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Six Dynasties, 220 to 589: the Period of Disunity

The Later Han dynasty gradually disintegrated from lack of consistent administration, a succession of under-age rulers, none of whom were over 15 years old, and the political miseries of revolts and self-seeking generals. By 220 the central government was no longer functional. A succession of dynasties came and went. China was fractured, with much of its territory under foreign control, until 589 when the country was finally reunified.⁶⁸

Another seminal influence on Chinese culture during this period was the advancement of China's third pillar, Buddhism. Buddhism had possibly entered China during the 1st century.⁶⁹ Emperor Ming Di of the Han (58 to 76) is said to have dreamt that a brilliant God entered his palace. This dream was interpreted to mean that Buddha required worship in China. Ming Di thus sent ambassadors to India who, after an extended journey, returned with Buddhist images, scriptures, and two monks. Whenever Buddhism arrived in China, it had relatively little influence on acupuncture. Although the reasons why Buddhist medicine was not acculturated to the extent of the religion itself are not obvious, Buddhist medicine met with relatively little acceptance.

The conceptual framework of Buddhist medicine suffered at the hands of the early, mostly Daoist, translators. Mis-translation occurred, and relatively little of the literature found its way into the Chinese cultural library.⁷⁰ Paul Unschuld cautions that there are so many Chinese medical works that have not been examined that an unexpected Buddhist influence could still emerge. However, as of now, there is little such evidence.

Both Sun Si-miao and Hua To are often given as examples of Buddhist influence on acupuncture. But Sun Si-miao's attempts to rationalize the Buddhist four-element doctrine with the qi paradigm found no followers, perhaps because of the mathematical error it contains. In addition, because there is no subsequent development of the anesthesiology and surgery attributed to Hua To, and his story is so similar to tales of the Indian physician Jivaka, Hua To may to some extent be an imported fable.⁷¹

Some historians suggest that Buddhism contributed the psychological perspective to medicine in China. Meditation, psychotherapeutic measures, and faith healing are seen as Buddhist influences. Buddha is reputed to have told Qi Bo 'You go heal his body first, I will come later to treat his mental suffering.'⁷² Although this influence is uncertain, it is clear that the martial arts were influenced by Buddhism. Bodhidharma, Da Mo in Chinese, arrived in China in 527. He first visited the court of Liang Wu Di, then Wei, and then Le Yang, where he established residence. There he is quoted as saying:

The spirit should be tranquil and alert, but the body should be strong and active. Without tranquillity one cannot attain wisdom and transform into a Buddha without health one cannot have good circulation and breathing. Hence the body should be properly exercised so that the muscles and tendons may be supple and the spirit will not then suffer from the misery of weakness.⁷³

He is also the traditional creator of the 'Eighteen Le Han's Hands' exercise system, and is said to have created the Shao Lin system of martial artistry when he saw how weary the faces of the monks appeared.⁷⁴

Acupuncture clearly continued to develop during these dynasties. The most famous text of the period was Huang-fu Mi's Zhen Jiu Jia Yi Jing (The Systematic Classic of Acupuncture and Moxibustion) of 282. That text reported 300 acupoints on the 12 regular channels, and 49 on the two midline channels—some 649 of the 670 presently accepted by modern Chinese sources.⁷⁵ The Jia Yi Jing is the oldest extant technical book devoted to acupuncture and moxibustion. It deals systematically with physiology, pathology, diagnosis, and therapy. It was the first text to introduce acupuncture's now-famous emphasis on disease prevention. This text's introduction of the idea that superior physicians treat disease before it arises became one of the central ideals of the tradition. The text also established the essentials of the modern 'point book' format, describing the channels, naming the points on each, and listing their locations and how deeply each should be needled. It also records the length of time for which needles should be retained, the number of moxa cones to be applied to each point, and what each point is known to treat.⁷⁶

Another important book of this time was Wang Shu-he's famous Mai Jing (Pulse Classic). This text expanded the ideas of pulse diagnosis from that described in the Nan Jing. It is the first systematic catalog of pulse patterns. In it Wang Shu-he described pulse diagnosis with reference to both acupuncture and traditional pharmaceuticals, establishing one of the traditions that can be found in modern practice. When modern Chinese patients are asked to decoct and drink a so-called 'herbal' tang (a thick, soup-like decoction), they partake of another practice of this era. In practice, these formulas contain botanical, animal, and mineral products, not just the herbaceous botanicals to which the word 'herb' refers. Derived from the experience-centered folk tradition and eventually

incorporated into the medicine of systematic correspondence, traditional pharmaceuticals has been used as both an adjunct to acupuncture and as a separate internal and external medicine. Indeed, today in China it is the most popular expression of TCM. In the West, as in China and Japan, it has become a central aspect of the traditional medical marketplace, although typically in new, manufactured formats.

This period of political disunity was important for the development of acupuncture because during this time much that survives in modern acupuncture was systematized. In effect, the composition of acupuncture, both its practical and philosophical tenets, were then in place. These were to be permanent, lasting until the modern era.⁷⁷ The idea of qi circulation was considerably elaborated, becoming nearly modern in many aspects. The principles of correspondence, yin-yang, and the five phases were totally incorporated into the fabric of the art, affecting everything from the observations of diagnosis to the choice of acupoints in treatment. The view of the human body and its functions and their description in both natural and social metaphors became stable. For example, some of the names by which the points were then known remain in use today. The philosophical currents of Daoism, Buddhism, and Confucianism, the interplay and changing relations of which would continue to influence medical thought, were fully represented in Chinese society. Although the empire was still disunited, that too would change in the ensuing, short-lived Sui dynasty.

It was during the latter part of the Six Dynasties period that Chinese traditional medicines were exported to neighboring East Asian countries. Buddhist monks brought Chinese traditional medicines to both Korea and Japan. By some estimates the systems of pharmaceuticals, acupuncture, and moxibustion were first sent to Paekche, Korea, by the emperor Wu Di in around 515.⁷⁸ Huang-fu Mi's influential *Zhen Jiu Jia Yi Jing* was among the texts known to have been brought to Paekche. But there is also speculation that acupuncture may have been practiced in Korea as early as the Han dynasty, when colonial prefectures had been established there. Although Chinese traditional medicines were absorbed and practiced in Korea, it would be many centuries before they gained official recognition, probably because Koreans had strong traditions of their own.

In 553 the Kingdom of Paekche sent Wang Yurung't'a and two masters of drug production to Japan to help reorganize medical education. However, it is commonly accepted that the most profound influence on Japan was that of the Buddhist monk Zhi Cong (Chiso), who brought 164 volumes on medicine from China, via Korea, in 562. This medical knowledge, like most of inflowing Chinese culture, was rapidly assimilated. In 562 Japan was relatively primitive compared to China. The first native government had only been in place for some 200 years. Thus, when the Japanese first officially contacted China, they tried to import as much as they could—writing, bureaucracy, Confucianism, Buddhism, Daoism, and medicine.

After its first import of medical texts, the Japanese government built free public hospitals attached to Buddhist temples, and asked every envoy to China to acquire more medical treatises. This absorption of Chinese culture and technology continued in waves until the middle of the 9th century, when contact with China was curtailed by political events.⁷⁹

All the major Chinese medical traditions were imported during this period—herbal drugs, acupuncture, moxibustion, and massage. The earliest Japanese practitioners paid great attention to the

early texts such the Nei Jing, Nan Jing, and Zhen Jiu Jia Yi Jing. Just as these early texts were important to the development of medical practice in China, so were they in Japan. In fact, the Japanese appear to have been more conservative in their adoption of this literature. For example, as the acupuncture and moxibustion literature was separate from herbal literature, the practices were kept separate, a tendency that persisted, with few exceptions, into the modern era.⁸⁰

It is thought that Chinese traditional medical systems had an influence on Vietnamese medicine from the -2nd century onwards.⁸¹ Thus Vietnam, like Korea and Japan, also has a long history of acupuncture and moxibustion. However, in these early stages, China's East Asian neighbors were content to import as much as possible. Japanese innovations, for example, did not begin until after contact with China had been curtailed.

