

Traditional Chinese Medicine - Science or Pseudoscience? A Response to Paul Unschuld

Abstract

This article was motivated by the interview in Issue 103 of *The Journal of Chinese Medicine* (October 2013) with Professor Paul Unschuld. Although Professor Unschuld is a prolific translator of Chinese medicine texts, and thus a gatekeeper to vital information for practitioners who do not read classical Chinese, this interview (together with other communications from Professor Unschuld) raises questions about his perspective on Chinese medicine. It appears that Unschuld characterises Chinese medical theories as 'magical' – i.e. pseudoscientific – thinking. This article examines the tacit beliefs which appear to underlie the work of Professor Unschuld (and that seem to be shared by other prominent authors such as Joseph Needham and Ted Kaptchuk) that deny Chinese medicine equal status with modern biomedicine – as being based on scientific fact. In addition, the question is asked: Should Chinese medicine be subject to verification by the methods of Western biomedicine, and if so, which part(s) of Chinese medicine meet that standard?

Advocates and practitioners of traditional Chinese medicine face a number of perplexing issues in the 21st century: What is traditional Chinese medicine? Is it the same as classical Chinese medicine? Does it differ from the traditional medicines of other Asian countries? Is it an effective system of health care, and is it based on scientific principles or on faith and unsubstantiated dogma? These are just some of the questions that are frequently asked about Chinese medicine by practitioners, advocates, researchers and the consuming public. They are not always easy to answer in light of the fact that the government of the People's Republic of China has given its stamp of approval to a particular version of the medicine called 'Traditional Chinese Medicine' (TCM), the identity and boundaries of which are fluid, evolving and subject to dispute by historians and partisan groups alike.¹ Perhaps a more provocative question is: Should Chinese medicine be subject to verification by the methods of Western biomedicine, and if so, which part(s) of Chinese medicine meet that standard?

The specific motivation for this article was the interview of Professor Paul Unschuld by Z'ev Rosenberg in issue 103 (October 2013) of *The Journal of Chinese Medicine*. For me, this interview raised a number of red flags. Unschuld is an eminent philologist and translator of numerous Chinese medical works, including some of the classics, and his work is generally accepted by the Chinese medicine community in the West as authoritative. It might come as a surprise to these readers, therefore, to discover that Unschuld does not accord the premises of Chinese medicine (i.e. qi, yinyang, wuxing, etc.) the

status of scientific laws or axioms, but rather regards them as hypotheses that must be proven by Western biomedical science before he will acknowledge their validity as the basis for a rational medical system.^{2,3} Unschuld appears to view these concepts of what he refers to as 'systematic correspondence theory' as pseudoscience in comparison to Western medicine, which for him is based on 'real' science.⁴ While the interview does not state this opinion explicitly, one only has to read Unschuld's literary works carefully to see this underlying thread. It was for this reason that when I had a chance to chat with Unschuld in 2008, following a speech he gave at the Acupuncture & Integrative Medicine College (AIMC) campus in Berkeley (California), I asked him the following question: 'If you happened to develop a case of low back pain or sciatica, would you consider acupuncture treatment?' His unequivocal answer was, 'Certainly not!' When pressed for his reasons, he explained that he was only interested in using treatments that had proven themselves according to Western biomedical standards.⁵

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Let me be as clear as possible here: I happen to hold Unschuld in high regard for the breadth and depth of his work in translating Chinese medical texts, and for his anthropological, sociological and political analyses of these materials. Among the latter aspects

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of Unschuld's work, as revealed in Rosenberg's interview, is his report that the Chinese government's attitude toward TCM is that it is part of modern biomedicine and that the basis of TCM is molecular biology (positions codified in the Beijing Declaration of 2007 and presented to health representatives and scientists from 50 nations).⁶ Although Unschuld's works are meticulous and consistently interesting they come with a hidden premise (as stated above), which crucially affects the conclusions he comes to, and which should be made explicit. Unschuld is not alone in this regard, and in fact acknowledges his indebtedness to the work of his predecessor, Joseph Needham, whose *Science and Civilisation in China* series showed a similar scepticism regarding 'systematic correspondence' as a scientific approach to medical knowledge and practice.⁷ Perhaps 'protoscience' more accurately conveys these authors' opinions of Chinese medicine than the more derogatory term 'pseudoscience', but this distinction does not change the danger of such thinking.⁸ Whilst practitioners of Chinese medicine as a community are beholden to these pioneering authors, they should read their works with a clear understanding of the underlying belief systems and biases.⁹ Therefore, when it comes to searching for a deeper understanding of these foundational concepts of Chinese medicine, the serious student or practitioner must look elsewhere.

