Classical Chinese Medicine

Classical Chinese Medicine:

Theory, Methodology and Therapy in Its Philosophical Framework

By

Keekok Lee

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CONTENTS

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Keekok Lee
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CHAPTER ONE

INTRODUCTION

Background and nature of the book

This volume is the sequel to *The Philosophical Foundations of Classical Chinese Medicine: Philosophy, Methodology*, *Science* (Lee 2017a) as well as forming the final component of a trilogy, beginning with the publication of the volume, *The Philosophical Foundations of Modern Medicine* (Lee 2012b). The trilogy is united in terms of both the subject matter of their investigation and the methodological approach adopted to explore their respective content. All three look at different systems of medicine from the vantage point of a philosopher, trained in the analytical tradition of so-called Anglo-Saxon philosophy. Lee 2012b examines Modern/Western Medicine (MM/WM), commonly today referred to as Biomedicine (Bm); the other two volumes look at Classical Chinese *Medicine* (CCM). They are premised on the supposition that all domains of intellectual-practical activities including Science, in general, and medicine, in particular (as part of Science),[1] are not free of philosophical presuppositions. Positivism not-

[1] This claim is not uncontroversial. An alternative view is that medicine is a craft, which happens to use science in treating the sick and the suffering. The two claims are not mutually exclusive, since both sides admit to the minimum that medicine calls upon science or uses it. This controversy should not be turned into a trivial issue about a definitional matter, simply, about how a word is used. For the purpose of this work, the term "science" is used in the following way to talk about:

(a) Knowledge, which is systematic in character.
(b) Knowledge, whose key concepts have methodological implications involving consequences, which can be empirically tested, though not necessarily via a Randomised Controlled Trial (RCT).
(c) Knowledge which invokes, explicitly or implicitly, a model of causality, linear or non-linear. (Bm, with the exception of developments in some areas, especially of late, relies on a model, which is linear and monofactorial, while CCM relies on a non-linear, multifactorial model.)

withstanding, Science and philosophy are not mutually exclusive, but invariably go hand in hand.

The philosophy unearthed in this kind of "excavation" includes the following main aspects:

I. The metaphysical/ontological core of any Science/medicine.

II. The methodological implications of such a core–these inform and even dictate the way in which the science is conducted, and determine the conception of causality, which the science relies on.

III. I and II above, in turn, may be used to determine the standard of scientificity, according to which, other systems are then judged to be "not Science"/"not proper Science"/"not sufficiently scientific" or even in more extreme terms, condemned as "unintelligible"/"plain mumbo-jumbo". This tendency appears to be inherent in the accounts of Science espoused by not a few adherents of Modern Science and Bm. This is because they subscribe to what may be called Essentialism of Method (see Chapter Eleven).

I and II above are able to demonstrate how two systems of medicine–Bm and CCM–entail the following:

(a) Very different theoretical/philosophical claims.
(b) Very different accounts of what constitutes disease/illness and their causes.
(c) Very different forms of treating diseases/illnesses thus conceived.

Lee 2012b establishes that Bm rests on Empiricism/Positivism-cum-Empiricism. Its metaphysical/ontological core includes what Lee 2017a, in Chapter Eight calls thing-ontology; it is *par excellence* a Newtonian science, which studies macro-sized objects, whose spatial features or properties (size and weight) alone define their identities. Ontologically, it regards all organisms, including human beings, as machines; it embodies Materialism *simpliciter*. Such a core implies a methodology based on quantification and measurement which, being considered to be objective properties of the objects, constitute one strand of its criteria of scientificity.

These three characteristics jointly constitute sufficient conditions for the use of the term. This work contends that both Bm and CCM satisfy the characteristics in question, in spite of the differences between them. It follows that neither body of knowledge is free of philosophical presuppositions, which ought to be investigated.

The other strand is informed by a conception of causality, which involves a linear, monofactorial model/the Humean billiard-ball account. In turn, these various strands lead to the monogenic conception of disease as disease-entity (Lee 2012b, Chapters One to Five, Nine and Ten) as well as to the notions of RCT and Evidence-based Medicine (EBM) to determine the highest standard of evidence, against which, other forms of evidence must be judged to be inferior or sub-standard (see Lee 2012b as well as Chapter Eleven and Chapter Seven of this volume). In a nutshell, it may be summed up as atomistic, mechanistic and reductionist in character; its basic or paradigmatic science is anatomy;[2] its paradigmatic technology is surgery, instantiating Engineering Technology. Its technology is increasingly high-tech.

