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Chinese Medical Concepts in Urban China

Change and Persistence

PL ACADEMIC RESEARCH

1. Introduction

Popular assertions outbid each other with the history, tradition and founding period of Chinese medicine, proclaiming a tradition of 2000 years1, of 4000 years2, or of even more than 5000 years3. Even while acknowledging a long history and tradition, is this really important for today's China? Has Chinese medicine relevance for modern, cosmopolitan urban Chinese today? Do these people know something about its disease concepts or pathogenic mechanisms of action? Do they regard these theories and categories of illnesses as relevant? And, as China's political system changed several times dramatically during the last century, do these changes influence the people's estimation of illnesses? These are some questions which I would like to elucidate in this thesis.

I mainly focus on emotions and their relevance in Chinese medicine. Emotions build one disease category in Chinese medicine, the 'Seven Emotions'. This feature is commonly praised in popular discourse as '*ganzheitlich'* or holistic. Because of this popularity, and because of my interest in human emotionality, I specialized on this feature of Chinese medicine for wider parts of this book.

The book is structured as follows: after this preface, I give an introduction encompassing three subchapters. First, I raise the subject and provide information about the field site. Second, I outline the history of Chinese medicine and explain main theories and concepts. Lastly, I present an overview of main assumptions of ethnological research on human emotions. The second chapter clarifies the research questions and the methodology. In the third chapter, I present an overview on the connections between emotions and illnesses in classical Chinese texts, summarizing first philosophical texts, divided into Confucian, Daoist and others, and second resuming classical medical texts on this topic, starting with very important and influential texts like the *huangdi neijing*. Afterwards, in the fourth chapter, I outline the connections between emotions and illnesses in selected modern textbooks on Chinese medicine, followed by a chapter discussing the concept of 'somatization'. In the sixth chapter I present

1 en.wikipedia.org: http://en.wikipedia.org/wiki/Traditional_Chinese_medicine ; last access 20.06.2012.

2 www.shen-nong.com: http://www.shen-nong.com/eng/history/chronology.html#origin ; last access 20.06.2012.

3 www.purifymind.com: http://www.purifymind.com/HistoryMed.htm ; last access 20.06.2012.

the empirical results, both of my survey and of my expert interviews, and discussing these results in broader context. Subsequently I append the seventh chapter analysing group specific answering-patterns and –behaviour, namely, age-specific, education-specific, and gender-specific peculiarities. I argue that age-specific differences in the perception of depression are related to the experience of different modes of power. Education-specific stress and pressure is connected to the perception of education as capital. The gender-specific utilization of Western medicine has to be analysed considering the discourses on superior births and superior mothers. In my concluding eighth chapter, I summarize the main observations.

The following introduction is tripartite: First, I raise the subject, give an explanation as to why I chose Chinese medicine and provide initial information about the situation in the field; secondly, I give an outline of Chinese medicine, the main concepts, the history and also the recent situation of medical pluralism in China; finally, I summarise the main assumptions of ethnological research on human emotions by introducing emotions both as "complex reactions in the struggle of survival" (Plutchik 1982: 551) and as "embodied thought" (Rosaldo 1984: 143).

By doing so, I will lay the foundation for the upcoming effectuations and intend to facilitate the comprehensibility. Some aspects will be redundant, for which I hope their repetition is both justifiable and excusable.

Raising the Subject

Medical Anthropology, earlier termed Ethnomedicine, is a sub-discipline of Cultural Anthropology and deals specifically with the whole complex of human existence within the context of illness and health. Once defined as