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Not all Western translators of Chinese medical texts have disavowed the basic tenets of Chinese medicine. Manfred Porkert, Claude Larre and Elisabeth Rochat de la Vallee have all taken the view that the axiomatic theses of Chinese medicine are accurate descriptions of nature, and thus qualify as 'scientific'.¹⁰ Interestingly, Porkert and Rochat de la Vallee are themselves practitioners of Chinese medicine, while Larre was a founder of the European School of Acupuncture in France. Neither Unschuld nor Needham have any experience as medical practitioners, a fact which Unschuld acknowledges and discusses in his interview. He cites his experience collaborating with Professor Zheng Jinsheng, former director of the Research Institute for the History of Chinese Medicine and Medical Literature of the China Academy of Chinese Medical Sciences on the translation of the *Neijing*. What is not revealed is Zheng's belief regarding the premises of Chinese medicine, and whether it is similar to Unschuld's (and thus represents the official Chinese governmental position that is so well described by Unschuld), or whether he acted as a counterfoil to Unschuld's scepticism. Unschuld reports

having observed a traditional practitioner in Taipei for several months, but inevitably his belief system would have affected his perception of the treatments, and how he interpreted both the positive and negative clinical outcomes. I myself have been in the position of observing respected acupuncture practitioners at work, and what I learned was immeasurably enhanced by my acceptance of the truth of the theoretical premises upon which their work was based.¹¹

Unschuld's is not the only voice from within the Chinese medicine community in the West to have questioned its fundamental tenets. As early as 1983, Ted Kaptchuk, in his groundbreaking book *The Web That Has No Weaver*, was generally dismissive of five phase (wuxing) theory as a clinical guideline,¹² although at the time he was a clear proponent of yinyang theory and the rest of the seminal beliefs and practices which form the basis of TCM, a style of medical care he had learned in Macau.¹³ In a subsequent edition of his book, Kaptchuk modified his negative comments about the five phases,¹⁴ and he has generally been accepted by the Chinese medicine community in the West as one of its leading teachers and spokesmen.¹⁵ Since I knew Kaptchuk personally,¹⁶ and was impressed by reports of his 'post-Web' research (especially with regards to the psycho-spiritual aspects of Chinese medicine¹⁷), I was dumbstruck when I read an article in the *New Yorker* magazine in 2011, in which Kaptchuk was quoted as believing that acupuncture was nothing more than a powerful placebo, and that he had given up its practice more than twenty years ago.¹⁸ It would appear that Kaptchuk has adopted the same stance as Unschuld - that Western biomedicine is the only scientific medical system. Where he differs from most practitioners of Western medicine is in his belief that a dynamically presented placebo is one of the most effective treatments in a physician's armamentarium, and that the relationship between physician and patient is the most powerful component of placebo treatment.¹⁹

I believe there is a common belief - shared by Unschuld, Kaptchuk and the Chinese government (among many others) - that science is limited to its Western tradition, and that there can be no other kinds of science. This is a proposition which I find untenable, and which undermines all versions of traditional Oriental medicine. The essence of science, to me at least, is the careful observation of the natural world, with a view to learning useful, and hopefully reliable methods of influencing future phenomena. Chinese medicine is notable for the emphasis it puts on the careful observation of nature. The empirical evidence for the usefulness of Chinese medicine is hard to dispute, since it has been successfully preserved by the peoples of both China and Japan, despite governmental attempts to outlaw its practice during various historical epochs. It has additionally gained a strong foothold in the West, where people have voted with their wallets to support a growing

Oriental medical profession. People obviously find it useful. The most difficult criterion to evaluate is reliability, that is, how well can theory predict the outcome of interventions (experiments, treatments). This criterion is where Western science has traditionally been most heavily invested – with its emphasis on the gold standard of the randomised, controlled, double blind trial - and where Oriental medicine has most often been criticised.

