine (ICM) of the Chinese University of Hong Kong written at the request of the Hong Kong government mentions, for example, that:

Chinese medicine naturally enjoys prestige in the field of traditional medicine [...] One evidence of the revival is rising expenditure on traditional and alternative medicine in United States and Europe. The economic potential of Chinese Medicine is therefore international. [...] If traditional herbal products can be clinically proven efficacious, the economic potential will increase considerably. [...] Hong Kong can comfortably develop its hallmark in Chinese Medicine products and make use of this new endeavour to further economic growth.⁽³⁸⁾

This same report nevertheless mentions that Hong Kong's Chinese medicine industry also confronts numerous difficulties: first, the quality of the plants is not reliable enough; next, the laboratories responsible for quality control are deficient; and finally, the number of competent technicians is insufficient.⁽³⁹⁾ Further on the report also mentions that the Chinese med-

icine industry lacks both investment and an innovative spirit.⁽⁴⁰⁾ This example of the questions asked in Hong Kong while considering the transmission of Chinese medicine demonstrates the importance of the economic aspects in this process.

The problem of professional opportunities

Apart from purely industrial aspects, we must add the dimensions related to the problem of professional opportunities for people trained in this medical system. This problem obviously exists everywhere in the world in a different manner than in mainland China. In the inquiry on the state of Chinese medicine in the PRC led by professor Wang Ningsheng (王寧生) of the Guangzhou University of Chinese Medicine, it is stressed that...

The situation of Chinese medicine (in the PRC), from a therapeutic point of view, is clearly distinguished by an exceptional situation and characteristics. Currently in the entire country, there are 3,072 hospitals of Chinese medicine at an urban or higher level, with 332,000 beds and 161 different specialties. In 90 percent of the hospitals of Western medicines there are departments of Chinese medicine. 524,000 practitioners have diploma qualifications in Chinese medicine (中醫資格證書 – zhongyi zige zhengshu). 237,000 are registered as masters in Chinese medicine (註冊中醫師 – zhuze zhongyishi). The number of registered annual consultations in Chinese medicine is 244 million (2.44 億次 – yici), comprising 18.49 percent of the total number of medical consultations.⁽⁴¹⁾

The question of professional opportunities for persons trained in Chinese medicine consequently seems less sensitive in China than in most other parts of the world. Nonetheless, here, too, a problem remains for two reasons: on the one hand, Chinese medical care is less expensive than that of Western medicine, bringing in proportionally less money to those who provide it; on the other hand, the social status of those who practice this type of medicine suffers from the "non-scientific" reputation of this discipline, and their social recognition tends to weaken. Professor Wang Ningsheng thus notes that popular support for Chinese medicine tends to wane and weaken (中醫的民間基礎越來越鬆散薄弱 – *Zhongyi de minjian jichu yuelai yue songsan boruo*).

35. Regarding the definition of biomedicine, see Anne Guillou and Évelyne Micollier, "Anthropologie et santé en Asie du sud-est: dynamiques et courants de recherche," *Moussons: Revue de recherche en sciences humaines sur l'Asie du sud-est*, no. 15, thematic issue Santé, 2010, pp. 177-193; p. 187, note 3.

36. Figures given by P. C. Leung, "The State of Chinese Medicine in China Today," *op. cit.*, pp. 205-207.

37. See Catherine Legrand, "Les opportunités d'un marché complexe," *Connexions* 45, May-June 2008, p. 51.

38. Cf. Ping-Chung Leung (principal investigator), *Developing Hong Kong into a Chinese Medicine International Platform – A Careful Study*, Hong Kong, Institute of Chinese Medicine (CUHK), 2008, p. xx (cited below under the code DHKCMIP-08). The interest of this document is due to the fact that the information it contains is based on a series of inquiries carried out not only in Hong Kong but also in China. The vice president of the Guangzhou University of Chinese Medicine (廣州中醫藥大學), Wang Ningsheng (王寧生), led a massive research project covering the province of Guangzhou as well as Nanjing, Shanghai, Beijing, and even the province of Heilongjiang (p. 17). In 2006, the Committee on Chinese Medicine and Pharmacy of the Department of Health under Taiwan's Executive Yuan (*Taiwan xingzhengyuan weishengshu zhongyi weiyuanhui*) wrote a similar document entitled *Visions of Chinese Medicine in Taiwan*.