> [Ethnomedicine is] the study of how members of different cultures think about disease and organize themselves toward medical treatment and the social organization of treatment itself (Fabrega 1975: 969),

the broader context of human life and especially the historical, sociological, economical, and political implications of disease and healing have been investigated more and more in the last decades (Fabrega 1990a: 129 f.). Starting with Arthur Kleinman's investigations in the early 1970s, 'modern' Medical Anthropology tried to overcome the long lasting prejudices of scientific Western medicine versus superstitious 'primitive' medicine or, less offensive but nevertheless discriminating, between "personalistic" and "naturalistic" medicine (Kleinman 1978a: 661-662). Within the complex construct of "health, illness and healing in society as a cultural system" (Kleinman 1978b: 85), the investigation of this system has much more to offer than just an interaction between healer and patient. There is a process to be analyzed which connects the concepts of diseases and its ideas about the origin of illnesses to the personal experience of being ill, to a certain pattern of behaviour, to decision-making processes, to the actual therapeutic intervention and to the retrospective analysis of the illness episode (ibid. 86). In this study I shall investigate these manifold interconnections and try to link certain perceptions of illness origins and certain decisions for health treatment and therapeutic interventions to historical, political and economical factors. In Singer's sense that "disease […] must be understood as the product of historically located socio-political processes" (Singer & Baer 1995: 90), I proceed by saying that disease concepts must be understood also as a product of historically located socio-political processes. To avoid the cliché of a static medical system resting on the two columns of Western medicine and traditional medicine, I shall follow Margaret Lock's interjection demanding "multifocality" (Lock 2007: 270). Hence, by providing a structured survey, I will analyze the illness concepts of common urban people in China's capital Beijing, as diverse as these people may be. Additionnaly, I will outline the views of professionals, medical staff as well as administrative. Furthermore, I will evaluate the many individual voices which came up during informal interviews with common people on the streets. Consequently, this study is not only "multifocal" but also 'multiphonic'.

The Western discussion concerning so called 'alternative' medical systems and the search unorthodox cures of '*Schulmedizin'* (mainstream Western medicine or biomedicine) has noticeably picked up pace in the last two decades. The choice of medical alternatives in German cities is enormous; ranging from small offices of self-trained alternative healers to officially labelled '*Heilpraktiker'* (alternative practitioner) and culminates in doctors who not only received a license ('*Approbation'*) to practice biomedicine, but also engaged in extensive studies of written systems like the Indian Ayurvedic System or the system of

Traditional Chinese Medicine[4]. As for the last mentioned system, there are a multitudinous number of publications in Western languages, especially in German. One may find that the vast majority of these publications focus not so much on the community of social scientists but on the broader public which is quite understandable. The 'alternative' medicines are a broad market and generate values of more than 9 billion Euros a year in Germany (Spielberg 2007: 3148). Even German health insurance companies, normally very adverse to 'alternative' curing methods, reimburse some specific 'alternative' medical treatments rooted in Chinese medical thought.[5] To demonstrate the intensive contact with, at least a partial representative of, Chinese medicine, one can see that the density of acupuncturists in Germany (2000 inhabitants per acupuncturist) is even higher than in mainland China (4000 inhabitants per acupuncturist).[6] Interestingly enough, acupuncture and the closely related technique of moxibustion seems to be a *pars pro toto* for Chinese medicine in the West ever since: Even the earliest Western reports on Chinese medical practices, for example the letters written by the German Jesuit missionary Johannes Schreck (1576-1630) or the letters of the physician Andreas Cleyer (1615-1690) addressed to the *Collegium Naturae Curiosum* in Schweinfurt, focused mainly on these techniques (Michel 1993: 215-216; 2005: 71-72). Recently the UNESCO labelled the techniques of acupuncture and moxibustion as "Intangible Cultural Heritages of Humanity".[7] To label a medical practice as "intangible culture" is at least discussible. But by doing so, the UNESCO cemented the notion of Chinese medicine as mainly consisting of this technique and, to a certain extent, neglects the possibility and opportunity for change.

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4 With the term "Traditional Chinese Medicine" (TCM) I label a specific part of the broader system "Chinese medicine" (CM). For the clarification of these two terms, see subchapter 1.2.2.

5 Since April 16th 2006 reimbursement by treating chronic knee-pain, back-pain and headache with acupuncture will be provided (http://www.krankenkassen.de/gesetzliche-krankenkassen/leistungen-gesetzliche-krankenkassen/gesetzlich-vorgeschriebene-leistungen/neue-leistungen/akupunktur-kassenleistung/) (latest access 09.05.2011).

6 Press release from 02.01.2011 by the „Deutsches Institut für Traditionelle Chinesische Medizin e.V. (DITCM)" (http://www.tcm.de/html/aktuell__unesco-akupunktur.html) (latest access 09.05.2011).

