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Chinese Medicine in Transformation: Learning, Practice, and the Participation of Ordinary

People in Contemporary Chinese Society

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Abstract

This study focuses on ordinary people's study and practice of Chinese medicine and how this plays out in their daily life.

In contemporary China, Chinese medicine, which is often regarded as mysterious and difficult to comprehend, is not confined to medical institutions or only within the realm of professional expertise, but is experiencing a particular kind of transformation whereby ordinary people can be found to be participating in multiple and individualized ways. While extant research on Chinese medicine in sociology and anthropology has tended to place more importance on how Chinese medicine is practiced in medical settings as a professional expertise (Farquhar, 1994), this new phase of the phenomenon has not attracted much academic attention. What my observations suggest is that there are shifts regarding the consciousness of people in China regarding the management of their health as this relates to new flows of information as well as changes in people's attitudes towards medical practices and institutions of Chinese medicine, all of which can be attributed and found within these new practices.

To better understand this new phenomenon, I attempt to answer the following research questions: How and why do lay people learn and practice Chinese medicine in their everyday life? How should we understand their study and practice? With a growing number of ordinary people participating in Chinese medicine as learners and practitioners, how is Chinese medicine is transmitted, interpreted, and practiced beyond the realm of medical institutions?

I firstly examined how people, many of whom could be categorized as Chinese medicine amateurs, study Chinese medicine and practice it on a variety of illness. I document an online

course with students who construct an online ‘clinic’ and then discuss three informants’ cases respectively. Then I turn my focus to those who are not passionate, interested, or knowledgeable enough to practice Chinese medicine frequently in order to show how Chinese medicine figures into their lives as well. I also examine medical institutions including TCM hospitals and colleges, aiming to find the reason why people choose to practice self-care instead of visiting qualified doctors.

I understand how ordinary people learn and practice Chinese medicine from three aspects. Firstly, Chinese medicine as a body of knowledge is in an unprecedented state of transmission as it is now very much in circulation beyond medical institutions and permeating people’s everyday lives. Secondly, practice is an essential component of their self-care as well as the most indispensable part of their interest in and study of Chinese medicine. Thirdly, practice always involves their own efforts to interpret and rationalize the formulas applied, considerations of efficacy, the status of their health and illness, etc., with the participant as an interpretative agent as well as his/her own authority who reproduces the knowledge. Their study and practice also suggest that there are now new styles of knowing which are contextualized in their everyday lives. Ordinary people’s knowing practice shows how Chinese medicine knowledge is presented, shaped, utilized differently with the connotations and forms of practice varying to a great extent when it flows beyond the realm of medical institutions and can be accessed by non-professionals.

As practice is essential for their study and self-care, numerous medical encounters are created by ordinary people constantly. They can be understood as prosumers, who produce and

consume health issues in their daily life with the boundaries between production and consumption having blurred. Their prosumption of health issues is largely constituted by their own interpretations of Chinese medicine, health, and illness. Medical prosumption challenges some taken-for-granted aspects of medicine. As they are already practicing Chinese medicine on themselves and even other people on a daily basis outside institutions, we can refer to them as neither expert nor lay people but perhaps they can be seen as actively engaging in prosumption which lends them some level of agency that differs from the previous depictions of patients as merely consumers who are largely passive. Meanwhile, practice in Chinese medicine could be operated as a style of prosumption where a duality of the body emerges – who is looking at the illness from the perspective of Chinese medicine, is also whom is being looked at.

I attribute their dissatisfaction to the problematic TCM and understand their study and practice of Chinese medicine as part of the transformation of Chinese medicine. As Chinese medicine is rendered more scientific in TCM education and in hospitals, a gap between practical clinical work and institutionalized education, as well as laboratory research inevitably leads to their Chinese medicine skills and services to deteriorate and patients becoming unsatisfied. Under a historical context, this gap could be understood as an inevitable result of the transformation of Chinese medicine which has begun 100 years ago when it had to scientize and institutionalize itself. From this perspective, I view the study and practice of ordinary people as a resort to take upon themselves the pursuit of authentic Chinese medicine care, when “nostalgia for a ‘pure’ Chinese medicine of practical clinical work (Farquhar, 1994, p. 19)” has

long been left behind in TCM institutions.

In the past 100 years, Chinese medicine has been transforming with the state and practitioners playing a major role. However, at each stage, ordinary people as patients, are not viewed as involved. They disappear from the transformation in which they are deeply relevant to. My fieldwork leads me to consider whether ordinary people's study and practice could be or deserves to be included in our understanding of what constitutes Chinese medicine, and to be situated in the plurality and synthesis of Chinese medicine. I argue that their study and interpretations of the knowledge and numerous practices beyond medical institutions, though still limited to a small population, are remaking Chinese medicine.

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Chapter 1 Introduction

1.1 Chinese Medicine Beyond Medical Institutions

On a Wednesday night in 2016, my phone started to vibrate. Hundreds of messages were showing up in an online group, one that consists of 325 lay people who learn Chinese medicine online. The group was created on WeChat, the most popular messaging and social media app in China with over 1 billion users. The discussion revolved around a post for help from a mother who used the screen name TiTi. Her 13-year-old daughter had severe stomach ache after dinner. TiTi wanted to use a herbal formula called *xiaojianzhong tang* (Minor Construct the Middle Decoction 小建中汤) but was not sure if it was suitable. After providing the details of her daughter's symptoms, at least 30 students joined the discussion and gave their opinions. The main point of contention was whether the yellow coating on the girl's tongue called for another formula, *xiaochaihu tang* (Minor Bupleurum Decoction 小柴胡汤). Meanwhile, TiTi's daughter was crying in pain and remained unmedicated. After about 15 minutes, TiTi made her decision, wrote down a recommended formula on a piece of paper, and drove to the pharmacy. Similar discussions and practices happen frequently in the group.

This is only one of the seven online courses I joined in my fieldwork for this research project. In recent years, I observed a growing number of lay people who started to learn and practice Chinese medicine in their daily life in China. Some of them paid tuition and enroll in online courses to learn Chinese medicine classics written in ancient China, whereas others

accumulated knowledge and useful tips from a variety sources such as TV programs, Weibo¹, and Tiktok. They not only study and immerse themselves with an increasingly accessible form of knowledge, but also practice Chinese medicine on themselves and people close to them such as family members and friends.

Figure 1 *some online groups on Chinese medicine I joined*



Meanwhile, the State itself is also promoting this new trend. In 2016, the State Council issued the <Traditional Chinese Medicine Development Guideline 2016-2030>, in which the government announced that it would help TCM (Traditional Chinese Medicine) “go into schools, communities, villages, and families” so the whole society could nurture an atmosphere to “trust TCM, love TCM, use TCM”. Walking on the streets in the cities where I conducted my fieldwork, it was common to see posters promoting Chinese medicine on billboards, which were set up by the local government. On these posters, health and nutrition tips based on Chinese medicine theories were illustrated in pictures or doggerels. In September 2017, all the

¹ an online social media in China

primary schools in Zhejiang province added a compulsory course called “Chinese Medicine and Health” to the fifth-grade curriculum, including designated textbooks. What these observations indicate was that instead of being confined to medical institutions, Chinese medicine as a body of knowledge has been increasingly permeating people’s everyday lives.

Besides, the regulations on the use of herbal medicine are loose and hundreds of different varieties of herbal medicine can be bought over the counter at pharmacies or from online websites, which makes people’s practice not just possible but also convenient and accessible.

Therefore, in contemporary China, Chinese medicine, which has more than two thousand years of history and is often regarded as mysterious and difficult to comprehend, is not confined in medical institutions or only within the realm of professional expertise, but is experiencing a particular kind of transformation whereby ordinary people can be found to be participating in multiple and individualized ways. While extant research on Chinese medicine in sociology and anthropology has tended to place more importance on how Chinese medicine is practiced in medical settings as a professional expertise, this new phase of the phenomenon has not attracted enough academic attention. What my observations suggest is that there are shifts regarding the consciousness of people in China regarding the management of their health as this relates to new flows of information as well as changes in people’s attitudes towards medical practices and institutions of Chinese medicine, all of which can be attributed and found within these new practices.

To ascertain the actual reasons and to better understand this new phenomenon, the following questions attempt to further explore these emergent practices: How and why do lay

people learn and practice Chinese medicine in their everyday life? How should we understand their study and practice? With a growing number of ordinary people participating in Chinese medicine as learners and practitioners, how is Chinese medicine transmitted, interpreted, and practiced beyond the realm of medical institutions? To answer these questions, in my fieldwork, I focus on ordinary people's study and practice of Chinese medicine and how this plays out in their everyday lives.

1.2 Chinese Medicine and Traditional Chinese medicine (TCM)

It is necessary to differentiate the term Chinese medicine from Traditional Chinese medicine (TCM) at the beginning of my thesis. Chinese medicine has more than two thousand years of history. In ancient China, it was mainly practiced in private clinics and transmitted through a master-apprentice system or self-study. But this tradition was gradually institutionalized into traditional Chinese medicine (TCM) in the 20th century especially after the establishment of PRC in 1949. Its theories, practices, and pedagogy, were standardized and officially institutionalized, with hospitals becoming the major places to practice it and public schools and colleges the main places to transmit it (Lei, 2014; Scheid & Lei, 2014).

For these differences, many researchers “draw a line between Chinese medicine before and after 1949 or between Chinese medicine and TCM (Scheid, 2002, p65).” But it is worth mentioning that the transformation from Chinese medicine to TCM is not realized in a short time and it did not only emerge beginning from 1949. We can find many changes initiated in the Republican era (1912-1949) and some could be traced back to the late imperial era. For

example, confronted with the crisis of being abolished by the state, Chinese medicine practitioners organized a series of protests, aiming to incorporate themselves into part of the health care system, and successfully had an administrative branch established in 1931. Moreover, many non-governmental Chinese medicine educational institutions were set up in the 1900s.

So, interestingly, the term Chinese Medicine without “traditional” refers to a time-honored tradition, while the term with “traditional” refers to a newly born medicine with a history less than one hundred years. But Traditional Chinese medicine (TCM) has become the official term employed by the government. It is easy to notice these names used in government whitepapers and on the websites of many institutions - the National Administration of TCM (*guojia zhongyiyao guanliju* 国家中医药管理局), Shanghai university of TCM and TCM hospital. Therefore, in this thesis, when I mention hospitals where Chinese medicine is utilized as the main healing method, I refer to them as TCM hospitals and TCM doctors. When I talk about people who practice self-care with Chinese medicine, I use Chinese medicine amateurs. Of course, what they are interested is Chinese medicine, and not TCM.

1.3 Some Basic Knowledge About Chinese Medicine and TCM

Differing from biomedicine which has been always prioritized advancement and updating itself based on changing information, the theoretical foundation of Chinese medicine is rooted in ancient Chinese philosophy and was already laid in its early stage. The concepts of *qi*, *yin-yang*, and five phases, are substantial concepts in its theories. Ancient canons such as Book of

Changes (*Yijing* 易经) and the Yellow Emperor's Inner Canon (*Huangdi Neijing* 黄帝内经), describe a cosmos ultimately composed of *qi*, which is constantly changing and following the mechanism of *yin-yang* and five phases. Different parts of the cosmos are interconnected with each other to realize a dynamic balance.

The cosmic order applies to everything, from the macro level which may contain the heaven and the earth, to the micro level which encompasses tangible elements such as the body. So Chinese medicine applies the same concepts to develop its models of the human body, which is an embedded microcosm within the larger surrounding universe. Firstly, *qi* constitutes the body while following the mechanism of *yin-yang* and five phases. Meanwhile, as a part of the cosmos, the human body is interconnected with nature and subject to its forces.

Thus, there is a correspondence between microcosm (the body) and macrocosm (the cosmos), with *yin-yang* and five phases being the same underlying mechanism. The *qi* inside the body is under the influence or resonating with the *qi* in nature. Such a perspective is summarized as *tianren heyi* (heaven and human are one 天人合一) or *tianren xiangying* (correspondence between human and heaven 天人相应). In Inner Canon, the microcosm-macrocosm analogies are one of the main themes and could be found throughout the book.

There are four canons (*sida jingdian* 四大经典) which play an essential role in the foundation of the development of Chinese medicine. The four canons are: The Inner Canon of the Yellow Emperor (*Huangdi Neijing* 黄帝内经), Discussion of Cold Damage and Various Disorders (*Shanghan Zabing Lun* 伤寒杂病论), The Divine Farmer's Materia Medica (*Shennong Bencao Jing* 神农本草经), and The Classic of Difficult Issues (*Nan Jing* 难经),

all of which were completed more than 1800 years ago (from the Warring States period to the Han Dynasty) and have been regarded as an undisputed basis and treasure house of knowledge and reference by Chinese medicine scholars and practitioners throughout history. They are studied in TCM colleges and followed by doctors in their practice.

Diseases are attributed to an imbalance of *yin* and *yang*. To detect such imbalances, doctors need to use *sizhen* (四诊), which refers to four diagnostic methods, to make diagnosis. *Sizhen* consists of the processes of inspection (*wang* 望), auscultation/olfaction (*wen* 闻), inquiry (*wen* 问), and Palpation (*qie* 切). Inspection refers to the observation of the patients, especially the face and the tongue. Tongue color, coating, and size are all important information. Auscultation refers to listening to patients' voice and for other particular sounds (such as the sound of their cough). Olfaction refers to attending to body odor such as mouth odor. Inquiry involves not only questions about patients' symptoms, but also many other aspects such as appetite, sleep, urination etc. Palpation refers to the palpation of the wrist pulses (pulse taking). By collecting useful information through *sizhen*, doctors need to take a dynamic and holistic perspective to analyze the whole body and find the underlying mechanism of disease instead of approaching it via signs of pathogeny.

To cure diseases, doctors need to restore the holistic balance through treatment specific to the individual, instead of paying overemphasis on any single symptom. In other words, Chinese medicine focuses more on the ill patient, instead of on disease itself. For this reason, patients suffering from the same symptom, might be diagnosed as having different illness and given different treatment.

There are various forms of treatment in Chinese medicine including herbal medicine, acupuncture, moxibustion (the burning of herbal leaves on or near the body 艾灸), cupping, *guasha* (scrape the skin with a tool to produce light petechiae 刮痧), *tuina* (massage 推拿), and dietary therapy. In TCM hospitals and clinics, the first three are the main treatments that are provided.

Another feature that differs from biomedicine is that Chinese medicine pays special attention to the prevention of disease. It is believed that by following the rhythm of nature, living a moderate life, and conducting proper self-care practices, one can nurture his/her health and live a longer lifespan.

In history, Chinese medicine was introduced to neighboring countries such as Japan and Vietnam. In the past half century, Chinese medicine is also becoming more popular in Europe and North America. But while abroad Chinese medicine exists as a complementary or alternative medicine (CAM), in China, it is much more than a CAM but co-exists with biomedicine on every level of the healthcare system.

After the establishment of communist China in 1949, the government has been supporting the development of Chinese medicine. In 1982, promoting the development of Chinese medicine was explicitly written into the Constitution. In 1986, the National Administration of TCM was set up to unify the administrative management of TCM. Accordingly, its branches were established in every province. Now TCM and biomedicine coexist at every level of China's health care system. In small towns, there are Chinese medicine clinics, and in metropolises such as Beijing, there are TCM hospitals or TCM departments in some

biomedicine hospitals.

According to the National Administration of TCM, in 2015, the volume of medical services provided by TCM constituted 15.7% of the whole of China's healthcare system. By the end of 2020, there were 732, 000 Chinese medicine doctors, which consisted of 16.7% of all the 4,086,000 doctors in China. In 2020, the patient volume of Chinese medicine reached 1.06 billion.

In terms of the accepting of insurance, there is no substantial difference between visiting a biomedicine hospital and visiting a TCM hospital. In recent years, more health insurance policies are enacted to encourage the use of Chinese medicine in the healthcare system, with more services and herbal medicines being covered by health insurance. The average medical expenses of outpatient services of TCM hospitals are cheaper compared to biomedicine hospitals.

Public education has become the mainstream method for the transmission of TCM. In 1956, four TCM colleges were established in Beijing, Shanghai, Guangzhou, and Chengdu. Over time, Chinese medicine has gradually become more and more institutionalized, standardized, and normalized. By the end of 2015, there were 42 TCM colleges, and 231 biomedicine colleges and institutions were offering TCM majors, with more than 750, 000 TCM students. One can only practice Chinese medicine as work or run a TCM business with a license. The regular way to obtain a license is to study at a TCM college or vocational school and pass the TCM licensing examination held every year.

Although Chinese medicine has been standardized to a great extent in medical institutions,

with most doctors graduating from the TCM education and learning from standardized textbooks, Chinese medicine in contemporary China is not a stable totality, but heterogeneous and permeable to various influence. It contains multiplicity which exists in every aspect of Chinese medicine. For example, there are different schools of thought in Chinese medicine and practitioners all across China are not employing the same theories and same practices. Moreover, aside from herbal medicine, acupuncture, moxibustion, *guasha* , cupping, are also part of Chinese medicine and are used widely by practitioners.

1.4 Research Objectives and Research Questions

The primary objective of this study is to examine ordinary people's study and practice of Chinese medicine and how this plays out in their everyday lives. It aims to document how they learn and practice Chinese medicine beyond the realm of medical institutions by contextualizing these practices in their daily life, and to understand how Chinese medicine itself is transforming as ordinary people are increasingly participating in the consumption, production and circulation of Chinese medicine.

The main research questions of this study are as follows:

1. How do lay people learn and practice Chinese medicine in their everyday life?
2. Why is there a growing number of people learning and practicing Chinese medicine?
3. How should we understand their study and practice of Chinese medicine?
4. How is Chinese medicine is transmitted, interpreted, and practiced beyond the realm of medical institutions?

By answering these questions, we can see that Chinese medicine is not confined in medical institutions but in transformation with ordinary people participating in it in their own ways. This study might also give insight into not just 'self-care' but a self-care at a particular point in time where we see the growth of prosumption in many areas of life. People's study and practice of Chinese medicine beyond the realm of medical institutions could be viewed as a form of medical prosumption.

1.5 Overview of the Dissertation

This dissertation is organized into seven chapters in total.

In the literature review in Chapter 2, I begin with a review of some historical, anthropological, and sociological studies on Chinese medicine. I focus on two themes - the institutionalization of Chinese medicine in the 20th century and the transformation of Chinese medicine in the post-Mao era. I then point out one of the most vital gaps in the literature which is that patients have not been thoroughly explored and they are generally documented as a passive group in extent research. Then I review some studies on the emerging trend of self-care that is visible worldwide which has been attracting more and more academic interest. I show how not many studies on Chinese medicine have examined how people conduct self-care using Chinese medicine. As a closely related aspect, I also review some of the research which explores how Chinese medicine is transmitted. I then discuss the concept of prosumption, showing how it is an appropriate concept to apply in examining the emerging self-care trend.

Chapter 3 discuss the methods and methodology used to gather data. I talk about how I

used ethnographic methods such as participant observation and interviews in my fieldwork and how I organized my data into different themes. As a considerable part of fieldwork was conducted online or in medical settings, I also talk about some ethical considerations.

Chapter 4 focuses on how people study and practice Chinese medicine. Many people in this chapter might be categorized as Chinese medicine amateurs. I firstly describe an online group of 325 students seeking to address various health issues through a collaborative “online clinic.” Then in the following three sections, I examine three specific cases, in which I document three informants’ study and practice in detail respectively. They are not confined in one place but are three representative ones which I chose from my fieldwork both online and offline. Through the four sections, I emphasize four essential aspects respectively in lay people’s study and practice of Chinese medicine - online learning, practice, vagueness in Chinese medicine, herbal medicine, to show how people learn and practice Chinese medicine, and how Chinese medicine is transmitted, translated, presented, and developed.

In Chapter 5, I turn my focus to ordinary people, who in comparison to the passionate amateurs in Chapter 4, spend much less time studying Chinese medicine seriously and do not know how to prescribe herbal medicine for themselves. I discuss the practice of *yangsheng*, menopause being medicalized in Chinese medicine, and a moxibustion salon around which Chinese medicine is informally transmitted and provided. Through this chapter, I show how ordinary people experience Chinese medicine in their everyday life. All the people documented in this chapter are women.

In Chapter 6, I will turn my focus to medical settings to explore how people, whether

amateurs or not, experience Chinese medicine in TCM institutions. First, I will document my observations made in medical settings and interviews with doctors and patients, to explain how the medical services are problematic and found to be dissatisfactory by patients, which attributes to the increasingly prevalent self-care practice. Furthermore, I will discuss TCM education through my interviews with TCM students and doctors. While neither professionals nor medical institutions as a subject are the focus of this research project, I believe that people's study, practice, and experience of Chinese medicine outside institutions is closely related to what is happening inside of TCM institutions, which continue to remain as powerful and influential actors in the practices and processes of TCM in contemporary society. The former will be better understood with a knowledge of the latter as both of them are constituting the transformation of Chinese medicine.

Chapter 7 summarizes this dissertation and attempts to answer my research questions.

Chapter 2 Literature Review

2.1 Chinese Medicine in the 20th century - the institutionalization of Chinese medicine

During the 20th century, Chinese medicine underwent great transformations and began to attract interest from historians and anthologists such as Volker Scheid (2002), Hsiang-lin Lei (2014), Kim Taylor (2004), Hongjun Zhao (1989) etc. Based on their studies, the history of Chinese medicine in the 20th century could be divided into three periods roughly.

Period 1: From 1911 to 1949.

In 1912, the Republic of China was proclaimed, and the Qing dynasty disintegrated, marking the end of thousands of years of dynastic rule in China. But the end of imperial rule did not mean that China would see peace and prosperity quickly as China became a fragmented nation and was still facing the crisis of colonial threat. Intellectuals vehemently attacked many forms of traditional culture and practices and promoted a 'new' Chinese culture, which was based upon the adoption of the Western ideological ideals that were termed "Mr. Science" (*sai xiansheng* 赛先生) and "Mr. Democracy" (*de xiansheng* 德先生).

Chinese medicine attracted hotly contested debate and discussion. Many famous intellectuals questioned the validity of Chinese medicine and viewed it as superstition which would then frame it as the enemy of "Mr. Science". Under such an atmosphere, the modern history of Chinese medicine came to a turning point, but in an ironical and crisis-ridden way. In 1928, the Nationalist Party formed a new government and established the Ministry of Health, an unprecedented administrative move in China's long history, to manage health care issues in

a standardized manner at the national level. The new government planned to incorporate the health care sector into its modernizing ambitions. But in its first National Health Conference, opponents brought forward the agenda to abolish Chinese medicine completely.

Surprisingly, Chinese medicine practitioners who previously lacked a strong and formal organizing body, united themselves into a national association which was an unprecedented move on their part. Hundreds of practitioners from different provinces participated in protests aimed at the Nanjing government. It is noteworthy that practitioners did not aim to preserve their tradition as a cultural essence, but adopted more active and ambitious strategies to counter the challenges. They actively demanded to turn their own organization into an administrative branch of the state to manage their own affairs, to create a legitimate license system, and to be incorporated into the education and health care system. What this meant was that they did not wish to resist the government per se, but strove to achieve cooperation with it and be incorporated into it. With these efforts, a series of regulations were enacted to by the Nationalist government to ensure the equal status of Chinese medicine alongside their counterpart, Western medicine. Although these regulations were not implemented due to the Sino-Japanese War, Chinese medicine was able to survive this crisis.

Second Period: From 1949 to 1976

After the establishment of the People's Republic of China, Chinese medicine practitioners did not need to worry about their profession being abolished anymore. But they now dealt with having to adhere to the CCP's directions which resulted in a loss of their autonomy. Mao Zedong proposed a new slogan "unify Chinese and Western medicine" (zhongxiyi tuanjie 中西

医团结) and expected via these efforts to create a new form of medicine. But how to go about infusing these two distinctively different medicines into a new form of medicine, and exactly how to shape Chinese medicine so it could serve the CCP's goals were not clear. Thus, the related policies were not consistent and underwent several dramatic changes.