Sui, 590 to 617: the Period of Reunification

Just after these disseminations, the first Sui ruler, Sui Wen-di, ended the political disunity of the Six Dynasties. He was an effective leader who applied principles from all three of China's religions, and thus won popular support. He reunited China militarily, recentralized the government, and rebuilt and extended the waterways and canals. He and his successor each ruled with an iron hand and conscripted huge workforces to labor on public projects, many of whom died.⁸²

During this period, medicine in China continued to develop. For example, government farms for drug plants were organized. These must have been important because they were located near the capital and were assigned convenient and fertile lands. Probably the most famous medical person of this time was Sun Si-miao (581 to 682), one of the best regarded, but enigmatic, characters in acupuncture's story. To his classic education in the natural sciences and medicine, Sun Si-miao brought influences from both Daoism and Buddhism.³³ His works on prescriptions combine systematic correspondence with Daoist exorcism and some Buddhist concepts. However, his attempts to reconcile the basic principles of Buddhist medical theory and the medicine of systematic correspondence found no followers. He was a very cosmopolitan writer, and his works include a complete treatise on alchemy, descriptions of toxics to be worn as charms or burned as fumigants, and what is the oldest known collection of spells for demonic medicine. In addition to these pursuits he produced works on drug therapy, acupuncture, and moxibustion: the Qian Jin Yao Fang of 652 and the Qian Jin Yi Fang of 670 (Fig. 1.8). His long-lasting fame is made evident by the fact that authors of subsequent centuries published books under his name. A famous example is the Yin Hai Jingwei (Reflections on the Silver Sea), a classic text on eye diseases written no earlier than the 14th century.⁸⁴

Probably drawing on earlier works, Sun Si-miao developed a format for acupuncture charts that is very much like what is in use today. There were three views: front, back, and side. On each of these views both the regular and extraordinary channels were set forth in five colors of ink. Sun Si-miao is regarded as having systematized the measurement system that is still used to describe the positions of acupoints. In this system the cun, or 'body inch,' is the distance from knuckle to knuckle of the patient's middle finger when it is bent to form three sides of a rectangle.⁸⁵

Sun Si-miao also described many disease symptoms and treatments, the use of a-shi (painful points) and 'extra points' (points not located on the channels), and gave warnings against the use of

particular acupoints.⁸⁶ Again, each of these concepts is found in modern acupuncturists' training. It is reasonable to suggest that the use of a-shi points is the original precedent for the modern concept of the trigger point. He also described 13 acupoints, sometimes called the 'ghost points,' for the treatment of demon-related diseases. Today these points are often mentioned in the context of psychological problems.

Another important writer was Yang Shang-shan, who either wrote or compiled the Huang Di Nei Jing Tai Su, an influential text explaining earlier ideas from the Nei Jing and Nan Jing, and other treatises that were no longer extant by this period. In general, however, like the Tang dynasty to follow, the Sui was not a period of general innovation, but a period of diffusion. Just as reunification of the empire prepared Chinese culture to receive and respond to the social and cultural forces of China's second golden age, the Tang, the diffusion of acupuncture prepared the rest of Chinese medicine for the absorption of the principles of systematic correspondence.

Tang, 618 to 906: the Period of Culmination

Although most Tang rulers favored Daoist ideas, what characterizes the Tang is not the Daoist dominance, but broad social, and cultural sophistication.⁸⁷ The Tang was a period of cultural brilliance that both native and foreign historians describe as the second Chinese golden age. The empire was united; the three philosophical pillars (Confucianism, Daoism, and Buddhism) and contact with neighboring cultures created an atmosphere of intellectual richness. Like the Han following the Qin, the Tang was a collective sigh of relief for the Chinese, who were again relatively free of oppression by their imperial rulers and able to enjoy the fecund variety in which Chinese genius seems to flourish.

Buddhism achieved its greatest number of adherents during the Tang.⁸⁸ A vast interchange between arts and sciences occurred through the Indian pilgrimages of Chinese Buddhists. Like pilgrims everywhere, they returned not only with souvenirs and religious relics, but also with memories and impressions, new ideas and inspirations. Monasteries, having accumulated considerable wealth, played an economic role as sources of credit, agrarian employment, and as the seat of commercial enterprises. However, their success targeted them for a campaign of secularization by the Tang administration. Their tremendous resources were reappropriated for the state and its tax roles. In the years 841 to 845, 4000 monasteries were destroyed, 260 000 monks and nuns were returned to the laity, and 40,000 temples with a million acres of land were confiscated.⁸⁹ This vast wealth flowed into a society that was already prosperous. Populations flourished, and all the social classes enjoyed the fruits of the cultural harvest.⁹⁰

There was a new edition of the Huang Di Nei Jing Su Wen. This Tang edition by Wang Bing is notable for including the first chronobiological link between acupuncture and the 60-year cycle of the Chinese calendar.⁹¹ The system uses the concepts of yin-yang to name 'host' and 'guest' years, with particular seasonal expectations. It is probably the outcome of long observation of disease patterns, or even epidemics, relative to the seasons and the astronomic observations on which the Chinese calendar is based. This method became formalized as wu-yun liu-qi (five periods, six qi). Although the idea is found in earlier texts and the terms are used in the Nei Jing, it is probably of Tang origin.

References in older Nei Jing editions are all in chapters of dubious age. The Nei Jing of 762 made a significant contribution to the form in which the Nei Jing is now known.

Acupuncture also had detractors; in the *Wai Tai Bi Yao* (Important Formulae and Prescriptions Revealed by a Governor of a Distance Province) of 752, Wang Dao would refer to acupuncture as dangerous, and recommend only moxibustion and heat treatment.⁹²

Despite the innovation, creativity, and wealth of the Tang, the development of acupuncture was not very notable. Most Tang medical and intellectual investment centered on the 'elixir of life,' the alchemical source of immortality. This sought-after elixir now had its broadest and deepest effect on Chinese culture. Thousands experimented, hoping to discover the source of immortality. Seven of the 22 Tang rulers died from formulas meant to give them eternal life. This cultural obsession occupied many resources and, despite the appreciable death toll and waste of resources, resulted in a greater knowledge of medicinal substances. Pine seeds and resin, chamomile, and the li-shi mushroom are among the medicinals investigated, some of which retain an aura of their Tang reputation even today. This futile search did not entirely monopolize medical activity. The base of knowledge expanded sufficiently that four specialized types of doctor were recognized—physicians (meaning herb doctors), acupuncturists, masseurs, and exorcists.⁹³ Doctors, however, did not achieve elevated social status.

Because there was little useful medical innovation during the Tang, the essential corpus of acupuncture knowledge remained essentially stable. For example, books continued to list 649 of the presently accepted 670 acupoints.⁹⁴ This is not to say, however, that nothing more was learned. In 670, for example, Zui Zhi-di wrote a treatise on the cure of what may have been tuberculosis, or a tuberculosis-like illness, where the acupoints known today as BL-17 and BL-19 (to which BL-15 was later added) are treated by moxibustion. These points were still indicated for this disease when Soulie de Morant prepared his significant compendium of Chinese treatments in the early 20th century. What are possibly the first references to veterinary acupuncture and moxibustion can be found in the Tang dynasty, but these do not appear to have been very commonly used or influential. During this time, herbal therapeutics, acupuncture, moxibustion, and massage matured further and became well established in both Korea and Japan. The first Korean institute of medicine was established in 692. It taught acupuncture, moxibustion, and natural drugs as specialties. In Japan, in 702 the first Imperial medical college was established in Nara by the emperor Monmu. This college had 7-year courses, with acupuncture and moxibustion having their own specialized faculty. Here the study of the Nei Jing, Nan Jing, the Ming Tang (which is no longer extant) and the Zhen Jiu Jia Yi Jing comprised the core studies.⁹⁵ Other specialized study included herbal pharmaceuticals and anma massage. Although, as we will see, acupuncture and moxibustion would experience periods of both growth and decline over the centuries, the formation of medical colleges in Korea and Japan established acupuncture and moxibustion as accepted systems of healing, as they remain to this day in both countries.