A careful analysis shows that things are not as simple as the critics of Oriental medicine suggest. Take the Western medical treatment of rheumatoid arthritis as an example. Is there a standard treatment for this condition? Not really. There are multiple pharmaceutical interventions that can be prescribed. Can a physician accurately predict if any given patient will respond positively to one of these drugs, and if so, for how long and with what side effects? Again, the answer is no. All that Western medical science can tell us about this intervention (experiment) is the statistical probability of a positive outcome, the duration of said outcome, and the likelihood of various side effects. Most Western medical therapeutics are based on this kind of statistical probability of success, which can vary from close to 100 per cent in some cases (such as with smallpox vaccination²⁰), to a marginal likelihood in others, such as some varieties of cancer chemotherapy. The efficacy of TCM therapeutics may not be as well documented as for Western medical therapies, but whether we look at acupuncture, herbal medicine or other modalities, we will find the same pattern: some patients respond well, the duration of response will vary and some patients will not improve. In fact, I believe the Oriental medical profession should be criticised for often claiming that their treatments are free of side effects, and that they can do no harm. Maybe such a statement might be true for a perfect practitioner who never made an error in diagnosis, treatment formulation or therapeutic application, but I have never met such a practitioner in my 40 years of study and practise. In fact, I believe it is exactly these negative responses to treatment that strengthen the case for Oriental medicine being based on science. If interventions like acupuncture have no inherent potential to improve a person's health and well-being (assuming an accurate diagnosis, treatment formulation and application), then there should also be no reason for occasional negative outcomes. Actually the classic texts of Chinese medicine repeatedly describe the potential for incorrect treatment to worsen a patient's health. This can only occur if there is some real natural²¹ change evoked by such treatment, and it is precisely the study, and application of therapies that bring about this natural change that characterise Chinese medicine, and mark it as scientifically based. Kaptchuk's placebo explanation for the efficacy of acupuncture appears to me to be clearly inadequate, especially in view of its successful use in babies and animals.

In his interview Unschuld presents several examples of

why the Chinese government has opted to favour Western biomedical science over traditional Chinese medical science, and how in the process it has attempted to eliminate the latter's classical underpinnings. His first example is a clear case of attacking a 'straw man'. He states, 'To return to pre-modern Chinese medicine would mean to use the same needle on several persons and to neglect even the most basic requirements of personal hygiene'. Do either of these issues have the slightest connection to the theoretical or practical principles of classical acupuncture? I should hope not. His second example is: 'The Chinese administration ... is aware of the fact that those who believe in yinyang and five phase theories rather than modern science will not be able to design an electric lamp, make a cellular phone speak ...' Aside from the sociopolitical implications of this statement, there is an unexamined assumption in the use of the word 'rather', implying that these two belief systems are incompatible. This assumption seems quite strange in the context of Chinese culture, where it is quite common for an individual to be a believer in Daoism, Confucianism and Buddhism all at the same time. Different belief systems - even those that contradict each other - capture different aspects of reality. The explanation for such a proposition lies in the frequently-stated observation that 'the map is not the territory'. Nature, or reality, is never completely as described by any theory or doctrine. These theories are merely lenses we can use to look at different aspects of reality. Biomedicine gives us one very useful lens to look at health and illness. Oriental medicine provides us with a different, but equally valid and useful lens.

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Many authors before me have pointed out that Western science is analytical, quantitative and deductive, whereas Eastern science is synthetic, qualitative and inductive.²² Because of these differences, the types of investigation (experiments) necessary to validate propositions in each will also be different. In Eastern medicine (such as TCM), the active role played by the therapist is an inherent part of any treatment, thereby automatically excluding randomised double blind trials as a valid means of evaluation.²³ This state of affairs does not disqualify Eastern medicine as being scientifically-based. Even Western science has areas where the influence of the observer (experimenter) cannot be eliminated, such as in quantum mechanics, or in applying the uncertainty principle. While agreed-upon standards for research in Eastern medicine may not yet exist, our professional response should be to examine and debate this question to see if such an approach can be formulated,

rather than to reduce ourselves to the position of being a minor branch of biomedicine, or give up the pretense of being a rational system of therapy altogether. If either of these latter options is adopted, there will be no true Chinese medicine left.