Prior to 1949, health care in China was basically provided by private sector (Meng et al., 2000; Liu et al., 2006). However, after 1949, health care provided by private sector was considered to be incompatible with socialism. Private hospitals were turned into public ones, and practitioners engaged in individual private practices were absorbed into public health facilities. By 1967, the private health sector had been completely eradicated and the government owned and funded all the health care facilities throughout the country (Liu et al., 1994; Blumenthal & Hsiao, 2005; Yang, 2010).

In the early 1950s, the health care system was in a situation that needed for it to draw upon the manpower of Chinese medicine which exceeded biomedicine in quantity. At that time, there were only twenty thousand physicians, but tens of thousands of Chinese medicine practitioners in the country (Taylor, 2004). In reality, the Ministry of Health, which was mainly run by biomedical physicians was more concerned to “improve” upon Chinese medicine by restricting the practice of Chinese medicine practitioners through a new licensing system and by overseeing the ‘re-education’ of practitioners by having them learn biomedical knowledge.

However, the CCP leadership viewed these regulations as a deviation from its original goal with Mao and Liu shaoqi criticizing the Ministry of Health fiercely. As a result, two vice ministers were dismissed and new policies were enacted to support the expansion of Chinese

medicine. Chinese medicine was incorporated into the insurance system; Chinese medicine courses were included into the curriculum of Western medicine education; Chinese medicine practitioners were admitted to work in western medicine hospitals; Chinese medicine hospitals, research institutes, colleges were established throughout the country; textbooks were compiled to instruct the standard and systematic knowledge; the re-education policy was reversed and western medicine doctors were required to study Chinese medicine.

Third Period: From 1976 to 2000

The expansion and modernization of Chinese medicine was interrupted during the Cultural Revolution and continued afterwards (Scheid & Lei, 2014). Some policies implemented during the Cultural Revolution were reversed with the emphasis placed on hospital-based services instead of on primary care (Henderson, 1989). In 1982, the phrase “to develop modern medicine and our nation’s traditional medicine (Chinese medicine and non-Han minorities’ medicines)” was written into the new Constitution. A plural health care system was gradually established with Chinese medicine and biomedicine co-existing with each other at almost every level of China’s health care.

Despite of these developments, Chinese medicine found itself facing new challenges. Due to the economic reform in the 1980s and 1990s, the private sector grew rapidly. Government control and intervention decreased and privatization measures, which was initially taboo, began to accelerate, especially after China's 14th National Congress in 1992 in which a socialist market economy was defined as a target. The health care system underwent wide-scale marketization and privatization, which was regarded as a means to increase the provision of

health care services and to decrease the government's expenditure (Tu, 2013).

On one hand, Chinese medicine was utilized as a practical provision to solve the problem of the shortage of health care services, especially in the rural areas and practitioners in rural China were driven away from the public sector to work in the private sector (Scheid & Lei, 2014). But as the government did not provide adequate funding for public health services, the underfunded hospitals had to and was encouraged to make profits on their own (Zheng & Hillier, 1995; Chen, 2009). However, Chinese medicine is not as profitable compared to western medicine. Therefore, the practitioners in the 1990s in Shanghai produced their own niche for larger market share by commodifying and reinventing Chinese medicine as a new kind of preventive medicine to tailor for cosmopolitan and middle-class lifestyle in the urban areas (Zhan, 2009).

The transformation of Chinese medicine was not linear or the product of a considered plan, (Scheid & Lei, 2014) but the outcome of “an undetermined and piecemeal process (Taylor, 2004, p. 151)”. In the history of Chinese medicine in the 20th century, I found two prominent and recurring central themes – institutionalization and scientization.

Scheid and Lei name the chapter they co-authored as “The Institutionalization of Chinese medicine” (Scheid & Lei, 2014) and fittingly, it is a title that captures the transformation of Chinese medicine in the 20th century precisely. In the 1920s and 1930s, to fight against the danger of being abolished, Chinese medicine practitioners chose to incorporate and institutionalize themselves into part of the health care system. This strategy was not truly realized in the Republic of China, but became an order and obligation in socialist China. In

different periods, the power struggle caused the related policies to change dramatically, but overall, Chinese medicine was institutionalized thoroughly. Its theories, practices, and education, were standardized and officially institutionalized - TCM colleges and schools become the central and formal places to transmit knowledge, a national licensing system authorizes practitioner's practices, and medical institutions under administrative regulation become the major places to practice it (Scheid & Lei, 2014).

Since the Republican era, Chinese medicine has been criticized as being unscientific for more than 100 years. In 1920s and 1930s, when Chinese medicine was faced with the crisis of being abolished, Chinese medicine practitioners and scholars made great efforts to argue with the opponents. Nevertheless, very few of them denied or underestimated the value of science or western medicine. Some distinguished practitioners such as Zhang Xichun (张锡纯) and Yun Tieqiao (恽铁樵) argued that Chinese medicine and western medicine could supplement each other (Zhao, 1989). This school of thought was called the School of Confluence of Chinese and Western Medicine (zhongxiyi huitong xuepai 中西医汇通学派). Zhang Xichun who was deemed as the most important figure in this school, utilize his very limited western medicine knowledge to analyze some Chinese medicine theories. An original practice he developed was to use Chinese medicine and aspirin together. But as he never underwent any formal training in western medicine and only developed an interest in science and read some related books, much of his analysis was very naive and problematic.

But these thoughts and practice from individual practitioners could not solve the crisis or obtain agreement from their opponents. In 1931, two years after the Chinese medicine

practitioners' protest, the Nationalist state finally agreed to establish and fund an administrative branch for Chinese medicine called the Institute of National Medicine (*guoyi guan* 国医馆). It was regarded by Chinese medicine practitioners as the hard-won result of their struggle. However, the foremost agenda of this institute as decided by the government was to put in order Chinese medicine and to conduct research on Chinese drugs with scientific methods (Lei, 2014).

To assimilate Chinese medicine into the health care system, many leading practitioners accepted the agenda of the scientizing of Chinese medicine as promulgated by the state. But this compromise meant that they were pursuing two seemingly contradictory objectives at the same time. Chinese medicine was seen as “neither donkey nor horse” by its detractors, which suggests that it is a new medicine that it betrayed the original ethos of Chinese medicine and the rules of science simultaneously (Lei, 2014).

Lei suggested that the scientization (*kexuehua* 科学化) of Chinese medicine turned Chinese medicine into an element of science, and thus Chinese medicine and science does not need to be antithetical. The project of Scientizing Chinese Medicine functioned as a middle ground or a truce for the struggle between Chinese Medicine and western medicine, which made Chinese medicine acceptable for incorporation into the health care system, and compatible with science and modernity (Lei, 2014). This new medicine which was regarded as a self-contradictory mongrel had been bearing fruits ever since. For example, in 1924, Chen Kehui and Carl F. Schmidt working in Beijing, proved that ephedrine extracted from the Chinese herb ephedra to be effective for asthma relief which then lead to hundreds of research articles on ephedrine worldwide (*ibid.*).

This project Scientizing Chinese Medicine was later endorsed by the communist government in the 1950s. Mao asserted that “Chinese medicine is a great treasure-house and should be diligently explored and improved upon” in 1958 and demanded to “unify Chinese and Western medicine” (*zhongxiyi tuanjie* 中西医团结). Under this slogan, the most successful achievement in Mao’s era is Tu Youyou’s (屠呦呦) discovery of artemisinin, which is used to treat malaria, a medicine which resulted in the saving of millions of lives. For this contribution, Tu received the Nobel Prize in Physiology or Medicine. She was the first Chinese recipient of the Nobel Prize in Physiology or Medicine, as well as the first Chinese female to receive a Nobel Prize in any category. Tu’s case functions as a good example of the effects of the Scientizing of Chinese Medicine. She graduated from Beijing Medical College in 1955, which was the Institute of Chinese Materia Medica found at Peking University in 1941 in the Republican era. She discovered artemisinin when she worked in the Academy of Traditional Chinese Medicine. She underwent training in Chinese medicine for two and a half years to learn Chinese medicine theory, experience, and the processing (*paozhi* 炮制) of Chinese Materia Medica. Tu drew her inspiration from The Handbook of Prescriptions for Emergency Treatments, written in the year 340 by Ge Hong and developed a method to extract the pure artemisinin. In her acceptance speech as a Nobel laureate in 2015, she gave credit to a “unique combination of Western and traditional Chinese medicine” (Tu, 2015).

This project, the Scientizing of Chinese Medicine, is still being pursued nowadays. Research on Chinese medicine formulas has been allocated a growing amount of funding (Scheid & Lei 2014). In 2012, *di ao xin xue kang* (地奥心血康) became the first Chinese

medicine drug authorized as a therapeutic medicine by the European Union (ibid.). But very few studies examined what the influence of the scientization of Chinese medicine has on medical practice. This unique combination has not only proved to be beneficial to patients, but also enabled further exploration and development of Chinese medicine and its application through modern scientific approaches.

When Farquhar was conducting fieldwork in TCM colleges in the 1980s, she observed that in Guangzhou TCM college, young and well-educated researchers were focusing on biological, laboratory, and statistical research instead of clinical work. They ambitiously hoped to solve major questions through scientific methods and in the process, render Chinese medicine more scientific. She expressed her concerns over this trend clearly when she states, “If these are the leaders of tomorrow’s traditional medicine, the field will quickly move far from the vision of the senior Chinese doctors” (Farquhar, 1994a, p. 18). However, Farquhar only provides a short discussion of this observation and did not elaborate on more details regarding this. It is not clear what influence will the scientization of Chinese medicine bring to the medical settings or to patients.

Although we cannot underestimate the role played by practitioners in the transformation of Chinese medicine, it was the state, whether the Nationalist or the Communist one, that set up agenda and regulations for Chinese medicine in different periods. It is easy to conclude that the fate of Chinese medicine in the 20th century was always controlled by the state and “the role that Chinese medicine played was passive” (Taylor, 2004, p.8). From this perspective, the state is presented as an autonomous actor and Chinese medicine was its passive target for

political purposes.

Lei (2014) has disagreed with this reductive political understanding of the history of Chinese medicine, which overemphasizes the role of government intervention and underestimates the role played by practitioners, especially in terms of their united efforts when facing the crisis in the 1920s and 1930s. He drew from Bourdieu's work and placed importance on the active and collective endeavors of practitioners whose "scholarly efforts of reforming Chinese medicine were inseparable from their political objective of assimilating Chinese medicine into the state" (Lei, 2014, p. 263) .

While his study only analyzed the history of Chinese medicine in the Republican era, his perspectives are also enlightening when considering the role that practitioners play in the transformation of Chinese medicine after 1949 till the present era. We can find support from studies conducted in recent years. For example, in the 1960s Chinese medicine doctors categorized menopause, which did not constitute a medical problem in their tradition, as a medical problem, and viewed this effort as a great success in the development of Chinese medical science (Scheid, 2007).

However, from these studies, it is not apparent that patients have played any notable role in the history of Chinese medicine in the 20th century. Historians present us with statistics, analysis of changing policies and the documentation of political struggles to name a few of the angles previously studies. In their documentations, we can see how Chinese medicine, as a profession dominated by the practitioners and a medicine greatly influenced by the state, has been changing. But what is absent from the extent literature is the presence, agency and

practices of ordinary people, who are invisible and obscured in these documentations.

2.2 Research in the reform era

When anthropologists came to China after it adopted the Reform and Open-Door Policy in 1978, they were confronted with the dramatic socioeconomic and cultural changes occurring throughout the country. The economy, which was dominated by state ownership and central planning, began to permit entrepreneurs to start businesses. Government control on private businesses and intervention in the economy continued to decrease. While maintaining control in the domain of political power, the state retreated from the sphere of private life and recognized the legitimacy of individual desires (Yan, 2010).

Their work, focusing on different themes and conducted in various areas, should be understood first and foremostly as occurring under this changing context. Their writings faithfully reflect this context which they were witnessing and situated in. In essence, their research subjects were also changing as they were confronted with these profound socioeconomic and cultural changes, as well as constituting a part of the change itself. In this section, I will review a few researchers' work from this perspective.

One of the more notable topics that emerged out of this era was how Chinese medicine was provided and consumed in the 1980s. Farquhar (1994 b) documented that in the late 1970s and 1980s, after political campaigns which brought ordinary people much suffering and misery, urban people crowded into hospitals and clinics for herbal medicine. Chinese medicine “produced itself in the 1980s as a meticulously depoliticized domain” (Farquhar, 1994 b, p.

473) in which medical practice and medicine might at times function as source of not just medical remedy but of empowerment and pleasure. In the clinical interaction with doctors and in the preparation of herbal medicine at home, Farquhar noticed an aesthetics of habitus and a desire for pleasure pursued by individuals. The cultivated pleasure made it possible for people to escape from the political propriety which was ubiquitous and unsettled in the early 1980s.

But in another article published in 1999, Farquhar wrote “users of herbal medicine require no cognitive commitment to the logic or the lore of the field; rather, the appeal is usually instrumental. Chinese medicines are sought out first and foremost because they might work (1999, p. 157).” In fact, she did not provide much description about how patients feel or experience Chinese medicine in the pursuit she suggested. It raises a question how pleasure could be cultivated by patients if they had no cognitive commitment or related knowledge. However, exploration on how ordinary people experience and interpret Chinese medicine, even from their lay perspective and with their lay language, was not fully conducted in her research.

Meanwhile, as privatization and marketization also underwent in the health care sector, Chinese medicine could be provided as a commodity. In her fieldwork conducted in 1983 in a county town of rural Shandong province, Farquhar (1999) turned her interest to doctors. She visited 16 rural entrepreneur doctors, most of whom were barefoot doctors and represented the state health care delivery. But as medicine privatized, they opened their own clinic and offered a wide variety of treatments, trying to build a reputation for their healing power and pursue commercial success in the medical market. It the same group of people who provided medical services, in the Mao’s era and in the reform era. But medicine was not a state-mandated service

anymore, but embodied by these previous barefoot doctors who employed bald publicity of their business and bypassed the values “serve the people” in the Maoist state. However, the practice of two doctors she documented in detail - one is *qigong*² and the other was techniques derived the Book of Change (*Zhouyi* 周易), might be common to see in the 1980s but are rare nowadays. These techniques are not taught in TCM colleges or practiced in hospitals.

But as the reform proceeded in the 1990s, the privatization of health insurance and the marketization of health care also brought a great challenge for Chinese medicine. Back in the 1960s and 1970s, under Mao’s slogan “serve the people”, the priority of the socialist health care is placed on preventive health among rural areas. Chinese medicine was combined with biomedicine as low-cost and low-tech methods to prevent large-scale epidemics. But as the socialist welfare system was dismantled and the state withdrew much funding for the health care system, Chinese medicine has to compete for clientele and authority with biomedicine which is in the dominant position (Zhan, 2001). Zhan observed that in clinical practice, Chinese medicine doctors redefine the scope of health conditions in which Chinese medicine specializes to cater the needs of the emerging cosmopolitan and urban middle-class lifestyle in Shanghai. The history of Chinese medicine is also redefined to insist a continuity and its original proletariat preventive goal to “serve the people” was left behind (ibid).

While responsive to the dramatic changing context since 1978, Chinese medicine underwent changes, with new concepts, knowledge, practices being formulated. One example is *tianrenheyi* (天人合一 the oneness between human beings and nature) - which indicates the

² a system of coordinated body-posture and movement, breathing, and meditation

idea that heaven and human are one. In Mao's era, *tianrenheyi* was explained as a concept which reflects the dialectic between the natural environment and humans and is consistent with Marxist materialism. However, in the 1990s, Zhan observed that when Chinese medicine needed to pursue a new niche in the health care market, doctors rearticulated *tianrenheyi* as a framework to generate new ways of thinking and practicing, "within vexed entanglements with modernity, science, and biomedicine" (2011, p. 110). The connotation of *tian* (天), which referred to heaven or the natural environment, was expanded to include the society. Thus, to keep healthy, one not only needs to resonate with the nature's rhythm such as seasonal changes, but also strive to acclimate the body to the social environment. In this framework, many symptoms such as having a headache and fatigue are explained as a result of what could be considered disharmonious urban living and treated with the help of Chinese medicine to realize this reinvented *tianrenheyi* (Zhan, 2011).

2.3 Pluralism and Synthesis

Medical pluralism is employed by medical anthropologists and sociologists to describes the availability of more than one medical system (Kleinman, 1980; Lock, 1990, Cant & Sharma, 2004; Khalikova, 2020). As a concept as well as a theoretical framework, it is mainly used to explore the co-existence of biomedicine alongside non-biomedicines. Medical pluralism provides us with a perspective to transcend "the dualism of Western/non-Western, modern/traditional, or local/global, by showing how all medical knowledge and practice, be that biomedicine or some regional tradition, is inherently plural, ever-changing, and culturally

porous (Khalikova, 2021).”

China provides a good example of a field for medical pluralism studies. As I have discussed in the first subsection in this chapter, in the 20th century, confronted with the pressure from biomedicine and the state, Chinese medicine became institutionalized and incorporated into the health care system. Since the 1950s, in spite of dramatic policy changes, Chinese medicine received sustained support from the government. In contemporary China, on every level of the health care system, Chinese medicine and biomedicine coexists.

A particular feature of medical pluralism in China is the power asymmetry between Chinese medicine and biomedicine (Karchmer, 2007, 2010). The power asymmetry emerged in the Republican era and was entrenched in health care institutions of the PRC. However, despite the co-existence, western medicine occupies a hegemonic status in the health care system. Its hegemony is marked by a few factors. Firstly, western medicine is the main form of medical provision. By the end of 2015, there were 452,000 Chinese medicine doctors, which only constituted 14.8% of all 3,039,000 doctors in China (State Council, 2016). Moreover, doctors in TCM hospitals are equally skilled in Chinese medicine and biomedicine, but biomedicine doctors are not required to study Chinese medicine.

Faced with challenge from biomedicine, Chinese medicine doctors incorporated western medicine into their practice, including biomedicine technologies, diagnostic categories, and therapies (Karchmer, 2010). Karchmer argued that there has been a steady trend since the 1950s for Chinese medicine doctors to study and use more biomedicine which has caused them to have to sacrifice some of their skills in Chinese medicine to some extent. Karchmer himself, as

a student at Beijing TCM college in the late 1990s, received almost as much training in biomedicine as in Chinese medicine during his time there.

Karchmer drew on postcolonial studies “to describe the predicament confronting doctors of Chinese medicine in China today in which Western medicine has become the unchallenged arbiter of truth in clinical practice” (2010, p. 228). TCM doctors’ integration of Chinese medicine and western medicine in clinical encounters is in fact their response to the hegemony of biomedicine to create a postcolonial medicine. Such a compromise suggests that Chinese medicine is situated in its relationship with biomedicine. From this perspective, even the most fundamental methodology in Chinese medicine, *bianzheng lunzhi* (pattern differentiation and treatment determination 辨证论治), could be explained as an outcome of the medical pluralism in China.

Although Karchmer claimed that Chinese medicine doctors were integrating biomedicine in almost every clinical encounter, he did not point out that this practice might only be a required routine in some TCM hospitals. For example, in private owned Chinese medicine clinics, doctors have much more freedom to practice without requirements from supervisors and are less likely to use biomedicine technologies, diagnostic categories, and therapies. Earlier research also might not disagree with his argument. Hsu (1991) found out that in the 1980s, Chinese medicine doctors in Yunnan province used biomedical treatments and techniques such as intravenous therapy and situate such practice in their own explanatory framework. Farquhar also noted that Chinese medicine practitioners sometimes use biomedicine drugs in the 1980s. Such inclusion of biomedicine practice could hardly be explained as postcolonial or a

compromise as argued by Karchmer. Thus, to understand some routine practices in highly organized and institutionalized settings (such as TCM hospitals) from a postcolonial perspective might be reasonable, but to summarize medical pluralism in contemporary China in the same way might be an overgeneralization. More importantly, by describing Chinese medicine as postcolonial, it ignores that medical systems whether biomedical or not, are not always systematic or static but “permeable to all kinds of technological and ideological influences effecting systemic change and local adaptations” (Scheid, 2002, p. 12).

Medical pluralism in China not only operates between Chinese medicine and western medicine. Zhang (2007) has examined medical pluralism by analyzing how people suffering from impotence switched back and forth between Chinese medicine and Viagra. While many patients wanted to use Viagra as aphrodisiacs to stimulate sexual desire (which was a misunderstanding of its function), they were also afraid of becoming dependent on it and sought treatment from Chinese medicine to boost their overall health. Although Viagra attracted much public attention when this drug was introduced to China, its sales were disappointing to Pfizer and doctors. Zhang attributed this discrepancy to the theoretical difference between biomedicine and Chinese medicine, and how these two medicines interpret potency and sexual desire from an ethical perspective. Chinese medicine is open to the powerful influence of biomedicine, with the two medicines intermingling in clinical settings. He has also insightfully pointed out that: “medical pluralism now operates not only between medical systems, but also within those systems, not only in the consultation room but also in the lab, not only in the advice given by physicians but also in patients’ perceptions of that advice” (Zhang, 2007, p. 82). The

takeaway from this is that Zhang has tried to argue that medical pluralism is not only a status in the medical system, but also exists within lay people's perception of medicine (or medicines) and this has influenced their choices. I agree with his argument especially the importance he placed on patients' own perceptions. But he only viewed patients as a group under the influence of medical pluralism who make limited medical choices, instead of actors constructing or reinforcing medical pluralism. In this sense, for the patients, medical plurality is at most a context they are situated in.

In previous studies on Chinese medicine which draw on medical pluralism, there are two commonly used methodologies. One is to sort various practices into different medical systems and then explain how patients choose from these systems (Scheid, 2002). The research above by Zhang (2007) or early research by Kleiman (1980) partly employ this methodology as Scheid summarized. The other one is to focus on how Chinese medicine co-exists and competes with biomedicine, especially in terms of how doctors adapt their practice to incorporate more biomedicine. The research above by Karchmer (2010) uses this methodology.

These two methodologies can also be problematic in a number of ways. The efforts to sort various practices into Chinese medicine or biomedicine, or to analyze how Chinese medicine competes and coexists with biomedicine, offers a rich body of documentation about how medical pluralism operates in contemporary China, are often based on comparison between Chinese medicine and biomedicine. Thus, such an analysis might fall prey to a simplistic dualism where binaries like Western/non-Western or modern/traditional are taken for granted as truly separate at various levels, which medical pluralism should transcend in the first place.

As a result, Chinese medicine remains as the “Other” waiting to be examined and decoded.

More importantly, scholars have not paid enough attention to the plurality that exists within Chinese medicine itself. In extant research, there seems to be the recurring assumption that Chinese medicine has been standardized to such a great extent that practitioners all across China are employing the same theories and same practices. It might be argued that in contemporary China, almost all the Chinese medicine doctors graduated from the TCM education system and learn from standardized textbooks. But firstly, the pursuit of the integration of Chinese medicine and biomedicine is not a new phenomenon. As I have mentioned in the first subsection in this chapter, there were explorations made by pioneers in the late Qing dynasty and Republican era, and direct demand from the communist government to integrate Chinese medicine and biomedicine since the 1950s. The contemporary integration could be viewed as a successive stage of this pursuit. No standard integration has been established or accepted by all practitioners (Scheid, 2002).