7 UNESCO Homepage (http://www.unesco.org/culture/ich/index.php?RL=00425) (latest access 09.05.2011).

Why China?

Despite all the interest in and sometimes even euphoria over 'alternative' medical practices, there is one limitation for the cultural anthropologist: China has not been on the agenda for most Western anthropologists and Chinese medicine and its role in modern China is discussed in only two handfuls of ethnographies; for example, the books by Judith Farquhar (1994a), Thomas Ots (1999), Elisabeth Hsu (1999), Volker Scheid (2002) or Zhang Yanhua (2007a); although since Charles Leslie (1976) medical anthropologists also focussed on Non-western canonized medical systems. The few existing ethnographies have in common that they mainly deal with the sphere of medical 'experts'. Farquhar (1994a), for example, describes how knowledge is being passed on in the context of a big clinic as well as in the more personal relationship between master and disciple. Ots (1999) outlines the principles of Chinese medicine and shows the clinical reality by giving some case studies whereas Scheid (2002) tries to explain why for practitioners of Chinese medicine, there is no conflict between being 'traditional' and being 'modern'. All these great ethnographies left one aspect widely un-noted, and therefore provide an opportunity for more research centred upon analyzing the knowledge and attitudes of lay-persons and gathering information about their usage and contextualisation of indigenous illness concepts.

As Chinese medicine is such a popular topic in Germany right now, I wondered about the situation in China itself. The country is developing swiftly, adapting Western techniques and knowledge as well as attitudes and lifestyles in such a rapid way while combining them with Chinese legacies; thereby giving the well networked and highly skilled urban inhabitants the opportunity – at least in a certain, governmentally approved framework – to make choices and to behave individually, maybe for the first time in Chinese history (c.f. Yan 2009). What about the medical system? Is a system that claims a history of more than 2000 years still attractive and relevant to young urban professionals, colloquially termed, 'Yuppies' (*yapi* 雅皮), which are focused on status and consumption?[8]

8 Yan (2000: 169) illustrates vividly the changed patterns of consumption of Chinese urban population. The "three big items" (san da jian 三大件) which were most desirable in the 1960s and 1970s were wristwatches, bicycles and sewing machines. In the 1980s, these items were color TVs, refrigerators and washing machines, whereas these were replaced by telephones, air conditioners and VCRs in the early 1990s. In the late 1990s

Or instead, do only older people know the mysterious remedies and old secrets of Chinese medicine? Are they sceptical of Western medicine and do they lament the 'good old times' of Chinese medicine?

The Situation in the Field

Initially, during the initial planning of the research project, I thought of doing a classical ethnological rural-urban comparison, because I estimated (and I still do) that the differences between the situation in rural and urban China must also be reflected in the attitudes and assessments of Chinese medical concepts and that there are some important and relevant distinctions in the way people make sense of Chinese medical concepts and make use of Chinese medicine. For the sake of time and space, I narrowed it down to the observation of the urban society. This decision allowed for an intimate investigation of the urban population's attitude and usage of Chinese medicine; focusing on rural attitudes and usages would have detracted from the comparability to other urban studies, which I try to stress in my analysis. I think, conducting fieldwork in a rural area and repeating my questions there would be a good and worthwhile supplemental venture; a rural-urban comparison would obtain interesting results, but it would shift the study in a different direction away from an urban foucs which I provide in this study.

So I decided to do the fieldwork in urban China, but I was not quite sure which city I should select. I finally chose Beijing for several reasons. First of all, it is the capital and therefore a kind of prototype for Chinese cities. Although some Chinese city dwellers wondered about this choice, as they considered Beijing backward, provincial and boring and recommended cities like Shanghai to be the better, more modern and more urban spot, I chose Beijing. At least since the run-up to the Olympic Games in 2008, the city developed the awareness of not only of being the head of Chinese bureaucracy, but also modern and internationally relevant. Beside this, Beijing "along with the Great Wall is the dominant symbol of 5,000 years of Chinese history and tradition" (de Kloet 2002: 99). Beijing proved to be the ideal choice because of its relevance in economical and political power, and because of its efforts to combine the emerging image of a modern metropolis and the tradition of being the Chinese capital, although with