Five dynasties, 907 to 960, Song, 960 to 1264: the Period of Neo-Confucianism

The Tang dynasty collapsed of its own inertia in 906 after a lengthy decline. A general established the Song government in 960 after 50 years of contested rule, a period known as the 'Five Dynasties' for its discontinuity of government. Although China remained united, it was now surrounded by aggressive foreign states, some of which already held Chinese territory. The Song rulers appeased their neighbors at considerable expense, but avoided war. A trade deficit, lowered tax revenues, and the circulation of paper money contributed to inflation, and their fiscal power eroded.⁹⁶

Social and economic differentiation and specialization grew as the population continued its urban and southern shift. Guilds were formed, agricultural and commercial production expanded as new technologies came on line. Interdependence increased as cities, regions, trades, and professions became more and more specialized. As Paul Unschuld explains, the period's interest in details and refinements was matched by an increasing awareness and attention to the interrelatedness of the whole and its components.⁹⁷ Thus, in addition to the progress of secular studies, Confucianism and Daoism adopted this new scientism, while Buddhism declined relative to their success. In particular, the emerging qi-centered neo-Confucian model successfully countered the Buddhist idea of the material world as pure illusion. What achieved intellectual supremacy was the notion proposed by the doctrine of qi that qi had always existed and that all things came in and out of existence as gatherings or dissolutions of qi.⁹⁸ Medicine paralleled these events; in Paul Unschuld's words:

First, we can observe the fragmentation into specialized fields, as well as a tendency toward pronounced reductionism in notions about the cause, nature and treatment of illness; second, there were intensive efforts to verify the validity of the medicine of systematic correspondence by extending it to practical drug therapy.⁹⁹

Thus Daoist and Buddhist exorcisms as well as drug therapy joined acupuncture in being founded on systematic correspondence. Where, for example, at the beginning of the Song period there were nearly 100 acupuncture texts, 50 physiological texts, and even 70 books devoted to the pulse alone, less than 10 works had followed Zhang Zhong-jing's ordering of drug treatments according to the principles of systematic correspondence.¹⁰⁰ Thus, it is only in this period, a millennium past the Nan Jing, that the qi paradigm achieved dominance over all the branches of Chinese traditional medicine. Yin-yang, the five phases, the celestial stems and terrestrial branches, and the six climatic influences permeated every branch of Chinese medicine.

In line with this development of systematic correspondences, the Nan Jing received greater attention, even eclipsing the Nei Jing. In fact, by 1155 the author of a preface to a new edition of the Ling Shu wrote that the text had been lost for a long time and that hardly anyone studied it.¹⁰¹ By 1058 the Nan Jing had reached Korea. When the Mongols of the following Yuan dynasty decided to translate important Chinese texts into their own language, it was the Nan Jing, not the older Nei Jing, that they chose. Another indication of this text's importance during this era is the appearance of a Persian edition.¹⁰²

Another of Japan's contributions to acupuncture was foreshadowed in this era, a refined art of moxibustion. Export to Japan saved Wen Ren Qi-nian's text of 1226, the Bei Ji Jiu Fa (Moxibustion

Methods for Use in Emergencies). This work describes the treatment of 23 diseases exclusively by moxibustion. The text was nicely illustrated; it was lost in China, but was preserved in Japan until 1890 so that it is available today (Fig. 1.9).¹⁰³

Massage, which probably dates to antiquity, was, according to Soulie de Morant, perfected during the 11th to 12th centuries. He notes that the Ming classic *Zhen Jiu Da Cheng* reproduces the most important passages of works by a children's doctor, Chen Wenzhong (Wen Xu): *Xiao Er An Mo Jing* (Massage of Channels for Children) and *Xiao Er Bing Yuan Fang Lun* (Discourses and Prescriptions on the Origin of Illnesses of Children).

The *wu-yun liu-qi* chrono-biological concept introduced in the Tang edition of the *Su Wen* achieved enough status to become an examination topic. In 1241 Dou Han-jing published *Zhen Jing Zhi Nan* (Compass Bearings) for acupuncture and moxibustion. This text described *zi-wu*, or noon and midnight cycles, and monthly, seasonal and annual cycles of *qi* according to which acupuncture could be performed.¹⁰⁴

Even with the neo-Confucian influence, government investment played no particularly notable role in medicine. During the Song dynasty there would be a brief attempt to establish charitable drug dispensaries. However, this resulted in nothing of significance.¹⁰⁵ The emperor ordered a life-size bronze statue of a human, which was constructed in 1026. The metal walls of this statue were holed at acupoint locations and the statue covered with yellow wax. When students selected and needled the appropriate location, they would be rewarded by drops of water that indicated they had passed their exam.¹⁰⁶ Accompanying this statue was a now well-known text by Wang Wei-yi the *Tong Ren Shu Xue Zhen Jiu Tu Jing* which, following the *Zhen Jiu Jia Yi Jing*, further systematized and clarified the location and indications of acupuncture points.

During the Song dynasty there were several other notable publications and developments in acupuncture and moxibustion. There were several moxibustion-only treatises such as Dou-zhe's *Huang Di Ming Tang Jiu Jing*, which helped permanently establish the tradition of moxibustion. There was also the first published text describing the systematic structure of *nai jia fa*, a 10-day biorhythmic cycle used in acupuncture treatment. He Ruo-yu's *Zi Wu Liu Zhu Zhen Jing* established biorhythmic treatment as a permanent fixture in the practice of acupuncture. It was further elaborated in the Ming dynasty, and remains in use today.¹⁰⁷

Also in the Song dynasty Yuan Ti's book *Tai Yi Shen Zhen* appeared (1125). This began the 'Shen Zhen' school of moxibustion, where poles of moxibustion with various herbs admixed were ignited and then applied to acupuncture points. This is probably the precursor of the Japanese *onkyu moxa*, a method that persists in modern practice. The Song was also the dynasty in which anatomical charts of the body and internal organs were first published. These anatomical speculations were based on observations made in the vivisection of the rebel Ou Xi-fan (1045) and several other studies done in the early 1100s.¹⁰⁸ These charts were later adopted by both Chinese and Japanese authors in the 1300s. They were used until the 18th and 19th centuries, when more precise and accurate Western anatomical information was imported.

Although these refinements of the practices of acupuncture and moxibustion are notable, it is primarily the developments in drug therapy for which the Song dynasty is best remembered. In

essence it was the broad social and intellectual climate of the period between the Song and Ming that produced specialization and refinement of the qi paradigm. These refinements were expressed in the ideas of individual physicians whose work was so seminal that their reputations survive to the present day. Among these is Liu Wan-su, a physician who lived between 1110 and 1200. Li Wan-su proposed a further elaboration of the five-phase model and incorporated this into herbal therapy. Because of his concentration on fire and heat, his work is the start of what would become known as the 'school of cooling.' His treatments also featured the consistent use of acupuncture and drug therapy in combination, as well as the application of Buddhist charms.¹⁰⁹

Zhang Cong-zhen (1156 to 1228), also known as Cong Zheng, also combined herbal drugs, acupuncture, and a variety of other techniques, but used these techniques to eliminate evil influences through the skin, or through tears, vomit, urine or feces.¹¹⁰

Another of the famous Song physicians is Zhu Dan-qi, known as Chen Yan. He is most remembered for the text *San Yin Ji Yi Bing Zheng Fan Lun* (Prescriptions Elucidated on the Premise That All Pathological Symptoms Have Only Three Primary Causes) of 1174.¹¹¹ Chen Yan's ideas contributed to the Jin-Yuan revival of the Zhang Zhong-jing's Han era works, *Shang Han Lun* and *Jin Gui Yao Lue*. Until then, as mentioned earlier, these texts had been effectively ignored.