This assumption ignores the fact that “plurality is woven into the very fabric of Chinese medicine, extending from perceptions of the body to the social relations embodied in learning, teaching, and practice; from the canonical texts of the Han dynasty to present-day research in urban hospitals” (Scheid, 2002, p. 27). It must be noted that most previous research was conducted in TCM hospital, which is the main medical setting of Chinese medicine; most Chinese medicine practices documented in these studies is prescribing herbal medicine. Such emphasis or priority on the mainstream medical settings and the most commonly seen practice, underestimates and obscures the existence of multiple settings and practices, which also belong

to Chinese medicine. For example, besides TCM hospitals, there are also Chinese medicine clinics all over the country which are legitimate medical institutions. Aside from herbal medicine, acupuncture, moxibustion, *guasha* (刮痧), and cupping, are also part of Chinese medicine and are used widely by practitioners with or without medical certification. Even if we only focus on the prescription of herbal medicine, there are also different schools of thought in Chinese medicine. However, such plurality within Chinese medicine has not been well explored in extant research.

Scheid tried to conceptualized medical pluralism with what he calls a synthesis, a term he borrowed from Rodolphe Gasché to refer to a process which involves “a complicity and complication that maintain together an undetermined number of possibilities, which need not necessarily be in relation of antithetical contrast with one another, as is the case in the classical concept of synthesis” (Scheid, 2002, p. 55). Through the use of this term, it can be said that Chinese medicine in contemporary China is not understood as a totality, but conceived of as a dynamic process of simultaneous emergence and disappearance.

His arguments are first and foremost based on a characteristic aspect of Chinese medicine: heterogeneity, which indicates that Chinese medicine is always “open to and constituted by influences from a variety of domains and from various periods in time” (Scheid, 2002, p. 33). This permeability to various influence, technological as well as ideological, leads to multiplicity which exists in every aspect of Chinese medicine. Heterogeneous and multiple elements, traditional or modern, human or nonhuman, emerge and disappear in the synthesis, which appears stable on the outside as a tradition but is always changing on the inside. This

interpretation of plurality through synthesis offers a framework through which various agencies in Chinese medicine could be better situated, and a variety of medical theories, practice, knowledge transmission modes and influences can be better understood.

Having said that, Scheid did not extend the range of synthesis to patients. Although he noted that patients' demand of or choice between different treatments and doctors also has the ability to shape the delivery of local health care practice, he only viewed patients' role as an outside influence which can feed back into the synthesis operating at higher levels of organization. So as an indispensable part of Chinese medicine or any medicine, patients are absent in this synthesis, despite his efforts to use it to cover as many elements as possible. To view ordinary people as an indispensable part of Chinese medicine instead of mere passive patients or patrons, might complement the missing part of this synthesis.

2.4 Passive Patients in Medical Settings

Despite the incrementally growing understanding of Chinese medicine as a body of knowledge and as a transforming medicine, there is little knowledge about patients' attitudes towards Chinese medicine practices, or about their own terms or reflections upon how they themselves experience Chinese medicine. Scheid has noticed that “only a few ethnographies that examine patient behavior in Chinese societies exist (2002: 108)”, which accords with my reading so far.

Chinese medicine patients usually appear passive, submissive, and wordless in extant studies. While doctors stay in the clinics all day being observed, patients do not – normally,

they may just participate in the diagnosis for a while, take the prescription, buy the herbal medicine to take at home, and only show up for the next visit. Regarding the knowledge and practice of Chinese medicine, patients are in a position that leads many observers to label them simply as lay people, and thus have received less scholarly attention. As Judith Farquhar highlighted:

From patients' point of view, Chinese medical herbal remedies are usually treated as a mere technology, only a small part of their everyday routines. Users of herbal medicine require no cognitive commitment to the logic or the lore of the field...Chinese medicine are sought first and foremost because they might work...observed in the context of everyday life, professional medical questions take up very little space even for the chronically ill (Farquhar, 1994b, p. 475)

In contrast, Chinese medicine as a body of knowledge and practice, is viewed as embodied in doctors instead of patients. Thus, it is doctors who are more observed and interviewed, with their words being further analyzed and their practices being unfolded as a puzzle. In many anthropological studies which include a detailed description of clinical practices, usually, doctors are the focus or subject while patients are not. Doctors employ Chinese medicine theories while submissive patients are waiting in silence or simply undocumented; doctors provide treatment while passive patients receive it without disagreement, discussion or simply remain unmentioned. This lack can partly be explained by previous researcher's commitment to unravelling the sometimes 'mysterious' epistemology of Chinese medicine.

The neglect of patients in extant studies is also reflected in its lack of attention to doctor-

patient relationship. After all, if patients are ignorant of Chinese medicine and passive receivers, the relationship with doctors does not merit investigation. However, medical anthropologists and sociologists have noticed that in biomedicine, the assumption that such a relationship is normative is problematic and has been challenged greatly by patients.

Before the development of biomedicine, doctors mainly depended on patients' accounts of their symptoms to make a diagnosis (Porter, 1992). However, this changed dramatically following the introduction of the hospital and laboratory model to modern medicine. The patient's own interpretations of symptoms became increasingly less important. The sick person simply surrenders before the complex biomedical machinery and knowledge and becomes the patient, who now needs to remain quiet and wait for his or her results and treatment (Jewson, 1976). On the doctor's side, spending considerable lengths of time with patients, while encouraging questions, is not valued in the hospital setting (Stein, 1990).

However, patients might not be satisfied with their "sick role," which demands their cooperation with doctors, and might choose to resist and challenge the medical dominance of doctors instead. As a widely accepted concept in sociological studies in the 1960s and 1970s, the "sick role" has lost its popularity, with researchers turning their interest to doctor-patient interactions (Burnham, 2014; Heritage & Maynard, 2006). It has been pointed out that many people, especially those who are well educated and come from socioeconomically privileged backgrounds, attempt to learn as much as possible about their conditions and have greater control in their medical encounters (Lupton, 2012). Patients might enter the medical setting equipped with detailed knowledge, rather than waiting for the doctor to impart knowledge onto

them. For these patients, the medico-scientific knowledge they gain about their condition is a central part of their illness identity (Sulik, 2009). Social class, age, ethnicity, and gender may also influence patients' motivation to challenge their doctors and resist medical dominance (McDonald et al., 2007). Yet, neither the lay perspective on health and disease nor the doctor-patient relationship has been prioritized in extant research on Chinese medicine.

But many studies have noticed that in Chinese medicine, the doctor-patient relationship is somehow unique. First and foremost, as Chinese medicine does not rely on biomedical devices to make diagnosis, patients' own narrative and presentation of their symptoms remains crucial for Chinese medicine doctors to make diagnoses till now, which hints at the greater level of agency of Chinese medicine patients compared to patients in biomedicine (Kleiman, 1986; Farquhar, 1994a). In Chinese, the act of a patient paying a visit to the doctor as well as the act of doctor's treatment of illness uses the same word, *kanbing* (看病). *Kan* (看) means looking at, and *bing* (病) is illness. This word grasps the essence of the medical encounter in Chinese medicine exactly - doctor and patient are engaged together to complete the process of *kanbing*, as Farquhar wrote "an understanding of *kanbing* as a technical process in which doctor and patient are engaged together helps account for the centrality of the patient's narrative and for her role as the major definer and presenter of the problem" (Farquhar 1994a, p. 45).

Based on her field experience in Guangzhou and Shandong, Farquhar acknowledged that: "the patients' own narrative of her illness, her presentation of it to the doctor, plays a major role in delimiting the nature of the illness for both doctor and patient. In a sense the doctor does not have the power to reject any sign reported by the patient (Farquhar 1994a, p. 45)." However,

she did not make further investigation regarding this aspect and other researchers also rarely touch upon this question. Despite a considerable degree of authority on their own illness possessed by the patients as she claimed, in her writing in the 1990s, it is not seen how patients could obtain such authority. Besides her main interest on medical knowledge and practice when she conducted observation in hospitals, another possible reason might be that in the 1980s and 1990s, patients were more passive and inactive and thus simply attracted less attention from researchers. Compared to the present, the average educational level was relatively low and they did not have the access to the internet, which could equip them with more knowledge and therefore aid in their own ability to participate in the medical settings.

In some more recent studies conducted in the late 1990s and early 2000s, we can see that patients showed more activeness and were making more decisions in the *kanbing* process compared to the passivity presented in Farquhar's research in the 1980s.

For example, Zhang also talked about patients of impotence making choices between Chinese medicine and western medicine as I have discussed in the previous subsection (2007). He attributed patients' reluctance to use Viagra to their fear of becoming dependent on the drug and harming their bodies. He argued that the fear was based on two beliefs held by the patients: Viagra works like an aphrodisiac; excessive sexual desire and sexual behavior harm the body. While the former is a misunderstanding of the formal use of Viagra, the latter is a basic rule in Chinese medicine. Chinese medicine views that sexual desire should always be moderate to prevent the excessive loss of *jing* (essence 精), which is essential for one's overall vitality. The consumption of Viagra helps one to satisfy sexual desire but is believed that it will lead to a

decrease of *jing*, which is already inadequate and harm the overall health.

From his observations in medical settings, we can see some patients were negotiating with doctors, raising their request or refusal, based on their needs and their knowledge. Zhang claimed that the beliefs were based on Chinese medicine. This attribution for patients' reluctance to consume Viagra is based on an assumption that lay people possessed a basic understanding of Chinese medicine theories. While Chinese medicine could explain the essentiality of *jing*, the potential risk of consuming Viagra, or the necessity to foster the overall health, it does mean patients, as lay people, have this knowledge. Zhang did not make further analysis to explore how they obtain this knowledge and develop this belief. It is a question that merits more research especially considering that his patient interviewees were "switching back and forth between taking Viagra and taking Chinese medicine" (2007, p. 53).

Scheid on the other hand spent a whole chapter presenting four cases studies in which patients deploy tactical agency in their quest for treatment in a TCM hospital in Beijing. He observed that interactions between doctors and patients are not always cooperative but sometimes full of struggles. In his observation, patients were making various medical choices: to request a therapy they prefer based on their own experience or for their convenience of daily routines; to refuse Chinese medicine and prefer western medicine; to change their mind after consulting with another doctor, etc. Through these cases, he "presented patients not as passive recipients of therapy or, at best, as rational choosers or creative resisters, but as agents who actively participate in their quest for therapy (Scheid, 2001, p. 107)", and valued the complex process within patients' medical choices.

More importantly, he also suggested that as patients accommodate and resist alternative possibilities of Chinese medicine treatment in the negotiation with doctors, they are shaping Chinese medicine, which should not be viewed as an abstract system, but as medical practices embodied in doctors, hospitals, and therapeutic regimes. From this perspective, he pointed out that it was not only political power that had been effectively changing Chinese medicine, but the presence and activities of patients also contributes to the transformation of Chinese medicine. It was an insightful point of view which was rarely raised by other researchers.

However, this transformation contributed by patients might be very limited. He found out that patients were increasingly bringing biomedicine in their negotiations with Chinese medicine doctors - they might use disease categories in biomedicine; they might ask the doctors to take their biomedical exam results into consideration or demanded such exams; they might request biomedicine drugs or treatments. Chinese medicine doctors thus had to respond to these needs and adapt their practice at times, which should be considered as part of the transformation of Chinese medicine as influenced by patients. However, these adaptations might not be a new phenomenon considering the fact that Chinese medicine and biomedicine has been subjected to the demands of the government to become integrated since the 1950s.

One interesting finding of his fieldwork is that patients were increasingly using disease categories and descriptions found in biomedicine to present or understand their own disease or ailments based on their biomedical knowledge or biomedical exams. It surprised Scheid that patients in his observation were familiar with the quantitative parameters in biomedicine of their disease, at least compared to patients in Britain. The presentation of diseases with

biomedical language increasingly involved, made the diagnosis more complex and time-consuming. But such presentations and negotiations can hardly be said as very challenging for the doctors, because patients, in both Zhang's and Scheid's research, at most, could make decisions between Chinese medicine and biomedicine and they are not able to challenge doctors' authority in their profession with concepts and theories in Chinese medicine.

On the other hand, in the eighteen months of fieldwork in which he observed more than four thousand individual consultations, he only met four patients who displayed the necessary knowledge to discuss their health issues with the doctors with the language in Chinese medicine. The lack of Chinese medicine knowledge might be the reason. As he wrote, "the knowledge of Chinese medicine possessed by most patients seemed to be limited to a basic familiarity with concepts like *qi*, Kidney (*shen* 肾), and depletion (*xu* 虚)" (2001, p. 126). Considering that this observation was conducted in the 1990s, if patients are equipped with more Chinese medicine knowledge nowadays, whether they will be more active and verbal remains unknown.

2.5 Self-Care and Engaged Patients

It has been documented that the seeking of medical help from doctors was not a common routine in pre-industrial society in some western countries (Porter, 1985). Even in the 18th century in Europe, people were found to have often medicated themselves using folk knowledge and tended not to turn to doctors. Before the development of biomedicine, doctors mainly relied on patients' narratives of their symptoms to make a diagnosis (Porter, 1992). However, this situation has changed dramatically after the hospital and laboratory model was introduced to

modern medicine. Under the biomedical model, the sick person surrenders before complex biomedical machines and knowledge, becoming the ‘patient’, who simply needs to stay quiet and wait for the results and treatments (Lupton, 2012).

However, this does not mean that self-care simply disappears, but instead appears to have become increasingly prevalent. Recent studies have focused on the intersection between practices of self-care in Anglo-American and European contexts and digital technologies, showing how these practices have profound implications on doctor-patient relationships, patient consumerism and knowledge production (Adams, 2011; Lupton, 2014). In particular, digital mobile devices such as wearable biosensors are widely used by lay people to record bodily functions such as to monitor one’s heart rate and they are also seen to be engaged in the self-care of illnesses and chronic medical conditions (Rich & Miah, 2017; Smith & Vonthehoff, 2017). Within the trend of self-care, lay people are expected and encouraged to conduct self-monitoring of their bodily functions which was once the preserve of doctors (Lupton, 2013).

Through such forms of patient engagement or patient empowerment, patients are not just lay people, but could be seen more so as participants who are deeply involved in their own self-care, not only in terms of preventive activities but also regarding aspects of diagnosis and treatment (Swan, 2012). While the emphasis may be on different perspectives, in a variety of studies such patients are called activated patients, informed patients, expert patients, and digitally engaged patients (Broom, 2005; Fox et al., 2005; Henwood et al., 2003; Lupton, 2014). Besides, governments in some European countries such as the UK started a series of programs from the 1990s, aiming to empower patients with quality information, promoting a new

‘partnership’ style type of relationship between healthcare practitioners, and providing support for the development of self-care trends (Henwood et al., 2003).

Self-care with Chinese medicine has been widely practiced since ancient times in China but has not attracted much academic attention. In previous research, this subject has not been touched upon, nor has there been any investigation as to how ordinary people experience Chinese medicine outside medical settings, and therefore it is as if Chinese medicine only appears to exist exclusively in medical settings. I speculate that for many researchers, Chinese medicine is firstly a profession dominated by professionals and it is something that has thus been seen as being provided to ordinary people. For example, back in the 1990s, Farquhar wrote that “users of herbal medicine require no cognitive commitment to the logic or the lore of the field” (1994b, p. 475).

However, it is an argument which perhaps needs to be reconsidered. We can also find some evidence that points to otherwise within other people’s research. For example, patients in Zhang’s (2007) research were reluctant to use biomedicine, but preferred Chinese medicine to foster their overall health due to their beliefs which was shown to be based on Chinese medicine. This medical choice and the ways in which these beliefs are shaped require at least some cognitive commitment on their part.

In fact, Farquhar herself also documented more than once that ordinary people take Chinese medicine outside medical settings. For example, in her fieldwork in Shandong in 1993, she observed that people had consumed food in a small herbal medical meals establishment (Farquhar, 2002). The medical meals were basically tonics for men, provided to improve the

physiological basis for a functional masculinity. What Farquhar observed was that consumers seemed to be not so much interested the efficacies of the specific herbs being consumed, but instead through the experience of flavors, which are given importance and rich meaning in Chinese medicine, bodily experience could be felt. She concluded that “this experiential side to Chinese medicine encourages a personal micro-politics, as patients seek to govern themselves and their immediate environment using techniques that fuse thinking and feeling, forming habits that make sense to their senses” (Farquhar, 2002, p. 295).

Moreover, self-care became the focus of her research in a more recent work *Ten Thousand Things: Nurturing Life in Contemporary Beijing* (Farquhar & Zhang, 2012). In this book, they documented a broad range of activities such as jogging, dancing, singing, calligraphy etc., and view them as *yangsheng*. They show how Beijing residents draw on cultural resources ranging from ancient philosophy to mass media to understand and explain life in the pursuit of well-being. However, many *yangsheng* activities they documented are not directly related to Chinese medicine. We cannot see how Chinese medicine, its theories and practice, is utilized in people’s daily life.

Self-medication through Chinese medicine is not commonly seen in extant studies. One exception is Scheid’s research in which he documented how a patient named Li conducted self-medication for minor illness and only went to doctors when symptoms persisted. With regard to Li’s self-medication, Scheid wrote that “Li’s case also highlights patients’ scant regard for the sanctity of medical traditions” (2002, p. 119). Although Scheid claimed that patients are shaping Chinese medicine, for him, such a shaping could at its most function through their

choice of doctors and demand for certain treatments, and their self-medication is viewed as a transgression of their role as a patient.

Chinese medicine does not only exist in medical settings since ancient times. In ancient China, medical knowledge and practice were widely distributed among “shamans, Buddhist priests, Daoist hermits, Confucian scholars, itinerant physicians, established physicians, laymen with medical knowledge ... and many others”(Unschuld, 1979, p. 118). Given the educational level among ordinary people in contemporary China greatly exceeded that of which was available in ancient China, it is reasonable to speculate that Chinese medicine knowledge is much more widely distributed in the present era.

More importantly, the availability of Chinese medicine knowledge on social media especially makes self-care much more convenient and practicable. Numerous online forums, groups, and apps are emerging with an increasing number of people receiving and forwarding health-related information on their smartphones (Zhang et al., 2017). Zhang and colleagues (2018) identified more than 6,000 apps for maternal and child health care alone. These forums and apps provide a wide range of services, including counselling, appointment making, medical education, and telemedicine (Hsu et al., 2016; Shang et al., 2019). Research to date on online health communities in China has primarily focused on aspects such as users’ health information behavior and doctor-patient interaction (Zhao, 2018), while how people learn medical knowledge collaboratively online and conduct self-care has received little attention. Moreover, Chinese medicine has not been the primary focus of interest in published research.

What this lack of research on self-medication with Chinese medicine leads me to ask are

the following questions: does Chinese medicine as a body of knowledge and practice only belong to professionals? How should we understand self-care practices with Chinese medicine outside medical settings - should we view it as mere lay people's reckless attempt without enough regard for the sanctity of medical traditions, or should we place importance on these practices and see them as a new element emerging within Chinese medicine? These questions have not been fully explored.

2.6 The Transmission of Chinese Medicine

After Farquhar (1994a) explained how knowing practice in Chinese medicine is realized, Hsu (1999) showed how such knowing is contextualized. When Hsu conducted fieldwork in the in the late 1980s in Yunnan province, she participated in the study of *qigong* by following a master as a disciple, courses instructed by a senior acupuncturist, and the formal education at Yunnan TCM college. In these three settings, she observed three different ways in which transmission of knowledge and practice was disseminated – the secret transmission, requiring a master-disciple relationship to ensure the transmission of personal expertise; the personal transmission, in which classical texts were interpreted with the teacher's own conviction and experience; and the standardized transmission, which refers to the formal legitimized studentship in TCM colleges with standardized enrolment, instruction methods, and curriculum.

In these three settings, and through three styles of knowing (secret, personal, and standardized), Chinese medicine knowledge is not presented and shaped differently. Knowledge is not transmitted to the learners directly but socialized into different contexts and

therefore social interactions, with its connotations, uses, and performative significances vary to a great extent. What this means is that the learning experience in its entirety should be held with great importance especially in terms of the transmission and knowing of knowledge and practice.

But to become a professional in Chinese medicine requires much more than just simply studying. One also needs to develop a variety of relationships including discipleship, studentship, and social networking in medical institutions for knowing practice (to use Farquhar's term) and for one's career (Scheid, 2002). Scheid's research resonated with Hsu's argument, but provided a different perspective by viewing knowing as emerging in social relations. Under different social relations, the styles of knowing are distinctly different, with doctrine and practice being "continuously reconstituted through a plurality of social interactions" (Scheid, 2002, p. 64) and with social relationship and knowledge transmission entailing each other.

Previous research has tended to focus more on the formal and institutionalized transmission of knowledge. Or to be more precise, it is in fact the knowledge and education for the professionals that has thus far received more attention. The settings are basically TCM colleges or hospitals where young doctors study from the experienced ones. This emphasis placed on professional training makes sense considering that in contemporary China, the mainstream way to obtain a Chinese medicine doctor license is to study at TCM colleges or vocational schools in order to then pass the TCM licensing examination.

However, what has not been paid enough attention is that Chinese medicine is widely

transmitted outside of hospitals or clinics, with a variety of informal styles of knowing. Nettleton (2004) suggested that in this information age, medical knowledge is no longer exclusive to the medical academy but has ‘escaped’ beyond the walls of medical institutions such as schools, hospitals, and laboratories, being accessible for as well as being produced by health prosumers. What is important is “not just the availability of health and medical information that is salient here, but also the means by which it is disseminated” (Nettleton, 2004, p. 673). As the internet play a crucial role in the dissemination of medical knowledge, Nettleton coined a term e-scaped medicine to describe how knowledges seep out from institutional boundary into cyberspace. In this sense, Chinese medicine could also e-scape into the cyberspace and becomes accessible to ordinary people. As a new form of knowledge transmission, it has not attracted enough academic interest, but has the potential to contextualize, present, and shape knowledge in a different way, to necessitate a new style of knowing which is unprecedented in the history of Chinese medicine.

2.7 Prosumption and Profession

A common take on the contemporary situation is that our identities, learning experiences, and social interactions are increasingly structured by digital technologies (Lupton, 2015). In recent years, a growing number of self-care practices are facilitated by the Internet and new health-related digital technologies. Mobile digital devices such as wearable biosensors are widely used by lay people to record bodily functions such as heart rate and also enables them to engage in the self-care of illness and chronic medical conditions (Rich & Miah, 2017; Smith

& Vonthehoff, 2017). A growing number of interactive digital media platforms have been established to elicit lay people's illness experience (Lupton, 2014).

Some researchers have drawn on the concept of prosumption to explore such self-care behavior in which people both produce and consume information simultaneously (Lupton, 2014, 2016). In his book *The Third Wave*, Alvin Toffler (1980) first talked about prosumption to describe how people produce many of their own goods and services for their own consumption. He argued that contemporary society is moving towards a third wave³ in which production and consumption will not be distinctly separated. In this era of Web 2.0, in which user-generated content is encouraged by a variety of platforms that involve millions of users (e.g. Facebook and Twitter), digital prosumption can be said to have transcended the original range of presumptive activities described by Toffler and has since then been attracting more academic interest (Ritzer & Jurgenson, 2010).

As for self-care, individuals purchase various kinds of digital devices and participate in online forums as consumers; in their daily usage, they generate health data, and actively participate in uploading and sharing the data and their illness experience on social media or online forums as producers. Meanwhile, they also gain access to other people's data on their health conditions, output as well as receive different forms of feedback while such data continuous to circulate via the Internet (Ritzer et al., 2012; Lupton, 2014; Millington, 2016; Pang et al., 2018). Such participation includes both the prosumption and consumption of health-

³ In the first wave, the dominant process of societies is self-production, and people grow their own food and make their own clothing. The second wave started since the Industrial Revolution which lead to industrialization and marketization, with production and consumption being separated.

related data.