This volume is intended as a sequel to Lee 2017a, which deals primarily with themes I and II–that CCM rests on process-ontology, that *Qi* is the fundamental ontological category (in its two modes, *Qi*-in-concentrating mode and *Qi*-in-dissipating mode), that it is Ecosystem *Science*, what today one may call a post-Newtonian science,[3] conducted within a Timespace framework and is wholly *Wholist* in orientation. Its fundamental mode of thinking is Contextual-dyadic Thinking, implying a rejection not only of Cartesian dualism but also of Aristotle's Three Laws/Principles of Thought, while relying on what may be called *Yinyang/Yao-gua implicit logic*, which may be considered to be an

[2] This, at first sight, may appear quaint to modern ears as today, Bm regards disease largely as a biochemical and, to some extent, biophysical entity. However, historically, anatomy was, indeed, the paradigmatic science (Lee 2012b). Lee 2017a argues that Bm rests on thing-ontology; anatomy paradigmatically rests on thing-ontology. Ontologically speaking, anatomy remains in spirit a fundamental science, especially when surgery is regarded as the highest form of medical technology. Today's most glamorous form of surgery is no longer appendectomy, but neurosurgery of one description or another. Without anatomy, surgery cannot be successfully conducted.

[3] The term "post-Newtonian science" is used here, for the simple reason that the arguments deployed in this work show that parts of Modern Science and Bm exhibit characteristics which are increasingly "post-Newtonian". Of course, it is correct to say that CCM is just simply "non-Newtonian" or "pre-Newtonian"; these would historically speaking be correct terms, but they do not cast light, all the same, on the partial overlapping between CCM and the more recent developments in Modern Science, such as quantum physics, which is regarded paradigmatically as a post-Newtonian science, whose characteristics are similar, though not identical with those exhibited by CCM (see Lee 2017a, Chapter Eight). Hence, it would not be too misleading to refer to CCM as "post-Newtonian" from such a philosophical vantage point.

analogue of modern Fuzzy Logic. Its conception of causality is dynamic, non-linear, multifactorial as well as synergistic.

This volume, then, explores why CCM possesses the characteristics it does, in the light of its metaphysical/ontological core (Theme I), and the methodology such a core entails, in doing *science* and in practising *medicine* (Theme II).[4] It will demonstrate the following theses.

1. *Qi*, as the fundamental ontological category, can be empirically tested.[5] **Chapter Two** shows that CCM has its own methods of assessing the empirical consequences of theoretical claims made on its behalf, such as in acupuncture (and other forms of treatment). Since the 1980s, even its results can be verified via tests that are endorsed by Modern Science and Bm, that is, in biophysical terms. (See also Chapters Five and Eight.)

2. Just as *Qi* has been subjected to attacks mounted by sceptics, so has another important concept in CCM, namely, *Wuxing*, which Lee 2017a, in Chapter Four has argued, embeds the analogues of negative and positive feed-back loops in a causal chain of reasoning. **Chapter Three** follows this up to explore some of the complicated philosophical-historical roots which may form the basis of such scepticism. It argues that there is no need to fall prey to such an ill-conceived charge, namely, that *Wuxing* is a "metaphysical" notion, in the abusive sense of that term.

3. **Chapter Four** sets out, in detail, what is meant by claiming that CCM is Ecosystem *Science*. **Chapter Ten** reinforces this analysis by looking at its concept of Macro-Micro-cosmic *Wholism* (what sinologists in general call "Correlative Thinking"), which throws light not only on how CCM understands the relationship between different parts of the person-body and the nature of the functioning relationship between them, but also why CCM is known as *Yidaoyi*/易道医, a *medicine* which rests on the *Yijing* and the Dao of the *Laozi*. (See Lee 2017a, Chapters Four and Five.)

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[4] To mark these characteristics in this volume, certain terms such as, "Wholism" and "philosophy" will appear as "*Wholism*" and "*philosophy*" in italicised form, in order to draw attention to the differences between the uses of them in Western philosophy, on the one hand, and in Chinese *philosophy* in which CCM is embedded, on the other.

[5] To say that a theory/concept is capable of being empirically tested should not be equated with the view that RCTs can be conducted; this entire volume is, at pains, to make clear that RCTs are not relevant to assessing the testability of CCM.

4. CCM's thorough-going *Wholism* is demonstrated yet again in **Chapter Five. A**s *Wholes* are made up of parts or components, the functioning of which is intimately bound up with one another, it follows that a seemingly trivial malfunctioning or slight imbalance between *yinqi* and *yangqi* in one part of the person-body may, if unchecked, end up turning into a major and serious malfunctioning–as the expression in English goes, a chain is no stronger than its weakest link. This explains why CCM theorists regard ***Preventive Medicine*** as the zenith of clinical excellence.

5. **Chapter Six** demonstrates another form of *Wholism*, through the concept of person as a primitive concept. The *Wholism* of the person-body means that the distinction between facts as objective, and emotions/values as subjective, is rejected in favour of the view that the physical and psychological/emotional characteristics of a person are intimately entwined. It follows that all illnesses have a psychosomatic dimension, and that, in all treatments, the placebo effect would occur to some extent, and should be harnessed positively to enhance the healing process.