Li Gao (1180 to 1251), often known by his pen name Li Dong-yuan, contributed his own innovations based on his reading of statements in the *Huang Di Nei Jing Su Wen*. He attributed many illnesses to digestive malfunction. He thus categorized external damage to the spleen and stomach (i.e. that arising from poorly chosen food and drink and exhaustion), and internal damage (i.e. that resulting from emotional excess) as principal sources of disease. He recommended supplementing the spleen and stomach, an approach to treatment adopted by his contemporaries, and many thereafter, to the extent that it is still a school of thought in Chinese traditional medicine.¹¹²

Although the writers most remembered for having adapted Chinese drug therapy to the medicine of systematic correspondence lived and worked during the Song dynasty, the intellectual effort they began forms a movement that historians label as Song-Jin-Yuan. Indeed, until questioned by later medical writers, the ideas of this period would form a steady orthodoxy within the always mixed and various medicines of China. Throughout the Song-Jin-Yuan period the materia medica grew, older literature was re-examined, and clinicians continuously observed and explored. Although acupuncture can fairly be said to have developed during these centuries only in so far as its details are concerned, the expansion of herbal therapy was significant, and its resulting categories and etiologies have come to influence acupuncture today.¹¹³

During this period, Japanese society continued to develop and was beginning to show its own specializations and innovations. After contact with China was curtailed in the mid-9th century, Chinese thought had less influence on the development of Japanese acupuncture. Although contact with China was eventually re-established and more literature was undoubtedly imported, distinctly Japanese traditions began during this period. However, by the late 12th century, acupuncture and moxibustion had become less popular. This decline in popularity persisted until the mid-16th century, when traditional literature, techniques, and ideas with a distinctly Japanese flavor once again began to flourish.¹¹⁴ The most notable book to appear during this period was the *Ishin Po*, by Tamba

Yasuyori. This book was commissioned by the Emperor in 982. It described the diversity of traditional medical practices of the time. Of its 30 scrolls, one is devoted to acupuncture and moxibustion. This book is notable, not only because it is still extant in its original form, but also because it is an encyclopedia of lost Chinese and Japanese medical literature. It preserves books that no longer exist in any other form.

In Korea, the most notable developments also concerned traditional medicinals. There was a significant trade of natural drugs from Korea to China, and a consequent exchange of medical information. This also included acupuncture literature. By the 11th century, a text like the one that accompanied the bronze statue was in constant use in the training of Korean acupuncturists. There are also records of an influx of medical knowledge from China to Vietnam. In the early 12th century, Gao Dai-yun of the Nan Zhao kingdom (now part of northern Vietnam), returned from the Song court with 62 medical treatises.¹¹⁵

Yuan, 1264 to 1368: the Period of Mongol Control

The Yuan dynasty marked a period when China came under Mongol rule, initially under Ghenghis Khan and then his grandson Kublai Khan. The period is particularly important because it marked the beginning of Western impact on China. Kublai Khan ruled China as part of a vast empire. From Vietnam and Tibet in the south, to Mongolia, Korea, and Manchuria in the north and Europe in the West, the Khan ruled most of the Eurasian landmass. Everywhere the light cavalry of the nomadic Mongols was feared and victorious. For the first time in history a traveller could move from the coast of China to the frontiers of Europe within a single domain and without impediment. In fact, many Western impressions of China come from this period because one traveller—Marco Polo—did walk from Europe to the court of Kublai Khan where he served as an advisor. By 1263, there are also reports of a European physician at the court of Kublai Khan, and by 1272 the same doctor, Isaiah, who was also a linguist and a scholar, opened a hospital, called 'Broad Charity', in Beijing.¹¹⁶ He was the first trickle of what would later become a torrent of Western medical knowledge.

The Mongol rulers were neither Westernized nor Sinicized; they retained their own language, and kept important government posts for their own people. They despised cities and urban life, and were universally feared for their unrelenting destruction of urban centers that refused to surrender—the ruins can still be seen today. However, persuasive Chinese officials dissuaded them from undoing China's urbanization. Although China was a subject state it was neither horribly oppressed nor financially ruined. Agriculture and commerce flourished, intellectual life was unhindered, neo-Confucianism continued to spread, and traditional education was preserved.

The Yuan dynasty saw the founding of the Tai Yi Yuan, or Imperial Academy of Medicine. During the Jin this had been subordinate to the Court Ceremonial Institute. In the Yuan it became an independent government agency with responsibility for medical standards and the training of physicians for government services and, although perhaps only in name, treatment of the Emperor. This reflects both an increase in importance and a growth of scope, with medicine becoming increasingly specialized.

In 1329 Wang Guo-rui produced the *Bian Que Shen Ying Zhen Jiu You Long Jing*, a manual in verse of 'Bian Que's marvellously successful principles.' It was a treatment manual where information was transmitted by mnemonic verse.¹¹⁷ The Yuan was also a period of bronze acupuncture statues, devices that symbolize the relative stability of acupuncture's base of data. Hua Shuo's *Shi Si Jing Fa Hui* (An Elucidation of the Fourteen Channels) was published in 1341. That text places 303 points on the 12 regular channels, and 51 on the two medial channels - a total of 657 of the now-accepted 670 acupoints.¹¹⁸ Hua Shuo realized that the governing vessel and conception vessel were the only extra channels to have their own points, and created many of the modern waterway analogies used to describe the circulation of qi. Interestingly, he also coined the term *jing xue*, or 'channel point,' indicating a new degree of theoretical import for the channels. His edition of the *Nan Jing* is considered by some to be the best of those that survive.

There was also a further development in the specialized practice of moxibustion with the publication of Dou Cai's *Bian Que Xin Shu* and Zhuang Zhuo's *Gao Huang Shu Xue Jiu Fa*. These were small but influential moxibustion classics. The first compilation book, the *Zhen Jiu Si Shu*, by Dou Gui-fang, appeared during this era. This method of publication for acupuncture texts became commonplace as authors edited other people's works. The treatment of domesticated animals with acupuncture and moxibustion also appears to have taken root during the Yuan.

Few developments of note were made during this period in neighboring East Asian countries. One notable exception is the *Nam Duoc Than Hieu*, by Tue Tinh of Vietnam. This work compiles information about the practice of Vietnamese traditional medicine. There was also a continued exchange between China and her neighbors, as exemplified by stories of the Chinese physician Zou Geng treating the Vietnamese crown prince in 1340. However, it would not be until the Ming dynasty that acupuncture and moxibustion became revitalized throughout the region.

Ming, 1368 to 1643: the Period of Restoration

Beginning in 1325, the Chinese people began to rebel against their Mongol rulers. Busy fighting among themselves, the once-united tribesmen were unable to contend effectively with these rebellions, and by 1368 Chinese troops once again controlled the capital of Beijing. The man named emperor was Zhu Yuan-zhang, a low-born military leader who had become the most important rebel commander. Zhu Yuan-zhang ruled absolutely. At the expense of the Confucian bureaucracy, he concentrated power in himself and in the imperial office he controlled. Indeed, the bureaucracy lost power not only upward to an autocratic ruler, but also downward and outward to an emerging civil service.¹¹⁹

Both of the major characteristics of the Ming government directly affected medicine, as Paul Unschuld states:

Two aspects of early Ming politics are of particular significance ... the rise of the Neo-Confucianism of the brothers Cheng and Zhu Xi to orthodox political and social policy, and the 'democratization' of the civil service.¹²⁰

In effect, not only did a Confucian education become available to many more people, but the bureaucracy was also open to a far broader subset of the population.¹²¹ It was as if, in modern terms,

a demanding essay-type examination of unlimited scope had been replaced by a multiple-choice test with questions taken from a published list. Those who were merely literate now qualified for positions that had once only been open to those with an advanced education. People with only a basic education reached unprecedented levels in society.

This popularization affected acupuncture. Greater opportunity came from reduced limits. This resulted in greater prosperity for many more people. There were also more books, more readers, and a better chance for any writer to achieve publication. In modern terms, the Ming saw an 'information explosion.'¹²² This explosion was able to spread even further, because neo-Confucianism was so permeated with Daoist and Buddhist thought as to be transformed. It represented no impediment to innovation. With the dominant philosophy so open, intellectual diversity flourished. In Paul Unschuld's words:

While an obsolete Neo-Confucianism covered the empire like a hard crust, beneath the surface a vigorous intellectual life developed, increasingly distancing itself from orthodoxy and underlining the growing contrast between the state and its claims, on the one hand, and the expectations and desires of the people and scholarly community on the other hand.¹²³

It was a time of broad and deep intellectual ferment, unrestrained by either the self-interested autocrat at the head of the state or the dominant philosophy. Orthodoxy lost its power and diversity took its place. Indeed, the Ming ferment was of such breadth that, apart from the proven classics, all Ming works must be regarded with caution. The selection is so great that a Ming author may be found to support almost any proposition. Later in the 20th century, as before in the imperial past, there were attempts to decree one-and-only medical practices, but heterogeneity is the central character of Chinese medicine and the Ming is its extreme.