39. *Ibid.*, p. xxiv.

40. *Ibid.*, p. xxxi.

41. This report directed by Wang Ningsheng is published in Annex 1 of the above-mentioned 2008 report (DHKCMIP-08) under the title "Neidi zhongyiyao fazhan diaoyan baogao" (Research Report on the Development of Chinese Medicine in China), p. S6, 3.1.

Healthcare coverage policies

The third economic factor likely to influence the development of Chinese medicine in a major way is medical insurance policies (on consultations, prescriptions, services, products...). In the PRC, the cost of consultations in Chinese medicine is covered in a similar manner to that of biomedicine. In Singapore, Chinese medicine is covered by medical insurance, even in private clinics, while in Taiwan the reimbursement rate varies among different insurance plans.

The well-known arguments in favour of allowing patients the choice of Chinese medicine include a lesser probability of secondary effects and a lower cost, except for patients who seek the highest-quality products and services.⁽⁴²⁾ This means lower cost for health insurers. Comparing costs concretely, it suffices to observe the prescription counters of a typical hospital in a major Chinese city that provide both types of medicines; in fact, all patients with a prescription go to these counters. Traditional and biomedical products are often, but not always, supplied separately in two hospital pharmacies located side by side. The personnel generally consist of pharmacists or specialised assistants. For a common benign pathology, less than 10 *yuan* is needed to procure ordinary traditional pharmacopeia products, while a package of Paracetamol, for example, costs around 20 *yuan*, and a package of antibiotics costs double that.⁽⁴³⁾ Let us clarify that the hospital sector is the main supplier of medicine in China, covering around 80 percent of the total market. In the twenty-first century, pharmacies functioning outside the hospital system have developed a lucrative market of "OTC" (over the counter) products⁽⁴⁴⁾ to increase their share of the domestic market; they thus sell a certain number of traditional medicines carrying the OTC label.

That being said, it is nonetheless necessary, as far as China is concerned,⁽⁴⁵⁾ to limit the impact that healthcare coverage has on the use of Chinese medicine, given that only a small minority (20 percent) of the Chinese population was covered by health insurance in the early 2000s,⁽⁴⁶⁾ and that sources estimated that 15 to 20 percent of the population receives 60 to 80 percent of all public medical resources. The privileged social categories are mainly employees of government or state enterprises. Fifty percent of the urban population and 80 percent of the rural population have no medical coverage; 50 percent of the inhabitants of rural zones do not have access to healthcare due to its cost (WHO, country file, 2000). Deteriorating infrastructure, lack of personnel, and evidence of an increased prevalence of some pathologies have been acknowledged in most rural zones.⁽⁴⁷⁾ Over the past two decades, the basic Chinese healthcare that WHO held up as a model for developing countries has completely disappeared in favour of a commercialised and de facto privatised system based on forcing public health structures to fund themselves. The healthcare reform officially launched in 2009⁽⁴⁸⁾ has as its main objective reduction of inequalities in healthcare and thus poverty.⁽⁴⁹⁾ Made public in 2008 and 2009, the guidelines envision the generalisation of a health insurance system with basic coverage for 90 percent of the population in 2011, improved access to healthcare centred on hospital reform, and finally, consistent financing and medical supplies to hospitals in order to curb the abuses of excessive commercialisation. This reform will thus have considerable influence a priori on the development of Chinese medicine, because it will facilitate, in principle, access to medical care for a majority of the population and therefore access to treatment with Chinese medicine.

