A Review of the Ancient Concepts of Chinese Medicine

Abstract

In Chinese medicine the *Huang Di Nei Jing* 黃帝內經 (Yellow Emperor’s Inner Classic) is considered to be the classic text with the highest authority. The authors of this article believe that some of the concepts in the *Nei Jing*內經 (Inner Classic) have been mistranslated and misinterpreted. As a result, Chinese medicine has been labelled and widely accepted as an ‘energy-based’ medicine. There is enough evidence to present a different point of view. It is time for a re-evaluation of the ancient concepts of Chinese medicine. We believe that the metaphysical energy model needs to be replaced by a bio-physiological understanding in order for Chinese medicine to be integrated into the healthcare systems of today. This article supports this argument, which has gained strong momentum in the Chinese medicine profession due to a multitude of publications in recent years that have successfully exposed the history and shortcomings of the energy model, as well as offering an alternative perspective.

By: Robert K. Doane, Xavier Fricker & Marcus Gadau

Keywords: Qi, jingmai, mistranslation, evidence based medicine, acupuncture, Soulié De Morant, energy, meridian, TCM, Chinese medicine, Huang Di Nei Jing.

The *Huang Di Nei Jing* - a major paradigm shift in the evolution of Chinese medicine

The *Huang Di Nei Jing* 黃帝內經 (Yellow Emperor’s Inner Classic) revolutionised the concepts of health, illness and the human body in ancient China. Many different ideologies and schools of thought have developed thereafter within the scope of Chinese medicine. For the purpose of this article’s argument the authors will only discuss ideas that stem directly from the *Nei Jing*內經 (Inner Classic).

The ideas expressed in this classic text were based on observable phenomena in nature. At the time the *Nei Jing* was written, the Chinese recognised that the natural world was governed by laws and patterns, and that human life followed those same patterns. The authors started to distance themselves from a worldview where demons, deities, ill-meaning ancestors and ghosts were the cause of disease. Suddenly, humans were in charge of their own health, and disease was seen to originate from external climatic influences, lifestyle as well as one’s emotions. According to Donald Harper,

‘Another explanation of illness emerged in tandem with the formulation of physiological theories. By the third century B.C., ideas concerning the mai 脈 (vessels) filled with blood and qi 氣 (vapour) inside the body dominated physiological speculation; one definition of health was the maintenance of a constant supply of free-flowing blood and vapour in the vessels.’

Mai - the rivers of the body

Ancient Chinese sages observed the natural world, the macrocosm, and applied their observations to the human body, the microcosm. Rivers in the natural world became the mai 脈 in the human body:

‘We are looking at the body as a series of rivers (“blood vessels in the body”). The main longitudinal ones are identifiable as the jingmai 經脈, all the netting that branches out to the side, are the luomai 網脈.’

The luomai 網脈 further branch into their smallest entity, the sunmai 孫脈. The ancient Chinese physicians had a remarkable understanding of the blood circulation. The course of the mai described in the *Nei Jing* does not completely match the modern vascular system, nor is there indisputable evidence that the authors of the *Nei Jing* had exactly the same understanding of the vascular system as we do now. However, one can clearly see that a real physical cardiovascular system was described. *Su Wen* 素問 (Plain Questions) 17, for example, states: ‘心之合脈也’ (‘The heart merges/unites with the mai/vessels’), and ‘大脈者血者府也’ (‘The mai/vessels are the fu/palace of the blood’). *Ling Shu* 章樞 (Divine Pivot) Chapter 10 states ‘經脈者，常不可見也，… 脈之見者，皆絡脈也’ (‘The conduit vessels are usually invisible … All the vessels that can be seen are network vessels’). The authors believe that in modern medical terms the jingmai could most accurately be described as a synthesis of the larger arteries and veins, fascia and their accompanying nerves. Furthermore, the luomai
and sunma would hence consist of smaller arteries, arterioles, capillaries, venules and superficial veins.

The Nei Jing was written to provide a body of physiologically-based medical knowledge for physicians, and did not refer to an ‘energy’ medicine.

A medicine of flesh and blood
According to Professor Schnorrenberger, founder of the German Research Institute of Chinese Medicine, the earliest reference for medical dissections of human cadavers is found in the *Han Shu* (History of the Han):

‘The Imperial physician, master herbalist, and a skilful butcher together disemboweled and flayed him, measured his five organs, and with fine bamboo poles, the length of his blood vessels, to know where they begin and end, so that a person can use this [knowledge] to heal illness.’

Dissection was also mentioned in *Ling Shu* Chapter 12: ‘其死可解剖而視之’ (‘Once he has died, he may be dissected to observe his [interior appearance]’). Even more noteworthy is *Ling Shu* Chapter 31, where Bo Gao gives a mostly accurate anatomical and morphological description of the size and length of the gastrointestinal tract and its main organs. A more recent publication further confirms the point of view that acupuncture is based on actual human anatomy and not an ‘energetic’ body. Shaw et al. stated:

‘The preliminary results presented ... indicate that specific acupuncture point names clearly correlate with specific anatomical features. This correlation supports the hypothesis that acupuncture is based on anatomical investigation of the material qualities of the human body.’