However, such prosumption has its limits and could be problematic. Patients are not supposed to participate in the design of online forums (Oudshoorn & Somers, 2006), nor do they have full control over the data generated from their active sharing of illness experience (Lupton, 2014). Thus, prosumers, while producing, are not encouraged to innovatively create products to better satisfy their needs beyond certain scope required by the owner of platform or manufacturer of devices (Wolny, 2013). Besides, while users gain in terms of having more diverse and accessible ways to express themselves, benefit from each other's sharing, gain knowledge and information with more ease and support, and contribute to medical research, the platforms and the data they produce are increasingly commercialized by its owners. In this 'digital patient experience economy', as termed by Lupton, prosumers of health-related data, might be exploited in novel ways (Lupton, 2014).

Moreover, some studies use Foucauldian perspectives to examine self-care with digital technologies. As such digital technologies are generally designed to propose a set of standards as well as values for people to conform with, it requires users to keep monitoring their body (Lupton, 2016). By tracking and measuring everyday activities such as diet, sleep, and physical activity, one internalizes a practice of self-surveillance while being aware the risk of 'unhealthy' behaviors and potential consequences (Pang et al., 2018). Thus, self-care becomes a self-regulated practice of prosumers through a form of surveillance. Digital technologies might function as a disciplinary mechanism through which normalization is enacted to reach conformity. Surveillance keeps creating assessment and categorization, which encourages or

demands users to achieve a homogeneous ‘normal’ or even an exceptionally healthy body (Foucault, 1979, Pang et al., 2018). Besides, surveillance does not always mean risk or punishment. As users receive as well as generate feedback such as ‘comments’ and ‘likes’ to monitor one another’s health behaviors, and share self-care practices on social media, enjoyment experienced through social exchange and a sense of community could be developed, which suggests a form of ‘participatory surveillance’ (Albrechtslund, 2008) and ‘pleasurable surveillance’ (Whitson, 2013).

Web 2.0 is also developing fast in China and the literature on prosumption provides insightful perspectives to explore self-care in China. But it should be noted that Chinese medicine is distinctly different from biomedicine, and self-care with Chinese medicine has its unique features, which means these perspectives should not be applied directly or mechanically. First and foremost, Chinese medicine does not rely on digital technologies or other quantitative methods to make diagnosis or define health, and digital devices such as wearable biosensors are not very useful for individuals who want to take care their own health with Chinese medicine. It suggests that in Chinese medicine a ‘quantified self’ cannot be pursued, and health cannot be digitalized into data. But it also raises new questions to explore – for people who practice self-care with Chinese medicine, without quantitative methods, how health is defined and pursued, and illness is recognized and categorized; do other forms of prosumption and surveillance exist in self-care; if web 2.0 and beyond open up new forms of communication and information exchange, what is being produced and consumed and who are the people involved with these emergent practices?

Within the trend of self-care, lay people are expected and encouraged to conduct self-monitoring of their bodily functions which was once the preserve of doctors (Lupton, 2013). Through patient engagement or patient empowerment, patients are not just lay people, but participants deeply involved in self-care, not only in terms of preventive activities, but also with regards to diagnosis and treatment (Swan, 2012). Based on various emphasis in different studies, such patients are called activated patients, informed patients, expert patients, and digitally engaged patients (Broom 2005; Fox et al., 2005; Henwood et al., 2003; Lupton, 2014).

As ordinary people are obtaining more medical knowledge and are also starting to conduct self-care, they might challenge doctors' monopoly over care. Professionals need to maintain a strategic heartland monopoly over a core jurisdiction to ensure that their profession remains within the realms of the jurisdiction of qualified professionals as per specific standards, requirements, or certificate (Abbott, 2014). When these empowered patients conduct care outside institutions and prosume health-related data, and even participate in each other's health issues, they might be closer to that which has been termed Pro-Am (professional-amateurs), who are amateurs but engage in a professional manner (Leadbeater & Miller, 2004).

Although Chinese medicine is widely practiced in self-care, such perspective has seldom been employed to examine self-care in Chinese medicine or Chinese medicine amateurs' practice. It is unclear, if ordinary people in contemporary China could also be empowered by Chinese medicine knowledge to become expert patients, participate in care dominated by professionals, and challenge doctors' profession. Especially, considering the fact that one does not need to rely on digital technologies to conduct self-care with Chinese medicine, it is

unknown in Chinese medicine, whether prosumption is easier to conduct and medical professions easier to be challenged.

2.8 Desire, Sexuality, and Gender

During the Mao era, ideological communist asceticism shaped the idea of marriage as a union between a man and a woman as functioning towards the goal of serving for the betterment of socialism. Continuing ideological campaigns promoted the Maoist morality which required individuals' loyalty to the party state. It was demanded of the people to devote and sacrifice themselves to grand revolutionary goals instead of their own interests (Yan, 2010). Lei Feng (雷锋)⁴, as a model citizen was created and the public was encouraged to learn or emulate his selfless dedication.

In the ambitious project under Mao, “the people”(renmin 人民) were considered a most crucial target. It is the people that legitimize the party-state. But as was believed, the collective that comprises of “the people” also required specific refinements through revolution. As an example, while gender equality was pursued and promulgated as an important goal, romantic love was denounced as corrupt, and physical aspect of sexuality was stigmatized as taboo (Yan, 2010). Ideally it was thought that people should strive to transcend private gratifications and bourgeois romance and aspire towards a more wholesome collectivism (Farquhar, 1999).

As the state withdrew from private sphere, a sexual revolution as part of the changing

⁴ a soldier who was the object of a famous propaganda campaign in Mao's era

lifestyle was emergent. The state once again tried to use ideologically bolstered campaigns to suppress this “spiritual pollution” in the early 1980s, but retreated and focused instead on economic growth and political stability (Yan, 2010). People began developing a growing awareness of sexual rights, and tolerance towards different behavior patterns as explained by Zhang who wrote, “individual sexual desire went from being the enemy of the ethos of collectivism during the Maoist period to being one of the central components of subjectivity within a newly arrived consumer society” (Zhang, 2008, p. 67).

Pan et al. (2004) found out that an increasing number of men under the age of 40 view sex as independent of romantic attachment. They engage in non-conventional sexual behaviors such as premarital sex, and consuming pornography and sex via prostitution (ibid.). They argued that the changing sexual behaviors of men provided a gendered indication that China was undergoing a sexual revolution (Pan et al., 2004).

It was under such a context that anthropologists observed a growing number of men claimed that they were suffering from impotence and sought medicine. Chinese medicine responded to people’s desire and in a sense produced desire, with *nanke* (men’s medicine 男科) as a subdisciplinary specialty being created and institutionalized in the 1980s (Farquhar, 1999; Zhang, 2007). “It is not just that herbs and acupuncture and needles actually do affect disease states; their use also entails a particular approach to bodily life” (Farquhar, 1999, p. 157). In the late 1980s and early 1990s, patent medicines aimed to improve sexual potency for males were the most commonly advertised commodity on billboards; a lot of handbills were pasted to telephone poles advertising *nanke* clinics; drugs and tonics to boost potency became favored

gift items and small medical businesses in this field were able to make a fortune from offering treatments; Viagra as well as herbal medicine were consumed by men who sought to improve their potency (Farquhar, 1999; Zhang, 2007).

Zhang did not view the birth of *nanke* as simply a response to a growing number of patients. He made an interesting comparison that while hospital visits by impotence patients increased, the visits by spermatorrhea (*yijing* 遗精) patients decreased since 1980s. He attributed this change to moral symptomatology by which he means “the decisions and judgment of the medical establishment and, ultimately, the state in rendering certain symptoms legitimate for medical attention” (2007, p. 494). In other words, these decisions and judgments are greatly influenced by the concerns of climate surrounding ideas about morality. In the Maoist period, as individual desire was regarded as the enemy of collectivism, people were therefore afraid of seeing doctors for impotence because of the potential political and moral risk, while nocturnal emission was seen as an illness morally and politically ‘safer’ to suffer from. So, the birth of *nanke* not only acknowledged impotence as a disease, but also justified individual desire, which coincided with the waning of collectivism and Maoist discourses and the rise of individualism (Farquhar, 1999; Zhang, 2007).

Farquhar (1999) also observed similar phenomena as documented by Zhang. By analyzing two films released in the 1990s, she viewed importance as a symbol of the social body caught in a dilemma when Mao’s revolution was radically denied. Farquhar suggested that Chinese medicine with its allegorical and material resources was responsive to the cultural and social needs in an equivocal way, and concluded:

the technologies of herbal medicine in which so much history and social labor are congealed may not always be effective against the disease of impotence, but at least they draw on the resources of an indigenous past to treat the depletions of an economically unsatisfactory present. (1999, p. 174)

Instead of providing concrete observation of medical settings, doctors, or patients, her analysis of the fictional realism produced by filmmakers seemed not adequate enough to support her argument that Chinese medicine seeks to replenish the local roots of everyday experience.

Compared to *nanke* (men's medicine), how women seek Chinese medicine treatment is another area of interest that has yet to attract attention from anthropologists. As for the reasons behind this oversight, I speculate that *nanke*, as a newly-born field with advertisements and products blanketing China's 1980s and 1990s, was too visibly prominent and thus easily entered both the fields of the public imagination and academic interest. This institutionalization of *nanke* and the related practice and theories embodied the dramatic socioeconomic changes in China in the reform period in a unique way and became a field waiting to be explored.

Fuke (gynecology 妇科), which is of course not less important than *nanke* (男科 men's medicine), although had been developed since more than two thousand years ago, did not receive equal academic attention in the 1980s and 1990s. Zhang (2007) quoted Furth's research to argue that the most important function of *fuke* was to not to benefit women, but to ensure reproduction and thus is male centered (1999). This argument makes sense in Furth's historical study of Chinese medicine from 960 to 1665, but is not indisputable (1999).

Firstly, *fuke* not only deals with reproduction, but also a wide range of illness related to women's menstruation, such as irregular menstruation, menopause symptoms etc. Secondly, to provide medical care for senior women in ancient China has nothing to do with reproduction, but a crucial part of the filial duty. More importantly, Furth's argument is persuasive for her historical research, but it might not be adequate enough a justification to extend to the situation in contemporary China. While gender equality has developed greatly in the past one hundred years compared to ancient China, I doubt *fuke* is still mainly aimed at reproduction or male-centric. Even Furth herself, in her article with Chen on menstruation in Taiwan, refused a reductive perspective which views women as victims of cultural construction of menstruation as polluting, as Chinese medicine emerged as "a symbolically multidimensional contributor to Taiwanese Chinese menstrual beliefs and practices" (Furth & Chen, 1992, p. 27).

How women experience Chinese medicine remains unclear. In a more recent study, Scheid (2007) analyzed how Chinese medicine practitioners reinvent their tradition to expand their range of treatments. But he focused on menopause as a disease in Chinese medicine theories and practice, instead of on women as patients. Questions such as how women view menopause themselves and how they seek treatment from Chinese medicine for related symptoms have not been well examined.

Chapter 3 Methods and Methodology

I employ qualitative methods – observation, participation observation, and interviews, to gather information and source data for this research. In this chapter, I will discuss how these methods were used as well as their validity and shortcomings. As I spent a long time in medical settings and conducting online observations, I will also talk about how I followed the research ethics.

3.1 Online Participation Observation

I joined seven online Chinese medicine courses between the years of 2016 to 2019. These courses are instructed on different online platforms, but all of them set up online Wechat groups for discussions. I conducted online observation in the courses and in the Wechat groups.

In four groups, the discussions were very active. Several hundred messages were exchanged every day. On busy days, the number of messages posted reach approximately two thousand. Among the four groups, two of them became less active after about two years, while the other two are still active even in the present. Each day, I read the new messages that are posted including pictures, emojis, and files attached. I read each message and took screenshots to document messages that I found interesting. Wechat, as a popular social media platform, is not just a medium to gather data, but also an ethnographical field (Svensson, 2017).

The online group provides me with not only plenty of data, but also opportunities to recruit informants. In the four online groups, I mentioned that I was a researcher but did not elaborate

in detail. In total, there were only fewer than 10 participants who showed some interest in my research. I contacted more than 80 participants, especially people with whom I had interactions with or people who were more willing to talk in the group.

Via this method, I recruited 34 informants who said that they would like to be interviewed. They live in 11 provinces in China. I managed to interview 25 of them face to face in 15 cities where they live. Some of them were willing to introduce me to more informants. I then interviewed another 21 informants in these cities.

Online ethnography raises many new ethical questions. As a new research arena with an enormous variety of online contexts, no universal and widely accepted code has been established (Tiidenberg, 2018). Ethics guidelines in traditional disciplines are not always regarded as applicable (Beaulieu & Estalella, 2012). Thus, researchers often find themselves in a liminal space; and their attitudes towards basic concepts such as privacy and anonymity vary greatly (Tiidenberg, 2018). Some scholars advocate that instead of a one-size-fits-all code, ethical decision-making should be case-based and contingent upon the specific context (Lomborg, 2012; Markham & Buchanan, 2012). Markham and Buchana (2015) also suggest that researchers should give priority to avoiding harm, instead of obtaining informed consent per se. When I conducted online observation and present the related data in my thesis, I mainly refer to AoIR⁵ in my ethical decision making (Markham & Buchanan 2012). I did not announce my identity as a researcher when the groups were first set up in, but gradually I introduced myself and mentioned my research in conversations in the group. Instead of discussing

⁵ <https://aoir.org/reports/ethics2.pdf>

informed consent individually, I talked about the ethical principles I would follow in plain language when anyone showed some interest in my research. Most members use screen names instead of their real names; in my research, I gave these usernames pseudonyms to further protect their confidentiality.

3.2 Observation in Medical Settings

My fieldwork started from my first interview in Jinan in the spring of 2016 and ended in the summer of 2021 when I finished my observation in a clinic in Kunming. During the five years, I spent about 16 months in China conducting fieldwork. I conducted observations at three clinics and three hospitals in Shandong province, Yunnan province, Shanghai, and Beijing. I view Jinan, the capital city of Shandong province as my most important site, where I spent more than ten months.

As these are medical settings, sitting in the diagnosis room without a white coat would make my presence seem very out of place, result in the doctor feeling awkward, and patients feeling suspicious about what I was doing there. I suspect my accent in particular often made my efforts to start a conversation a little difficult, as patients spoke in local dialect with one another. Several times, I was treated with suspicion; they thought I was a salesman trying to sell them health tonics as the regulation on tonics and TCM products is loose. On top of that, their suspicions may have arisen as there have been many media reports on how salesmen targeted elderly people with health products which were of low quality or even detrimental to their health.

After realizing how these issues were affecting my approach, at five sites, I asked for doctors' permission to wear a white coat and sit across the doctor's desk. Only in one clinic in a small town in Shandong province, I found it was not necessary to wear the coat because the doctor seldom wore his and patients were chatting in the diagnosis room with each other. The white coat thus played an important role in my fieldwork. It helped me to integrate into the medical settings with a vague but seemingly more appropriate or fitting identity, allowing me to approach the patients in a way that did not subject me to immediate negative biases, which then allowed me the chance to talk with them a little and then introduce myself and my research. I never once pretended to be a doctor nor did I try to behave like one, but the coat officiated my presence as approved by the clinic or the hospital, which I indeed had been. In many ways, it functioned as a sort of an officiating pass from the respective institutions that allowed me to conduct fieldwork within their premises. With the white coat, there were only a few times when patients ask about me. In these cases, the patients are in fact the doctors' acquaintances and they thought I was an apprentice or intern.

Besides conducting observations, I had many informal conversations with doctors and patients. I also asked the doctors to introduce new patients who I could interview. It is much easier to recruit informants for interviews this way compared to approaching the patients directly by myself without doctors' introduction.

3.3 Interviews

I completed a total of 148 interviews with people who have not received any formal

training of Chinese medicine. Among them, 71 people claim that they have chronic diseases, from minor ones such as chronic pharyngitis to more serious diseases. Besides, I also interviewed 14 TCM students and 22 TCM doctors who worked in hospitals or clinics. Only about one third of the interviews were recorded with interviewees' permission. This resulted in me having to take a lot of notes. I found out that TCM students were the group who tended to refuse my requests most. None of them wanted to be recorded.

I conducted semi-structured interviews as far as it was possible. But as my research went on, especially when I began my fieldwork in medical settings, whether it was a semi-structured interview or even any kind of interview became more difficult due to the following reasons. Firstly, when I approach patients who I met in hospitals, in most cases, I failed to attract their interest or win their trust. The most successful setting up of interviews were those that were introduced to me by the doctors. Even so, most of them did not want to arrange their schedule so I could have a "formal" interview – the interview I expected - sitting in a café for two hours with a list of questions and my phone recording the conversation. They only wanted to spare some time and to chat quickly with me for five minutes or half an hour at the most. I therefore learnt how to conduct an interview while the interviewee was texting on their phone, making calls, queuing up to get the medicine, or chatting with acquaintances who passed by. I need to grasp at the short period of time to raise my questions while trying to lead the talk into a situation such the patient would like to spend more time to talk with me. Taking notes was difficult, not to mention asking for their agreement to use recording devices. I adjusted not so much my expectations, but my perception about what a decent interview is supposed to be.

I was not sure if it was just because of these obstacles, but many interesting things emerged from these conversations which were neither formal nor structured. I often found out that it was much better to talk about health and illness in a hospital instead of at a café. The noisy surroundings, the various distractions and interruptions, are the interesting ingredients of the interviews on site. They may have made the conversation less smooth, but they also helped it flow at a natural pace which suited the field. I view the data I collected in this process as valuable as those I obtained from the proper more structured in a classical sense type of interviews.

I kept in contact with many informants, especially with Chinese medicine amateurs. On Wechat, we exchanged our understanding of Chinese medicine occasionally and they sometimes asked for my advice when they wanted to prescribe herbal medicine. I then had adequate opportunities to ask them more questions, which also provided me plenty of data, showing how they continued to study and practice Chinese medicine in a longitudinal sense. I also managed to interview 15 of them again face to face. As for the coding, I did not rely on any software to do analysis, but read my notes many times to sort them into different themes and to find interesting points and connections.

All my informants are given pseudonyms to protect their confidentiality. As my doctor informants do not want to expose the name of their hospitals which they work for, I came up with names for these hospitals. As I mentioned above, when I conducted observation in medical settings, I asked for the doctors' permission to wear a white coat. I never pretended to be a doctor or medical staff. I always explained my position and made clear my identity when I

approached patients to give my invitation for interviews.

3.4 Multiple Sites and Multiple Themes

I chose Jinan, the capital city of Shandong Province, as my first research site because I have some connections there which then provided me with opportunities to conduct observation and interviews in TCM colleges, hospitals, and clinics. I stayed there for the longest time and obtained about half of the data for this thesis. Instead of focusing on one group of people, I choose to cover different focus groups, including online Chinese medicine learners who help each other, a group of women who practice taichi, TCM students and doctors etc. Because firstly, in my fieldwork, I found it difficult to categorize ordinary people into different groups by setting some criterion or to draw a clear line between amateurs and non-amateurs. Secondly, ordinary people's practice of Chinese medicine should not be understood as independent of professional practice and medical institutions. They are often intertwined.

Several interesting points emerged naturally during my fieldwork which attracted my interest and guided me to explore these in more detail or to pursue these as themes. To follow these themes, I also conducted fieldwork in six other cities in four provinces. I then sorted my data into the themes which I followed and presented one by one in the PhD seminar twice a year. It is worth mentioning that when I presented for the last time in 2019, I realized that three themes were closely related to women who are patients, Chinese medicine amateurs, or other lay people. Although I did not initially plan to focus more on women or to take a gendered perspective intentionally, I have one whole chapter on which I discuss about women who use

Chinese medicine. It is a result I did not expect.

TCM is under a top-down administration. As a unitary state, the central government of China makes national policies and regulations regarding TCM and provinces do not have a degree of autonomy. Although these areas have different socioeconomic levels and various local cultures, I did not find any obvious regional discrepancies regarding the status of TCM and the acceptance or popularity of Chinese medicine among ordinary people. For this reason, I think it is valid to organize my data collecting from different regions based on themes.

At different research sites, online and offline, and for different research objectives, I laid emphasis on different methods. When I present my data in the following chapters, I will talk about my methods in more details, such as the number of interviews, how the interviewees were found, and how my observations were conducted in these sites.

3.5 My own identity as a Chinese medicine learner

I myself am a Chinese medicine amateur. I started to be interested in Chinese medicine many years ago when I had not yet started my PhD project, and have been studying Chinese medicine all these years. I also had experience in providing Chinese medicine treatments including moxibustion, acupuncture, and herbal medicine for my family members, friends, and acquaintances. I also followed a few practitioners to study in a master-disciple model. Due to such experiences, I often find myself being able to resonate with many Chinese medicine amateurs' experiences as documented in this study.

Since 2015, I have followed many Chinese medicine doctors' Weibo or WeChat public

accounts, and also joined several online courses. My original aim was to collect more data for my study. But as the teachers, all of whom are Chinese medicine practitioners, taught not only theories but also their own experience and techniques, I learnt valuable knowledge that is impossible to obtain from TCM textbooks.

During my fieldwork, I met many Chinese medicine amateurs, especially on the Internet. All the online courses I joined set up WeChat groups for discussions. In these groups, I also joined the discussions with other members. Maybe because I have been studying Chinese medicine for a longer time and had relatively more knowledge than many of them, I was sometimes sought for medical advice by these group members. Many of my informants have even sought out my suggestions and asked me to prescribe herbal medicine for them. As it is difficult to make diagnosis only based on the illness descriptions which they provided without pulse taking, in many cases, I gave them my opinions but still advised them to visit TCM hospital or clinic.

Chapter 4 Chinese Medicine as Knowledge and Practice

This chapter will discuss how people learn and practice Chinese medicine. Many of them could be called as Chinese medicine amateurs. The first section focuses on an online Chinese medicine study group of 325 students seeking to obtain the capacity to solve various health issues among themselves. Then in the following three sections, I examine three specific cases, in which I document three informants' study and practice in detail respectively. They are not confined in one place but are three representative ones which I chose from my fieldwork both online and offline. While they can be empowered by Chinese medicine, I will also show that their practices are potentially rife with their confusion and the ensuing problems when they practice Chinese medicine. Through the four sections, I emphasize four essential aspects respectively in lay people's study and practice of Chinese medicine - online learning, practice, vagueness in Chinese medicine and learners' own interpretation, herbal medicine, to show how people learn and practice Chinese medicine, and how Chinese medicine is transmitted, translated, presented, and developed.

4.1 Self-medication with Chinese medicine Online

4.1.1 an Online Group with 325 Students

In the spring of 2016, I joined an online course on Chinese medicine in which 325 students (including me) from different regions of China learn about Chinese medicine and discuss issues concerning health and illness. Several hundred messages are exchanged on this online platform

every day. On busy days, the number of messages posted can reach approximately 2000. Each day, I read new messages that were posted including pictures, emojis, and files attached.

Based on participant observation, in this section I explore the web-based co-learning and self-care practices of 325 students from different regions of China. These students can be considered lay people, who are both enrolled in the online course and are seeking to obtain the capacity to resolve various health issues on their own. They are not passive patients seeking help from doctors, but active participants who construct an “online clinic” and try to treat themselves and others.

I also paid special attention to casual conversations which arose occasionally in the group and tried to collect more personal information such as gender, area, occupation, and family background. But as casual conversation only constitutes a small part of the ongoing communications, the information I could collect was limited. As far as I can tell after more than three years of online observation, more than half of the students live in urban areas and might be categorized loosely as middle-class. They work in various fields, including IT, manufacturing and education, to name a few. Almost none of them had any background in medical training, biomedicine or TCM. There appeared to be more women than men, with the prolific presence of mothers in their 30s in the group chat.