Funding research

The last decisive economic factor is that of financing research in Chinese medicine. There are two dangers here, one extrinsic and the other intrinsic to the discipline. On the one hand, in promoting research, for example aiming at the identification of "active elements" in Chinese pharmacopeia, the pressure of the large pharmaceutical groups (foreign or Chinese) may progressively cause work in this area to develop too unilaterally in a direction that is foreign and even destructive to dimensions that are fundamental to the specific cultural heritage that constitutes Chinese medicine.⁽⁵⁰⁾ On the other hand, Chinese medicine, which builds on the historic accumulation of numerous therapeutic experiences, still struggles to develop the specific processes of experimentation and testing that are universally acknowledged by the scientific community.

In China, research in Chinese medicine is principally financed within the framework of the R&D programs of Chinese pharmaceutical groups. Certain groups exclusively produce and market Chinese medical products; other businesses are not specialised and also finance research into biomedicine and integrated medicine. The protocols of biomedical research can also integrate elements that come from Chinese medicine, while conversely those of Chinese medicine can do so with elements of biomedicine. State organs such as the Ministry of Health, the Ministry of Science and Technology, and the Ministry of Culture and Heritage also contribute to developing research in Chinese medicine. The government substantially increased its financial support in the twenty-first century. In the framework of research in industrial, university, or hospital environments, a single scientific methodology tends to be applied.

At the heart of complex economic issues, research and development in Chinese medicine has entered the framework of the world health market by virtue of its potential for putting products of pharmacotherapy (中醫

42. In this case, the cost of treatment can greatly exceed that of generic biomedical products manufactured by Chinese businesses.

43. Observations made by Évelyne Micollier in Beijing and Guangzhou in 2007-2008.

44. The international term applied to products that can be sold without prescription and are designed to treat benign pathologies. Local and/or national regulations apply to the attribution of this label.

45. The paragraph that follows is adapted from the article by Évelyne Micollier, "Why is a reform of the health system urgent?" in Fabrice Duléry (ed.), *Aujourd'hui la Chine*, CRDP academy of Montpellier and CNDP (Centre National de Documentation Pédagogique), Montpellier, 2011, pp. 88-90.

46. The health care system prior to the Reform Era (1979-) was necessarily very rudimentary but had the merit of being more egalitarian, with nearly 90 percent of the population benefiting from care that was essentially free through the support of national, provincial, or local healthcare systems. According to an official report of the World Bank (World Bank, 1997, *China 2020: Financing Health Care*, Washington D.C., World Bank, p. 1), in 1975, the main portion of healthcare costs was assumed by the rural cooperative system, the government, and SOEs and benefited nearly 90 percent of the population (almost all the urbanites and 85 percent of the rural population).

47. See Marilyn Beach, "China's rural health care gradually worsens," *The Lancet*, 2001, vol. 358, p. 567.

48. Chen Zhu, "The Launch of the health-care reform plan in China," *The Lancet*, 2009, vol. 373, pp. 1322-1324.

49. It has already been the object of numerous publications because there were great expectations among national and international actors in development (see OCDE 2006 report). Among these publications, see the remarkable collection of articles on health in general and the reform in particular published on-line in the prestigious journal *The Lancet*, 2008 and 2009, www.thelancet.com; WHO bulletins including Hu Shanlian "Universal Coverage and health financing from China's perspective," *Bulletin of the World Health Organization*, 2008, vol. 86, no. 11, p. 819; J. Parry, Cui Weiyuan, "Making health care affordable in China," *Bulletin of the World Health Organization*, 2008, vol. 86, no. 11, pp. 821-823; on the multiple challenges posed by the reform and the internal debate that it brings about, cf. Lu Xiaoping, Charles W. Freeman, *China's Capacity to Manage Infectious Diseases: Global Implications*, Center for Strategic and International Studies, March 2009, chap. 5 and 6.

50. For example: the fact that the categories used in diagnosis are the same as those used to classify plants; those of plants are almost always part of a formula (which is itself the result of long experience), and the therapeutic attribute of the plant is sometimes related to the rhythm of the seasons.