6. *Wholism* also entails, as **Chapter Seven** argues, that CCM practises *Getihua Medicine*/个体化治疗/***Personalised Medicine***. As every person-body is a *Whole*, such a *Whole* would be different from the *Wholes* of other individual person-bodies; hence, CCM's *yili/* 医 理 /theory of therapeutic intervention dictates that the conditions of each person-body must be assessed and treated to address the specificities which make up its *Whole* at the time of presentation. **Chapter Eight** contributes further by focussing on two key concepts in CCM theory-practice, *zhèng*[6] / 证 /evidence-gathering for diagnostic purpose (as a short-hand translation) and *fang*/方/prescription.

7. CCM, at first sight, appears to uphold several absurdities. **Chapter Nine** sets out to dissolve them by exploring a trinity of theses, constituting a coherent unity, which this work calls PIT-ism:

(a) *Physiology/shengli*/生理 is the basic or paradigmatic *science.*
(b) An intimate link between *physiology* and *bingli*/病理/theory of illness.
(c) An intimate link between the above and *yili/*theory of therapy.

[6] A tonal marker is introduced to this particular word in *pinyin* only. The reason for this will be explained in Chapter Eight.

8. **Chapter Eleven** explores the notion of Integrative Medicine/IM, demonstrating that although Bm and CCM do not talk to each other as far as Themes I and II go, there may still be some room for co-operation, provided one is careful to avoid falling into the trap laid by Essentialism of Method (as observed earlier under III above), at the level of the elimination/diminution of symptoms.

Summary of chapters

Chapter Two The *Jingluo*/经络 Network

This chapter deals with the following issues.

1. The *Jingluo*, as an integral part of the *Neijing*/《内经》(commonly acknowledged to be a, if not, the foundational text of CCM), focusses on *Qi*-in-dissipating mode which, in turn, is a key concept in all domains of CCM, whether this be acupuncture, herbal *medicine*, *tuina*/推拿 or other forms of treatment, sanctioned by the *medicine*.

2. Doubts about its existence and "reality" can primarily be traced to one main source, that it appears not to exist according to the standard implied and upheld by Bm; a standard, which is subscribed to by nearly all adherents of Bm, whether they be non-Chinese or Chinese themselves.

3. To quell such doubts, the *Jingluo*, in the 1970s was subjected to an extended series of biophysical tests, whose outcome even surprised the lead scientist of the research team, as he had not expected the eventual outcome. These tests presupposed the null hypothesis "That the *Jingluo* is not real and does not exist" (H_0). In the end, H_0 was nullified. (This H_0 crudely formulated serves only the limited purpose of a quick exposition here.)

4. The sceptics, invariably, before this series of experiments and after it, had/have chosen to ignore that CCM has its own (implied) tests and criteria for what counts as "real" and "existing"; its theory-practice implies that *Qi* in the *Jingluo* does have testable consequences via acupuncture and other treatments. Such a view approximates to "causal realism"–the effects of the postulated cause may be observable and ascertainable even though the cause itself is not observable via the naked eye or in anatomical terms. CCM uses the nostrum that pain/illness, in general, is caused by blocked *qi*. Unblock the *qi* via acupuncture and/or other treatments, and

the pain/the illness would diminish or be removed. The diminution of pain apart, the other predicted effects of such treatments may be either objectively or inter-subjectively determinable and are, therefore, empirically ascertainable. Furthermore, should one wish, one could even find ways of "translating" such tests into a format which is deemed to be standard in the philosophy of science.

5. Unless one subscribes to Essentialism of Method, there is no need to downgrade CCM's own tests and guidelines noted in 4 above and elevate, only, the biophysical tests as the tests of the *Jingluo*'s scientificity/ existence/reality.

Chapter Three In Defence of *Wuxing*/五行

Wuxing has also been subjected to critical doubt on the part of certain theorist-practitioners of *medicine* in China today (who form part of what is generally referred to as Traditional Chinese Medicine–TCM–in English). This chapter tries to disentangle the historical roots of such scepticism, including, ironically, the spirit of Positivist philosophy and its influence upon Chinese thought itself, since the heyday of Positivism in the early twentieth century.

Chapters Two and Three should be read as an attempt to undermine the charge that certain key concepts of CCM are "metaphysical" in the abusive sense of that term. Chapter Eleven should also be read bearing these earlier chapters in mind.

Chapter Four Classical Chinese *Medicine*: Ecosystem Science/ *Science*

This chapter demonstrates the detailed implications of CCM as Ecosystem *Science*, which involves a nesting of a series of ecosystems, the smaller within a larger as shown in Figure 4.1. Such an exploration would render explicit why the *medicine* possesses the characteristics it does.

1. Ten ecosystems have been identified. CCM has no interest in the first and some in the second, focussing primarily on Ecosystems 3-10.

