

The Tragic (Second) Modernization of Chinese Medicine

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Chinese medicine arose, developed, and flourished in a pre-modern society, with decidedly pre-modern ideas and concepts. Early beliefs regarding pathogenesis focused on ghosts, and other spiritual entities. The recording of *Neijing* was a pivotal step in the **first** modernization of Chinese medicine. The classic texts of *Neijing* (*Suwen* and *Lingshu*) focused primarily on natural factors, such as wind and cold, and specific emotions such as anger, as the causes of disease. They also introduced the idea that diseases evolve naturally, rather than arising and developing randomly.

Impressive as those early steps were in modernizing and rationalizing Chinese medicine, its long history has not conformed to contemporary (western) standards of modernity. While *Neijing* certainly emphasized “natural” factors causing disease, it did not repudiate super-natural ones. Other (logical) inconsistencies abound within the *Neijing* tradition, which is characterized by intellectual ferment rather than uniform theory. There are conflicts between texts, such as their respective root and node theories; and differences in theory and information among chapters of one text, such as the three ways the primary channels are presented within the first ten chapters of *Lingshu*.

Modern western scientists insist that theories be logically consistent so they can be used as conceptual models of “physical reality.” During the history of western science, new paradigms have replaced and repudiated old ones. All phenomena must be explained only in terms of the new paradigm, so inclusion of archaic and conflicting theories from *Neijing* renders historical Chinese medicine “pre-modern” to the critical modern investigator. Indeed, many modern students of Chinese medicine prefer *Nanjing* for the conceptual structure of its systematic correspondences, and fixed predictive models for the progression of pathologies.

The second wave of modernization also has roots deep in Chinese medical history. It was characterized by efforts to establish systematic doctrine that could be standardized, and taught throughout the empire. The early origins of this second wave of modernization can be traced to the works of Huang Fumi and Wang Shuhe during the third century A.D. They sought to preserve classical wisdom after the book burnings with the fall of the Han Dynasty (220 A.D.), by selecting ideas from classic texts, and systematically organizing them. Their efforts rendered those selected ideas much easier to study and master, than the enigmatic source texts that have been received.

Just over a thousand years ago, the Imperial Academy commissioned the great bronze statue of acupuncture points on the primary channels. It was prominently displayed in the capital, and that act sealed the pre-eminent position for the primary channels within acupuncture theory. This conceptual simplification accentuated the gathering of information about specific points, and great compendia were commissioned. Theoretical and philosophical discussion regarding the various channel systems, and how

they might be used interdependently, was super-ceded by empirical testing of individual point functions.

The current approach to Chinese medicine has been only the most recent and extreme example of this seventeen hundred year second wave of modernization. The dialectical materialism of modern Chinese medicine follows the “physical” worldview of modern science, and reduces the texture and complexity of phenomena. The desire for (logical) consistency has reduced the diversity of ideas, and greatly simplified the conceptual framework of Chinese medicine. Theoretical discourse has been suppressed in favor of developing a practical clinical framework of differentiations.

While the modern doctrine still uses core concepts like yin-yang, qi, wind, cold, damp, and others, it seeks to define them narrowly, especially by identifying them with specific collections of symptomatic expressions. This simplification focuses on the manifestation(s) of blocked or imbalanced function, rather than having to “sort out” the dynamics of distress that led to them. This “streamlining” of the challenge to discern individual dynamics allows Chinese medicinal diagnosis to devolve into the simple classification of patients into symptom-sign complexes. This clinical methodology appeals to modern western “scientific” people, because of its familiarity from western medicine.

Most teachers involved with transplanting Chinese medicine to our society are invested in modernity. They find comfort in narrowing the ideas of Chinese medicine, including the translation of richly evocative and metaphorical Chinese medical language into physically based biomedical language. They appear willing to compromise the profound wisdom and power of classical and historical Chinese medicine to work with a modernized system that conforms to their worldview. They readily accept the modern version of Chinese medicine, which consists of a relatively consistent (and simple) theory of physiology, and a practical clinical methodology based on a relatively small collection of diagnostic categories.

The modern emphasis on a single clinical methodology renders the scholarship we need to improve our profession extremely perilous. Discrepancies of information abound in the history of Chinese medicine. Without better understanding of the theories that led to the conflicting information, we have no reasonable way to resolve those discrepancies. For instance, I’ve heard that one popular teacher has recently been teaching the clinical value of moxibustion on the Heart back-*shu* point (*xinshu*). This application reportedly agrees with several Ming Dynasty (1368-1644) authors, but contradicts at least one classical source on moxibustion.

To moxa, or not to moxa – that is the question. And, certainly not the only one! There are myriad such conundrums when one opens the “Pandora’s Box” of scholarship into Chinese medical history, some with much broader implications. A clinician might simply choose to trust a teacher, and experiment. Discovery through practical experience is an accepted form of clinical research, though unsatisfying to the scholar.

Many students and practitioners share the scholar's plight. We seek to train our critical reasoning faculties to engage the challenges of helping patients, and must understand the historical context of information to enhance those efforts. One solution for the scholar, and all students of Chinese medicine, is to transcend modernity, and embrace a post-modern worldview.

Post-modern inquiries recognize that all our attempts to model and understand nature are mental projections. They are limited by the intrinsic limitations of point of view. Ghosts, wind, and other pre-modern concepts of disease causation are no less "real" than modern ones like bacteria and viruses. No theory is an "accurate" model of nature, because no finite conceptual framework can capture the infinite texture and complexity of actual phenomena. We simply use each "as though it were so;" their veracity is determined by their utility.

Successfully transplanting Chinese medicine into contemporary society relies upon our willingness to discover its classical and historical wisdom. The tragedy of modern Chinese medicine is its failure to preserve the free marketplace of ideas that characterized the classical (*Neijing*) approach to medicine, and its complacency concerning cognitive process. The so-called "pre-modern" inquiry inspired by *Neijing* is actually considerably more sophisticated than modern Chinese medical doctrine, and it opens a world of possibilities far beyond those predicted by a modern worldview.

The ancient sages discovered what is required for patients struggling with serious disease to **reverse** their pathologies. In support of such radical transformational healing, they challenge us to differentiate the extrinsic from the intrinsic. This includes accurately "sorting out" the pathogenic factor(s) from the embodied spirit's response to them. For more on this "sorting out" process, see my August '06 *Philosopher's Stone* column entitled "Treating Patients with Chronic Disease" available at CCMforHealing.com

Modern people must learn that our efforts to control embodied spirits inspire rebellious responses. Instead, if we stimulate individuals in a focused and persistent way, urging them to release habituated holding patterns and allowing vital process to flow more freely, the intrinsic wisdom of the embodied spirit generates healing. Magical opportunities are available to those who are willing to explore the chaos of possibilities presented by the classical and historical traditions of Chinese medicine.