In summary, I believe that traditional Oriental medicine (including TCM) is a branch of Eastern science, while biomedicine is a branch of Western science. Both reveal truths, both are useful guides for healthcare providers, but neither is reducible to the other. Like so many other challenges that face humanity, the solution to this quandary is peaceful coexistence.

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Endnotes

- 1 Some may argue that TCM is essentially a fixed and unchanging entity, but TCM has been, and is, evolving to some degree. The texts first available in the West (*The Essentials of Chinese Acupuncture* published in 1980 by the Foreign Languages Press in Beijing, for example) were much narrower in scope than what is available today. Even Stems and Branches theory is now considered part of TCM, and is included in current TCM texts published in PRC. But there are limits as to what can be talked about. For example, demonic possession will probably always be off limits for TCM, but not necessarily for other approaches to traditional Chinese medicine. In support of this thesis, take the following quote: 'all practitioners of Oriental medicine in the West should be aware that the historical synthesis that has been nurtured and sanctioned by the Chinese government is only one of the many conceivable options that lie within the medical perspective of Oriental medicine. China's synthesis (which is always changing and has itself been affected by Western questions and research) is the product of complex cultural, historical, and political forces.' [Kaptchuk, T. (1985). *Fundamentals of Chinese Medicine*. The East Asian Medical Studies Society, Paradigm Publications: Brookline, page xxxv.]
- 2 Unschuld accepts the laws of Western thought as scientific, whereas these laws or axioms of Eastern thought are characterised by him as 'magical thinking', and thus implying that they are not scientific in nature. I regard five phase and yinyang theory as analogous to the laws of thermodynamics in Western science. The difference is that Western science laws may be tested quantitatively, while Eastern scientific 'laws' tend to be qualitative in nature, and thus cannot be proven by the same methods used by Western science.
- 3 Whilst not explicit in his texts, take the following quote as an example: 'Nevertheless, this attractive systematic approach is only a child of our times. It has secured for Chinese medicine and acupuncture a certain amount of popularity because it addresses the existential needs of a sector of the population ... yet for acupuncture to gain long term recognition ... it requires substantiation, which in our Western civilization means the stamp of approval of science.' [Unschuld, P. (1998) *Chinese Medicine*. Paradigm Publications: Brookline, p.116]. See Endnote 4 for further quotes that illustrate Unschuld's beliefs regarding Chinese medical concepts.
- 4 Take the following quote, for example: 'The paradigm of correspondences combines two sets of concepts whose close conceptual relation justifies the common designation. These are the concepts of magic correspondence and the concepts of systematic correspondence. Both are based on the same principle ...' [Unschuld, P. (1985). *Medicine in China, A History of Ideas*. University of California Press: Berkeley, p.52.]; or: '... the doctrines of yinyang and the Five Phases, both of which can be considered logical and systematic extensions of homeopathic magic.' [Ibid, p.54.]
- 5 If such research were to validate acupuncture treatment (say for low back pain), Unschuld might then consider it as something worth trying, but would still be in the position of not accepting the underlying Eastern foundational concepts as having gained scientific validity. Thus my point is that Unschuld's attitude towards the foundational concepts of Chinese medicine is not the same as most practitioners of Chinese medicine, who believe that their approach to healthcare is not a branch of biomedicine, but rather a branch of Eastern medical science.
- 6 Unschuld deserves credit for his forceful opposition during meetings with Chinese governmental officials to their attempt to exclude from TCM all practices, theories and claims that cannot be substantiated according to Western biomedicine. While Unschuld has a neutral sceptic's view of TCM dogma and practice, he believes it should be freely studied and practised, rather than reduced to a branch of biomedical therapeutics. This aspect of Unschuld's activities was reported to me in a personal communication in November 2013 by Z'ev Rosenberg, following my correspondence with him regarding the published interview.
- 7 For example: 'Last, but not least, came the School of the Naturalists (Yin-Yang Chia), which developed a philosophy of organic naturalism and gave to Chinese protoscientific thinking its characteristic fundamental theories.' [Needham, J. (1956). *Science and Civilisation in China*. Volume
- 8 Needham uses the term protoscience frequently in *Science and Civilisation in China*, whilst Unschuld tends to use the term 'magical thinking'. The latter seems more pejorative, so I have chosen pseudoscience in the text of this article to emphasise this view. Both authors appear to view systematic correspondence as a step on the way to true scientific thinking, so perhaps protoscience might be a more accurate choice. In the original paperback version of *The Web That Has No Weaver* (1983) Ted Kaptchuk states, 'Chinese

medicine is a prescientific system of thought and practice developed over thousands of years.' (this appeared as a promotional statement on an unnumbered page cited as an excerpt from an *MD Magazine* interview). Protoscience and prescience are essentially synonyms, and either could be used here.