In another study, Shaw finds that ‘dissections clearly show that the Chōng meridian correlates to certain main blood vessels in the body, in particular the vena cava.’ The discussions about blood found in the Nei Jing are equally remarkable. Over one millennium before Harvey (the discoverer of the circulation of blood) and Malpighi (the discoverer of capillaries), Chinese physicians had an understanding, not only of blood circulation, but also of blood itself. They for instance recognised different kinds of blood:

‘Blood which spurts forth, what is it? Blood which is diminished, dark and turbid, what is it? Blood which comes out and is a clear fluid, what is it?’

It is obvious in hindsight that these three descriptions involve arterial and venous blood and plasma, respectively.

We agree that there is room for discussion about the most philologically accurate translations of Chinese medical terms into English. However, based on the examples provided in the previous paragraphs we are of the opinion that the Nei Jing was written to provide a body of physiologically-based medical knowledge for physicians, and did not refer to an ‘energy’ medicine.

The misconception of qi
Based on the evidence presented, we believe that the original medicine of the Nei Jing has very little resemblance with the medical knowledge taught in China and the West today. Chinese Medicine is a scientific medicine based on observations of actual phenomena in nature, which are reflected in the tangible manifestation of the physical body. The Nei Jing is not talking about an energetic body. It is incorrect to translate qi as ‘energy’. As one of the world’s foremost experts on the Nei Jing, Paul Unschuld, writes:

‘In the absence of a conceptual English equivalent, qi 脈 is one of the very few Chinese terms we have chosen to transliterate rather than to translate. It should be noted that the interpretation of qi 脈 as ‘energy’, so widespread in TCM literature today, lacks any historical basis.’

Schnorrenberger indicates that qi ‘is certainly not equivalent to the Western term energy.’ The traditional character for qi 脈 does not appear in any archaic inscriptions, nor the earliest written texts. The so-called simplified character for qi 脈 actually appeared earlier than the traditional one. The *Shuo Wen Jie Zi* 説文解字, an etymological dictionary published in the 2nd century CE, describes its meaning as ‘vapour forming clouds’. As a concept, qi evolved continuously throughout history. Depending on the context, qi can have many different meanings and translations, including air, vapour, breath, manner, countenance, function or functional activity. Energy, coming from the Greek words en- (in, within) and ergon (work), is not one of them. If we cannot agree on how to translate qi, then maybe qi - just like yin and yang - is a term that should not be translated.

Schnorrenberger indicates that qi ‘is certainly not equivalent to the Western term energy.’ The traditional character for qi 脈 does not appear in any archaic inscriptions, nor the earliest written texts. The so-called simplified character for qi 脈 actually appeared earlier than the traditional one. The *Shuo Wen Jie Zi* 説文解字, an etymological dictionary published in the 2nd century CE, describes its meaning as ‘vapour forming clouds’. As a concept, qi evolved continuously throughout history. Depending on the context, qi can have many different meanings and translations, including air, vapour, breath, manner, countenance, function or functional activity. Energy, coming from the Greek words en- (in, within) and ergon (work), is not one of them. If we cannot agree on how to translate qi, then maybe qi - just like yin and yang - is a term that should not be translated.
The popularisation of a misconception

There are perhaps too few who know how the idea that ‘qi means energy’ was popularised in the West, so allow us to briefly introduce it here. George Soulié de Morant, whose real name was George Soulié (1878-1955), was a major contributor to the popularisation of this misconception less than a century ago. He believed that the concept of qi came from the Indian ‘prāṇa’, propagated in China through the introduction of Buddhism.11 De Morant made two grievous errors. He translated the term qi, ‘for lack of a better word’12 into ‘energy’ and the term ‘jing’ into ‘meridian’. In his book Chinese Acupuncture Soulié de Morrant identified the jing as ‘lines of points in which energy flows’, called acupuncture ‘the science of commanding vital energy’ and further wrote that ‘this science investigates the existence of an additional circulatory system having no relation to the nervous, circulatory or lymphatic systems’.13

Soulié de Morant - a fraud

Soulié de Morant, surrounded by a group of doctors, contributed to popularising acupuncture in France. In the beginning, de Morant acted only as a translator of Chinese medical texts, whilst his colleague Ferreyrolles was the first to use the knowledge in a clinical setting at the hospital Bichat in Paris, and another doctor Bonnet-Lemaire was the first to publish a book about acupuncture in 1933.14 In 1935, Soulié de Morant opened a successful practice of his own in Paris, treating Paris’ literary and artistic bourgeoisie.15 While we can not deny his contribution to the propagation of Chinese medicine in Europe, most of his recounts about his time in China turned out to be bold lies.16 He more than once claimed to have received a diploma in Chinese medicine acknowledging him as an acupuncturist by Chinese law. No record of this diploma has ever been found.17