藥 – *zhongyiyao*) and traditional pharmacology (中醫藥學 – *zhongyi yaoxue*) on the market. These products constitute a welcome market niche for the Chinese pharmaceutical industry, comprised largely of government-run firms. Following the constraints placed on China with its entry into the WHO (2001), these companies had to quickly change strategies because they could no longer systematically manufacture generic versions of patented biomedical products from developed countries, which at that time constituted almost their total production. Negotiations for the development of international research in Chinese medicine confirmed the strategy of Chinese industry and authorities obtaining MA (Marketing Authority) in developed countries by registering pharmacopoeia compounds. The objective was to be able to enter the market by registering in the category of medicine rather than in the category of food supplements. However, the legal framework and standards of scientific evidence are much more stringent for medicines; these standards prescribe implementation of the EBM model (Evidence-Based Medicine) and the carrying out of conclusive clinical trials. A “flexible” MA is envisaged in the regulatory framework of the European Medicines Agency for non-conventional medicines, which covers: (1) medicines with well established medical uses, i.e., for which bibliographic or experimental evidence of safety and efficacy have been provided; and (2) “traditional” medicines for which a “long” tradition of use (a minimum of 30 years, 15 of which are in the European community) is acknowledged (Directive 2004/24/EC). Numerous scientific research projects aimed at testing Chinese medical products have been launched in the twenty-first century: for example, the Herbalome project, ambitious and long-term (15 years), was presented in the review *Science*. They are based on methods such as high-level screening, toxicity tests and clinical trials: the objective is to identify active and toxic substances in TCM compounds.⁽⁵¹⁾ Another example involves a call for projects by the French ANR (French National Research Agency), launched in 2008 in the framework of the program of biotechnologies for health, which explicitly mentioned Chinese medicine. The call is significant in terms of an increasing number of scientific policies encouraging the development of scientific research within the framework of a French-Chinese partnership of public research.⁽⁵²⁾ It must be emphasised, however, that despite a bilateral political effort, no project was financed in the framework of this call at the end of the day.⁽⁵³⁾

The fifth issue: Innovation in specific education

The fifth type of major issues that transmission of the heritage of Chinese medicine faces concerns the specific teaching method of this discipline. Jumping suddenly during the 1950s from an individualised mode of transmission, most often intra-familial, to a more institutional and university structure, the teaching of Chinese medicine has not yet recovered, even in China, from this fundamental change. Three observations attest to this: the quasi-cult of the “*laozhongyi*” (老中醫 – venerable doctors)⁽⁵⁴⁾ organised at a local and even national level; the survival of the official validation of competencies acquired by study with a master in Chinese medicine outside of any parallel institutional course of studies; and the request by certain teachers of Chinese medicine in China for the return to a more classical teaching method.⁽⁵⁵⁾

In China, traditional medicine has long been considered to involve a great deal of knowledge twice over, on the one hand because practical mastery could only be acquired through long personal experience (taking pulses, diagnosis, discerned modifications of pharmacopoeia formulas according to the needs of each particular patient, etc.), and on the other hand, because its theoretical knowledge required a vast literary culture of texts written in classical Chinese.⁽⁵⁶⁾ The challenge of finding teachers excelling in both areas has arisen in China today with force. Recurring demands for a return to more classical teaching are currently heard in the world of classical medicine. Several proposals by Professor Liu Lihong (劉力紅) illustrate this point.⁽⁵⁷⁾

In his training, Liu Lihong embodies a mixture of two pedagogic traditions. Trained during nine successive years at various modern Chinese universities (1978-1983: student at the Guangxi faculty of MC; 1983-1989: researcher in the department of heat damage disorder [溫病研究室 – *wenbing yanjiu shi*], the last three years of which he spent in Chengdu; 1989-1992: doctorate at the Nanjing faculty of MC under the direction of professor Chen Yiren [陳亦人 1924-2004]), he then returned to Guangxi to teach fundamental theories, and was subsequently invited to Tsinghua University from 2002 to 2003. During this training he also had the opportunity to follow more traditional training – as is done in China by many disciples who accompany masters to become initiated into medical practices through daily contact.⁽⁵⁸⁾