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and in the beginning 2000s, the new three big items are apartments, private cars and modern cell phones.

discontinuities, for almost 800 years. It hosts the University for Chinese Medicine (*Beijing Zhongyiyao Daxue*北京中医药大学) as well as other important institutions, both academic and government, concerning health and medicine. And also some more pragmatic reasons, which every ethnologist doubtlessly has, but hesitantly talks about, were decisive. I knew the city quite well due to previous travels, and also the local dialect which is close to 'mandarin' or standard Chinese was an important factor. For example, conversation with a dialect speaker from southern China would have complicated my research demonstrably.[9]

I chose to stay in the north-western part of Beijing, close to the Renmin University (*Renmin Daxue* 人民大学) and to the Central University for Nationalities (*Zhongyang Minzu Daxue*中央民族大学) where I had my main contacts and connections. In the second chapter, I will expound upon the research sites. Interviews took place in different locations, but all inside the 4th ring road of Beijing in the city centre and the nearest suburbs.

A Short History of Medicine in China

As already mentioned, the ethnological discussion about indigenous medical concepts in China, at least in Germany, has not been very polyphonic in the last few decades and also lacks a recent history (c.f. Unschuld 1991: 63-64) and so a brief description of Chinese medical thought is needed to provide a backdrop. In modern China, not only Chinese medicine but also Western medicine is known and 'theoretically' available; summarizing the history of medicine in China since the establishment of the first educational institution for Western medicine in China at the very beginning of the 20th century until present is needed.

Discoveries from different archaeological excavations can verify that already during *Shang Dynasty* (*shang chao* 商朝 ; approx. 16. - 11.cent. B.C.), so called "oracle medicine" was popular and common in parts today called China. Animal bones and tortoise shells were scratched[10] and exposed to fire. By interpreting the fracture lines, the shaman could give advices to the person seeking help

9 Chinese dialects are very diverging and in the worst case incompatible to standard Chinese.

10 From these scratched symbols the first Chinese characters derived.

(Jewell 1990: 221). There was not yet any kind of specialization for medical experts because predictions of misfortune of all kinds, from bad harvest to natural disaster and disease as well as advice on how to deal with these misfortunes were commonly offered by the same oracle. The existence of solely medical experts is not verified for this period (Ots 1999: 41), although from the findings of bronze knifes and needles, experts draw the conclusion that surgery must have not been uncommon during these times (Ho & Lisowski 1993: 8). Beside the excavation findings, there is other evidence for the roots of Chinese medicine in oracle séances. An old version of the character for medicine (*yi*) is written with the elements 'arrow and quiver' (*yi*医), 'bamboo lance' (*shu* 殳) and 'shaman' (*wu* 巫) (Unschuld 2006: 45). The weapons symbolize the fight of the shaman against the evil powers that sap the patient's energy and cause the disease. Around the 3rd century B.C., shamans lost their important and powerful social position.[11] Simultaneously, a new medical branch was developing and gained importance; medical drug therapy. As most of these drugs were mixed with alcoholic liquids, the character for 'alcohol' (*jiu* 酒) replaced the character for 'shaman' around the 3rd century B.C. and constitutes with the two other elements, 'arrow and quiver' (*yi* 医) and 'bamboo lance' (*shu*殳), the character for medicine *yi* 醫 until today (Unschuld 2006: 46).[12]

The roots of medicine in China are explored in the classic 'Handbook of the Yellow Emperor on Inner Medicine' (*Huangdi neijing* 皇帝內經 (HDNJ)). This book is attributed to the mythological 'Yellow Emperor', a cultural hero which is said to have lived more than 4500 years ago and founded the Chinese culture. Today, the HDNJ is dated to the 3rd or 2nd century B.C. It is a compilation of different older scriptures by unknown authors and tries to combine and edit the transmission of medical knowledge (Hsu 2005: 12). Through conducting numerous interviews and observations, it has been found to still be relevant today as a standard reference for Chinese medical experts and seen as a core element of Chinese medicine.