In addition to this observation, I sent friend requests on WeChat to about 40 students, and successfully became WeChat friends with most of these. For those who were interested in chatting with me from time to time, I gradually explained my research to them and asked if they would like to be interviewed in person. Twelve agreed and I managed to visit ten of them who

lived in seven cities in four different provinces in China. Of these ten informants, seven were women and three were men.

To better explain my fieldwork, I coin the term DIO (Do-It-Ourselves) to emphasize the importance of collaboration in self-care. The online collaborative study suggests a new style of knowing which determines how Chinese medicine is understood and practiced differently, whereby students create numerous medical encounters in their everyday life and contribute to the deinstitutionalization of TCM (Traditional Chinese Medicine).

4.1.2 Online Chinese Medicine Course

The online course focuses on teaching *Jingfang* (经方), which refers to the 269 formulas developed by Zhang Zhongjing (张仲景) in *Shanghan Zabing Lun* (Discussion of Cold Damage and Various Disorders 伤寒杂病论) during the Han dynasty (202 BC—220 AD). These formulas are regarded by doctors as already perfect. Many doctors today proudly call themselves *Jingfang* doctors to reflect their use of *Jingfang*. The only teacher of the course is Chen, who since several years ago has offered Chinese medicine courses on a popular video-based platform. On the platform, students are able to view PowerPoint and listen simultaneously to Chen's instructions. The course has 18 sessions, each lasting for about three hours.

Before the first session, Chen asked all students to join a WeChat group. At first, I thought this would be the platform where students would receive notifications about the course, get to know each other, and discuss some questions. However, casual conversations constitute only a small part of the content shared here. Most of the students delved straight into sharing their own health problems. The chat group became a platform where students could discuss illness, make

diagnoses, and prescribe medicine in a collaborative manner. At first, the discussions lacked coherence and the content was somewhat messy with students posting all sorts of health problems which involved themselves or family members. After about three weeks, with collaborative deliberation, certain rules regarding what to share were established and the discussions became more orderly. Students started taking turns to post a health problem and the ensuing contributions would focus on that specific problem. Below, I provide one example to illustrate how the WeChat group arrives at a solution collectively.

Seven sessions were completed when Xiao, a young mother, asked for help from the group because her son had a fever. She described her son's symptoms, including his temperature, what biomedicine her son had taken, and when the fever went down and went up again. Casual chatting immediately stopped and students began to discuss the boy's condition. The first seven people gave four different formulas, then more people joined the discussion. After about 30 minutes, they had eliminated two and focused on the other two. Finally, Xiao chose one and then went to the pharmacy. Just like what happened this situation, every day people seek advice, develop diagnoses, and discussions treatment.

Many young mothers in the group display great anxiety when their children get ill, even in the case of small discomforts like a slight fever. Xiao seemed very anxious not only because she was worried about her son, but also because her family did not believe in Chinese medicine. Her husband and mother-in-law urged her to take the child to a biomedical hospital for drugs or to be placed on an intravenous drip. But she insisted on using herbal medicine. The efficacy of Chinese medicine is a common conviction of group members: biomedicine has too many

side effects; it may bring down the temperature quickly; but it does not solve essential problems and it harms the body in the long run. Xiao explained that she was so anxious that she kept taking her child's temperature every hour, and finally made the "mistake" of giving him an anti-inflammatory and analgesic, Ibuprofen. She was strongly criticized by other students for this.

Many health issues discussed in the first few months were experienced by the students themselves or their family members. This is in line with what they reported as their reason to join the course: most course participants related that they joined in order to be able to solve these minor health issues for their families. However, as the course went on and as many successfully addressed everyday health issues such as fever, cough and diarrhea, the range of patients increased. Close friends, relatives, colleagues, and neighbors were becoming their patients. In some cases, course participants reported to the group that they had made a diagnosis and prescribed herbal medicine on their own; more frequently, they initiated an online conversation to seek the collaborative wisdom of the group, which includes hundreds of people engaging in active discussion on each health problem posed. Among them, Tian was very active in seeking help for his patients. A middle school math teacher, he devoted most of his spare time to studying Chinese medicine. When I interviewed him in 2017 August, he told me:

Now I have the real chance to practice Chinese medicine. Of course, I am very glad. These chances are precious. After all we are not doctors...I cannot say I have patients every week. Hmm, approximately one patient every week maybe. Now some of my friends and colleagues call me Doctor Tian, instead of Teacher Tian.

Tian is not the only one in the group who makes diagnoses and prescribes medicine

frequently. Their practice, starting from the need to take care of their own health, should not be understood simply as a style of self-care sharing among a small group. The practice soon goes beyond the group and involves a broader range of people. Chinese medicine, as a body of knowledge, while often seemingly too complex to comprehend, becomes applicable once a certain level of knowledge is attained even by lay people.

Although it is difficult to assess how course participants win their “patient’s” trust, it is possible to gather from their feedback that their “patients” at least follow the course participants’ prescriptions, buy herbal medicine, and consume it. Meanwhile, the range of illnesses participants aim to cure expanded greatly, from minor conditions such as cold and fever to serious chronic conditions arthritis and heart disease. Almost every day, there are symptoms waiting to be discussed and “patients” waiting to be cured. It is as if 325 “doctors” are working collectively at an online clinic.

On the internet, there are many posts from TCM doctors to advertise their own courses. Almost all of these courses are targeted at lay people with an interest in Chinese medicine. From 2015 to 2017, I joined four online Chinese medicine courses, separate from the course that led to the establishment of this WeChat group. The content, tuition fee, and number of students vary greatly. Except for one, all the courses set up WeChat groups in which students shared their illness experience and sought help from each other. This kind of online course is far from rare.

4.1.3 Why Don’t They Seek Help from Doctors?

As these students believe that biomedicine has too many side effects and can only alleviate

the symptoms but do not address the root causes, their preference of TCM over biomedicine is understandable. However, why do they rely on hundreds of people who have just begun their study instead of visiting professional TCM doctors? One reason seems to be their distrust of professionals. At first, this was not explicitly raised in the group chat. As students got to know each other and began to share their stories, and more importantly as they obtained more knowledge through studying, their complaints and criticisms of TCM doctors and hospitals grew stronger and more explicit. These ranged from what they perceived as the incompetence of a certain TCM doctors to what they found to be unreasonable regarding procedures at TCM hospitals or the general structure in which these hospitals are organized.

However, their criticisms toward and distrust of TCM doctors cannot fully explain why they turn to one another in seeking medical advice. I contend that there is a subtler reason behind their reliance on this online group and their preference for the self-study of Chinese medicine and self-healing over seeking advice from an expert. Participants believe the online diagnosis that emerges out of the collaborative wisdom of their peers is more accurate and much more reasonable than that from the process by which TCM doctors make diagnoses in the clinical settings. In the group, the standard procedure before reaching a diagnosis is as follows. The patient or the student who poses the medical question fills out a diagnostic form that contains about 50 questions. Apart from some standard questions such as age, and those that inquire about main symptoms, this form includes many questions that may initially come across as unrelated and trivial to those who are not familiar with the way in which diagnosis is made in Chinese medicine. For example, questions such as: “How does the inside of your mouth feel?”

“Are the veins under your tongue thick and very noticeable?” “When you touch your abdomen, is it soft or firm?” Next, students are expected to identify the symptoms that are worth further inspection. The symptoms that appear to be the most significant for a given health issue constitute a cluster, and these are matched with a formula from *Shanghan Zabing Lun* (Discussion of Cold Damage and Various Disorders 伤寒杂病论).

Figure 2 A picture of the tongue posted in the online group



The seemingly trivial questions of various details of the patient's bodily conditions are treated with great importance by the group. Students emphasize the presence of these symptoms and view them as signs that indicate the health status and point to the way to cure disease. After one posts the detailed symptoms, students will discuss them collaboratively. In many cases, a more detailed description will be requested for further discussion to reach the final diagnosis. This active engagement and careful diagnosis seem to be at the heart of the appeal of this collaborative self-study and the main reason why course participants seek help here instead of visiting hospitals. Many course participants express their belief that hospitals do not provide meticulous care. What Xu related to me exemplifies this common dissatisfaction with

biomedicine:

You have a cold. You have a runny nose. The mucus may be clear at first, right? Then after a few days, some people have a fever and others don't. Some people have their mucus turn yellow, right? Some people also have diarrhea. And some people have dry throat while others don't. But who cares? [In a biomedicine hospital] You care. I care. But doctors do not care. They only care about prescribing drugs and giving you intravenous injections.

Xu's statement reflects the comparison between diagnosis in the group and the experience of being a patient at a biomedical institution. However, it was not apparent why the online experience in the group was more appealing than being a patient at a TCM clinic. After all, if what they learn in the course is Chinese medicine, why don't they seek help from good TCM doctors who might provide them with quality treatments? Having read several complaints about the incompetence of TCM doctors in the group chat, I decided to visit one of the most famous TCM hospitals in the province – Shandong TCM Center Hospital. Given the fame that some prestigious doctors in this hospital have achieved, I was not surprised that some patients had come from hundreds of miles away and the clinics of these prestigious doctors were overcrowded. There, I interviewed Wang, a PhD student under the supervision of a very well-known TCM doctor, Hu. Wang said to me:

He is very responsible and always puts patients' interests first. He is so concerned about having enough time to attend to as many patients as possible, that he keeps his consumption of water to a bare minimum during work hours so that he does not have to go to the toilet very often.

Wang told me that Professor Hu attended to more than 150 patients in one day. After interviewing him, I stood outside of Hu's diagnosis room for an hour. Nineteen patients came in and out during that time, which means each patient had merely three minutes on average with the doctor. Within a three-minute conversation, the TCM doctor and the patient had to exchange enough information for the diagnosis to be made and medicine to be prescribed.

These time constraints at TCM hospitals make it impossible for patients to receive the meticulous attention that they can get from an online group. Thus, it is understandable why these students want to study Chinese medicine on their own and why they turn to their peers for medical advice and discussion. Even if the TCM doctor is reputable and has the expertise, or they attain a more powerful position in the patient-doctor relationship, their dissatisfaction with the situation will not be resolved. Relying on one another appears as a reasonable solution that overcomes the constraints of institutional services.

An interesting case was presented by Du, a young mother living in Chuzhou City. One morning, she took her son to a prestigious TCM hospital because he was running a fever. She bought the herbal medicine that the doctor prescribed, and boiled it for her son to take. Four hours later, his temperature had not gone down. She became anxious and sought help from the group. She posted her son's symptoms, in much more detail than she was able to share with the doctor, including how his body temperature changed and what the boy had eaten in the past 24 hours. Discussions began with more and more students joining in. Du uploaded a picture of the prescription the doctor had provided, but it was not discussed at all. After about an hour, contributors arrived at an agreement on the formula that would be appropriate for Du's son. Du

decided to use this rather than the doctor's prescription. Although her son's fever remained elevated that day, Du said that she felt quite relieved and started to chat casually in the group.

4.1.4 How Self-Care is Practiced: DIY or DIO (Do-it-Ourselves)?

Self-study and active engagement in the online clinic, not only as students and patients but also as “doctors,” points to the emergence of a new way in which people care about their own health and illness. My informants' narratives hint at the connections between this new way and wider trends related to DIY health. For example, Mai, a student in this online group told me: “Who can care for your body better than you yourself? No one but yourself.” Mai's words are straightforward and sound convincing from the perspective of the diagnosis methods followed by the group. Such DIY practice, first and foremost, is a necessity. To make diagnosis, one needs to pay attention to a wide range of symptoms, and such a process requires one to feel and observe the body carefully and constantly. This cannot be better done than by the patient themselves.

What is crucial here is that DIY health is only possible due to the active engagement and openness of the course participants to share their medical conditions and their ideas about the problems encountered by their peers. While noting that health and illness are dealt with in a DIY way, we should also see how such DIY is realized by all 325 students in a collaborative manner. First of all, in this online clinic, students are much more than Chinese medicine amateurs. The operation of this “online clinic” was not assigned by Chen. The students themselves voluntarily made this online group into an “online clinic” collectively, shaping its operating mechanisms, making rules, and supporting each other. Furthermore, these students

themselves extended the range of the “clientele.” More importantly, in this process, the physiological perceptions of an individual patient attain a status that moves beyond the self and becomes more than just personal. A common etiquette emerged from the interactions in this online group: the way participants describe their symptoms is far from casual, and the manner is not determined by individual choice; the form patients need to fill in before they post is standardized with fixed questions; the symptoms that need extra attention are discussed and chosen in and by the group; the symptoms that do not need too much consideration are excluded in discussions. Everyone’s bodily life, health and illness are shared with, discussed and influenced by the other 324 students.

From this perspective, we might coin a new term - DIO (Do-It-Ourselves) to describe accurately how lay people participate in DIY health practices online; they do not work on their own as atomized individuals or by their own private means. The DIO in the group emphasizes the salience of collaboration and support of each other to practice Chinese medicine on themselves or their “patients.”

The support goes beyond simply providing medical advice to one another. Since about half of the students were young mothers, in this online group it was quite frequent to come across posts about cases of cold and fever of children. Even when the child’s body temperature was over 40 degrees, most mothers reported that they avoided giving their children an anti-inflammatory such as Ibuprofen or medication to relieve fever. Those who use Ibuprofen are usually criticized. Contributors to the debate advise that biomedicine should be avoided and they provide words of comfort and encourage the young mother to stay calm. As children in

China are often under the care of their grandparents, those students who are young mothers often face objections from their parents-in-law and their husbands when they insist on avoiding biomedicine and relying entirely on herbal medicine. It is not uncommon in these online conversations that participants share their experiences on how to persuade other family members to reject biomedicine and convert to Chinese medicine.

Li, a 37-year-old mother in the group, often quarrels with her mother-in-law who takes care of her little daughter. Once she shared with the group: “When my daughter is sick, I always take her to my mother’s place. I am tired of persuading her (mother-in-law). She is a good person. But the only thing she knows is taking pills, taking pills and taking pills. I need to leave my kid at my own mother’s place to be able to treat her with herbal medicine.” While a few students spoke kindly to comfort her, other students added that they did not even have the option that Li has, because their own parents do not live nearby, and they have to fight against the interference of in-laws who help care for the children.

Such forms of sharing and communication gradually cultivate an atmosphere in which lay people support each other to rely on themselves. Their study, discussion, and practice of Chinese medicine in less than a year appears adequate enough to challenge the reliability of biomedicine and the authority of TCM doctors working in hospitals and clinics. Although students seem to consider biomedical health checks to be important, they tend not to seek medical help when they are sick. They also do not recommend going to institutions of biomedicine when they are trying to help others online, even when reporting signs of serious conditions such as appendicitis and pneumonia.

4.1.5 How is Self-Care Possible? *Bianzheng Lunzhi* (辨证论治) Simplified

Before the first class, many students in the WeChat group expressed their concern about their ability to learn Chinese medicine well. Their worries are reasonable, as although *Shanghan Zabing Lun* (Discussion of Cold Damage and Various Disorders 伤寒杂病论) contains only less than 300 formulas and 50,000 words, over the past 1000 years, hundreds of books have been written analyzing and attempting to explain and interpret its content.

However, the *Shanghan Zabing Lun* we learnt in the course did not appear to be very difficult. The diagnosis process consisted of three steps: collect related symptoms; constellate symptoms to identify a pattern; match a pattern to a formula. This three-step method represents *bianzheng lunzhi* (pattern differentiation and treatment determination 辨证论治), which is considered the most important methodology in TCM diagnosis. In the textbook *Basic Theory of Traditional Chinese Medicine*, taught in all TCM colleges in China, *bianzheng lunzhi* is emphasized as “the basic principle for TCM doctors to know and cure diseases, a unique research method of TCM, and a basic feature of TCM” (Yin & Zhang, 1994, p. 8). Chen, the instructor, also emphasized that we should use *bianzheng lunzhi* as the method to analyze and treat disease.

As the symptoms a person presents when suffering illness do not necessarily match a pattern linked to a certain formula, sometimes students use a process of exclusionary deduction to gradually determine the suitable formula. An example of the approach in application is of Hu, a teacher in Lanzhou. One day, she caught a cold and felt an acute sore throat. At that time, we had learnt three main formulas that could treat cold, and each one had several variants. Hu

was unsure which formula she should use and asked the group. She uploaded a Microsoft Word file to the group and three pictures of her – two pictures of her tongue and one full-length portrait. We helped her to match the symptoms to the indications of three formulas - *guizhi tang* (Cinnamon Twig Decoction 桂枝汤), *mahuang tang* (Ephedra Decoction 麻黄汤), and *xiaochaihu tang* (Minor Bupleurum Decoction 小柴胡汤). The first formula is often used when one sweats without movement, and the second one is often used when one feels cold and has a headache. So, *xiaochaihu tang* seemed to be the best match. As one indication for the formula was bitterness in the mouth, which Hu experienced, the students preferred the last one. The match was not exact and the bitterness was not Hu's main complaint (sore throat was), but there was no better choice, and a few students suggested: "Why not try this one first?"

However, the *bianzheng lunzhi* taught in the class is different from *liujing bianzheng* (pattern differentiation based on six meridians/ six stages 六经辨证) at TCM colleges where *Shanghan Zabing Lun* is taught. The methodology taught in the class can be seen as a simplification of *bianzheng lunzhi*. Such simplifications were criticized by famous TCM doctors such as Yue Meizhong (岳美中) and Zhu Chenyu (祝谌予) in their era. They claimed that *bianzheng lunzhi* should not match patterns to formulas, but should require a synthetic understanding of how various symptoms are related in the mechanisms of a specific disease. This understanding requires the examination of both patients and classical texts, instead of memorizing symptom patterns and matching formulas (Scheid, 2002). But *liujing bianzheng* requires one to have a lot more knowledge than the simple memorizing of formulas. One needs to have a good understanding of *yinyang*, blood, *qi*, and so on. Chen, our instructor, did not

teach these things in the class and claimed that the school of TCM he adhered to did not require these complex theories, but was equally effective. When students questioned this, Chen told us: “We do not need it. That is a different school.”

Our class was also not approved by TCM doctors I interviewed for various reasons. To become a TCM doctor, one needs to enter a public school to receive formal training, get a degree, and to pass the Medical Licensing Examination. Generally, it takes at least five years and requires one to study a series of TCM textbooks in the curriculum. From these professionals’ perspective, study in an online course is impractical and shallow. Du, a 63-year-old doctor, thought this way of learning and practice was ridiculous. “I do not use it very often. How many years have I been a doctor? Forty years. *Jingfang* is not easy to use.” Niu, a 30-year-old doctor in Shanghai, believes that this way of learning could not be deemed “wrong,” but only scratched the surface of Chinese medicine: “They may use it right. They do not know why. They do not know the essence. I know this way. I heard about it from my friends before. But I cannot accept it.”

However, such a simplified approach may be why the course is so attractive and popular. Students do not need to learn the complex theories and the pulse taking skills which they think are too difficult to grasp. Practice is given more importance. While some students complain that they do not have many chances to practice, some are brave enough to try what they learn on their own body. In the event of a tiny discomfort or a little sign that seems compatible to a formula, they apply the formula boldly. If the prescription does not work, they might then use another one. Tan, a man in his 20s, tried more than seven formulas in two months without any

major discomfort or pain. His bravery was encouraged and praised by other students.

The availability and lack of regulations of herbal medicine in China is also an important factor that makes this medical DIY practice possible. Although China has no legal restrictions on the use of herbal medicine, most TCM doctors are cautious about the usage of some herbal medicine which have been previously shown to be poisonous when used inappropriately. However, people are able to buy hundreds of different varieties of herbal medicine over the counter without restriction. There are many cases where I observed that students said they would go to buy the herbal medicine once the prescription was decided. To make things more convenient, a few students reported having bought medicine cabinets to store herbal medicine at home, allowing them immediate access to materials. One such person was Qi, living in Suzhou. When I visited her home in August 2017, she showed me an exquisite wooden medicine cabinet which contained 72 drawers and could store 216 kinds of herbal medicine. Although the closest pharmacy was less than a ten-minute walk from her house, Qi had still bought the chest for 6000 yuan (US\$ 860). “I can boil the medicine immediately if I want... You see, these (herbal medicines) are much better than those sold in the pharmacy. We all say health is the most important thing. So, I invest in it.”

Besides her own use, Qi also often provided medicine to her close friends and relatives after she had determined an appropriate prescription for them. “Aren’t I the best doctor? Free diagnosis, free medicine. Haha!” We stood before the cabinet and drank the herbal medicinal tea she just made. For Qi and other students, medical encounters can take place outside medical institutions. With the availability of herbal medicine, their own treatment can start immediately

after the diagnosis. Thus, their practice is complete and in stark contrast with self-care relying on digital health technologies that are restricted to monitoring the body.

4.1.6 Knowing Practice

Online collaborative study is a new style of knowing. Medical knowledge flows beyond the boundaries of medical institutions, and has “escaped into the networks of contemporary info-scapes where it can be accessed, assessed and reappropriated” (Nettleton 2004, p. 674). Meanwhile, digital technologies make it possible for 325 students living in different places in China to share information conveniently and participate in discussions actively. The online group is not for rote learning but is a community of practice, “dissolving boundaries between formal learning and social spaces” (Waycott & Kennedy, 2009, p. 1085). Communication is sustainable, firstly because the group, although online, provides students with opportunities to practice. They might not have many chances to practice Chinese medicine in their everyday life, but in the online “clinic,” they are able to diagnose and treat a great number of illnesses suffered by people they have never met and mostly likely will never meet.

This new style cannot be categorized into the three modes of knowing (secret knowing, personal knowing, and standardized knowing) as documented by Hsu (1999) in research conducted in the late 1990s. It does not require a master-disciple relationship to ensure the transmission of expertise. Neither is it similar to the formal legitimized studentship in TCM colleges with standardized enrolment, instructions, methods, and curriculum. Moreover, in the past learning from published case histories has always been important for Chinese medicine doctors to improve their own medical practice so that “the clinical encounter can be seen as a

mode of action in which the doctor masterfully forges a link between a concrete illness and the relevant portions of the medical archive” (Farquhar, 1992, p. 72). But for these students, the medical archive is viewed as less important, if not useless; interactions with each other seem much more valuable and efficient. This new style of knowing necessitates substantial online interactions among students, which is markedly different from the ways of knowledge transmission and training in Chinese medicine, traditional or contemporary.

Drawing on situated learning theories, learning could be better understood by considering it “with its multiplicity of relations – both within the community and with the world at large” (Lave & Wenger, 1991, p. 230). The network, constructed through online communications and collaborations, transforms these students who are lay people at the early stage of the course into skilled practitioners who accumulate knowledge and are confident to solve various ailments. Such a new style of knowing is inherent in this transformation.

Different styles of knowing could determine how Chinese medicine knowledge is understood and practiced (Hsu, 1999). As mentioned, *bianzheng lunzhi* is deemed fundamentally important in TCM textbooks. However, in the class, *bianzheng lunzhi* is simplified; pulse taking is generally omitted. As a unified term which emerged from the 1950s with doctors’ efforts to standardize their old discipline (Scheid, 2002), in this group, *bianzheng lunzhi* is instructed by the teacher and understood by students flexibly. Thus, the understanding of Chinese medicine is diverse in different contexts as long as the interpretations serve knowing practice (to use Farquhar’s term).

The growing number of “online doctors” who “graduated” after several months of study

change also where and how Chinese medicine is practiced. Using Chinese medicine among family and friends is not necessarily new. But I show in this section a distinctly different picture: hundreds of “doctors” living in different areas of China working in front of their computer or while holding a smartphone to make diagnoses and prescribe herbal medicine for patients who they do not know. Thousands of patients are diagnosed online; various conditions are treated with thousand-year-old formulas. The numerous medical encounters created by the students in a Do-It-Ourselves way deinstitutionalize TCM as a well-established institution.