2. Take ***Ecosystem 3*****,** the level of the visceral organ-system/*Zangfu*/脏腑, such as, that of the **Spleen-Stomach/***piwei*/脾胃, which is embedded in ***Ecosystem 4***, that level constituted by *Yinyang*-*Wuxing*, within which the **Spleen-Stomach** organ-system is linked to **Earth** in *Wuxing*. As each

visceral organ-system is linked with a particular aspect of *Wuxing*, and *Wuxing* itself forms a *Whole*, all the organ-systems in the person-body are, therefore, entwined within the *Yinyang-Wuxing Wholist* framework. This enables the various operating modes of *Wuxing* to be invoked in understanding the nature of the illness, presented by a particular patient, and using an appropriate treatment for the malfunctioning of the organ-system(s) diagnosed.

3. CCM is peculiar, but only if judged from the standpoint of Bm. This chapter looks at one of these peculiarities. CCM holds that the philtrum is an important *medical* site in terms of theory-and-therapy, because this seemingly innocuous bit of the person-body is precisely an important cosmological/metaphysical site, the meeting place of Heaven *qi* and Earth *qi*. Intervening upon this site can produce a very palpable, inter-subjective and even, indeed, objective, checkable positive therapeutic effect.

This chapter sets the scene for a more detailed exploration of the general characteristics of CCM in the chapters that follow.

Chapter Five ***Preventive Medicine: Shang gong***

The themes explored include the following:

1. *Preventive Medicine* is not an add-on for CCM, but forms part of its core theory-practice. There are two senses of the term: broad and narrow. The latter is examined here. (See Chapter Four which explores the former).

2. The examination is done via the notion of *shang gong*/上工/one with superior skills, which is regarded as the highest accolade for a physician, and constitutes the paradigm of excellence in the theory-and-practice of CCM.

3. The historical roots of the concept of *Preventive Medicine* are tied up with many activities, such as those of hydraulic engineering, fire-fighting and divination to mention only three, whose common aim, to prevent/avoid catastrophe, is in conformity with the Dao being regarded as the highest form of knowledge/wisdom/skill.

4. This chapter should be read in conjunction, in particular, with **Appendix Three** which deals with a misconception held in some sinological quarters that CCM is, in the main, the politics of the Han

dynasty writ large. One of the roots of such a misconception is traced to a failure to understand the concept of *Preventive Medicine* at the core of CCM and its related notion of *shang gong*.

Chapter Six Person: As a Primitive Concept in CCM

This chapter continues to explore CCM's "peculiar" characteristics via its account of person-hood as a primitive concept establishing the following theses.

1. It relies on Contextual-dyadic Thinking, thereby implying the rejection of Cartesian Mind-Body dualism.

2. It implies a rejection of the Humean view, which holds that there is an unbridgeable chasm between Passion/Emotion on the one hand, and Reason/Rationality on the other; while the former concerns values, which are subjective, the latter concerns matters, which are factual and, therefore, objective. Empirical/factual matters are capable of objective determination and measurement, constituting the essence of Science. Subjective values are beyond the pale of Science, and must not be permitted to contaminate and undermine Science. Body belongs to Science/objectivity; Mind to subjectivity. Medicine as Science deals only with the physical facts of Body; Mind, to be "respectable" must be reduced to Body, or accessed only via Body. Body may affect Mind (as permitted under epiphenomenalism), via psycho-pharmacological drugs, but Mind/mental events cannot affect Body.

3. For CCM, the individual person-body constitutes the human being, who lives and acts in the world. The person-body intimately entwines both physical and mental characteristics of the individual. These characteristics constitute polar contrasts, such as *yin* and *yang*, but just as *yin* cannot be separated from *yang*, or *yang* from *yin*, existing always as *Yinyang*, they, too (the mental and physical characteristics of the individual) cannot be isolated and separated from each other, but exist always together in the individual person-body. This is the crux of the concept of person-hood as a primitive concept. It follows from such an ontological standpoint that all illnesses can, indeed, be said to be psychosomatic to a greater or lesser degree and, hence, that all treatments, to a greater or lesser extent, could produce placebo (or nocebo) effects. Such is the human predicament. Excluding such a dimension, endemic in human existence, in sickness or

in health, would, indeed, amount to doing something unscientific, as it patently excludes a crucial facet of human life.

Chapter Seven Personalised/Personalized Medicine in CCM and Biomedicine: The Irrelevance of RCT and EBM

1. CCM is, *au fond, Personalised Medicine* which entails the following:

(a) The same illness in two different patients may require different sorts of treatment.
(b) Two different patients, presenting two different illnesses, may be treated by the same sort of treatment. This is another peculiarity of CCM.

2. As such, it is necessarily beyond the pale of the "rigorous" procedure, pursued by Bm, in its privileging of the twin Gold Standards of RCT-EBM. RCT is premised on, what this chapter calls the **axiom of homogeneity,** while CCM is premised on that of **heterogeneity**. It is irrelevant to beat CCM over the head with the charge that it fails to meet such criteria of "scientificity", while ignoring CCM's own criteria for what counts as constituting its own *scientificity*.

3. In other words, the placebo/nocebo effect is endemic to any treatment, no matter what the medical system might be. The evidence for this phenomenon is now empirically well-grounded, yet Bm refuses to acknowledge the implication of this truth, and spends relentless efforts in excluding it from RCTs.