51. Science review, “TCM under the microscope: Researchers hope the project will lead to better quality control,” 12 February 2008.
52. www.agence-nationale-recherche.fr/AAPProjetsOuverts?NodId=17&lngAAPId=227 (consulted on 23 November 2011), PDF program, p. 83, by Évelyne Micollier.
53. This long paragraph borrows from Évelyne Micollier (*art. cit.*, 2009, p. 82; *art. cit.*, 2011, pp. 87-88).
54. The character “*lao*” has a primary meaning of “old,” but here it should be translated as “venerable” instead.
55. For the cult of *laozhongyi*, also see in this issue the description by Éric Marié and Frédéric Obringer of recent attempts to revalorise master-teacher instruction (師徒傳承 – *Shitu chuancheng*).
56. The difficulty of finding and training at least some specialists able to assimilate knowledge in this tradition that is not only practical (faculties of medicine) or literary (faculties of sinology), but which unites these two aspects, is of course much greater in the West than in China. France has a long tradition of innovation in this area. As early as 1813, Dr. Abel Rémusat (1788-1832) presented a dissertation on Chinese medicine (*Dissertation de glossosemeiotice sive de signis morborum quae e lingua sumuntur, praesertim apud sinenses*). The next year, he was appointed to the chair of Chinese and Tartar-Manchu language and literature at the Collège de France. Later, in the 1970s, Taoist studies were inaugurated in Paris around the works of Kristofer Schipper. Today, 200 years after the thesis of Abel Rémusat, why not envisage the creation of a French or European chair of Chinese medicine aimed at promoting in France and in Europe the protection, and thus the transmission, of what has now become a cultural heritage of humanity?
57. Born in 1958, Liu Lihong in 1992 became the first holder of a doctorate in TCM from the province of Guangxi. He has been teaching at the University of TCM of this autonomous region since 1997, specialising in the use of classical formulas for the treatment of chronic illnesses. Known as a great specialist of *Shang Han Lun* (*Treatise on Febrile Diseases*), a classic of Chinese medicine written in the second century by Zhang Zhongjing (張仲景 150-219), Liu Lihong became famous through the publication of two works: *Kaiqi zhongyi zhi men* (*Opening the Doors of Chinese Medicine*, 1998) and above all *Sikao zhongyi* (*Reflecting on Chinese Medicine*, 2004) which is presented as a knowledge commentary on *Shang Han Lun*. Reading the latter book, one of the most famous contemporary Chinese doctors, Professor Deng Tietao (鄧鐵濤 born in 1916), said: “I no longer walk my path alone; there is someone behind me who wants to continue the tradition of MCT...” (吾道不孤, 後繼有人矣 – *wu dao bu gu, hou ji you ren yi*). The conversation between Liu Lihong and Wang Qingyu on the nature of the necessary transmission in Chinese medicine (www.classicalchinesemedicine.org/2011/01/3050), and Liu Lihong’s deep conviction on the primordial role of emotions (感動 – *gandong*) in this process (www.classicalchinesemedicine.org/2011/02/liu-lihong-reflections-on-gandong-real-transmission-of-knowledge-requires-that-our-hearts-are-moved), demonstrate how central the question of the mode of transferring knowledge is to his reflections on the future of TCM.
58. Thus Liu Lihong spent a period of seven years with Li Yangbo (李陽波, 1947-1991), and recognises that he owes the essential part of his first work to him. For two of those years he lived with Li Yangbo as well as other masters such as Wang Qingyu (王慶餘 1932-2002) and Zeng Basheng (鄧鏗生, www.hun-yuan.org/main_html.php?page=qanda&subpage=24), who taught him Taoism, and certain doctors such as, in 2004, Dr. Li Ke (李可), an elderly doctor working in Shanxi sometimes called Li Lao (李老 – old Li), and in 2006, Lu Chonghan (盧崇漢) in Chengdu, a grand master of the third generation of the school of medical tradition called *huoshen pai* (火神派 – current of spiritual fire) founded by Zheng Qin’an (鄭欽安 1804-1901) at the end of the nineteenth century.