4.2 Anxious to Practice

4.2.1 My Informant Lu

Lu had a bachelor’s degree and worked as an accountant in Jinan. I met her through a friend’s introduction. When I firstly interviewed her in 2016, she was 32 years old and had a 7-year-old son named Dali. During the first interview, she directly pinpointed the reason that she started to learn Chinese medicine and located its beginnings with her own experience as a child who kept getting sick. Cold, fever, diarrhea, urticarial, skin allergies etc., often led her to having to be taken to the hospital by her parents frequently. What made the visits to the hospitals seem dreadful to Lu is that in most cases, she was given an intravenous injection which made her feel scared every time and she often cried afterwards.

Her unfortunate experience seems very familiar to me. In the 1990s, it was a common practice to have intravenous therapy just because of a small illness such as a fever. In most

cases, the intravenous drugs are antibiotics. We both laughed when I mentioned the words penicillin, erythromycin, gentamicin – I guess many children in the 1990s unwillingly developed a familiarity with quite a few names of different antibiotics. In fact, antibiotic overuse has been a problem in China for a long time now and has been subject to a lot of research (Heddini A et al., 2009; Li, 2014). Antibiotics are often regarded as a panacea and is more effective than oral medication by both doctors and patients. The average consumption of antibiotics is 138g per person a year, which is 10 times that of what is consumed in the U.S. (Heddini et al., 2009). It was not until 2016 that some provinces started to prohibited the use of intravenous injection for outpatients.

Lu told me that she knew that her parents wanted her to recover as fast as possible which was understandable. But she also felt her parents were very unwise in how they had gone about their health care decision making. “They never thought about why their daughter is the sickest child in the class. They never thought what they could do to make me stronger so I would not get ill in the first place. Isn’t that a simple idea? If you are strong then you are less likely to have disease. But I cannot blame them for that. It was a common practice and we both know that” said Lu in the interview.

Of course, Lu did not want similar things to happen to her child. She had some interest in Chinese medicine and started to learn some *yangsheng* knowledge since her pregnancy. “I knew my body,” said Lu, “I have always been weak. So I did not have high expectations regarding my status in pregnancy and I knew my baby might also be a weak child...I must do something.”

She followed a few Wechat accounts about Chinese medicine. These accounts post articles

to teach lay people how to use Chinese medicine in their daily life and how to practice *yangsheng*. Every morning, Lu began eating medicinal porridge, trying several such as makhanas and lotus seeds porridge, lily bulbs porridge, etc. She always brought her thermos with ginseng, dried chrysanthemums, *huangqi* (astragalus membranaceus 黄芪) etc. in it and would drink that the whole day. Before sleeping, she had a foot bath by putting dried safflower in the water in which she would then soak her feet.

But her persistence did not bring any obvious improvement to her health. When I asked why she continued to practice these things even if they were not helpful, Lu said: “I think I am too ignorant and stupid. What I have done is not enough...” I then asked if she ever doubted the effectiveness of validity of Chinese medicine to which she replied “No, I never doubted it. My knowledge is not enough to practice more. If I know more Chinese medicine and if I can practice more, I think now my health would be much better.” Noteworthy though is that her failure to improve her health did not hinder her obtaining of enjoyment and a sense of relief from taking care of her health through such practices.

4.2.2 A miraculous treatment

But Lu gained more confidence after she successfully solved her own illness after giving birth. One month after giving birth to her son, she started to sweat a lot. At first, she thought the reason was her debility because of childbirth and that it was not a big deal. But gradually she found that she did not feel feeble anymore but her excessive sweating did not go away at all. Sometimes, even after climbing a few stairs, this would cause her back and underclothes to become drenched with sweat. She discussed the problem with her husband but he did not take

it as something serious and did not show much sympathy. On the other hand, her mother-in-law who lives with the couple, was more concerned if her grandson was getting enough breast milk.

“It was not painful but I was very worried about it. If I keep sweating, who knows what will happen. I was not sure if I could recover from the excessive sweating. But I know there was something wrong. That is for sure.” Lu told me. Finally, after a big quarrel with her husband, Lu went to one of the best biomedicine hospitals in Shandong province. She visited the dermatological department, neurology department, and department of gynecology and obstetrics, but the doctors could not make a clear diagnosis or give her any therapy but only recommended that she should drink more water in case of dehydration and to consume more protein. One doctor also recommended she visit a psychologist, but Lu knew she did not have any mental problems.

One day, she read an article posted by in a Wechat public account, in which the author described how he cured a child who was suffering from night sweats by using a classic formula. Lu then thought this formula, called *guizhi jia longgu muli tang* (Cinnamon Twig Decoction Plus Dragon Bone and Oyster Shell 桂枝加龙骨牡蛎汤) might be also suitable for her problem. She deliberated for a long time and made the decision to give it a try. She knew that her mother-in-law would oppose her use of medicine because she was still breast feeding and she would be suspicious if the medicine might put the baby at risk. But this obstacle was not difficult to overcome for many drug stores that sell herbal medicine are able to boil the herbs for consumers which they then seal in plastic cups or bags without charging extra fees. After a few days of consideration, Lu wrote down the formula on a piece of paper, bought the medicine,

and took the fourteen plastic cups of liquid to her best friend's home. This friend visited Lu every day with a thermos in which she poured two cups of the liquid so Lu could take the medicine during the friend's visit.

Figure 3 and 4 *two WeChat public accounts that Lu follows*



Lu laughed happily when he told me this part of her story which seemed to me like a scenario in some spy movie. But what happened next was the real miracle for Lu. Her excessive sweating started to abate after she took two days' dose. After taking all the liquid, not only did the symptoms disappear, her sleep quality also greatly improved. In particular, she found that she had become energetic in the morning instead of being sleepy, which she used to often feel. "I must have been sick for so long that I forgot what it feels like to be healthy," Lu told me.

This experience strengthened Lu's belief in Chinese medicine. More importantly, it was the first time she cured herself without being taken to the hospital and given intravenous drugs

or other medicine. Lu viewed it as a milestone, as she said: “I found out that I can defeat illness by myself. That is great. You don’t know what that means to me. It means so much. But I could not share this joy with my family. I didn’t want to have a quarrel about it.”

Lu pointed out a crucial point: the importance of Chinese medicine might not be appreciated by someone’s family members. In contrast to some other hobbies such as reading manga, the interest in Chinese medicine requires one to view their body, health, illness, diet, care, from a new perspective. Inevitably, a series of new elements were brought to their daily life, which are often not welcomed by their family members. At the beginning of my fieldwork, I once speculated that Chinese medicine is more welcomed by senior people. But my fieldwork showed that most Chinese medicine amateurs are between the age range from 25 to 45, and a considerable number of my informants have met with the objections or disagreement from their parents or parents-in-law. The divergence of opinion within the family is not about whether Chinese medicine is effective or not, but about whether Chinese medicine could be practiced safely and effectively by these amateurs.

4.2.3 Baffled by a cold

Meanwhile, Lu also knew clearly that as a layperson, she was just fortunate enough to come across the right formula at the right time. Lu then started to spend more time studying Chinese medicine knowledge in her spare time. But when I use the phrase “study Chinese medicine” in the interview, Lu denied doing so and instead said: “What I do might not be called as ‘studying’ Chinese medicine. It is too complex for me to grasp. I only want to learn something that is useful.” However, the complexity of Chinese medicine did not hinder her

from practicing it on her own. As Lu accumulated more experience, her son Dali gradually grew up. When Dali suffered from common sickness such as fever or diarrhea, she always tried Chinese medicine first. In some cases, the medicine took effect quickly, but in some cases, she found herself lost in confusion. Below, I delve into one such case.

One day in October 2018, Dali had a fever. Lu analyzed the symptoms carefully and thought it was because after dinner, the grandparents took the boy for a walk but did not dress him warmly enough. The boy's body temperature was more than 38 degrees. The grandma wanted to give the boy an antipyretic but Lu stopped it. She put some scallion and ginger in the pot, boiled them, and let the boy drink some. She learnt this method years ago and it has proved effective many times. But this time the fever did not go down and his tongue became more red.

Lu knew that according to Chinese medicine diagnostics, the excessive redness indicates that the body has *neire* (internal heat 内热) – the excessive heat inside body. She got a little anxious, and kept pondering over it and could not fall asleep. The next day, she decided to use a patent Chinese medicine called *sangjuyin* (Mulberry Leaf and Chrysanthemum Decoction 桑菊饮), but it also did not work. She then tried another product called *yinqiaosan* (Honeysuckle and Forsythia Powder 银翘散). The fever declined to 37.4 but Dali started to cough and have a sore throat. She lost confidence and consulted me on Wechat anxiously.

At that time, we had known each other for two years. Lu knew that I had more knowledge in Chinese medicine than her. She described her son's symptoms in detail, sent me a few pictures of the son's tongue, and asked me if I could give my diagnosis and recommend what formula was suitable. Though I was willing to help and had thoughts about the symptoms, the

information Lu provided was too limited to make a safe and accurate diagnosis. Especially given that she did not know how to take the pulse which I believe is crucial in making a diagnosis, I could do nothing but instead I told her that I was not sure what was best and that it was better to go to the hospital, either biomedicine or TCM. But Lu then became a little hesitant about whether she should visit a clinic that would prescribe herbal medicine, or a clinic that would do massage. Finally, she made the decision and took the boy to have a Chinese medicine massage. The practitioner conducted *guasha* and cupping therapy. It was not painful but Dali felt scared and cried. Lu said she also cried when Dali was crying and she regretted giving the wrong formulas to Dali.

Though the fever went down the next day, Dali's cough persisted so Lu tried a food therapy which she learned about from the Internet. The next week, she made a hole in a pear, put some bulbs of Fritillaria (*chuanbei* 川贝) into it and boiled it for about an hour. She asked Dali to drink the soup and eat the pear every day. As written on the Internet, this recipe could nourish the *yin* of the Lung (*fei* 肺) and thus relieve cough. Meanwhile, Lu also learnt a massage technique from a TikTok video. Every night before Dali went to sleep, she squeezed and lifted the skin along Dali's spine which is a traditional Chinese medicine massage method called *nieji* (捏脊). Lu found the cough did not abate, but it also did not get worse. Being practiced *nieji* is very comfortable, and Dali fell asleep quite quickly every night. However, the grandmother who was responsible of dropping off and picking up Dali from school felt that the sound of Dali's cough was deeper. One day when she saw the sputum Dali spat was yellow in color, so she brought him to the hospital immediately without telling anyone. The X-Ray inspection

showed that Dali was at the early stage of pneumonia. The grandma was furious and worried. Lu rushed to the hospital and received a scolding from the grandmother. She witnessed before her Dali getting an intravenous drug while watching cartoons on his grandmother's mobile phone and eating junk food, all of which were things Lu did not like for Dali to do.

Lu told me: "I felt very sad, disappointed, and very angry. I also felt I am an incompetent mother. The last thing that I wanted still happened (by which she means Dali getting an intravenous drug)." Lu admitted that she was too imprudent for not noticing the symptoms. She found it impossible to argue with her furious mother-in-law. After all, Lu was also worried about the pneumonia and did not have a better solution. However, she still insisted that Dali's physical constitution deteriorated because of the intravenous drug.

4.2.4 Inadequate Opportunities to Practice

When I asked Lu why she felt made a series of mistakes when treating Dali's fever and cough, she said:

The main reason is that I do not have enough experience. I only have myself and Dali as my patients. My parents do not live here. So these are the only chances to practice. The knowledge and tips I read are one thing, and to practice them is another. That is why we are lay people.

Lu pointed out a common problem that most Chinese medicine amateurs have to face. They want to improve their skills and are keen on practicing Chinese medicine but the opportunities are rare. Because most of them have chances to practice Chinese medicine only when they themselves or family members are ill.

She once told me that there was some time that she hoped that she could have a little illness such as a fever or diarrhea once a month so she could have more opportunities to practice. One day deep in autumn, after taking a shower, she went out for a jog without drying her hair, hoping she would catch a cold. But it was disappointing that she did not have this “luck”. Except for feeling cold and having developed a tiny headache, which she recovered from soon after going back home and drying her hair quickly, no symptoms emerged for her to treat.

Lu also hoped to practice on her colleagues, but she did not have the courage to offer her help. She was introduced to work in a state-owned company by some connection of her family. She always wanted to keep a low profile. But one day a good chance appeared. It was a Monday afternoon, and Lao Duan, who was in the same office, felt very dizzy and experienced some discomfort in the abdomen. Lu checked Lao Duan’s tongue coat and asked how she felt. Lu also took her pulse, but she had only done this for less than ten people at this point, and was unable to collect any useful information from it. As far as she knew, Lao Duan’s dizziness was very likely caused by her weak Spleen (*pi* 脾). According to Chinese medicine theories, when the Pi cannot convert enough nutrition to *yang qi* and transport the later to the head, one will feel dizzy. She then asked the Lao Duan to rest in the office and she went to buy *huoxiang zhengqishui* (Agastache Oral Liquid to Rectify the Qi 藿香正气水) from the nearest drugstore. It is a classic formula which has more than three hundred years of history. Lao Duan thanked Lu and drank two little bottles of it. Then Lu started to press a few acupuncture points to help her recover.

Checking the tongue coat, pulse taking, making diagnosis, practicing massage - it was the

first time that Lu showed her skills in the company. When the surprised colleagues surrounded Lao Duan and her and gave her compliments, she felt very proud of herself. However, things did not go the way they would have had this been a feel-good TV drama as after about half an hour, Lao Duan suddenly started to vomit. Lu did not know what was wrong and felt very anxious. She could do nothing but accompany Lao Duan to go to the nearest hospital. After taking X-rays and undergoing a physical exam, the doctor diagnosed that the dizziness was very likely caused by cervical spondylosis. Lao Duan took the medicine prescribed by the doctor for a few days and the dizziness disappeared. This experience made Lu felt very sorry and as the situation had become awkward. She did not think she made the wrong diagnosis or prescribed the wrong formula, but it would be difficult to explain it to Lao Duan. Instead, she offered an apology to Lao Duan. Lao Duan expressed that it was nothing and there is no need to worry about it, but Lu knew that no one would trust her practices or give her opportunities anymore in the company to treat them.

When I visited her again in the Autumn of 2019, she told me about an online course she joined in the spring of that year. The course was held by Doctor Zhen who lives in Qingdao. Lu showed me the PowerPoints Zhen used. I found the course very concise, as well as practical. The first one third of it mainly focus on the fundamental theories in Chinese medicine, so even beginners could gain some basic understanding of necessary concepts. Then the remaining two thirds of the content taught practical knowledge and tips about how to use Chinese medicine to deal with common illness such as cold and fever. This curriculum was welcomed by most participants who were anxious to learn practical knowledge. Lu even started to read books on

Chinese medicine. I used the word “even”, because it was the first time she bought a book to read in the past five or six years.

When I led the conversation into some Chinese medicine knowledge, I noticed that after one year’s study, Lu displayed a much better understanding of Chinese medicine knowledge than she previously possessed. In particular, she could employ Chinese medicine theories to explain some common diseases. In spite of her increasing knowledge, her relationship with her mother-in-law’s did not improve. Both of them restrained themselves from arguing over the use of Chinese medicine, but the mother-in-law did not want Lu to practice Chinese medicine on her dear grandson anymore. It was a new and annoying obstacle that Lu did not expect.

Besides her faith in Chinese medicine, another reason for her insistence was that Lu was considering having another child. As China abolished its one-child policy and allowed all families to have two children, Lu’s mother-in-law persuaded the couple to have another child. But Lu was hesitant. After all the things that she had experienced since giving birth to Dali, she realized how important health is for a woman after giving birth. She did not want to suffer from over sweating or any other health-related problems anymore. The only thing she thought that she could rely on to cope with potential problems is Chinese medicine.

There was too much knowledge that Lu thought that she should know. She listed many points to me: how to adjust her body to prepare for pregnancy, how to practice *yangsheng* after being pregnant, how to take care of herself after giving birth so she could breast-feed better and would not suffer from illness like last time, how to take care of the new child so he/she would be a healthy child etc. But it was not the first time she was preparing to have a child. Dali

already entered primary school and was now a healthy boy. Besides, her mother-in-law was glad to help and now the family could afford a professional maternity matron. What Lu actually meant was that now she needed to reconsider all kinds of care from the perspective of Chinese medicine.

As a mother who had given birth to a child, she was experienced and capable of having another child, but as a beginner in Chinese medicine, she was not confident in taking care of herself. Before she had Dali, Lu read books on diet during pregnancy and made her plans to get enough vitamins and protein. She also learned that it was important to take dietary supplements: folic acid, which is necessary to reduce the risk of problems in the baby's development in the early weeks of pregnancy; omega-3 fatty acids, which is essential for the neurological development of the baby and can prevent mother's depression; minerals such as selenium, calcium, zinc, etc. At that time, she set an alarm to remind herself to take these supplements. Some were taken twice a day, and some were three times; some were better to be taken before sleep, and some were recommended to be taken after meals.

Lu did not deny the importance of these supplements. But now Lu thought these are not so necessary or at least far from enough. There are many details that she needed to examine from a new perspective: whether the frequency of her period was regular, whether the duration of the period is normal, whether it is too light or heavy, and whether the color of the blood is normal, etc. Not to mention she also needed to pay attention to many more basic aspects such as her sleep, appetite, tongue coat, bowel movement, and sweat. To sum up, Lu wanted to prepare her body to reach a good status as an understanding of Chinese medicine. But in

Chinese medicine, there is no fixed standard to tell if one person is healthy enough or if one woman is 'prepared' enough to be pregnant. In fact, even for an experienced Chinese medicine doctor, it is hard to tell if someone is healthy without his/her own output of the feelings of body. Lu believe she was making progress. After trying several formulas, her bowel movement was more regular and the stool was in good shape, as she told me in the interview. Lu viewed these things as signs of the improvement of health.

Lu's preparation based on Chinese medicine led to new troubles with her mother-in-law, who thought every woman was well prepared as long as she could get pregnant. As a woman who had five siblings and gave birth to three children, she couldn't think of any other reason but believed that Lu just did not want to endure any hardships. After all, Lu seemed quite healthy to her. Lu told me:

I know how she (her mother-in-law) thought of me. I can't say she was wrong. I am the only child of my parents, I grew up in the city, and I got all my parents' love. She lived in a tiny town before she moved to live with us. You know in the 1980s, the one-child policy was so strict, but she managed to give birth to three children. She liked to talk about how hard it was, how she gave birth to three children hiding here and there without good nutrition. But it is 21st century now!

Now Lu did not hide her practice anymore and there was no need to hide. Firstly, she was the one who could decide if the family would have a new child or not. Secondly, she almost only had herself to practice on. She started to prepare herbal medicine in the kitchen while the mother-in-law was cooking dinner regardless of what she might think about it.

Lu was not the only one in my informants who almost can only practice on herself. Many of them complained in the interview that they lack opportunities to practice. This lack partly explains why students from online Chinese medicine courses are so active in helping each other and discussing the diseases in the Wechat group, as I described in section 4.1. Students can only rely on the text descriptions provided by other people (and in many cases, the one who posts the symptoms is even not the patient him/herself), which means they cannot make diagnosis based on face-to-face observations. Especially considering that it is impossible to perform pulse taking online, their diagnosis can hardly be called complete. However, this big compromise seems very acceptable and never challenged by any student, not even once. After all, any illness presented in the group is a precious opportunity to utilize their knowledge, which is also one kind of practice in of itself.

My informants' practice can be seen as potentially problematic and actually causes them many inconveniences and troubles. But it is also the most indispensable part of their interest in and study of Chinese medicine. Most of my informants start to study and practice Chinese medicine at the same time. In other words, for them, these two things in fact are the same thing. But the difference from professionals who have patients, is that Chinese medicine amateurs have to learn without enough opportunities to practice. The lack of opportunities does not necessarily mean they must practice on themselves. But in reality, I have not come across even one informant who did not practice Chinese medicine from the beginning of their study. If to practice is the only way to grasp the essence of Chinese medicine, then it leaves lay people no other choice except start this challenging precarious journey to practice on themselves or people

who are close to them.

4.3 Problems Surrounding the Vagueness in Chinese Medicine

4.3.1 My Informant Cai

Compared to Lu, Cai is a more industrious learner of Chinese medicine. Cai has a master's degree in physics and works as a civil servant in his hometown. Both Cai and I joined the same online Chinese medicine course in 2017. The tuition fee was 5,000 RMB (about 800 USD), which is the most expensive one in the five online Chinese courses I have joined. The course contained more advanced content and covered a wide range of health issues.

One day in the early 2018, Cai had severe abdominal pain. But some urgent family issues prevented him from going to go to the hospital in time. He took some painkillers and visited the nearest hospital two days later which was when he finally finished the things at hand. After a checkup, the doctor told him that he had appendicitis. But as the acute phase had passed, there was no need to do the surgery at once. After a week of infusion therapy to reduce inflammation, Cai felt much better and was discharged from the hospital.

This incident for him was the impetus to develop a great interest in Chinese medicine. He started to spend a lot more of his spare time with much enthusiasm hoping to cure his appendicitis completely. Cai invited me to visit his home in August of 2019. He was engaged and the wedding would be held in a few months. I visited the new apartment that would be the new couple's home. After chatting and drinking tea for a while, he led me to his study. Against

one side of the wall was a big bookshelf which was more than 2 meters tall and it was full of books. From my rough estimation, more than two thirds were books about Chinese medicine. Against the other side of the wall is the same bookshelf but this one was filled with more than one hundred sealed boxes and bottles, each of which contained a different kind of Chinese medicine. On the shelf, there was hanging a traditional scale which Cai bought from a flea market. I asked why not using an electronic scale, Cai said he liked the traditional feeling.

We sat in the study and had a long conversation, while smelling the mixed odors of different herbs. When Cai graduated with his master's degree, he was faced with two options. The first was working in a high-tech company, and the other was to go back to his hometown and work as a public servant. It is a very stable job, with much smaller pressure and better work-life balance. Besides, he had many advantages in his danwei: a master's degree, CCP's membership, his father's guanxi in the government, etc. But he had very little sense of fulfillment. He tried to participate in more social activities which he did not like that much but felt he had to as it was important to develop his own guanxi. He told me in the interview:

This is my house, my place. But this study is my spiritual home and my territory. You know what I mean? Here I am not a Xiao Cai in danwei, but a real learner, an experimenter, an explorer. When I was a graduate student, once I spent a long time in the lab to conduct experiments, hoping to have a good discovery. In that time period, I was pure and full of hope. Now I can find similar feelings when I focus on my study here.

Although Cai sometimes felt abdominal pain when he was very tired or stressed, he was quite confident that he could learn Chinese medicine well enough to be able to treat himself.

As he said:

I think that both Chinese medicine and physics are very theoretical. Most people think Chinese medicine is an empirical medicine. This is wrong.... It has been misunderstood for a long time. I think my background in physics helps me a lot to study Chinese medicine. Because I always try to understand the theories and the mechanism behind the symptoms.

When I said that practice is the only way to confirm if the practitioner is right or wrong and to validate the theory or presumption, Cai responded:

That is right. It is similar to doing experiments in physics. My major was not purely theoretical physics. I studied condensed matter physics. You know that, right? We did many experiments. It is much more convenient, much easier and cheaper to do an experiment in Chinese medicine than in physics. You don't need to ask your supervisor's permission; you don't need to read the academic literature in English. You just need to design a formula, take it, and feel how it affects you.

4.3.2 Cai's Practice

Cai is smart, knowledgeable, and speaks logically. But Chinese medicine is not physics, and to practice on oneself is different from to conduct experiments in the lab when he was a graduate student in physics. This is evident in how he went about treating himself as I will now go on to elaborate.