The following pages outline a brief review of main concepts in Chinese medicine, starting with the general evaluation of harmony. Subsequently, the

11 See Wang 2005. The author shows that the character for 'defamation' (wu 诬) is derived from 'shaman' and 'talking' so that symbolically the words of the shaman became lies and deception.

12 On mainland China there has been a reform and simplification of the characters starting in 1956, so that the character yi now is only written with the element 'arrow and quiver' 医. In Hong Kong and Taiwan these simplified characters are not used, so there the character yi still consists of the three mentioned elements, although the part for "alcohol" lost the three dots on the left side, or the 'three dots of water' (san dian shui三点水)

concepts of *qi* and *yin* and *yang* are outlined, followed by an explanation of the system of 'Five Phases'. Thereupon succeeds the description of anatomic and pathologic concepts and an overview of aspects of demonic medicine.

The Concept of Harmony

The two crucial philosophical schools which shaped Chinese society for centuries and to this day still have great influence, Daoism and Confucianism, broke new ground during the highly unstable periods of the 'Spring and Autumn Period' (*chunqiu shidai*春秋时代 , 722-482 B.C.) and the 'Warring States Period' (*zhanguo shidai* 战国时代 , 481-221 B.C.), the foundational periods for Chinese philosophy.[13] The opinions and ideas of these two schools influenced the authors of the HDNJ demonstrably and have one thing in common: they both strive for harmony, albeit in different ways. Daoism tries to achieve 'the way' (*dao* 道) to harmony through the technique of 'acting through non-acting' (*wu wei* 無爲 / 无为), whereas Confucianism is far away from non-acting but promotes the strict observation of rules and moral standards as 'virtue' (*de* 德) or 'filial piety' (*xiao* 孝).[14] For example, the ancient classics 'Book of Rites' (*Liji* 禮記)[15] and '*Xunzi*' (荀子)[16] both state that violation of the rules leads to disorder: on the macroscopic level, the disorder of state and society; on microscopic level, personal illness and suffering. However, achieving harmony through obeying the rules leads to a prosperous and healthy state as well as to healthy individuals (Böke 2008: 16).[17]

13 While talking of Chinese philosophy, these two periods are sometimes summarized under the name 'Hundred Schools of Thought' (Zhuzi Baijia 諸子百家).

14 For further information about Chinese philosophy see for example Fung 1983, Ivanhoe & van Norden 2001, Liu 2006. For contemporary Chinese philosophy see Cheng & Bunnin 2002.

15 One of the five classics of the Confucian canon.

16 A collection of writings by the author of the same name, Confucian philosopher (appr. 312-230 B.C.).

17 For detailed information and discussion about the ancient texts see chapter 3.

From my point of view, a translation of these concepts in any Western language is impossible because of the implications of these concepts. As Ots puts it, *qi* has a tangible and material as well as an energetic and functional element (Ots 1999: 59). These two components are visible in the character氣 which consists of the two parts: 'air' or 'vapour' (*qi* 气) and 'rice' (*mi* 米). By combining the two preconditions of live, air and sustenance, one can already estimate the importance of *qi* in Chinese medical thoughts. As *qi* has a supplying function, every congestion and blockade of it inevitably leads to illness. It is omni-present and nothing in the world can exist without it.[18] Depending on the lifecycle, there is a different *qi* status in a person. Additionally, different organs have specific states of *qi* which should be maintained in order to preserve health. It was suggested by the informants that different *qi* states are the answer to certain illnesses.