4. However, Bm, of late, has also been pioneering its own version of Personalized/Precision Medicine. Could it be that this cutting-edge domain, together with the placebo phenomenon, will turn out to be the Trojan Horse which may undermine RCT-EBM, and hence, Bm's standard of scientificity?

Chapter Eight The Concepts of *Zhèng* and *Fang*

This chapter continues the exploration of CCM as *Personalised Medicine* via two key concepts, *zhèng*/证 and *fang*/方 as *Zhèng-Fang Wholism*.

1. Simplistically put, *zhèng* stands for both process and outcome–the process of gathering all manner of relevant evidence before arriving at a

conclusion about the current state of the patient's illness, which is the outcome itself of the careful process of gathering and sifting evidence, via the four diagnostic techniques/*sizhen*/四诊 of looking, listening and smelling, asking, and feeling the *mai*/脉.

2. *Zhèng* determines *fang*. Together they address the specificities of the illness presented by the patient, the former by ascertaining what is malfunctioning in the person-body and the latter by prescribing a treatment, which is targeted at the patient's specific state. The concept of *fang* is shown to operate within the Timespace framework of CCM.

3. An analysis of some *fang* is given, to show how medicinals are used in the *Zhèng-Fang Wholist* context.

4. The difference between the medicinal Herba Artemisiae Annuae and Artemisinin is highlighted to show the profound differences between CCM and Bm in the former's use of *Materia Medica* and the latter's use of pharmacological drugs.

5. The chapter looks at food as *medicine* in CCM, at the fluid relationship between *yao*/药/medicinals in a *fang* and food.

6. It also examines the claim that the relationship between a specific cause and specific effect(s) in CCM treatments is suspect, as CCM can only deal with cases of chronic but not critical illnesses.

Chapter Nine **CCM and Its Unifying Principles of *Physiology*, Illness and Therapy (PIT-ism)**

This chapter demonstrates the unity and coherence of CCM through its principles of *physiology/shengli*, illness/*bingli* and therapy/*yili. Shengli-bingli-yili* is called PIT-ism. It does so by exploring some features of CCM, which appear at first sight to be plain absurdities. Four such "absurdities" are scrutinised. Such a scrutiny reveals that they are not absurdities after all, but constitute the very identity of CCM.

Chapter Ten **CCM as *Yidaoyi*: Macro-Micro-cosmic *Wholism***

This chapter continues to explore the identity of CCM through the thesis of Macro-Micro-cosmic *Wholism,* which serves also to explain why Chinese scholars and practitioners have always characterised their

medicine as resting on the *Yijing* and the *Daojia philosophical* tradition, calling it *Yidaoyi*. What this book calls the Cyclic Ascending-Descending *Law of Nature*, as shown in Figures 10.1 and 10.2, is critical to such an understanding of CCM.

Chapters Nine and Ten together further explore the framework of *Wholism*, already set out in outline in Chapter Four, within which CCM must be understood.

Chapter Eleven Integrating *Zhongyi* with Biomedicine?

This volume and the preceding two volumes (2012b, 2017a), constituting a trilogy, end with this chapter, looking at the project of integrating *zhongyi*/中医 (the *medicine* rooted in Chinese history and its culture) with Bm. It identifies two main contexts of IM as practised today, which appear invariably to be forms of what may be called the Assimilation Model/AM under which, one of the two medicines, Bm, could be said to be the dominant and CCM, the junior partner. It is obvious that there can be no integration at the level of their respective metaphysical/ontological cores. However, is there a way, in spite of the obvious differences at both the philosophical as well as the methodological levels, to construct a more equal rather than a less equal partnership between *zhongyi* as CCM, on the one hand, and Bm on the other? To be able to do so, one must abandon Essentialism of Method which, historically, since the latter half of the nineteenth century, has always privileged Western Science/Medicine as well as Western philosophy over Chinese *science/medicine/philosophy*. One such limited proposal is put forward for consideration which, however, at the same time, argues that such a development and evolution should not be allowed to undermine the existence and survival as well as the development of CCM as it itself sees fit, as the identity of CCM is distinct from the project of IM as TCM–they are different beasts, so to speak, altogether.

Chapter Twelve Conclusion

This gives a brief summary in ten points of the main themes of the preceding chapters.

Appendix One The *Neijing*: Date and Authorship

The dating of the *Neijing* is of importance given that it has been a, if not, the foundational text of CCM down the millennia up to the present.

Different traditions of scholarship have dated it differently. Up till the 1960s, scholars had relied mainly on textual evidence; but since 1963, artefacts have been found, such as stone, bronze, and silver acupuncture needles; their discovery enables scholars to infer an earlier date for some of the contents and concepts of the *Neijing*. They also permit them to argue against the view that it is (in the main) a Han text *simpliciter*. One needs to distinguish between the concepts/content embodied in the text from the emergence of the text as a mature text–part of the former could have long pre-dated the Han dynasty.