Cai started his treatment from *dahuang mudan tang* (Rhubarb and Moutan Decoction 大 黄牡丹汤) which is often viewed as one of the most typical formulas in *Jingui Yaolue* (Essentials of the Golden Casket 金匱要略) to treat appendicitis. But after taking that for a few

days, he started to have diarrhea. At first, he thought that might be a good sign – the body is trying to expel the bad things, but the diarrhea did not stop at all and became more severe. Cai continued to use it for a few more days until he could not endure the diarrhea and the increasing fatigue. He changed to another formula *lizhong tang* (Regulate the Middle Decoction 理中汤) and successfully cured the diarrhea within a few days. As the first formula did not seem appropriate, he changed to a new one. During that time period, I contacted him frequently to find out about his recent new treatments. In our voice call through Wechat, he once again related practicing Chinese medicine to conducting experiments and said: “Now the result is not good, so I need to adjust my experimental design...I like the feeling. I am in total control of the experiment. In this process, I can also have firsthand experience and gain an understanding of different herbs.”

Figure 5 *A formula Cai designed for himself*



But his second attempt with *yiyi fuzi baijiang san* (薏苡附子败酱散) still failed. Cai then

designed his third “experiment” on himself. When I interviewed him the third time at a coffee shop, he showed me a note-taking APP in which he documented all the formulas he used. I was surprised that there were more than 30 formulas which means on average he changed to a new formula every 10 days. He smiled and explained that there are many times that he gave up one formula only after taking it for a few days or even one dose. He also reflected on his strategy and considered if it was better to persist with one formula. But *sini san* (Frigid Extremities Powder 四逆散), the formula he took for almost a month only showed some effect in the first week. Cai explained that there was a time when he spent all his spare time studying Chinese medicine. But he was not happy with it because what absorbed him was not Chinese medicine per se, but how to cure himself. Every time he read a new formula, the first thought that came to him was if it was suitable for him.

Figure 6 *A new formula Cai designed for himself*



However, when I asked about his health conditions. He let out a long sigh and admitted that he was still afflicted by the appendicitis. The abdominal discomfort attacked him from time to time especially after drinking alcohol or eating spicy foods. What this meant was that Cai

chose to suffer from the pain in order to be able to practice on himself instead of receiving surgery and recovering.

After about a year of practice and tolerating the discomfort, Cai was losing his confidence in being able to heal himself and felt lost and even annoyed. He told me he was considering to seek help from a good Chinese medicine doctor and asked if I could recommend someone who is trustworthy. Though I recommend a few excellent doctors whom I knew from my fieldwork, Cai did not have the chance to visit them before the recurrence of the acute appendicitis. About one month later after I offered my recommendation, one night after drinking at a party, Cai found himself in severe pain. It was much more painful than anything he had experienced before. An ambulance was called and Cai could not even stand up and walk out of the room. He described that when he was riding the ambulance, it was the first time that he felt he was perhaps very close to death. The situation was indeed serious. He had the surgery immediately after a CT-scan in the hospital.

4.3.3 Vagueness in Chinese medicine

After the surgery, the surgeon told Cai that it was rare to see such serious case of appendicitis and asked the reason. Cai did not tell the doctor how he endured the pain in the past one year and tried to cure himself, which he thought would make him seem silly. But he did start to reflect on his study and practice of Chinese medicine. Despite his unchanged trust in Chinese medicine, he realized the potential risk is something that he cannot ignore.

Cai texted me the following in Wechat (I deleted my words in the conversation in order to create an easy-to-read flow of his words):

Maybe it was a mistake. I don't know. What do you think? I mean from the perspective of Chinese medicine, maybe it was also not a bad choice to have the surgery earlier. After all, it was not a good thing if I could not cure it. Then maybe I should have it removed earlier.

When I asked if he would use some formulas to nurture his body as he felt quite weak right now, Cai replied:

Yes, I should think about it. But in the past few days, I have been thinking about my experience in the past year. I do not have enough confidence or even courage to consider what kind of formula I should use now. I will consider it later. Maybe after a week or two.

But his failure to cure himself even after a long time period does not mean his study and practice of Chinese medicine was futile. I followed Cai's Weibo in which he often talked about his understanding of Chinese medicine and documented his recent practice. One case that impressed me most is how he treated his department manager. Cai was also very proud of this case and he shared the details of this with me when I interviewed him the second time.

His supervisor whose name is Zhu, who was in his 40s and one day after joining a half marathon, Zhu started to hiccup. His stomach and digestion are generally not good and he often had hiccups after dinner, so it did not seem like a big deal at first. However, the hiccups did not stop and as a department manager who needed to participate in many conferences, he was anxious to cure this problem, even though it was not quite an illness. What made him very self-conscious about his problem was that one day during a conference held by the city's major, he couldn't help but let out a very loud hiccup. Zhu told me that it was so loud that everyone laughed. The mayor was even forced to stop his speech for a few seconds until the laughing

stopped. After a series of checkups at the local hospital, the doctor said Zhu's health was alright and it was an intractable hiccup which was probably caused by neurotic disorders. Zhu took the prescribed medicine for a few days, but the hiccups continued. He also tried many other methods, such as drinking lots of hot water, sleeping early, taking Chinese medicine, and acupuncture but none of them worked. Without many options left, when Cai recommended a formula, Zhu did not hesitate to try it. Miraculously, the hiccups stopped after he took the first dose and completely disappeared within three days. After a few months, Cai was promoted by Zhu to a better position in his danwei, which he thought was mainly attributed to the medical help he offered. But it was an even prouder moment for Cai when Zhu also sought his advice about Zhu's mother's eczema.

Cai admitted that he was quite lucky to offer the right formula and that had he failed the first time, it was hard to say if Zhu would give him a second chance. This is a common hurdle that many amateurs have to face. They need to make the right diagnosis and design the proper formula from the beginning. If they fail on the first try, as amateurs, it is very likely that they will lose the patient's trust and will not have opportunity to adjust or change the formula and try it again. Despite this difficulty, Cai was undoubtedly one of the best practitioners among all my informants. Since he started to learn Chinese medicine, he has helped a considerable number of people, including family members, relatives, friends, and colleagues. Though he did not talk much about these practices during the first interview, I collected more than 10 cases of his successful treatments from his Weibo account and from the second and third interview. Gradually, Cai was often sought out for medical advice when his friends or relatives were ill.

The food therapy or other *yangsheng* advice he suggested were often well accepted. It is a status that Cai enjoyed and he told me that the sense of achievement from these practices were much more meaningful than what he obtained from his job.

But still, Cai failed to cure his own problems. I raised the same question which I also asked Lu: “why do you think you made a series of mistakes?” I guess Cai could not attribute his failure to the lack of opportunities to practice. After all, he had helped many people and had gained himself some reputation. Moreover, compared to Lu, he is “luckier” to have had himself as a patient and chronic appendicitis as a specific focus. Below is part of my conversation with Cai during the interview:

Cai: The more I learn, the more I am confused.

Me: Maybe that is a part of the study? You learn more and you find that there are more things you need to learn.

Cai: No, that is not my confusion. My biggest confusion is the vagueness in Chinese medicine. You know that right? The concepts and the theories are vague. It always depends on how you understand them, right? And if there is a symptom, you can explain it in different ways. Right?

Me: Hum, such as *qi*, *feng* (wind 风), *yin*, *yang*.

Cai: Ok, what is your definition of *qi*?

Me: Haha, I feel you are interviewing me. But, I think *qi* is the status of flowing and circulation.

Cai: You see, that is the problem! My definition is different from yours. I don't know if

you have noticed it - there is no accurate definition of any concept. Liu Duzhou's (刘渡舟⁶) definition of *taiyang* (a basic concept in *Shanghan Zabing Lun*) is different from Hu Xishu's (胡希恕⁷). Both of them are great doctors, but whose definition should we follow?

Me: But you still managed to learn Chinese medicine well and you cured some people.

Cai: But there are many times I felt I am only imitating. Especially when it comes to my appendicitis, I used so many formulas. You have seen them. At first, I analyzed my appendicitis deeply and follow a few famous formulas. But they didn't work. There was a period of time in which I did not try anything. I bought many books and checked what the famous Chinese medicine scholars wrote about appendicitis. Each time I read something, I felt that was absolutely reasonable and could not help but try in that direction. Then when I read a new book, I would do it again. It was a cycle.

Me: So, in this cycle, this process, have you ever reflected on it and made any changes?

Cai: I did. You know what, as I failed so many times, I felt that I was using the exhaustive method. I mean I was trying every possible direction and formula.

Cai explained clearly that he was confused with the vagueness in Chinese medicine and turned to exhaustive methods. An enlightening point of view that I obtained from his story is that I started to realize the importance of vagueness in Chinese medicine. In fact, I noticed it from the very beginning of my study, which was also a difficulty for me. I also observed it in the conversation between Chinese medicine doctors and patients which I will talk about in Chapter 5. But I did not pay enough attention to it.

⁶ a famous Chinese medicine doctor and scholar

⁷ a famous Chinese medicine doctor and scholar

I then designed some questions to ask ten informants who are Chinese medicine amateurs. My aim was to see if their understanding related to certain Chinese medicine concepts and theories are different. As they live in different areas in China, all the questions were asked and answered through WeChat. It turned out that I received many different views on the same concepts and theories. Especially some amateurs who had learnt Chinese medicine for more than five years, could give me detailed answers to analyze why other opinions were not right or at least questionable. It was not a surprising result because in the past few years, there are many times that I encountered debates on the Internet regarding certain concepts. These debates do not only occur among amateurs but also among doctors.

In fact, Chinese medicine has always been the subject of debate among professionals from ancient times to the present. The four canons of Chinese medicine laid the theoretical foundation of Chinese medicine and have been viewed as unquestionable but how to understand the meaning in them is difficult. For example, *Shanghan Zabing Lun* (Discussion of Cold Damage and Various Disorders 伤寒杂病论), one of the four canons, has been, since ancient times, annotated thousands of times as evident from the thousands of books published with the purpose of providing interpretations of the original text. Even now, there are still new books published every year aiming to explain it from new perspective. The debate not only pertains to the concepts and theories, but also to the knowledge about the substances used in Chinese medicine⁸. For instance, all the substances are categorized into Five Natures which are cold, cool, warm, neutral, and hot (*han* 寒, *liang* 凉, *ping* 平, *wen* 温, *re* 热). It is one of the most

⁸ I do not use the term herbal medicine because there is also a variety of non-botanic substances being widely used in Chinese medicine

important categorizations. However, the nature of many commonly used substances such as *shigao* (gypsum 石膏) and *mahuang* (ephedra 麻黄) remains a question as while some claim that *shigao* is cold and should only be used to treat heat diseases, others argue that it is just cool and thus the scope of application is broadened.

The vagueness of the concepts and theories cause my informants such as Cai to spend a lot of time in studying with much confusion when it comes to the different views on the same concepts. Differing from biomedicine which has specific standards and requires standard therapies, in Chinese medicine, even for the same illness, the treatment is not fixed and is open for the practitioners' own improvisation. Doctor Chen who held the online course in the previous section once texted the group that designing a formula is similar to cooking: "Think about how you cook. Don't be mechanical!" he emphasized this point in the group. Doctor Wei told the students in his online course: "Your treatment depends on how you view it...It is not objective. It is subjective...That is the beauty of Chinese medicine. That is the essence. Our treatment requires much more wisdom compared to biomedicine. They only need to follow their textbooks."

Doctor Chen and Doctor Wei in fact pointed out that vagueness is crucial for my informants' study of Chinese medicine. On one hand, to study Chinese medicine, there is no fixed routine to follow and one has to find his/her own path from the beginning (Chinese medicine colleges instruct standardized knowledge, which I will discuss in detail in Chapter 5). One can choose to start from the four canons, to start with the numerous books written by scholars in the later dynasty, to follow an online course, or to begin with some simple and

practical self-care tricks learnt from the Internet. For instance, Lu's and Cai's path of Chinese medicine study are very different. In the following sections and chapters I will show more examples in which people are studying and practicing Chinese medicine in a variety of ways.

On the other hand, while causing difficulty in their study, vagueness simultaneously creates enough space for people's own flexible study. A theory, a formula, a symptom, or a kind of herb, can always accommodate more than one interpretation. My informants do not have to follow a fixed framework to understand Chinese medicine. They could choose a theory they agree with and abandon it once they develop another understanding. They might use a formula which they think is proper and change to another one if they think of a new explanation to the symptoms. In this sense, it is the vagueness that makes their study and practice possible or at least flexible. In the next section, I will talk about another informant's case from which we can see the vagueness regarding the interpretation of herbal medicines and physiological responses.

4.4 'Side-effects' or Efficacy: Interpretation of Herbal Medicine and Individualized Responses

4.4.1 The Availability of Chinese Medicine

The availability of Chinese medicine is an indispensable factor that makes the study and practice of Chinese Medicine of my informants' possible and convenient. It may be surprising to some but in reality, China has very few legal restrictions on the use of herbal medicine. While biomedicine is divided into over-the-counter drugs and prescription drugs, herbal medicine

does not have such divisions or restrictions formally placed on them at all. Ordinary people are able to buy hundreds of different varieties of herbal medicine over the counter at pharmacies.

Figure 7 *A Chinese medicine pharmacy*



As I have described previously in Section 1, once the formula is determined through online discussions, the participant who sought for advice could go to buy the medicine. That is because pharmacies are easy to find and herbal medicines have no restrictions placed on them for purchase. In the previous section, Cai bought a cabinet to store herbal medicine at home. It is not a common thing among my informants, but many of them do store some commonly used at home medicines such as *guizhi* (Chinese cassia 桂枝) and *gancao* (Chinese liquorice 甘草).

Moreover, Chinese medicine is generally not expensive. The price of Chinese medicine varies to a great extent. For some precious tonics such as antlers, one gram is over 1 USD and is therefore too expensive for most people to consume over a long period. But most herbal materials are much cheaper. Based on my observation and my own experience of using Chinese medicine, in most cases, one dose of herbal medicine costs about 20 to 50 RMB (about 3 to 8 USD).

The availability and low cost of Chinese medicine are important factors that allow for self-care practices to be possible and affordable. But how people view Chinese medicine and the body's reaction after consuming it merits more consideration. Below I will present Min's case as an example of this.

4.4.2 Min's Self-Care

When I stayed in Jinan for my fieldwork in the summer of 2017, my friend Hua invited me to his band's rehearsal. It was a rock band with five people and my friend is the lead singer. He told me their bassist might be interested in Chinese medicine. I went to their studio and watched them play for about two hours.

When they were taking a break, I noticed that the bassist, a young guy named Min, took out his thermos and drank from it. The summer of Jinan is hot and dry. It was already close to evening time, but it was still over 34 degrees outside. The other members were all drinking mineral water, cola, or ice milk tea. While I had made my guesses over what I was observing, the other members were already joking about it. The drummer laughed: "Min, I told you before. It is useless. Take some Viagra and you will be alright!"

After the rehearsal, it was almost 10 pm, and we went to a restaurant. Min was the only one who did not drink cold beer and he ate much less compared to other members. I talked with Min while eating and got to know that he worked as a music teacher in a primary school and that the rock band was his hobby. He was 29 years old at that time, tall, a little hunched, and very thin.

I invited Min to be interviewed after we became more familiar with one another. When he

came to the interview and we shook hands, I felt his palm was not warm, as well as a little sweaty. So I started the interview by asking him about his health conditions. Min described to me how problematic his health had always been: “I mind the cold weather and cold water. I have insomnia and wake up very easily. I want to gain some weight, but cannot eat meat as much as other people...”

The school he works at organizes health checks for all the employees every year and all the indexes showed that his health is fine. But he always thinks of himself as a sick person who must improve his health. He had tried moxibustion, taichi, and he also visited a few Chinese medicine doctors, but none of these proved to be fruitful or observably effective in results.

What made him most frustrated was that he had sexual impotence. It is an aspect seldom mentioned by the informants in my fieldwork. If other things such as minding cold weather are just discomforts or inconvenience, then impotence is definitely a disease, at least from Min’s perspective. Min seemed anxious about it, after knowing I had been studying Chinese medicine for years, he reached out his hand in the interview and asked if I could do pulse-taking and see what his problem was. I did not refuse and asked what he was drinking that day from the thermos while taking his pulse.

Min told me it is ginseng and wolfberry, two widely known herbal medicine in China. Many people believe they can nurture one’s health. After about five minutes, I lifted my hand and gave my analysis but still suggested to him that he should visit a professional. However, Min had visited a few Chinese medicine doctors, and spent more than 8000 yuan (about 1200 USD) of expenses for diagnosis and medicine. The last doctor he visited prescribed the most

expensive herbal medicine which showed no effect and instead ended up causing abdominal distention and constipation. Min became disappointed and had not visited any doctor ever since this bad experience.

Min could not tell when and how he started to become interested in Chinese medicine. He searched on the Internet and had read many articles that provided instructions on how to improve one's health or sexual impotence. Some suggested physical exercise or biomedicine, but Min still wanted to try Chinese medicine, thus searched for more related articles. Min said: "Western medicine does not talk about these things. They do not care if you are healthy or not. They only care about if you are ill or not."

This is an opinion shared by many informants, participants of online Chinese medicine courses or lay people such as Min. For people with such viewpoint, nutrition in biomedicine, might be one subject that is most close to what they need. But that is far from enough. I have more than twenty informants who have ever tried to adjust their diet according to nutritionist knowledge. They know the nutrition pyramid, the necessity of taking various vegetables and fruits, etc. Some people such as Lu in section 1 know more and take supplements. But the potential benefits cannot satisfy their needs. At least none of them have found that a diet based on nutritionology could solve their discomforts.

In contrast, Chinese medicine promises much more. Most of my informants have a strong confidence that Chinese medicine can solve almost all the diseases, including diabetes and cancer, not to mention some small problems such as cold or diarrhea. Although for many of them, their chronic problems have not been solved with Chinese medicine, they tend to place

blame on the lack of ability of practitioners, or the difficulty in solving chronic problems, and do not attribute it to Chinese medicine per se.

Their strong belief has not been verified but is not rootless. If one buys some books on Chinese medicine randomly, he/she will read plenty of medical records in which the practitioners solve various diseases with Chinese medicine almost ‘magically’. Even the consumption of simply one kind of herb could end up with miraculous seeming results. Let us take the herbal medicines which Min put into his thermos for example. In The Divine Farmer’s Materia Medica (*Shennong Bencaojing* 神农本草经), ginseng’s functions include nurturing *wuzang*⁹ (五藏), stabilizing spirit, and improving intelligence. And wolfberry can nurture Kidney (*shen* 肾), which determines one’s sexual performance and fertility. In this canon, herbal medicines with such amazing descriptions are plentiful. Each of these might make lay people who read it feel encouraged and inspired. Min also tried some others such as *congrong* (cistanche 苁蓉) and *bajitian* (the root of Indian mulberry 巴戟天), both of which has a shape similar to the penis and are documented to be able to boost one’s sexual performance. But Min found them unsuitable and bitter to drink.

When I asked Min if ginseng and wolfberry are helpful, he said: “Not good, and not bad. I sleep a little better. Just a little. But other things have not changed.” Min had been consuming this medicinal tea for more than three months. Although after taking this tea he started to feel bitterness in the mouth when he woke up in the morning, I did not sense that he questioned this practice or his own ability as a “practitioner”. He did not have much patience with TCM doctors’

⁹ A collective term for the visceral systems - the Heart, Liver, Spleen, Lung and Kidney.

treatment which did not show efficacy within a month, but was very patient with his own practice.

He consulted me with a few patent medicines which have tonic functions such as *jingui shenqi wan* (Kidney Qi Pill from the Golden Casket 金匮肾气丸) and *youguiwan* (Restore the Right Pill 右归丸), which he tried intermittently. Patent medicine is not a bad choice for lay people. There are at least instructions attached, so one can have some basic knowledge about it. Besides, they are much easier to consume compared to the liquid of herbal medicine.

Figure 8 *the patent medicine Min used*



When I talked about my research and informants who conducted self-care with Chinese medicine, Min showed much more interest and a little excitement because he was also contemplating to use some formulas. He then took out his cellphone, opened the browser, and clicked on a few bookmarks which are the links to a few online articles. All the articles discuss formulas which could be used to boost *yang qi*. He was considering some of these, but had not tried any.

After learning Chinese medicine for years and listening to more than 30 amateurs' stories,

I knew Min was just at the start of his journey in using Chinese medicine. To try one or two herbs is a common choice among my informants at the beginning. They might use the herbs to make medical tea or foods. Some stay at this stage for a long time and some move forward after a period of time to try formulas, which is a much more complex world and needs much more time to explore, practice, and to experience.

Normally, one must start to learn some Chinese medicine theories more or less when he/she wants to use formulas. Without some basic knowledge such as *yin-yang*, cold-heat (*han-re* 寒热), depletion-repletion (*xushi* 虚实), it will be difficult to estimate or judge which is the proper formula. But this is still at the basic level. People at this stage only need to choose a formula from thousands of classic formulas inherited from ancient times and do not need to make any adjustments.

But a chosen formula might not fit the patient perfectly. The quantity of each herb might need to be changed according to the current status. To take a step further, one herb might need to be removed and some other herbs might need to be added. At this stage, it takes plenty of time to grasp the features of different herbs. Then, if one learns more and accumulates enough experience, he/she can start to design his/her own formulas. Most of my informants are on this journey but at different stages. Lu in section 2 was making progress in choosing the proper formula, and Cai in Section 3 was already designing his own formulas. Apparently, Min is a new hand and was about to enter into a new stage.

I looked forward to seeing how he will continue his study and practice. But I needed to leave Jinan at that time and could only contact him on Wechat. Before I left, Hua sent me a

short video. He told me it was an incomplete song named My thermos with wolfberry (*wode gouqi baowenbei* 我的枸杞保温杯). Min wrote this and they all encouraged him to finish it. In the climax of the song, Hua sang:

| | |
|-----------|---|
| 不是我冰冷的身体 | It is not my cold body |
| 也不是八月天的热气 | it is not the heat in the August |
| 是我梦中拥有你的爱 | It is that I have your love in my dream |
| 让我拿起了 | that makes me take |
| 我的枸杞保温杯 | my thermos with gouqi |

4.4.3 The Use of Fuzi

After I left Jinan, Min contacted me frequently within two or three months. He often shared with some online articles about some formulas and asked me for my advice. I could sense that he wanted to use them but might still be hesitating. I explained the necessity to learn Chinese medicine, at least some basic knowledge, before starting to practice.

One day, Min sent me an article which talked about *fuzi* (附子)- a Chinese medicine herb. The author admired the magic of *fuzi* to a great extent and claimed that he had used formulas with *fuzi* to treat many diseases with good effect. Min found out that one case the author presented was very similar to his problems. He contacted me because this time he was tempted to try it, but was not sure if it was necessary to adjust the weight of different herbs in that formula.

I was very reluctant and became prudent at once. *Fuzi*, also named Chinese aconite, is one of the most commonly used herbs in many formulas to boost *yang qi* and counter cold (*han* 寒)

and damp (*shi* 湿). But it is also famous for the high toxicity. People in ancient times knew of its toxicity and used it as a poison. I did not think Min had enough knowledge about its toxicity and advised him not to use it recklessly. Maybe he disliked my opinion which seemed to him to be discouraging. After this, he did not contact me anymore.

The next time I saw Min was the winter of 2018. I was surprised. He was still very slim but seemed much more energetic. He spoke with a louder voice and his hands were warmer than mine. When we had dinner together, even Hua, a guy who did not believe in Chinese medicine gave praise that it was amazing to see such an evident change. Min laughed gladly and told me of his ‘magical’ practice in detail.