In certain passages of his book *Reflecting on Chinese Medicine*, Liu Lihong paints a relatively sombre situation for Chinese medicine in China: ⁽⁵⁹⁾

Whether in academies of Chinese medicine or in departments of Chinese medicine of Western academies of Oriental medicine, Chinese medicine has become almost a mere ornament. Those who study Chinese medicine don't have confidence in it: as soon as they encounter a bit of difficulty, they either hastily administer Western medication or add to the standard Western remedies a bit of Chinese medicine to do a bit good [...] Seeing Chinese medicine fall so low can only lead to gloom. ⁽⁶⁰⁾

He points out:

These last ten years, a question often raised in the world of Chinese medicine is why the theory of Chinese medicine has stopped at clinical problems. In all scientific disciplines, it is theory that walks in the forefront while practice slowly follows behind. ⁽⁶¹⁾

But contrary to this idea of a Chinese medicine devoid of a specific theoretical foundation, Liu Lihong sets out his personal position as follows:

The way I see it is quite the opposite: theory [of Chinese medicine] has not experienced regression (沒有落後 – meiyou luohou), but has even made enormous progress (大大的超前 – dada de chaoqian) in many areas.

For him, an important problem is the didactic one:

Currently in Chinese medicine there is a strange and even frightening phenomenon that consists of a progressive weakening of the teaching of the classics of Chinese medicine. Most contemporary academies of Chinese medicine have already transformed [the study] of the classics into an optional (elective) course – those of Chengdu or Nanjing, honourable institutions that in the past gave such weight to this material, have not been the exception. But does this type of transformation truly constitute progress? I have serious doubts. ⁽⁶²⁾

According to Liu Lihong, the study of the classics is an indispensable element in learning Chinese medicine:

The classics are for life, [for the practitioner of Chinese medicine] a compulsory course: if you really want to study Chinese medicine, then working on the classics in depth is the type of project that you must do of necessity. ⁽⁶³⁾

This study is doubly difficult. From a literary point of view, the study of the classics of Chinese medicine requires a high philological intelligence allowing the student to progressively grasp the multiple meanings of a text and then penetrate the meaning of words (字義 – ziyi) and sentences (句義 – juyi), as well as the overall meaning (總義 – zongyi) of the text. Next, this process requires the inner cultivation of a receptive spirit toward the subtext. Thus Liu Lihong states:

Another problem to which we must pay attention in order to study the classics [of Chinese medicine] well is to fulfil a fundamental

condition, or to put it another way, to acquire an essential quality: knowing how to undertake this study in a state of a faithfully respectful receptivity (信受舉行 – xinshou juxing). In our modern times, many study the classics [of Chinese medicine] by approaching them with a critical eye, considering the classics unscientific and therefore beneath the intelligence of the students; but then, what classics would they study? If you launch yourself into study of the classics with antipathy and considering them outmoded, how will you be able to enter into it? This is why the attitude brought to studying the classics is so important; you must believe them completely, accept them, and then reflect on how to act in conformance with their spirit. ⁽⁶⁴⁾

The Liu Lihong's comments cited obviously cannot summarise the thoughts deeply cultivated by a detailed and living study of *Shang Han Lun*, but they do demonstrate the vigor with which a return to a teaching of TCM based on the classics can be defended today in China. The importance given to a study of the classics in the learning of Chinese medicine is explained by the fact that the medical practice inherits a long human experience of individuals who have fought for centuries to maintain health, defeat illness, and hold off death. By basing itself mainly on the scientific and experimental objectivity of "contemporary" science, according to the scientific paradigm it prescribes, biomedicine tends to consider these therapeutic experiences of the past as relatively outmoded vis-à-vis the strength of experimental evidence. ⁽⁶⁵⁾

This is what constitutes its specific strength, but what can sometimes be felt as oppressive by practitioners of Chinese medicine:

Obviously the methods for arriving at a diagnosis in Chinese medicine and in Western medicine are profoundly different. The Western doctor has a large number of modernised methods to help him, and these methods themselves are always progressing. What is the state of this regarding Chinese medicine? It has nothing similar: in all things it can only base itself on itself. That is why studying Chinese medicine is more difficult than studying Western medicine. If you study Western medicine, all the techniques of the entire world come to your aid: modern physics helps you; modern chemistry supports you; modern biology helps you some more. But if you study Chinese medicine, nobody helps you; on the contrary, you seem determined to complicate your life. That is why if somebody wants to succeed in studying Chinese medicine, especially in the context of the current modernisation, it is really no easy matter. Everyone must think long and hard about this problem and allow an unshakable confidence to take root [in the value of Chinese medicine]. ⁽⁶⁶⁾

59. Liu Lihong, *Sikao zhongyi – dui ziran yu shengming de shijian jiedu* (Reflections on Chinese Medicine – explanatory lecture on the natural and biological temporality), Taipei, Jimu wenhua chubanshan, 2004 (2009), p. 1.

60. *Ibid.*, p. 14.

61. *Ibid.*, p. 15.

62. *Ibid.*, p. 18.

63. *Ibid.*, p. 70.

64. Liu Lihong, *op. cit.*, p. 70.

65. It should be noted, however, that the clinical experience given by case studies is recognised as important in all medical disciplines.

66. Liu Lihong, *op. cit.*, p. 127.

Conclusion

The analysis of the principal issues that polarise discussions on Chinese medicine and that influence its process of institutional transmission does not allow us to imagine the future and even survival of this medical tradition without a certain trepidation. Professor Xie Peishan (謝培山 – 1934-) illustrated this point by saying: "In reality, the future of Chinese medicine today hangs by a thread" (中醫藥的前途實際上是處在命懸一線的關口 – *zhongyiyao de qiantu shijishang shi chuzai mingxuanyixian de guankou*).⁽⁶⁷⁾

The reflections above indicate several focal points that could allow consideration of the future with a greater sense of ease:

1. Be aware of the current ideological polarisation of the debates, in China as well as in the West, between partisans and opponents of Chinese medicine;
2. Reconfirm as central the therapeutic perspective of the medical act vis-à-vis the theoretical model of approach to the body on which its efficiency is based;
3. Build adequate political structures on a national as well as supranational level to ensure global management of the application of this medical tradition;
4. Take greater account of the multiple economic factors likely to influence the development and reception of this tradition;

5. Encourage pedagogic initiatives (respectful at the same of the history of didactics specific to the discipline and the demands of scientific training at an international level) that promote superior instruction in this medical tradition.⁽⁶⁸⁾

On the other hand, we should not underestimate the fact that advantages favouring the institutional transmission of certain Chinese medicine on a global level can be identified: the size and influence of Chinese diasporas throughout the world, the key positions held by Chinese professionals at WHO, Chinese medicine's relatively lower cost compared to biomedicine for transmission to developing countries, and finally, the increased international mobility of traditional doctors and a middle class that is equally mobile and considers Chinese medicine a heritage to be preserved, valued, and promoted. This mobility has certainly been facilitated by China's economic development. As a complement to the highlighted issues in this article, all these factors help explain why Chinese medicine is already a world medicine. Consequently, the prospects for future research aimed at identifying the forms that are developing in the context and transformation of this very living knowledge are numerous and promising.

■ Translated by Maxi Schwarz-Bastami

67. DHKCMIP-08, p. 18

68. An official report given to the Hong Kong authorities in 2001 stated the urgency of teaching this tradition in a way that will allow it to become international, which implies defined courses with exams of which the validation is duly recognised (DHKCMIP-08, p. 22). One example in this direction is the three university degrees in Chinese medicine that have been created these last few years at the faculty of medicine of Montpellier University, in the framework of a political partnership with the city of Chengdu before the management was entrusted to Éric Marié, which is experiencing a major success, http://offre-formation.univ-montp1.fr/fr/_modules/education/education.html?educationid=FR_RNE_0341087X_PR_1247058274080 (consulted on 23 November 2011).