Appendix Two De-mystifying Zhang Zhongjing

The 《伤寒论》/*Shanghanlun* is considered by CCM to be a text only secondary in importance to the *Neijing*. Yet there is the view held in some sinological quarters that the revolutionary ideas of Zhang Zhongjing were neglected for nearly a thousand years. This appendix demonstrates that such a conception of the history of CCM is mistaken.

Appendix Three The Fallacy of Misplaced Analysis

This continues to challenge the view held within a certain sinological tradition that the *Neijing* is basically (though perhaps not wholly) a reflection of the body politics of the Han dynasty writ large. This kind of mistaken conception has the unfortunate consequence of deflecting attention from any serious effort to understand what the *medicine* (CCM) really is, a *medicine*, whose aim is to enable the successful diagnosis and treatment of illnesses, afflicting the person-body. It is not really a text about the Han polity in disguise; nor would it be heuristically fruitful to regard it as such from the *medical* standpoint.

Appendix Four De-mystifying the Legend of Bian Que

It is important to try to cut through the legends surrounding Bian Que and his life in order to appreciate the key role played by *Preventive Medicine* in CCM. This, therefore, should be read in conjunction with Chapter Five.

Appendices One to Four deal with some issues in the history of CCM, with the aim of preventing misconceptions of the nature of CCM, through misunderstanding these historical issues and problems. They have not been explored for their own sake as the history of CCM.

Conclusion

This is the single most important message which this author would like to end with: one should not use the criteria for judging dogs in a dog show to judge cats in a cat show. Such an attempt would be silly and incoherent. Bm (in the main, a Newtonian science) should be judged in terms of its own standard of scientificity, and CCM (primarily, in a manner of speaking, a post-Newtonian, Ecosystem *Science*), too, in turn, in terms of its own standard of *scientificity*. CCM is, analogously, not a dog but a cat. Dogs bark and cats miaow–so please do not condemn cats as beasts inferior to dogs, just because cats only miaow and cannot bark. *Mutatis mutandis*, neither should CCM judge Bm as sub-standard just because dogs do not miaow but bark. However, one should also point out that some of the newest domains of development in Bm, such as Psychosomatic Medicine and Personalized/Precision Medicine, exhibit characteristics, just as Epidemiology did in the nineteenth and twentieth centuries, which approximate to the model of CCM as Ecosystem *Science*. Up to now, Epidemiology has been regarded as the Cinderella of Bm (Lee 2012b, Chapter Twelve); but perhaps, it will soon come within the pale, as recently, more domains have appeared to join it, in exploring a different model of medical theorising and reasoning.

An entailment of this message should also be spelt out, namely, that Essentialism of Method should be avoided at all costs by grasping that every medicine has its own metaphysical/ontological core which, in turn, entails its own methodological procedures in understanding, diagnosing and treating diseases/illnesses.

Some *caveats* should also be entered. First, it is not the aim *per se* of this volume to do Comparative Medicine (from the philosophical point of view). Given that its specific aim is to render CCM intelligible to those outside the tradition, especially to those who are, in the main, familiar only with Bm, and in this sense to give CCM a "fair hearing", it is inevitable that the author would have occasion to stray, to some extent, into the domain of Comparative Medicine.

Second, this is not *per se* a sinological work as its aim is very different. Furthermore, this author has no professional qualification in the field. Given the nature of the project undertaken in this trilogy, it is inevitable that the author would have occasion to stray into such a domain.

Lee 2017a, as well as this volume, consistently uses "wholism"/ "Wholism"/"*Wholism*" instead of the more usual "holism". It is to make it obvious that the reference is actually to a whole made up of parts, which

may or may not be different from and/or more than the sum of its parts. While "whole" is used reductively, "Whole" or "*Whole*" is not.

Unless otherwise stated, passages from the Chinese are rendered into English (though often not literally translated) by this author.

CHAPTER TWO

THE *JINGLUO*/经络 NETWORK

Introduction

Lee 2017a deliberately left aside the notion of the *Jingluo*, but this volume must now explore this in detail, for the following reasons.

1. Any adequate and appropriate examination of this concept presupposes an adequate and appropriate grasp of that cluster of core theoretical concepts in that tradition of Chinese *philosophy*/*science* resting on the *Daojia* tradition as explored in Lee 2017a:

(a) *Qi,* the fundamental ontological category (Chapter Three);
(b) Process-ontology (Chapter Eight);
(c) Non-linear causal modality (Chapter Eleven);
(d) *Wholism* in its various manifestations in CCM (Chapters Six, Seven and Ten).

They constitute a specific articulation of Chinese *science* which is Ecosystem *Science*.

2. The *Jingluo* concept is the interface *par excellence* between Chinese *philosophy*/cosmology, on the one hand, and Chinese *science* in the guise of CCM, on the other. This is to say, that it is the concept in which theory and practice significantly meet and are entwined as theory-practice.