Furthermore, Soulié de Morant was harshly criticised by his contemporaries in France. Nguyen Van Nah claimed that, ‘Soulié de Morant, who did not hesitate to publish drawings of the Tchen tsiou ta tchereng [Zhen Jiu Da Cheng] in his book, did certainly not read this ancient book. Otherwise, he would have noticed that the order of the points in the Tchen tsiou ta tchereng is the same as the order of the school of Sugiyama, with which he disagreed.’18 Soulié de Morant maintained that the Zhen Jiu Da Cheng 針灸大成 was one of his primary sources. The president of the French Société d’Acupuncture, Charles Flandin, said ‘I admit that, like my friend Marcel Lavergne, I have a certain skepticism against this magnificent theory [pulse taking theory according to Soulié de Morant]. Indeed, having had my pulse taken by some great experts, I have, within fifteen minutes, obtained very different results.’19 In 1952 the treasurer of the acupuncture society even publicly proclaimed ‘that all the ideas put forward by Soulié de Morant are to be re-examined.’20

The zeitgeist of the time

One must understand that in France, metaphysics, occultism and neo-hippocratism were the general intellectual and cultural climate of de Morant’s time.21 Soulié de Morant certainly was an adherent of that movement, counting many writers, artists, and intellectuals among his friends. According to an article written by de La Fuÿe published in Revue Internationale d’Acupuncture in 1951, de Morant claimed that ‘there were acupuncture points enabling or promoting clairvoyance and mediumship’,22 or that needling Zhubin KI-9 assures ‘purity of race removing disturbing heredity factors.’23 In his book Confessions, de Morant later asked himself, ‘Am I a sorcerer?’24

If we cannot agree on how to translate qi, then maybe qi - just like yin and yang - is a term that should not be translated.

A much-needed re-evaluation of Chinese medicine

The conflict between Soulié de Morant and some of his contemporaries, all medical doctors, echoes an ongoing intellectual debate between adherents of Chinese medicine and science. However, advancements in modern science are increasingly providing explanations for some of the processes described by Chinese medicine. Kendall writes in the Dao of Chinese Medicine:

‘Why does anyone care whether Chinese anatomy and physiology are explained as energy flowing through meridians, or by the circulation of blood, nutrients, other vital substances, and vital air (qi) through the vascular system? The answer to that lies in the moral obligation of every practitioner to provide each patient with the latest medical understanding available. The need to continually search for the truth is the most fundamental principle of science and medicine. If the functioning of the human body cannot be understood under normal physiological conditions, then there is little hope of knowing how to treat it when disease conditions exist.’25

To conclude, the evidence presented in this article has shown that many of the modern concepts about Chinese medicine are erroneous. For Chinese medicine to further spread and gain in popularity in today’s era of evidence-based medicine (EBM),26 the dialogue must shift from inaccurate and irrational metaphysics to concepts based on modern day understanding of physiology.

Robert Doane holds a Masters of Oriental Medicine degree in Chinese Medicine and is licensed to practise acupuncture in the State of Washington. He is board-certified in both Acupuncture and Chinese Herbal Medicine. Robert and his wife, Anne, started the Acupuncture & Wellness Center, P.S. in Poulsbo in 1998. The clinic rapidly grew...
and became the largest private Chinese medical clinic in the United States. His two famous brands DNA™ (Distal Needling Acupuncture) and MPD™ (Medical Pulse Diagnosis) are now taught in over 30 countries and have become well-respected in the field of Chinese Medicine worldwide. Robert also has a Bachelor’s Degree in Physics from the University of Washington. He is a Fellow of the American Academy of Pain Management and has lectured extensively on health throughout Europe, the United States, Australia and India. Mr. Doane spent 10 years of his life as a meditative monastic and initiated over 2000 people in America and India in the art of deep meditation.

Dr. Marcus Gadau completed his undergraduate degree in Integrative Medicine at China’s most prestigious TCM University - Beijing University Of Chinese Medicine in Chinese language. He graduated with a Bachelor degree of 1st class honors and a medical degree. He then continued to undertake his Ph.D. studies in Evidenced Based Chinese Medicine clinical research at the renowned Hong Kong Baptist University. He has published studies in various well-respected journals and is currently running a very successful Chinese medicine clinic and a cooperate health company in Munich, Germany. Marcus has a strong passion for medical aid programmes, especially for those supporting underprivileged regions in Asia.

Xavier Fricker is from Luxembourg and spent seven years in China studying Mandarin and Chinese medicine. He currently works for Language Service Provider RWS Group while preparing to get his TCM license in Basel, Switzerland.

Correspondence should be addressed to info@doane.us.

References
4 Ban, G., Ban, Z. & Ban, B., (111 CE). Book of Han
12 Ibid.
13 Ibid.
15 Ibid.
16 Ibid.
17 Ibid.