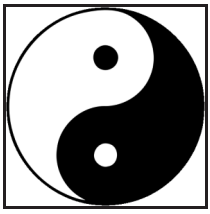

Fig. 1: *The yin yang-Symbol*

Originally the terms *yin* and *yang* indicated the shadowed (*yin*) and the sunny (*yang*) side of a hill. This meaning can still be reconstructed by looking at the characters; *yin*陰on the one hand includes the element for 'cloud' (*yun* 云) while *yang* 陽, on the other hand, includes the element 'sun' (*ri* 日). However, for the early philosophers, this concrete meaning dwindled away towards a more general dichotomy; for example, the opposition of dark and light, or female and male. One medical implication is that *yin* has a more conserving role whereas

18 See also Hsu 2003 and 1999. Her research shows that qi gained increased significance during the totalitarian sovereignty of the Western Han Dynasty (3rd cent. A.C.): "Als universales Medium, das alles durchdringt, das dialektisch Kultur und Natur miteinander verbindet, das in den fernsten Punkt des Kaiserreiches gelangen wie auch in den innersten Teil des menschlichen Körpers eindringen kann, und das sich auch lokal verändern kann und dem Örtlichen angleicht, war qi als Konzept Bestandteil einer Herrschaft, die nach universaler Autorität trachtete." (Hsu 2003: 186).

yang is a more dynamic factor (Ots 1999: 45). As visible in the well know symbol (Fig. 1), *yin* incorporates a small dose of *yang* and vice versa.[19] *Yin* and *yang* are also required to be in a harmonious condition. As the 'Book of Changes' (*Yijing* 易經)[20] puts it: "一 陰 一 陽 之 謂 道" – "One *yin* and one *yang* leads to *dao*" (*Yijing*, *Xi Ci* 1, 5; also see Böke 2008: 18).

The 'Five Phases' (*wuxing* 五行)

In older publications, this concept is frequently translated as 'Five Elements'; this is certainly an oversimplification.[21] Actually, this concept's character is a very dynamic one as an everlasting circulation and mutual connections and influences are postulated. The five basic elements of 'wood' (*mu*木), 'fire' (*huo*火), 'earth' (*tu*土), 'metal' (*jin*金) and 'water' (*shui*水) are connected on a macroscopic level (seasons, cardinal directions, climate, colour etc.) and on a microscopic level (organs, emotions, orifices, tissues etc.), as shown in Table 1.

19 This symbol (Taijitu 太極圖 / 太极图) is not proved in China before the 11th century A.C. and is regularly used only since the Ming Dynastie (1368-1644) (see Robinet 2008).

20 (One of) the oldest Chinese classics, written in the mid 4th century B.C.

21 The meanings of the characters are 'five' (五) and 'walking' or 'moving' (行).

Table 1: The 'Five Phases' (Kaptchuk 2000: 439).

	Wood (*mu* 木)	Fire (*huo*火)	Earth (*tu*土)	Metal (*jin* 金)	Water (*shui*水)
season	Spring	Summer	"Indian summer"	Autumn	Winter
direction	East	South	Centre	West	North
climate	Windy	Hot	Damp	Dry	Cold
colour	Green	Red	Yellow	White	Black
yin-organ	Liver	Heart	Spleen	Lungs	Kidney
yang-organ	Gall Bladder	Small Intestine	Stomach	Large Intestine	Bladder
emotion	Anger	Elation	Pensiveness	Grief	Fear
orifice	Eyes	Tongue	Mouth	Nose	Ears
tissue	Tendons	Blood vessels	Flesh	Skin	Bones

The three cycles of emergence, overcoming and overpowering are induced by the two fundamental principles of 'mutual emergence' (*xiangsheng* 相生) and 'mutual conquest' (*xiangke*相克) (Ho & Lisowski 1993: 16). The connections and correspondence of the different aspects of one phase are more or less based empirically. For example, the spring lets the plants turn green and trees grow, while in certain parts of China there is wind from the eastern direction. On the microscopic level, we can state that the liver and gall bladder build a functional unit. Liver diseases can be revealed in the eyes. When people are angry, the tendons in the neck and in the extremities are strained. The connection between anger and the liver can be observed in many cultures; it is a mystery why, of all things, the liver is connected to this emotion (because normally humans cannot 'feel' the liver, as they would, for example, a heartbeat, breathing or a movement of the bowels etc.). In the further chapters, I outline that this linkage of the liver and anger plays an important role in different contexts. My empirical results also show that the connection between the liver and emotions (in most cas-

es anger) is still assumed by many Chinese urban citizens. Regarding the link of macroscopic and microscopic level of this specific phase (see Table 1, phase 'wood'), Ots speculates that it derives from the colloquial term 'liver wind' (*ganfeng* 肝风). 'Wind' is synonymous with certain symptoms characterized as ascending such as a headache or vertigo. These symptoms are linked to anger, which itself is characterized as suddenly appearing and frequently changing directions much like all aspects of the wind. He sees the linkage between the two levels established through the relation between wind and anger (Ots 1999: 50).