3. As such, it raises methodological issues, of which the principal related ones are: is such a theoretical concept capable of empirical testing? Does it exist and if so in what manner/sense of existence? Does it have discoverable or discernible manifestations? Can these manifestations be objectively demonstrated (or at least inter-subjectively ascertainable), not simply subjectively felt by the patient?

4. It is crucially important to address the set of issues identified above for at least three reasons:

(a) Their investigation may give us a clue as to how to understand the notion of first formulating and then testing hypotheses in general in CCM. (The former aspect will be explored in detail in Chapter Three, while the latter will be looked at later in this chapter).
(b) If the *Jingluo* cannot be said to be determinable and ascertainable in some meaningful sense(s) of these two terms, then CCM cannot qualify to be "scientific" in the most basic sense of that term. By this is meant that its theoretical concepts must be capable of being empirically ascertainable under certain conditions via the consequences they entail.
(c) The *Jingluo* is often referred to as the *Jingmai*/经脉; this is highly significant as it shows that feeling the *mai*/脉, which is one of the four important techniques used by the physician in diagnosing a patient's condition, involves ascertaining *Qixue*/气血 (*Qi* and blood), the former coursing through the *Jingluo*. (On this latter point, see Chapter Eight for further discussion.) Sometimes, it is thought, but mistakenly, that the *Jingluo* is peculiar to acupuncture and not relevant to internal medication or the other treatments. On the contrary, the concept of the *Jingluo* is embedded crucially in all the therapies of CCM, whether acupuncture/*zhenfa*/针法, moxibustion/*jiuliao*/灸疗, massage/*tuina*/推拿, deep breathing/*qigong*/气功, or internal medication via the decoction of herbs and other medicinals/*caoyao*/草药.[1] (Chapter Eight also looks at the relationship between *Jingluo* and *fang*, when it gives examples of how a specific prescription/*fang* is drawn up by the physician and how the medicinals in it are expected to work on the patient via the *Jingluo* network.) If the *Jingluo* cannot be authenticated at (b) above, then the status of the whole of CCM could be said to be jeopardized in terms of any claim it wants to make as a "scientific" *medicine*.

[1] Not all medicinals in a prescription are herbs, as some may be animal parts or minerals, although the majority are plants. It is customary to refer to them collectively as *caoyao*/herbals.

History: a brief outline

The term, *Jingluo*, first appeared in the *Neijing* (which contains two parts, 《素问》/the *Suwen* and 《灵枢》/the *Lingshu* (see Appendix One), with more than sixty passages referring to it. In sinological literature, the term *jing* is translated as either "channels" or "meridians" (the term *luo* as "collaterals"). Neither attempt is really satisfactory: the former makes it sound like a system of irrigation canals; the latter lacks physical connotations, as meridians (longitude and latitude) constitute a grid imposed by us upon the Earth simply to facilitate our purpose of identifying locations. *Jing* in Chinese means "warp", the warp in weaving silk, the vertical threads on a loom running the entire length of the fabric.[2] *Luo* literally means "net-like", but in the discourse of the *Jingluo*, it means a branch of the *jing*, a small *jing*. It is best to refer to it as "the *Jingluo* network".

Two further observations must immediately be made. What does this network do in the human individual? In CCM terms, it is said to carry *Qixue* to the *yin* visceral organs and the *yang* visceral organs which, together, make up the *Yinyang* visceral organ-systems/脏腑/*Zangfu*, to keep them functioning properly. To modern ears, attuned to the Bm worldview, this is extremely problematic, as *xue* is blood but *qi* is *Qi*-in-dissipating mode[3] in this context, not *Qi*-in-concentrating mode, which is Matter, something visible and touchable, such as blood. Blood, though, can only course smoothly in the person-body when propelled, so to speak, by *Qi*-in-dissipating mode. The *Jingluo* is about *Qi*-in-dissipating mode in the human being, in accordance with the concept of *Tianren-xiangying*/应/Macro-Micro-cosmic *Wholism*.[4] If *Qi*-in-dissipating mode occurs in greater Nature (the Macrocosm), then it must also be present in the human being (the Microcosm). If the *Jingluo* is about the circulation of *Qi* in the human individual, then it also follows from the concept of *Tianren-xiangying* that it is an open system, connected with both 天气/*Tianqi* (*qi* of Heaven which is *yang*) and 地气/*Diqi* (*qi* of Earth which is *yin*) from which it

[2] See Lee 2008, 237-239 for a discussion.

[3] Note that Chinese *medical* texts do not distinguish explicitly between *Qi*-in-dissipating mode and *Qi*-in-concentrating mode; the author has borrowed the distinction from the *Zhuangzi* (see Lee 2017a, Chapter Three) in order to clarify matters.

[4] It comes from the Daoist *philosophical/Daojia*/道家 concept of Humankind following *Ziran*/自然/"Nature" (set out in detail in Lee 2017a, Chapters Two, Four, Five, Seven, and Ten). It also appears as *Tianren-heyi*/天人合一.

draws sustenance. Humans and greater Nature form a *Whole*, which constitutes Ecosystem *Wholism* (see Lee 2017a, Chapter Ten).