9 As recently as December 2013, Lonny Jarrett, a noted teacher of Chinese medicine posted the following comment online: 'I'll also note that I am ... aware of leading authors/translators and people who've spent their lives with the texts for whom the entire medicine appears to be intellectually abstract and exhibit very little living connection to it.' [posted at <taialumni@yahoo.com> on 12/24/13]. For me the most important problem arising from overreliance on such translators is that it tends to undermine confidence in the reality-based nature of Oriental medicine. Even an eminent teacher of Chinese medicine, Ted Kaptchuk, has fallen prey to this misunderstanding, as I describe later in this article, and if he can be so influenced, it is probable that many others in both the profession and the public can also be misled. Another negative result is that the connection between classical texts and modern approaches is made more tenuous. For example, in his translation of *Su Wen* Chapter 17, Unschuld fails to emphasise that the text is describing a very similar schema to that of traditional radial pulse diagnosis. He takes an obscure character, which he translates as 'instep', as supportive of the idea that this passage refers to skin quality, rather than radial pulses [see Unschuld, P. and Tessenow, H. (2011). *Huang Di Nei Jing Su Wen*. University of California Press: Berkeley, pp.296-297]. Similarly, in Chapter 22 (pp.398-399), which discusses associations of the Liver, Lung, Spleen and Kidney, Unschuld misses (i.e. makes no mention) that this passage prefigures Korean Sasang medicine (an important late 19th century version of Oriental medicine) which identified these organs as the determinants of the Greater Yin, Greater Yang, Lesser Yang and Lesser Yin typologies respectively, and which expanded both the theoretical understanding and practical treatment of these four types as discussed in Chapter 22,

including both organ pathology and the associated dietary therapy [see the forthcoming *The Compleat Acupuncturist* for further discussion of Sasang theory]. As a final example, take Chapter 30, 'Explanation of the Yang Brilliance Vessel' (pp.487-490): An acupuncture practitioner would recognise that this chapter discusses heat in the Stomach organ and channel: the symptoms mentioned include aversion to people, throwing off one's clothing and running around naked, climbing to heights, and uttering absurd words and insults. It would not occur to a non-practitioner to associate this collection of symptoms with 'possession by internal demons', but a fiveelement-style practitioner might find this to be a key to understanding the 'Seven Dragons' treatment for this type of pathology. All the points of this treatment except one are on the Stomach channel (the topic of this chapter), and the extra point (Jiuwei REN-15) is explained in footnote 7, where Gao Shishi states 'The network vessel of the stomach, above it is linked to the Heart enclosure.' Non-practitioner translators easily miss such important aspects of theory and practice that practitioners would likely recognise. Whilst Unschuld does our profession a service by making this information available in translation, it is up to the seasoned practitioners to recognise the significance of many obscure passages.

10 My attribution of these sentiments to Larre and Rochat de la Vallee are based on personal conversations rather than published statements. See also: 'Scientific Chinese medicine – and hence also the discipline of acupuncture and moxibustion forming part of this – since their inception approximately 2100 years ago, is based upon the consistent application solely of inductive synthesis.' [Porkert, M. and Hempen, C. (1995). *Classical Acupuncture - the Standard Textbook*. Phainon: Dinkelscherben, p.3]; or: 'Acu-moxi – therapy constitutes a rational method of therapy within the system of scientific Chinese medicine.' [Ibid., p.15]. Another respected scholar/practitioner of Chinese medicine, Heiner Fruehauf, recently expressed this sentiment succinctly: 'Chinese medicine is a science in its own right ... There is no need for us to use the lens of Western science

to validate ancient medicine.' [Available at: <<http://www.classicalchinesemedicine.org/2013/12/the-importance-of-classical-chinese-medicine-in-modern-times/>> Accessed 21/12/2013].