Anatomical and Pathological Concepts: 'Storage and Palace Organs' *zangfu* (脏腑 /臟 腑), 'Six Evils' (*liu xie*六邪) and 'Seven Emotions' (*qi qing* 七情)

As demonstrated in the analysis of the ancient texts (chapter 3), there is a strong tendency to draw an analogy between the macroscopic and the microscopic as well as between the state and the body in classical Chinese thought. Just as the feudal states of ancient China consisted of palaces and storage depots, the human body is divided into 'palace-organs' (*fu* 腑) and 'storage-organs' (*zang* 脏) which are connected through a network of channels and vessels. The HDNJ also mentions this interdependence:

> The heart is the Prince of the body, the seat of the vital spirit. The lungs are the ministers who regulate one's actions. The gall bladder is the central office, courage dwells in it. The pericardium is the ambassador who brings joy and happiness. The spleen and stomach are the granaries, the five tastes emanate from them. The large intestine is the organ of communication where matters are undergoing changes. The small intestine is the receiving organ, the place of digestion. Skill proceeds from the kidney, the seat of vigour and strength. [...]" (*Huangdi neijing*, in: Jewell 1990: 232).

The storage-organs, which are related to *yin*, include the heart, lungs, spleen, liver and kidneys. Unschuld counts the pericardium as a sixth *zang*-organ (1985: 77), but Kaptchuk argues that the pericardium is not considered a *zang*-organ in the HDNJ but later in the 'Classic of Difficult Questions[22] (*Nanjing* 難經) and is not distinguished from the heart in general theory (Kaptchuk 2000: 90 & 99).

22 The Nanjing was written in the late Han-Dynasty, probably in the 2nd or early 3rd century A.C.

The palace-organs, related to *yang*, incorporate the gall bladder, stomach, small intestine, large intestine, bladder and the *san jiao* (三焦)[23]. Xie (2003: 41) suggests 'triple energizer' as a proper translation while others such as Jewell (1990: 231) translate it as 'triple burner'.

Table 2: The zangfu Organs.

Storage organs *zang*脏	Liver *gan* 肝	Heart *xin* 心	Spleen *pi* 脾	Lungs *fei* 肺	Kidneys *shen* 肾	Pericardium *xinbao* 心包
Palace organs *fu*腑	Gall Bladder *dan* 胆	Small intestine *xiaochang* 小肠	Stomach *wei* 胃	Large intestine *dachang* 大肠	Bladder *Pang-guang* 膀胱	*san jiao* 三焦

While looking at the organ names, one has to keep in mind that these organs in Chinese medicine and biomedicine mean different things. The correct biomedical Chinese term for the heart, for example, is *xin* (心). In Chinese medicine, this biomedical meaning is extended and the organ *xin* 心 is not only the specific organ of the muscle and flesh, but also a 'functional circle' ("Funktionskreis", Ots 1999: 56). It includes the connections to corresponding functional circles and is seen as a part of a system, not only as a single organ.

For Chinese aetiology, the ultimate cause of illness is a disharmony of *yin* and *yang* or a blockade of *qi*. This disharmony and blockade can be caused by different factors; for example bad or inappropriate food or environmental influences. Chinese medicine differentiates between three categories of proximate causes of illness; namely the 'outer causes' (*wai yin* 外淫), the 'inner causes' (*nei yin* 内淫) and the causes which are neither outer nor inner. The outer causes

23 As the san jiao describes a part of the upper torso which is supposed to be responsible for metabolic processes, from my point of view there is no fitting translation and so I will leave this body part un-translated.

are called the 'Six Evils' (*liu xie*六邪) and involve the climatic phenomena 'wind' (*feng* 风), 'cold' (*han* 寒), 'fire' (*huo*火), 'dampness' (*shi* 湿), 'dryness' (*zao* 燥) and 'summer heat' (*shu* 暑). As Kaptchuk states, these Six Evils have

> the name of an atmospheric condition that is considered to be out of control, [and it] is a metaphoric representation of 'bad weather' that persists in the human terrain. The disharmonious climate has the sense that the yin-yang balance has been disrupted and distorted (Kaptchuk 2000: 146).