Like the society, medicine was a turmoil of diversity, although its ranks were perhaps less democratized. From 1368 there had been a significant distinction among the classes of physicians. There were the *cao ze ling yi*, roving practitioners who had a familial, experiential knowledge of medicine. They went from house to house, village to village, like peddlers. There were also *yi guan*, or medical bureaucrats. This rank was composed largely of *Ru Yi*, or scholar physicians, although it was not impossible for a successful *ling yi* to attain this official status. Medical thought stayed with the trends of the Song-Jin-Yuan, in particular with regard to the incorporation of natural drugs into the medicine of systematic correspondence. However, it continued with the fervor of the Ming. There were even attempts to incorporate demonology into the *qi* paradigm. But the most noteworthy Ming contributions to medicine came from the continued flowering of individual approaches and interpretations.¹²⁴

Among the many adaptations of the Ming era all the Song-Jin-Yuan schools found adherents. Through his student Dai Si-gong, Zhu Zhen-heng's notion that an inadequacy of yin was at the root of most illness became the central dogma of the yang-yin school. Another writer, Xue Ji carried forward the emphasis on the spleen and stomach originally proposed by Zhu Zhen-heng and Li Gao. In contrast, Zhang Jie-bin proposed that yang could not possibly be in surplus because yang *qi* sustained life. In his terms, yang was hard to get, easy to lose, and, once lost, hard to regain. There was also a compromise school whose members did not accept only one theory but rather selected

appropriate therapies from the entire medical literature. In a very Chinese response to diversity, practitioners used what worked.¹²⁵

In 1641 to 1644 there was a widespread epidemic for which the followers of Li Gao's spleen and stomach school were completely ineffective. Amidst the general belief that this method should have excelled at treating this condition, the public failure was magnified by Wu Hu-xing's appreciable success. His ideas were recorded in the *Wen Yi Lun* (Theory of Warm-Induced Disorders). His therapies were based on the idea that evil influences must be expelled to reduce fever. These treatments made considerable use of aggressive measures that induced elimination. Thus another approach joined the heterogenous mix of the period.¹²⁶

During the Ming dynasty, acupuncture continued to be relatively stable. However, by the end of the Ming dynasty, criticism of the formerly dominant yun-qi stem-branch biorhythmic system had eroded the popularity of acupuncture. Although Jin Yi-sun's *Zhen Jiu Ze Ri Bian* (1447) was so generally accepted during the Ming that its ideas appeared in the popular texts of the period, criticism of the supporting ideas of Juan Xun-yi, Wang Ji, and Zhang Jie-bin nonetheless led to a loss of intellectual dominance and a decline in the social role of acupuncture.¹²⁷

In medical literature, however, the Ming was a high point. There were several important texts, some of which are still used and respected. Compilation treatises such as the *Zhen Jiu Da Quan* by Xu Feng (1437), the *Zhen Jiu Ju Ying*, by Gao Wu (1529), and the *Zhen Jiu Da Cheng*, by Yang Ji-zhou (1601), were very influential. Xu Feng's *Zhen Jiu Da Quan* was important because it was the first text to systematically describe the eight extraordinary vessels and the daily, 10-day and 60-day biorhythm treatment methods. Each of these survives in modern practice, and can be seen as the basis of some treatment ideas used today. Gao Wu's *Zhen Jiu Ju Ying* systematized useful and time-tested treatments, and introduced the use of supplementing and draining acupoints. These too are routinely used today, as is his systematization of the *Nan Jing* five-phase treatment. However, it is Yang Ji-zhou's *Zhen Jiu Da Cheng* that is the most famous acupuncture treatise of the Ming period, and perhaps of any era.

The *Zhen Jiu Da Cheng* (1601) was produced in at least 30 editions prior to 1900, and in about 50 more since then. This, the *Great Compendium of Acupuncture and Moxibustion*, notes 308 points on the 12 regular channels and 51 on the two medial channels. This total of 667 acupoints almost exactly matches the 670 now accepted.¹²⁸ Acupoint names catalogued in the *Great Compendium* remain in use today, as are the treatments it describes. Produced in the midst of the tremendous diversity of the late 1500s, Yang Ji-zhou's *Great Compendium* and Li Shi-zhen's *Ben Cao Gang Mu* are the outstanding medical events of the Ming (Fig. 1.10).

Both these important works introduce the innovation of giving exact sources, just as in modern scholarship. Both compile not merely the ideas of a single teacher or individual school of thought, but a relative orthodoxy derived from clinical consensus. Although they contain no statistical justifications, they are similar to what we know today as 'meta-studies,' because they compile information that is thought to be validated by many practitioners in a variety of clinical settings. Both preserve information from many texts and represent the epitome of scholarship in their respective fields. Each preserves what was found clinically useful in the past. The codifications each develops,

such as the Great Compendium's system for describing acupoint locations, survive to the present. Each is still considered the surviving high point of the written tradition, and the strongest representative of classical clinical acupuncture. Yang Ji-zhou's *Zhen Jiu Da Cheng*, and Soulie de Morant's seminal French work *L'Acupuncture Chinoise* that is based on it, are still described as the finest clinical manuals.¹²⁹

But there were other influential texts of the period. Li Shi-zhen's treatise on the extraordinary vessel system, the *Qi Jing Ba Mai Kao* (1578), has influenced the theory and practice of the extra vessels ever since. Like his *Ben Cao Gang Mu*, this text exemplifies Li's scholarship. There were also a number of influential *Nei Jing* commentaries, such as Zhang Jie-bin's *Lei Jing* (1624) and the *Nei Jing Zhi Yao* by Li Zhong-zi (1642). There were also *Nan Jing* commentaries, such as the *Nan Jing Ji Zhu* by Wang Jiu-si (1505) and the *Tu Zhu Ba Shi Yi Nan Jing* by Zheng Shi-xien (1510).

We also find important treatises concerning Chinese traditional medicines other than acupuncture. Some simultaneously describe acupuncture, moxibustion, and herbalism. Examples of these are Li Ting's *Yi Xue Ru Men* (1575) and Zhang Jie-bin's *Jing Yue Quan Shu* (1624). One author of the period went so far as to state that the 'ancients' had believed one who knew drugs but not acupuncture, or acupuncture but not moxa, could never be a true physician. Although we clearly see a blending of acupuncture, moxibustion, and the practice of pharmaco-therapy in these texts, this approach never achieved dominance. There were strong traditions of acupuncture and moxibustion in combination, and of acupuncture or moxibustion alone, and all were practiced with or without the use of natural drugs from herbs, minerals, and animal products.

The use of veterinary acupuncture and moxibustion seems to have become even more commonplace for the treatment of domesticated animals (Box 1.1). We find, for example, texts devoted to the treatment of specific animals, the *Ma Niu Yi Fang* (1399) being a good example. This text is devoted to the treatment of horses and oxen. One of its distinctive features is that the animals are shown to have points with precise effects, but not systems of channels.

Box 1.1 Veterinary Acupuncture

Although there were references to the treatment of animals in the *Shen Nong Ben Cao*, and in texts in the later Han dynasty, it was not until the 6th century that the first veterinary acupuncture book, Bai Le's *Bai Le Zhen Jing*, was written. By this time, this and the *Bai Le Liao Ma Jing* and *Qi Min Yao Shu* described the treatment of more than 40 diseases in the farm animals: horse, cow, sheep and pig. In the Sui dynasty, more than 30 veterinary acupuncture books specializing in diagnosis, treatment, or herbal pharmaceuticals were written. Among these were the *Lei Fang Ma Jing* and *Ma Shu* specializing in horses, the *Shui Niu Jing* specializing in water buffalo, and more general texts such as the *Qi Bai Dui Zheng* and the *Niu Ma Tuo Jing*, together with texts focusing on the detailed description of acupoint locations, such as the *Ma Jing Kong Xue Tu*. These texts described the anatomical locations of acupuncture points for each animal and the combinations and techniques of point stimulation for various diseases.