11 Among my most important clinical mentors have been Dowon Kuon, originator of Korean Constitutional Acupuncture, Tae Woo Yoo, originator of Korean Hand Acupuncture, and Woncho Chong, a Master of Sasang medicine and acupuncture. I also spent a number of years in clinical training with J.R. Worsley. I learned a great deal from each of these teachers and I am convinced that aspects of their lessons would have escaped my notice had I not accepted the essential truth of their belief systems. Although not everything they taught is beyond question, such questions are best asked after the material has been understood and digested. Of course, the beliefs of an observer will affect the conclusions drawn from observation, but it is important to have an open mind when learning a traditional practice. The suspension of disbelief is a necessary step in giving an honest trial to learning such a practice. This is quite different than seeing what one already believes.

12 For example: 'Chinese medicine has had to take many liberties with the Five Phases theory in order to fit it to actual medical experience. The physiology that grew out of Five Phases theory, for example, is not identical with traditional Chinese medical physiology ... Five Phases theory does not always agree with this understanding, and in that case, it is simply ignored.' [Kaptchuk, T. (1983). *The Web That Has No Weaver*. Congdon & Weed: New York, p.347]; or: 'The Five Phases correspondence is at best a convenient way to organize significant reality ... The Five Phases correspondence can be helpful as a guide to clinical tendencies, but the test of veracity in Chinese medicine remains the pattern. Yin-Yang theory is more applicable in the clinic because it focuses on the idea that the totality determines relationships, correspondences, and patterns.' [Ibid., p.348]; or: 'The English overemphasis on the Five Phases is not derived from the Chinese tradition ... The European adoption of this method stems partly from a desire for an exotic schema and

partly from lack of adequate information.' [Ibid., p.357]; or: 'The English overemphasis on the Five Phases is not derived from the Chinese tradition ... The European adoption of this method stems partly from a desire for an exotic schema and partly from lack of adequate information.' [Ibid., p.357].

13 Kaptchuk, T. (1983). *The Web That Has No Weaver*. Congdon & Weed: New York, pp.343-357, especially pages 348, 353 & 357.

14 'At the bottom line, the Five Phases theory is a crucial emblem system used to discuss and represent clinical phenomena. In fact, one could have written this entire book from a Five Phases perspective.' [Kaptchuk, T. (2000). *The Web That Has No Weaver*. McGraw-Hill: New York, p.441]; or: 'Some practitioners, especially in Korea, Japan, and parts of the West, have creatively emphasized the Five Phases Theory and made it the cornerstone of a rich and insightful clinical practice. And, just as important, all East Asian physicians recognize Five Phases as an important vocabulary in their semantic network, theoretical perspective, and clinical practice.' [Ibid., p.449].

15 I do not mean to imply that Kaptchuk was accepted as a teacher only after he reevaluated five phase theory, but I believe that after he made such a reevaluation he achieved a much deeper understanding and appreciation for the depth and power of Chinese medical thought. I am convinced beyond doubt that, in terms of acupuncture treatment, the five phases and yinyang are equally important practical guidelines on which to formulate treatment.

16 I did, and still do, consider him a friend.

17 Kaptchuk gave a presentation in 1995 ('Doctor as Healer') in which pre-TCM case histories were described, although unfortunately my copy of that transcript has been lost. The following quote from Kaptchuk's *Introduction to Fundamentals of Chinese Medicine* shows the manner in which his thinking was evolving: 'The earliest layers of Oriental medicine are replete with existential discussion (though usually in Chinese culture-bound terms). The relation of the hun (non-corporeal soul), po (corporeal soul), yi (intention), zhi [sic] (intelligence), and zhi (will) to energetic configurations is discussed in detail throughout