Lee 2017a, Chapter Three shows that *Qi*-in-concentrating mode belongs to *xingerxia*/形而下, while *Qi*-in-dissipating mode belongs to *xingershang*/形而上. The latter may be translated in some, though not all, contexts as "energy". At this juncture, there is no need to go over the same points again, except to add a few remarks to those made in Chapters Four and Five about the commonly made triple distinction between (the) Dao/道, *xing*/形, and *qi*/器. The Dao, *ex hypothesi* (see later section), as a non-empirical construct, is invisible, untouchable, and so on. *Xing* may be divided into two sub-categories:

(a) That which is both touchable and visible/有质有形, something with substance, paradigmatically, a thing (a macro-sized object celebrated in the Newtonian sciences, which is the basis of thing-ontology). This refers to *Qi*-in-concentrating mode.
(b) That which is visible but not touchable, such as the reflection of the moon on water, or in a mirror.

What then is *Qi*-in-dissipating mode? It looks, at first sight, like the Dao and is, *ex hypothesi*, neither visible nor touchable. If so, how can we reconcile such a status as a totally non-empirical construct with many other features it seems to have, such as that Chinese *medical* discourse happily talks about *Qi* and *xue* in the same breath and, on the whole, is loath to separate them, yet it recognises all the same that they are not one and the same. This becomes clear, especially, in the context of acupuncture as therapy (though not necessarily as theoretical discourse) when *Qi*-in-dissipating mode is involved. For instance, when a needle is inserted at a particular point/*xuewei*/穴位, the patient reports that s/he feels a certain sensation, such as *suan*/酸/sore and achy, *ma*/麻/numb, *zhang*/胀/distended or bloated, or *zhong*/重/heavy. This is *deqi*/得气 which shows that the needling has achieved its desired reaction.[5] As a non-empirical concept, it seems all the same able to produce effects through needling, which are not obviously hallucinatory on the part of the therapist and/or the patient. Also, if *Qi* could be separated out from blood in the context of acupuncture, then it is obviously not carried in the blood stream as *Qixue.* CCM claims it is carried by the *Jingluo* network. Yet what evidence is there that such a network exists in us? These are some puzzling issues,

[5] *See Zhang Weibo 2010.

which the exploration, in this chapter, hopes to throw light upon and even perhaps to solve.

The Chinese had been looking for the *Jingluo* network for a long time. In the Eastern Han dynasty, an uprising occurred, led by a usurper to the throne called Wang Mang/王莽 (45 BCE-23 CE) who, upon killing an enemy called Wang Sunqing/王孙庆, ordered his corpse to be dissected. He could have had many motives for doing so; a more intellectually respectable one was to see if the *Jingluo* could be found as indicated in the *Neijing*. The forensic investigators of the time introduced bamboo strips into the blood vessels/血管, but then concluded that the blood vessels were not the same as the *Jingluo*. This dissection was the first recorded event in Chinese history looking for the elusive *Jingluo* network. The Chinese realised that dissecting cadavers would not reveal it. *Qi*-in-dissipating mode, *ex hypothesi*, is something which is only possessed by living beings, not the dead. The ancient Chinese lacked sophisticated measuring instruments but since the twentieth century, Bm has invented many. So some Chinese and non-Chinese investigators have since employed high-powered instruments relying on technologies using sound and light as well as isotopes to probe, but all without an adequately satisfactory outcome. So must one conclude that the *Jingluo* network does not exist after all, and that the *Neijing* is incorrect in claiming that it is not an empty term referring to nothing?

Before continuing with this line of inquiry, let us back-track a little to give a very brief account of the number of *jing* that the human person is said to possess by the *Neijing*. There are twelve main *jing*, also called the *Zhengjing*/正经; these are divided into three *yang jing* and three *yin jing* which, in turn, are divided into the hand/upper limb *yin* and *yang jing* and the foot/lower limb *yin* and *yang jing* (see Table 2.1).

***Yin jing* of the hand**	***Yang jing* of the hand**
手太阴肺经/*taiyin* **Lung**	手阳明大肠经/*yangming* **Large Intestines**
手厥阴心包经/*jueyin* **Pericardium**	手少阳三焦经/*shaoyang* ***Sanjiao*/Triple Burners**
手少阴心经/*shaoyin* **Heart**	手太阳小肠经/*taiyang* **Small Intestines**
***Yin jing* of the foot**	***Yang jing* of the foot**
足太阴脾经/*taiyin* **Spleen**	足阳明胃经/*yangming* **Stomach**
足厥阴肝经/*jueyin* **Liver**	足少阳胆经/*shaoyang* **Gallbladder**
足少阴肾经/*shaoyin* **Kidney**	足太阳膀胱经/*taiyang* **Bladder**

Table 2.1: The twelve *Zhengjing* and their associated *Zangfu*