In the Tang dynasty one of the better known texts was the *Si Mu An Ji Ji*, by Li Shi. Further treatises were written during the Song and Yuan dynasties, but the most famous treatise was the typical

Ming-style compilation, the Yuan Heng Liao Ma Ji (1608), by the veterinarian brothers Yu Ben Yuan and Yu Heng. This text detailed the treatment of horses, cows, camels, cattle, and water buffalo, and is very influential even today. It is generally believed that veterinary acupuncture arrived in Japan during this era.

During the Qing dynasty, little innovation in veterinary acupuncture can be found, just as all traditional medicine declined in the Qing. After 1911, veterinary acupuncture suffered further setbacks, as did acupuncture in general. However, with the publication of the Zhong Shou Yi Zhen Jiu Xue in 1959, traditional veterinary acupuncture underwent a resurgence. Since the early 1970s, various new techniques such as electro acupuncture have been integrated into its practice. The most recent texts describe the use of acupuncture, moxibustion, local injection, ear acupuncture, iron branding, bloodletting, and electro acupuncture for diseases in a variety of animals. Acupoint locations for the horse, cow, pig, goat, sheep, camel, dog, rabbit, cat, chick, and duck are mapped. Animals typically present different arrangements of acupoints than do humans, and also differ by species.

As a visitor to Hidetaro Mori's Osaka Acupuncture and Moxibustion College, Stephen Birch was delighted when Mori showed him his library, including his rare book collection, among which were two court medical scrolls (each about 20 feet long) devoted to the acupuncture treatment of hunting hawks. These were beautifully crafted documents with ornate illustrations and text. In Yoshio Manaka's private book collection, Birch found several treatises devoted to the treatment of animals, including a lengthy and detailed text in Chinese on the treatment of horses. These texts were profusely illustrated and very elegant. In Tokyo, Birch also met Meiyu Okada, a well-known keiraku chiryo practitioner, who, a number of years before, had written a specialized text on the treatment of horses by acupuncture. Clearly, the use of acupuncture in veterinary practice is alive and well, and has a long tradition of practice in East Asia.

In the West there is a growing interest in veterinary acupuncture. Racing tracks in various locations around the USA have acupuncturists working on horses. Veterinarians are specializing in acupuncture for both small and large animals. Specialized training courses for veterinarians are available and the International Veterinary Acupuncture Society has been in existence since the mid-1970s.

Source: Bossut D 1990 Development of veterinary acupuncture in China. Paper presented at the 16th International Veterinary Acupuncture Society Congress on Veterinary Acupuncture, Holland

During the Ming dynasty there were also developments in neighboring East Asian countries. In the early 1600s an influential encyclopedia of herbal pharmaceuticals, the Tong-Eui- Po-Gam, was published in Korea. However, the most notable Korean contribution was probably Sa-Am Do-In's 1500s text the Chimkyu Yokyol. In this text, the monk Sa-Am described a systematization of five-phase treatment based on the ancient Nan Jing. His four-acupoint treatment formulas for replete and vacuous conditions are still famous today.¹³⁰ These treatments survive not only in Korea, but also in Japan, Europe, the UK, and the USA. They are tested in the licensing examinations in Korea and the USA. A century before, traditional medical practices that had first come from China were

officially sanctioned in Korea. This helped Korean traditional medicine, including indigenous systems of acupuncture, moxibustion, and pharmaceuticals, to flourish.

During this period, acupuncture and moxibustion underwent a resurgence in Japan, and uniquely Japanese contributions continued to appear. In the late 1500s the court physician Isai Misonou began the Mubunryu school. This style of practice was unusual in that diagnosis was accomplished almost exclusively through palpation of the abdomen and lower chest. This style of diagnosis persists today throughout Japan.¹³¹ Known as 'abdominal palpation' or 'hara diagnosis,' it is used in all aspects of Japanese traditional practice. Isai Misonou also introduced a unique treatment method. He used large, nearly blunt; gold and silver needles that were tapped with a weighted wooden mallet on reactive points of the abdomen and chest. This, his whole treatment, is still considered effective for many conditions.

In the early 1600s, Tokuhon Nagata wrote a now-famous poem describing the uses of moxibustion, furthering the tradition of moxibustion as a sole practice. At the same time, Japanese commentaries on the Nei Jing and Nan Jing flourished, beginning a tradition that survived to the end of the 19th century. In Japan, as in China, it was considered a sign of status for a traditional physician to explain the Nei Jing or Nan Jing. There were so many such commentaries from this period that acupuncture must have been a 'growth industry' in Japan. There was also a continued influx of medical knowledge from China. For example, it is thought that the emigration of Zheng Yi-yuan to Nagasaki in the late 15th century helped improve Japanese medical learning.¹³²

However, one of the most influential events of the period was the arrival of Dutch traders in Japan. In 1639, the Tokugawa Shogunate named the Dutch as its principal European trading partner. From this time Dutch medicine exerted a powerful influence on acupuncture and moxibustion, which, as we will see, nearly destroyed traditional medical practices in the eras that followed.

Qing, 1644 to 1911: the End of the Empire

The Ming dynasty ended in dissolution. Although the newly united Manchu nation had made inroads at the periphery of China, the empire's internal bureaucratic strife, natural disasters, and weakness lead to popular uprisings. These could not be contained, and the Mongol-aided Manchurian invasion of 1618 could not be restrained. Chinese aristocrats, preferring subjugation by foreigners to losing their heads to Chinese rebels, surrendered, and the Qing dynasty commenced in 1636.¹³³

The Manchu had appropriated the Confucian social model prior to their conquest of China. This cultural continuity, along with the continued presence of the now subject Chinese aristocracy, made their rule relatively benign. Between 1662 and 1796, three particularly effective Manchurian rulers established not only a cultural merger, but also a genuine peak of civil and economic well-being. Then, after this 100-year interlude the philosophical diversity of the Ming produced a conservative rebound that permeated all of Chinese culture.¹³⁴

The conservatives saw a cheapened Song neo-Confucianism as responsible for the empire's subjugation. However, in the retrospect of secular history, what probably doomed the Qing was the economic and political realities of the 19th century - a vastly increased population that could not be effectively fed, the opium trade and opium war, the devastations of two rebellions, and, finally, the

Sino-Japanese war. Although there were attempted reforms, and the government undertook to acquire Western weapons and materials,¹³⁵ these attempts were ineffective, and the last emperor abdicated on February 12, 1912. The new Chinese Republic was thus born in confusion and helplessness, while Chinese intellectual life was mired in an intellectual anti-climax to the Ming.¹³⁶

Although the diversity of medical approaches that blossomed during the Ming continued during the Qing, their bloom lacked luster and the tree was wilting from the root. With the ever-increasing presence of Western medical knowledge and techniques, traditional practices declined. The influence of the Jennarian smallpox vaccination beginning in 1805,¹³⁷ the first missionary surgeon in 1835, the first translation of Western medical texts in the 1850s, and the establishment of China's first Western medical school in 1886 were omens portending the demise of traditional medicine. The introduction of the germ theories of List, Koch, and Pasteur in the late 1890s was the intellectual coup de grace. With more public clinical failures like those of the spleen and stomach school in the previous era, the population lost faith. By the middle of the 19th century even Chinese practitioners abandoned their own medicine.¹³⁸

By the end of the era, only one traditional medical school remained, the Imperial college; there, instruction consisted of reciting the classics.¹³⁹ Secular support for traditional medicine was nil, and in 1914 the Minister for Education announced that he intended to abolish Chinese traditional medicine altogether. Attempts to establish new schools in the period 1910 to 1920 failed because the same bureau refused them recognition.¹⁴⁰ One particularly critical Western observer noted that Chinese traditional medicine had become 'one grand free-for-all profession, with no registration or code of ethics whatsoever.'¹⁴¹

Intellectually, the period is characterized by a division between the liberals, who sought to incorporate Western knowledge, and the conservatives, who rejected medical innovations since the Song, searching for purity in the past. This trend is mirrored in Japan. These trends did not lead to functioning schools of thought but to cliques built around the few surviving skilled physicians. In the end, it would be Western scientism, not traditional healing, that acquired the faith both of the Chinese people and their medical practitioners. No single view held together the vision of medical thinkers. The diversity of schools of thought had reduced the qi paradigm to a tangled web of details and complexities.¹⁴²