early medical texts, e.g., *Ling Shu*, Chapter 8, or *Nan Jing*, Chapter 34. These discussions have been systematically deleted from modern Chinese medical discourse. Given their cultural and historical needs, modern Chinese medical thinkers can legitimately talk about the kidney's relationship to hair and urination and will correctly [sic] omit its relations to will, meaning, death, fantasy, and purpose. Likewise, the spleen's relationship to muscles or digestion is amplified, but its connection with being nurtured, being "at home in the world," trustworthiness, and responsibility are glossed over. Whole areas of key questions concerning crucial areas for Western patients are not to be found ... Yet, these issues may be critical for practitioners in the developed nations. Western patients readily bring up and expect health care providers to address such well-being issues as self-abusive behavior, indecision, uncontrollable urges, shyness, feelings of inadequacy or superiority, guilt, brooding, phobias, ambivalence, anxiety, social withdrawal, distrust, jealousy, envy, resentment, failure to mourn, promiscuity, clumsiness, timidity, passivity, overactivity, obsessiveness, fastidiousness, hysteria, withdrawal, or delusions. Family relationships, work and career issues, lifestyle management, sexual problems, stress reduction, are aspects of the health care concerns of Western patients. If Western practitioners shirk these dimensions of health care, it will be impossible to understand and properly treat our patients, and the therapeutic relationship itself may become jeopardized.' [Kaptchuk, T. (1985). *Fundamentals of Chinese Medicine*. The East Asian Medical Studies

Society, Paradigm Publications: Brookline, p.xxvi]. On page xxvii Kaptchuk gives a proposal for a revised 'ten questions' that is fully congruent with the psycho-spiritual teachings transmitted to students by J.R. Worsley. Finally, on page xxxv Kaptchuk describes Zhu Zhenheng's clinical methodology in words that closely parallel Worsley's controversial teaching of emotion-testing as '... the long forgotten Yuan dynasty "living noose" method that tried to induce different affective reactions in emotionally disturbed patients by having the practitioner embody different emotions.'

18 'Not long after Kaptchuk arrived in Boston, he treated an Armenian woman for chronic bronchitis. A few weeks later, she showed up in his office with her husband, who had a Persian rug slung over his shoulder. He nodded to Kaptchuk and said, "This is for you." Kaptchuk accepted the rug, which he still owns, but had no idea what he had done to earn it. "Oh, doctor, you have been so wonderful," the woman told him. "You cured me. I was about to have an operation on my ovaries and the pain went away the day you saw me." "There was no fucking way needles or herbs did anything for that woman's ovaries," he told me...." It had to be some kind of placebo.'" [Specter, M. (2011) "The Power of Nothing", *The New Yorker*, December 12, p.30]. From the same article: 'Kaptchuk practiced acupuncture for half his adult life. But he stopped twenty years ago ... I asked him how a person who talks about the primacy of data and disdains what he calls the "squishiness" of alternative medicine could rely so heavily on a therapy with no proven value. Kaptchuk smiled broadly. "Because I am a

damn good healer," he said. "... in the end, it isn't really about the needles. It's about the man.'" [Ibid. p.31].

19 Kaptchuk emphasises the observation that a patient's subjective symptoms don't necessarily correlate with their biomedical findings, and that there must be something in addition to biomedical intervention that has positive therapeutic value. For Kaptchuk, this additional factor is entirely due to patient expectations induced by the relationship with their physician or other healer (AKA the placebo effect).

20 Ironically, the first clear reference to smallpox inoculation was made by the Chinese author Wan Quan (1499-1582) in his *Douzhen Xinfa*. Inoculation for smallpox - where powdered smallpox scabs were blown up the noses of the healthy - became widespread in China during the Ming dynasty [see Temple, R. (1986). *The Genius of China: 3000 Years of Science, Discoveries and Inventions*. Simon and Schuster: New York]

21 I.e. natural as opposed to magical - natural law as opposed to pseudoscience. Although the term 'natural' can sometimes be unhelpfully vague, here it leaves the topic open to a wider range of possibilities, including factors that cannot be measured.

22 See for instance Porkert, M. and Hempen, C. (1995). *Classical Chinese Acupuncture - the Standard Textbook*. Phainon Editions: Dinkelscherben, pp.2-3

23 Unfortunately I am unable to envision an RCT that could test correctly-practised Chinese medicine. For me, the skill of the diagnostician in determining the nature of the energetic problem underlying the clinical case is paramount, and needs to be individualised. Perhaps in the

future someone may devise a way to meaningfully test such personalised treatments, but at present the best scenario involves a limited number of acceptable pattern diagnoses for chief complaints that are then treated in a standardised fashion. This is not the proper way to provide Chinese medical treatment.