The inner causes are called the 'Seven Emotions' (*qi qing* 七情). In contemporary Chinese medicine, they consist of 'happiness' (*xi* 喜), 'anger' (*nu* 怒), 'worry' (*you* 忧), 'thinking' (*si* 思), 'sadness' (*bei* 悲), 'fear' (*kong* 恐) and 'fright' (*jing* 惊). Chapter 3 will contain a broader and more detailed discussion about the philosophical implications and the different composition of the Seven Emotions depending on philosophical background. For this introduction, it is enough to delineate that these emotions are connected to certain organs (see Table 1). Emotions are recognized as an integral part of human beings, but they are considered as dangerous when they are either in excess or insufficient. They can influence the corresponding organs, creating a disharmonious state, and cause imbalance and illness. 'Somatic' disorders can cause emotional instability, too (Kaptchuk 2000: 158); this medical implication of emotional experience and the deep connection between emotions and body parts is also visible in common Chinese phrases and 'proverbs' (*chengyu*成语). Happiness, for example, is expressed as having an 'open heart' (*kaixin* 开心). Wierzbicka (1999: 301) identifies more expressions like 'cutting the heart with a knife' (*xin ru dao ge* 心如刀割) meaning sadness or 'breaking the five organs' (*wu zang ju lie* 五脏决裂) meaning anger. Although these metaphorical utilizations are common in other languages, for example 'breaking one's heart' in English or '*an die Nieren gehen'* (literally: 'something affects my kidneys', meaning 'to be shocked by something') in German, these expressions are not a "philosophical-medical heritage as they are China" (Pritzker 2003: 20).

Demonic Medicine

As already stated in the etymology of the character for 'medicine' (*yi* 医 / 醫), at least in early Chinese medicine, shamans were regarded as specialists for medical questions and demons were seen as responsible for causing illnesses. Michel Strickman (2002) differentiates between "Buddhist demons" imported from India and indigenous "Daoistic demons", which over time amalgamated and built syncretic demons so that "any attempt to winnow out indigenous elements supposedly untouched by Buddhist influence may well be futile" (Strickman 2002: 68). Demons causing danger to health and even to life could emerge as animals; for example as fox, snake, dog or tiger, but also as merely immaterial returning souls of deceased relatives (ibid. 69, 74). The text 'Introduction to Medicine' from the 16th century (*Yixue Rumen*醫學 入門) by Li Ting (李 挺) shows an illness episode caused by a demon and describes some methods to cure the possessed:

> The symptoms resulting from attack by [...] demonic influences appear in the evening or at night when one visits the latrine, goes out into the woods, wanders through empty, cold houses, or stops in places where no man has previously trod. Suddenly, demon-like beings are seen. Their evil influences enter through the nose and the mouth, and the victim falls unexpectedly to the ground. The four extremities grow cold. Both hands tighten into fists. Clear blood flows from the nose and mouth. Consciousness fades. After a short time, any help is hopeless. [...]
>
> Whenever someone is expectedly unable to move, all his relatives are summoned, and they stand around the victim, beating drums and lighting fires. Or musk […] or a similar substance is burned. [..] In certain acute cases, five *qian*[24] pulverized rhinoceros horn, and one *fen*[25] each of cinnabar and musk, both also pulverized, should be taken. (*Yixue Rumen*, cited in Unschuld 1985: 217).

Up until the last two dynasties of the Chinese empire, the *Ming* (*ming chao*明朝; 1386-1644) and the *Qing Dynasties* (*qing chao*清朝; 1644-1911), many treatise on demonic medicine were written (Strickman 2002: 216), which reveals that not only 'ordinary people' believed in evil forces but also medical experts accounted them as etiological relevant.

24 Ancient Chinese measuring unit.
25 Ancient Chinese measuring unit.