It is not surprising that those who still valued Chinese traditional medicine looked backward. Fang You-zhi was one of the first proponents of the Han-Xue movement. Han-Xue proponents proposed a return to the Han dynasty medical sources. He devoted his life to seeking the truth of the Shen Nong Ben Cao and the Shang Han Lun, because he felt that these texts had been misunderstood and their meaning lost by recent generations. However, it would be Xu Da-chun, a highly educated scholar from a family of physicians, who would best and most articulately represent the Han-Xue movement. In his Yi Xue Yuan Liu Lun, Xu Da-chun (pen name Xu Ling-tai) described the problems of this period as a result of deviations from what the 'Sages of the past' had established in the Han, his choice of a classic age.¹⁴³ Xu was uncompromising and had only cynical prose for the so-called 'Four Masters,' the famous Song physicians. Whether or not the loss of tradition was as profound as Xu Da-chun believed it to be, the loss of technical skill had to have been considerable. What Xu

mentions as forgotten in acupuncture are matters of essential knowledge without which today's students cannot pass their exams. He also criticizes acupuncturists of the era for incorrect channel and point location, over-reliance on formula acupuncture, ignorance of the generic five-phase points, loss of supplementation and draining theory and technique, loss of needle technique, and ignorance of seasonal correspondences and the methods of internal medicine.¹⁴⁴

Although Soulie de Morant reported witnessing the successful use of acupuncture against cholera in 1901, and recounts his studies with two traditional practitioners of great skill, indeed, of academic rank, other Western writers found only street-vendor acupuncturists, men described as nothing short of 'walking infestations.'¹⁴⁵ Apparently, at least by the end of the empire, traditional pharmacotherapeutics stood largely alone against the onslaught of the medicine of the West. By the 1930s, the Chinese practitioner Tin Yau So would write that there was only one acupuncturist in all of Canton. Traditional herbal medicine was also unable to hold its own against the accomplishments of early 20th century biomedicine. Suffering from discontinuity, Chinese traditional medicine was crushed by the growing faith in Western science that would eventually dominate China. Zhao Xue-min, who collected hundreds of prescriptions from itinerant doctors and other travellers, gives us a clear view of the disparity between the theories of the establishment and the rank-and-file doctors who treated the masses. His collection, the Chuan Ya, is remarkable as, in Paul Unschuld's words:

What first strikes the reader of the more than 1000 drug prescriptions and guidelines of the Chuan-ya is the virtually complete absence of yin-yang theories and of the five-phase doctrine.¹⁴⁶

Not only was there disparity, the population's faith in traditional herbal medicine was all but gone, medicine being considered 'an avocation, a side occupation, or else purely a business.'¹⁴⁷ Herbal doctors were known as 'Mr Drug-Seller' and were called to their patients serially, with pleas to one or another of the medical gods as a last resort. Magico-religious medicine and demonology persisted. To avoid the plague of 1896, Daoist leaders arranged for soldiers to fire their weapons in all directions to scare away the plague demon.¹⁴⁸ By 1934, when statistics are first collected, China's death rate was so great that the number of Chinese who died—merely in excess of deaths in similarly sized European populations—was twice the death toll of the entire First World War. It would be enemies of traditional medicine who would write its epitaph thus:

...medicine in this country has become rigid in the fetters of tradition. Our task, however, is not so much to dwell upon this traditional non-progressive state of thought as to utilise it as a background for an attempt to picture the victorious entry of modern medicine into this ancient land of Cathay.¹⁴⁹

Biomedicine is still referred to as 'modern medicine' in China today.

It should thus be no surprise that, during the two and a half centuries of the Qing dynasty, there were few influential books on acupuncture written in China. Nei Jing and Nan Jing commentaries such as Yao Zhi-an's Su Wen Jing Zhu Jie Jie, Xu Da-chun's Nan Jing Jing Shu, and Ye Lin's Nan Jing Zheng Yi are the exceptions. The Tai Yi school of moxibustion resurged, exemplified by Fan Yu-qi's Tai Yi Shen Zhen (1727). This book had appeared in at least 20 editions by the end of the Qing. Yi Jing acupuncture practice also returned after its presentation in the Zhen Jiu Yi Xue, by Li Shou-xian (1798). This text too had numerous editions that continued to the modern era. Yi Jing acupuncture

traditions are continued today by the American Academy of Medical Acupuncture, which teaches Western-trained physicians practicing acupuncture an extended form developed by Maurice Mussat of France. There was still a school of independent moxibustion practice exemplified in the *Shen Jiu Jing Lun*, by Wu Yan-cheng (1851). The best known compilation of the period is probably Wu Qian's *Yi Zong Jin Jian* (1742). This work compiled much information about the practice of acupuncture, moxibustion, and pharmaceuticals.

Regardless of these exceptions, the Qing was a period of tremendous decline for acupuncture and moxibustion in China. China was without a strong medical model. It was not until the mid-19th century, some 100 years after the acculturation of biomedicine in Japan, that Western medicine achieved credibility in China.

Although Wang Qing-ren argued in the early 19th century that a functional model of the body was meaningless without understanding the actual structures, foreign ideas were still assimilated very slowly. Thus for a long time China suffered from a lack of a strongly rooted medicine, either indigenous or foreign.

The same clash between the traditional and modern that occurred in China also influenced Vietnam during this period. In the 1700s, an eminent physician, Lan Ong, compiled the influential *Y Ton Tam Linh*. However, under French colonial rule traditional medicine was cast aside for French medicine. Traditional medicine was able to survive in the rural areas and, ironically, Vietnamese practitioners would later help establish acupuncture in France. However, it would only return to more general use after the advent of communist rule in the 20th century.

Possibly the most significant Korean development came at the end of the 19th century when Lee Jaema formulated four-constitution medicine. His ideas have held continuous and significant influence over the practice of acupuncture, moxibustion, and herbal pharmaceuticals. Lee Jaema's theories and methods are still taught in modern Korean schools.¹⁵⁰ In both Korea and Japan, however, acupuncture and moxibustion remained relatively robust until the end of the 19th century. Many texts, theories, and innovations can be found in Korea and Japan during this period. This was also the period when Western scientific medicine began to impact on traditional medical practices in Japan. Despite Japan's limited foreign contact, most of the books and articles on acupuncture and moxibustion published in Europe during the mid-17th century had their roots in Japan.¹⁵¹

In Japan, this two and a half century period included the Edo-Tokugawa and Meiji periods. The two periods together marked a swing away from isolationism and toward radical modernization and industrialization. With the industrialization achieved in Meiji Japan, and particularly with the militarization of the late 19th and early 20th centuries, came the decreed extinction of traditional medicines and the legislated adoption of biomedicine.¹⁵² Western anatomical-physiological medicine was openly and quickly assimilated in Japan.¹⁵³ Many practitioners of acupuncture and moxibustion discarded traditional explanatory models in favor of anatomically based models. Thus in the 18th century a rift developed between those who accepted and those who rejected traditional theories—a rift that persists today.

However, until that time, Japanese traditional practitioners advanced. Waichi Sugiyama, who is still known as the father of acupuncture in Japan, left his mark in the late 1600s. Sugiyama invented the

shinkan (insertion tube), which revolutionized the practice of acupuncture.¹⁵⁴ With the needle inside the hollow shinkan, a slight tap is sufficient for insertion. This, combined with industrial technology, made thinner and thinner needles practical, with a tremendous impact on modern acupuncture. The Japanese, like Westerners, prefer thinner needles because thin, tube-inserted needles are virtually painless. In fact, today almost every acupuncturist in Japan, the USA, and increasingly in Europe uses insertion tubes because modern Japanese-style needles are so thin—often half the thickness, or less, of other needles—that patients can hardly feel the insertion.

The insertion tube also helped emphasize the role of palpation in diagnosis and point location by freeing one hand. Sugiyama is thought to have invented the insertion tube because he was blind and the tube made it easier for him to practice. After publishing his famous book *Sugiyama Ryu Sanbusho*, he established the first acupuncture school for the blind, thus founding a tradition that has survived for 300 years. Today some 40% of Japanese practitioners (approximately 20,000 acupuncturists) are blind.¹⁵⁵ However, the role of the blind in Japanese acupuncture extends far beyond these numbers. Without sight, the sense of touch often becomes extremely acute. Thus blind practitioners have been responsible for discoveries in palpatory diagnosis and have developed many highly refined methods of practice. Not only would blind acupuncturists preserve the art through the difficulties of the later Meiji Restoration, but the developments that Sugiyama began have affected nearly every acupuncturist working today.

In the early and mid-1700s we find further refinements of the tradition of moxibustion in Konzan Goto's *Mokyu Susetsu*, and Shutoku Kagawa's *Ipon Do Kyusen* and Kagawa *Kyuten*. Again, in the early 1800s the *Meika Kyusen*, by Waki and Hirai, helped develop moxibustion for modern times. Another important development of the mid-1700s was the introduction of the unique Japanese pediatric acupuncture called *shonishin* ('children's needle') therapy.¹⁵⁶ This system began in the Osaka region, where it is still very popular. The use of rounded, blunt, or smooth-edged instruments applied by rubbing, scraping, or tapping is especially effective for young children, who dislike inserted needles. These systems survived into modern times almost exclusively as an oral tradition. But, for the Japanese in the 18th century, the most influential development was probably Sugita Gempaku's *Kaitai Shinso*. This was a translation of a Dutch anatomical text by Kulms, *The Anatomische Tabellen*. This text had a huge impact because for the first time medical practitioners could observe anatomical structures.¹⁵⁷ This landmark publication is still remembered in Japanese high-school courses. It immediately brought European anatomical knowledge into conflict with tradition. In the words of Gempaku: 'I understand that true medicine consists of the detailed investigation of the human body's internal structures' and, even though the ancient traditional physicians had performed anatomical dissection, they could not 'sweep away the foggy obscurity... their eyes and ears were confused by turbid traditions.'¹⁵⁸ From this time on, scientific medicine would dominate acupuncture, moxibustion, and traditional pharmaceuticals.

After the initial shock this new medicine created, there was a flurry of activity as authors tried to rationalize traditional models with the new knowledge. One example is Mitsutane's *Kaitai Hatsumou* (1813). In another important and influential text, *Shinkyu Setsuyaku*, by Soutetsu Ishizaka (1811), acupuncture and moxibustion were justified in terms of Western anatomy. As we will see, conflict

between traditional and modern models, and the attempt to find a middle ground between the two, remains a major theme in modern practice.

Mixed in with these trends was an entirely clinical approach—repeating what has worked before. Known effective acupoints and combinations were used for specific problems. This formulary acupuncture has always existed wherever acupuncture was practiced. In Chinese history the literate scholar-physicians have always been a minority, and it would be surprising if the majority of treatments had not always been composed this way. But nowhere else did this approach become as firmly established as in Meiji Japan. When acupuncture and moxibustion were all but banned by the Meiji government, this pragmatic approach was all that remained, an arrangement with precedents in 18th century events concerning traditional herbal pharmaceuticals. Although this pragmatic approach is often disdained by acupuncture's modern proponents, it has contributed to the survival and acceptance of acupuncture by providing a basic formulary.

In the mid-1700s there were two major schools of herbal medicine: the Koho school, championed by Todo Yoshimasu; and the Gosei school of Dosan Manase. The Koho school was based on ideas from the Han classic, Shang Han Lun. It rejected more recent developments. The Gosei school was based on the yin-yang and five-phase doctrines. Yoshimasu's approach became very popular, and probably encouraged the Meiji 'compromise school' of pragmatic acupuncture. There was also a new scientific approach precipitated by Gempaku's work. This became a third major approach to practice, the so-called 'Rampo school.' All three schools have influenced the modern period.

By the middle of the 19th century, Japan was desperately trying to modernize. With the beginning of the Meiji period in 1868 radical change became the rule throughout Japanese society. Fearful that Western nations would monopolize resources Japan needed, the new government tried to industrialize and militarize in order to compete with the West. In medicine the changes were drastic. German medicine was adopted wholesale, in part because Japan had watched German military and political success with admiration. Traditional herbal pharmaceuticals, called Kampo ('Han [Chinese] methods') was all but outlawed. Only biomedical physicians were allowed to practice. This ruling persists today but is less restrictive, and a sizable over-the-counter trade thrives. Before the Meiji Restoration, acupuncturists could, if they wanted, practice Kampo, although numerically few did, but by the mid-19th century they were legally restrained. Acupuncture and moxibustion were also banned during the Meiji Reformation. However, in addition to Western-trained physicians, the blind were allowed to practice.¹⁵⁹ Whether this was meant as a forward-thinking social policy or not, it had an enlightened effect, as acupuncture became a preferred profession for the blind.

All traditional explanatory models were banned in the curricula of schools. The idea of anatomically discrete and separate points with known empirical effects became legal dogma. Essentially, acupuncture and moxibustion were stripped of their theoretical foundations. In 1894 Tesai Okubo published his *Kyuji Shinso*, in which he claimed that acupuncture and moxibustion were nerve stimulation therapies.¹⁶⁰ This is now called *shigeki ryoho* or 'stimulation therapy.' Another example is Michi Goto's claim in 1912 that acupoints are related to the Zones of Head (now known in relation to neural dermatomes). Other examples are the numerous pharmacological studies on the effects of

moxibustion. Between 1900 and 1941 many studies were performed to understand the action of moxibustion, putting it on more solid scientific ground.¹⁶¹

This period is considered by many to have been terrible for Japan's traditional medical systems, a shock treatment. However, eventually it generated a powerful conservative backlash, which reformed traditional approaches. Although traumatic at the time, it soon triggered a powerful growth phase for traditional acupuncture in modern Japan.¹⁶²

Notes

- 68 See note 7, p 133
- 69 See note 7, p 133
- 70 See note 7, p 150
- 71 See note 7, p 151
- 72 See note 15, p 72
- 73 See note 15, p 72
- 74 See note 15, p 73
- 75 See note 1, p 100
- 76 See note 1, p 119
- 77 See note 7, p 154
- 78 See note 1, p 263
- 79 See note 1, p 264
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- 82 Needham J 1954 Science and civilization in China, vol 1. Cambridge University Press, Cambridge, pp 123-124
- 83 See note 7, p 43
- 84 Unschuld PU. personal communication
- 85 See note 1, pp 124-125
- 86 See note 1, p 127
- 87 See note 7, p 155
- 88 See note 7, p 156
- 89 See note 2, p 444
- 90 See note 7, p 160
- 91 See note 7, p 160
- 92 See note 1, p 177
- 93 See note 15, p 75
- 94 See note 1, p 100
- 95 See note 1, p 265
- 96 See note 7, p 162
- 97 See note 7, p 162
- 98 See note 7, p 165
- 99 See note 7, pp 167-168
- 100 See note 7, p 168
- 101 See note 1, p 89
- 102 See note 55, p 40
- 103 See note 1, p 155
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- 111 See note 7, p 175
- 112 See note 7, pp 177-178
- 113 See note 7, p 167
- 114 See note 80
- 115 See note 1, p 263
- 116 See note 15, p 261
- 117 See note 1, p 155
- 118 See note 1, p 100
- 119 See note 7, p 190
- 120 See note 7, p 190

- 121 See note 7, p 191
- 122 See note 7, p 191
- 123 See note 7, p 191
- 124 See note 7, p 195
- 125 See note 7, p 203
- 126 See note 7, p 205
- 127 See note 1, p 149
- 128 See note 1, p 100
- 129 See note 1, p 159
- 130 Zmiewski P, Feit R 1990 *Acumoxa therapy. Paradigm, Brookline, MA*
- 131 See, for example, note 48(b)
- 132 See note 1, p 266
- 133 See note 7, p 192
- 134 See note 7, p 193
- 135 See note 15, p 143-144
- 136 See note 1, p 160
- 137 See note 53, p 3
- 138 See note 7, p 195
- 139 See note 53, p 4
- 140 See note 15, p 145
- 141 See note 15, p 141
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- 147 See note 15, p 178
- 148 See note 53, p 7
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- 161 See note 48(a), pp 353-354
- 162 See notes 80 and 159. See also note 48(a) pp 353-354