He tried the formula which he showed me in our last conversation. Min felt a little effect after consuming it only for a few times. After consuming it for two weeks or so, he started to feel energetic. He then increased the dose and his hands became a little warmer. Hua burst into laughter: “No, no, no! That is because of the power of love!”

It turned out that Min was chasing after a woman. He wanted to hold her hand during a date and has intended to bring their relationship closer. But his own hands were cold and sweaty, which he was embarrassed about. And depending on how it developed, he also wanted to have sexual relations with her. But his impotence posed a problem for him. He anxiously wanted to have see improvements sooner and therefore he tripled the dose. The formula and his courage did not disappoint him. Min received very good efficacy which he never received from any doctor. From then on, he consumed it for almost three months.

He also reflected on why his practice was unsuccessful previously:

I always wanted to take more tonics. I thought they could nurture my body. But I could not digest these substances and they were useless. I need *fuzi* and xixin (asarum sieboldii 细辛) to directly boost my body, so my body can function more powerfully.

But from my vague memory of the formula Min sent me, the weight of *fuzi* was less than 10 grams. If he tripled it, then that will be about 30 grams in one dose. Leaving aside the toxicity of *fuzi*, where could he buy them? Although all the herbal medicines can be bought over the counter, as far as I know, pharmacies do not sell amounts of *fuzi* that exceeds 10 grams. Some pharmacies in Beijing and Shanghai even make requests upon customers to show doctors' formal prescription that show a signature or seal before selling *fuzi*.

According to Pharmacopoeia of People's Republic of China, the dosage of *fuzi* should be within the range from 3 grams to 15 grams. This range stipulated by Pharmacopoeia is criticized by my doctor informants. Firstly, in *Shanghan Zabing Lun*, the dosage of *fuzi* is much higher. Secondly, they argue that the dosage should be flexible to adjust to different situations. It is unreasonable to restrict doctors' practice in such a mechanical way. But in reality, doctors conform with this regulation obediently. In my observation of doctors' practice in hospitals and clinics, no one will prescribe more than 10 grams of *fuzi*. They told me that if they violate the regulation and cause problems, they might be sued by the patients. Sometimes they use more than 10 grams of *fuzi* but only for family members, close friends, and trustworthy patrons.

Min explained that he also met with this obstacle. He tried a few pharmacies but none of them would sell him more than 10 grams. He came up with an idea: "I need 7 doses for a week. So I told the pharmacies that I need 21 doses for two weeks. Then I went home and combine

three doses into one dose. Hahaha!”

It was quite smart to think of this idea and also not hard to realize. There are plenty of drugstores in Jinan. When I lived in a common residential community in Jinan, I took a two hours' walk and found three pharmacies within an area smaller than nine square kilometers. One of them only sells biomedicine and the other two sell both biomedicine and Chinese medicine.

I restrained myself from telling Min that he could buy as much *fuzi* as he wanted on online shops such as Taobao. Online shops sell *fuzi* as agricultural products and I have not found any regulations that forbid the sales or limit the quantity of sales or purchase. I was worried that if I told him, it might embolden his practice and he would increase the use of *fuzi* to a higher dose. Despite his successful treatment, I still advised him to be cautious of *fuzi*. However, I did not think he would heed to my advice.

Figure 9 four onlines shops selling *fuzi* on Taobao.com



Note: *Fuzi can be bought online and it is not expensive. For example on taobao.com as shown in the picture above, 500 grams of fuzi is about 30 RMB (5 US dollar)*

On the night of June 10th in 2019, I received a call on Wechat from Min. It was quite surprising because we did not have any contact since the last time we met, especially since he called at night without sending a message in advance. When I picked up the call, Min said: “Brother, am I poisoned? What should I do?”

He then explained that recently, he felt his tongue was a little hot and rough. He did not think it was a big deal or that it was connected to taking *fuzi*. But in the past few days, he started to have nausea and a little feeling of numbness of the tongue. He could feel his heart was beating even when sitting quiet, especially after consuming the medicine. He suddenly remembered what I had previously advised him and thought it must be caused by *fuzi*. As he did not trust any Chinese medicine doctor he visited before and I was the only person who had ever advised him for several times regarding this, he decided to ask for my help.

It was not enough of an emergency to go to a hospital at once and I also did not think there were other good options. So I asked him to drink honey water first – a method I learnt before to alleviate the discomfort caused by the toxicity of *fuzi*. And then I prescribed a formula for him. His discomforts disappeared within the next week.

4.4.4 Side Effect and Du (毒)

While solving his health concerns successfully, Min did not give enough attention to the possibility and likelihood of side effects and by doing so, he had put himself at risk. How could he stick to his malpractice when the discomforts were obvious enough? Min’s indiscretion and

stubbornness would seem reasonable if considering this from a Chinese medicine perspective.

There is no concept of side effects in Chinese medicine. Side effects is translated into Chinese as *fuzuoyong* (副作用). But this term does not exist in Chinese medicine classics and its theories. Side effect as a concept is not developed in Chinese medicine. A term similar to side effect might be *du* (poison or toxicity 毒). There is a proverb in China - every medicine contains 30% of *du* (*shiyao sanfen du* 是药三分毒). I have heard this proverb from childhood when adults emphasizing that one should not use medicines imprudently.

But in comparison to side effect, the meaning of *du* contains critical differences. Firstly, aside from referring to poison or toxicity, in Chinese medicine, *du* (毒) has other meanings. For example, in *Qianjinfang* (千金方) written in Tang Dynasty, *du* is used to describe a serious illness often with symptoms on the skin. In *Zhubing Yuanhou Lun* (诸病源候论) written in Sui Dynasty, *du* is often used in combination with disease causing factors such as heat (*re* 热) to refer to the seriousness of the disease. “*Du* in Chinese medicine, though polysemic in nature, has been understood more in association with force and power that affect or activate changes in the body, rather than a concrete, tangible substance external to the body (Zhang, 2020, p42)”.

Secondly, *du* (毒) and *yao* (drug or remedy 药), these two opposite kanji often referred to the same meaning and were used interchangeably in ancient canons. For example, in *Zhouli* (周礼), one of the thirteen most important Confucian Classics, it is written that the doctors are in charge of medical regulations and gather *du yao* for medical use (*yishi zhangyi zhi zhengling, ju duyao yi gongyishi* 医师掌医之政令，聚毒药以共医事). In Inner Canon, it is written that for illness inside the body, it is suitable to use *du yao* (*qibing shengyunei, zizhi yi duyao* 其病

生于内，其治宜毒药), and it is necessary to gather all kinds of *du yao* to treat the inside and use acupuncture and moxibustion to treat the outside (*biqu duyao gong qizhong, chanshi zhenai zhiqiwaiye* 必齐毒药攻其中，镵石针艾治其外也). So the two kanji *du* and *yao* were often used at the same time and are employed in reference to the same thing.

The literal contradiction was well explained in latter ages. Zhangjingyue (张景岳), a famous Chinese medicine scholar in Ming Dynasty, wrote that all the substances that could be used to cure disease are *du yao* (*shifan ke pixieanzheng zhe, junke chengwei duyao* 是凡可辟邪安正者，均可称为毒药). He then put it clearer – *yao* can cure disease because of *du*; the so-called *du* is because of the biased features within the substance (*yaoyi zhibing, yindu weineng, suoweidu zhe, yin qiwei zhi youpian ye* 药以治病，因毒为能，所谓毒者，因气味之有偏也).

So instead of meaning poison, *du* indicates medicine's features which could be used to treat disease. In this sense, *yao* and *du* are the same thing – the former refers to its healing effect, the later emphasizes its biased features. Thus, all the effects of Chinese medicine are intended effects, which could reorganize *qi* and rebalance *yin-yang*. It is in contrast to side effects which is additional, secondary, or unintended to intended effects.

It will not be surprising to know therefore, that there is a widely shared view amongst many Chinese people that one of the advantages of Chinese medicine is that it has no side effects; on the contrary, every kind of biomedicine is believed to have a side effect. Scheid documented the same view when he conducted fieldwork in Beijing in the 1990s (2002). In section 4.1, I talk about how online course participants refuse to use ibuprofen to bring down their fever. In the next chapter, I will also show how women refuse to use painkillers to treat

period pain.

The non-existence of the concept of side effects could also be found in Chinese medicine education, institutionalized or informal. Although the toxicity of some herbal medicines such as *fuzi* and *banxia* (*Pinellia ternata* 半夏) has been proved by scientists many years ago, I did not find side effect, adverse effect, or any other similar terms in TCM textbooks. In the five online courses I joined, very little knowledge of the toxicity of herbal medicines is taught. The teachers at most advised students to be cautious of certain herbs and very few students raised the related questions. When someone express concerns in the online group, it is very likely that what he/she receives is encouragement instead of warnings or dissuasion.

4.4.5 How to Interpret Physiological Responses After Consuming?

With the concept of *du* and without the concept of side effects, physiological responses during the treatment are interpreted in a particular way. After consuming Chinese medicine, various physiological responses might emerge. While the medicine is functioning, the body adjusts itself to rebalance yin and yang and reorganizes *qi* and blood (*qixue* 气血) and accordingly a series of reactions emerge naturally. Some responses are just sweating and thirst, which do not seem to pose much of a problem. But there are also other reactions such as diarrhea, vomiting, dizziness, fatigue, etc. In Mencius, it is written *yao bu xuanming jueji fuliao* (药不瞑眩, 厥疾弗瘳), which indicates that the right medicine will cause reactions and even discomfort.

These reactions, comfortable, uncomfortable, and even seemingly unrelated ones, are often viewed as important signs for further diagnosis and treatment. Practitioners are supposed

to read these reactions to guide their treatment as well use them to estimate the patient's current status. Besides, certain physiological responses are also deemed as part of the goals in the treatment. For example, sweating is a good sign as well as an aim in the treatment of cold and fever, and practitioners need to design the formulas to make or lead the body to produce sweat. Later generations of Chinese medicine doctors summarize it as *hanfa* (sweating method 汗法). There are also *xiafa* (draining downward method 下法), *tufa* (vomiting method 吐法), etc.

Teachers in online courses also instructed that as long as the formula is proper, then all the physiological responses are good ones. However, to design a proper formula is far from simple. For people without the knowledge of the art of healing such as Min, they might mistake their discomforts as good signs and continue their practice, which then leads to unexpected consequence. In the online groups, I have observed many times that students continued to use the wrong formula while they have already felt the discomforts because of the medicine they consumed. When my informants (especially those in the online groups) realize that it was a wrong formula, they did not think too much about if their formula might have negative effects on their health. Even when the formula in fact even worsened the disease, they tended to say that it is not a proper a formula, instead of using the term side effects to evaluate their malpractice or using the word toxicity to describe the discomforts.

Min's case shows that how people interpret toxicity of herbal medicines and their physiological response on the basis of Chinese medicine theories, influences their practice to a great extent. *Du* is understood as neither toxicity nor side effect, but as the inherent feature of herbal medicine which in fact validates these herbs as medicine. Accordingly, how the body

reacts to the medicine could be interpreted with more possibilities. Any physiological response might be understood as positive, neutral, or negative. The availability of Chinese medicine only provides the precondition for self-study and self-care, while how different *du* or *yao* are accepted, and how various physiological responses are understood, is a central theme which accompanies the journey of my informants' practice all along.

Most of my informants are far from the level of being able to design their own formulas. In most cases, they choose a classic formula from ancient books and make a little adjustment at most. But their practice is not just mimicking or a repeating of the ancient wisdom. It always involves their own efforts to interpret and rationalize Chinese medicine theories, herbal materials, physiological responses, considerations of efficacy and side effects, practice and malpractice, *du* and toxicity are all interwoven with the participant as an interpretative agent who reproduces the knowledge.

Farquhar and Lai concluded that knowing and action cannot be separated based on their research on minority nationality medical systems of southwestern China (2020). This conclusion could also give insights into the study and practice beyond medical institutions. Most of my informants start their knowing and practice simultaneously, and to practice is almost the only way to verify if their own understanding and interpretation is right. But as I have shown in this chapter, for non-professionals, in most cases they can only practice on themselves or people close to them. Thus, Lu changed three formulas within a week to treat Dali's fever, Cai changed 30 formulas within a year to cure his appendicitis, and Min kept using *fuzi*. When Lu wants to escape from the problems they see as inherently existing within

biomedicine to use Chinese medicine as a safer treatment, when Cai feels free to make his own “experiments”, and when Min pursues better health, they might fall into confusion and become susceptible to other unexpected risks. The increasingly accessible Chinese medicine does not necessarily empower lay people. But for these learners who are anxious to and have to practice, the wide room in which their own interpretation and practice can occupy is both appealing, potential, and risky.

Interestingly, the last time Min and I met was in May 2021 and it was quite apparent that he had gained some weight and seemed much stronger and more energetic. I paid him a compliment and asked what formulas he consumed. Min told me he had not consumed any Chinese medicine for a long time. He met a new girlfriend who was a swimmer and encouraged him to go to the gym, take up swimming, and jogging. He always thought that exercise was too exhaustive for his weak body, and did not expect that it brought him good appetite and sound sleep. Every week, he went to gym two or three times. After that, he consumed protein powder, eggs, chicken breast. “I feel hungry so I eat more and I feel exhausted, so I sleep well. It is just a simple logic. I never thought about it.” he said.

From my fieldwork, I can see that the number of amateurs similar to the online courser participants or Lu, Cui, and Min, is growing in recent years. But compared to these amateurs, for ordinary people, their interest in Chinese medicine is limited - they do not want to spend much money and time in studying, neither do they want to prescribe herbal medicine for themselves so often. However, I find it difficult to draw a clear line between amateurs and non-amateurs or to set a standard to differentiate them. As I have shown, one might only become a

little interested at the beginning, pay attention to some related knowledge, learn to prepare medical foods, and one day follow a formula to purchase the herbal medicine to consume. He/she might gradually accumulate more knowledge and skills and develop more interest and confidence. In the next chapter, I will turn my focus to those who are not passionate, interested, or knowledgeable enough to practice Chinese medicine frequently. But they are also learning and practicing Chinese medicine in their daily life.

Chapter 5 Chinese Medicine as Experience

In this chapter I will use three sections to examine women's use and experience of Chinese medicine in their everyday life. The first section is about senior women's *yangsheng* practice. The second one focuses on how menopause is being medicalized in Chinese medicine. The last section looks at a moxibustion parlor which attracts women to gather together to discuss health and related issues. In this parlor, knowledge is transmitted in an informal way, and care which is hard to obtain from medical institutions is provided.

5.1 Incorporating *Yansheng* into Daily Life: The Knowledge and Practice of Nourishment

In this section, I document how some senior people living in Jinan use Chinese medicine to *yangsheng* (nurturing life 养生) in their everyday life. In Chinese, the word *yang* (养) means nurturing, taking care of, and nourishing, whereas *sheng* (生) refers to growth, vitality, and life. The term *yangsheng* could be used as both a noun and referred as an activity, and a verb that means to conduct this activity. The priority of *yangsheng* is not to cure any disease, but it indicates that people can strengthen their health and prevent illness through *yangsheng*.

I focus on the use of Chinese medicine in people's everyday lives to *yangsheng* and analyze how *yangsheng* is interwoven with other aspects of life. Especially, by examining the *yangsheng* activities over the life course and in the transformation of Chinese society in the past half century, I show how Chinese medicine is generative and becoming a new element in life.

Ordinary people, are enriching as well experiencing this ever-changing tradition.

5.1.1 What is Yangsheng?

A considerable part of *yangsheng* concerns foods and food therapies. Books such as *Yinshan Zhengyao* (饮膳正要) and *Yinshi Xuzhi* (饮食须知) that were written in the Yuan Dynasty offer a rich body of knowledge on these subjects. It is necessary to point out that most of the knowledge contained here is based on Chinese medicine theories regarding food and the body. For example, lamb meat is often used in *yangsheng* to warm as well as nurture coldness in the body. The basis for this usage can be traced to the Inner Canon and *Treatise on Cold Damage Diseases*. Such knowledge becomes very popular on social media and attracts the interest of many people. For lay people, many practices involving *yangsheng* are easy to follow and requires little knowledge of Chinese medicine. Even a beginner can follow a recipe and make a decent *yangsheng* meal.

But in fact, *yangsheng* is much more comprehensive than just knowledge about foods and can cover every aspect of life. A broad range of behaviors and activities of care that concerns everyday life practices could be categorized as *yangsheng* as long as the activities comply to the law of life and nature. For example, *Sunzhenren yangshengming* (孙真人养生铭) written in the Tang Dynasty argues that retaining or keeping ‘a good mood’ is a central element in nurturing one’s *shen* (spirit 神) and thus is important for *yangsheng*. *Sanyuan yanshou canzanshu* (三元延寿参赞书) which came out in the Ming Dynasty illustrates the way to have a healthy sex life in *yangsheng*. *Zunsheng Bajian* (遵生八笺) written in the Ming Dynasty compiles previous literature on *yangsheng* and analyzes how to nurture one’s *zhangfu* (visceral

systems 脏腑) in the four seasons so the body can comply to the laws of the nature. *Laolao hengyan* (老老恒言) in Qing Dynasty, contains discussions on how to sleep, walk, sit in the right way, and how to layout the indoor environment properly for *yangsheng* purposes.

The philosophical basis of Chinese medicine is Taoism, in which *yangsheng* is also one of the central themes. To follow *Tao* (道) – the ultimate law underlying the universe, one needs to conduct self-cultivation, which overlaps with *yangsheng* to a great extent. It is believed that if one practices *yangsheng* in the right way, one can enjoy health, extend one's lifespan, and if done ideally, even to the point of immortality. Taoists in ancient China developed different methods to practice Taoism, including Taoist alchemy, martial arts and meditation to name a few. These explorations have enriched the content of *yangsheng*, and left a rich body of literature such as *zhouyi cantongqi* (周易参同契) written in Han Dynasty and *yangxing yanminglu* (养性延命录) which came out in the Northern and Southern dynasty.

In *Ten Thousand Things: Nurturing Life in Contemporary Beijing*, Farquhar and Zhang went a step further to broaden the range of *yangsheng* and viewed activities such as jogging, dancing, singing and calligraphy, also as falling under the scope of *yangsheng*. The *yangsheng* activities I will talk about share some similarities with what is documented in this book. However, I focus more on people's consumption of Chinese medicine or substances. Besides, I contextualize their *yangsheng* practice in the transformation of Chinese medicine. Through ordinary people's discourse on health and illness, *yangsheng* practice on their own body, consumption of health products or home-made tonics, that Chinese medicine, a seemingly conservative tradition, is being reimagined, reinvented, and its new products and therapies

being traditionalized.

5.1.2 Taichi (太极) Group

The data used in this section comes from my fieldwork in Jinan. I conducted participant observation among a *taichi* (a Chinese martial art) group. I also interviewed 26 informants (12 were members of the group and the other 14 were introduced by these members).

My original goal was to conduct observation in a Chinese medicine clinic and interview some regular people who might visit TCM hospitals and clinics from time to time in Jinan. I spent much time walking around the city and tried to know more about people in the public spaces such as parks and squares. Not surprisingly, I found out that many women, especially those in their 50s and 60s, were gathering in these public spaces to dance or practice taichi or other styles of martial arts. Such a scene can also be found in my hometown and some other cities I visited during the course of my fieldwork such as Kunming.

After observing the taichi group for about half an hour, I decided to take action so I walked up to them, stood in the last row, and practiced with them together. As I have been practicing taichi since college and followed a taichi master for three months several years ago, their practice seemed to consist of the basics to me. Then in the next four weeks, I joined them almost every night (they generally practiced from 7 pm to 8 pm) as they practiced and talked to most of the participants. The group has about 30 members with their ages ranging from 53 to 77. Before and after the practice, they always chatted casually which was when I joined them, and tried to converse with as many people as possible. I gradually became familiar with 15 of them, most whom then became my informants.

I also helped many of them to fix their mobile phones, download apps or videos to their phone and taught them how to use the phone cameras to take better pictures. The organization of group is quite loose. Not all of them take the practice seriously as some of them only see it as a pastime or an activity that provides them with some social interaction after dinner. Most of them live near this square within a 5 kilometer's distance. They have a WeChat group in which they make announcements, chat from time to time, and upload some *taichi* instruction videos.

5.1.3 three cases

In this subsection, I will present three women's stories. Here, I do not put emphasis on their specific yangsheng practice, but want to show how yangsheng is not just a practice limited to improving their health. With family members being involved, new meanings are given to their yangsheng.

My interviews started from the group leader Xu. I guess anyone who walks past the group can easily recognize her, not because of she is the leader, but because she is the most vibrant woman with the loudest voice and often wears the most eye-catching outfits. She is 62 years old, physically strong, and gives off very energetic vibes. She has passion and energy to do all the routine work for the taichi group such as taking care of the loudspeaker, purchasing water and uniforms. She is also responsible for liaising with some civil servants in the local government who sometimes invites the group and other similar groups to participate in some public activities. Xu is active in the casual conversations that take place before and after the taichi practice. She was taking two kinds of health products every day. One is good for her knee joints, but she could not tell the name of the product clearly. The other is the "extract of many

precious herbal medicine” as Xu put it.

During her interview, she attributed her approach towards life to her life experiences she’s had up to now. Having grown up in a village in the 1960s, Xu was forced to leave primary school during the Cultural Revolution. She married at the age of 21 and moved to Jinan with her husband. Both of them worked as a laborer, but the husband died in an accident in the early 2000s. At the age of 55, she remarried with a local retired worker who is 7 years older than her. She said, “I suffered a lot. But I just do not believe in fate...One should always look on the bright side and find things to do.”

She had done a lot of jobs before, such as construction site worker, street vendor, temporary worker in different manufacturing areas (to name a few), but as she never paid any social insurance, she did not have much savings. Now she has almost no income at all and relies on her husband’s pension, which led me to ask if her husband was the one who paid for the health products she bought. Though nobody was around us during the interview, she lowered her voice and said: “I have a secret corner.” When I asked what she meant, she smiled: “*Laotouzi* (sometimes senior women use it to refer to their husbands) does not like me to buy these things...he thinks that is a waste of money. So, I hide them in a shabby cabinet.” It turns out that every time Xu went to the grocerer, she saved a little money for this expenditure. She bought these with the savings and the purchase and taking of these health products, all had to be done secretly.

Xu said to me: “I need to stay healthy. I cannot read. I cannot write. But I think I can live a good life. What is the most important thing for life? The body is the vital capital of the

revolution (*shenti shi geming de benqian* 身体是革命的本钱).” Xu quoted a famous sentence of Mao Zedong. For Xu, her vital capital needed to be promoted by taking exercise, keeping a bright attitude towards life, and taking health products, although the final one meant that she had to do so considering her financial difficulties, manage this in secret, and consuming the products without the knowledge of her husband. I could understand her concern. Her own daughter rarely visits her. Without any income, she worries no one will take care of her when she is ill. When I praised her efforts, Xu said, “maybe he knows. Maybe. Even if he knows, I need to *douzheng* (fight 斗争).” She used the word *douzheng*, which was a very common term in Mao’s era. But this *douzheng* is not for the communism which was the aim of *douzheng* in Mao’s era, but for Xu’s own health.

Compared to Xu, Yang’s life was smoother as graduated from college (which was a rare thing in the 1970s), taught in a middle school for 30 years, and retired with a good pension. Her husband retired as a deputy chief in the local government. After retirement, this couple started to travel a lot and enjoyed the best time of her life as she put it. But the best time did not last long, and the end was marked by her husband’ hip replacement and Yang’s stomach surgery in the same year. “It rings a bell which told me that I was so close to death. Everyone is... But I want to live longer...I really want to borrow another five hundred years from the God (the lyrics of a popular song in China).” Gradually, the couple started to gain an interest in all kinds of *yangsheng*. With a good pension, the couple tried many health products, biomedicine or Chinese medicine. They also have a corner to store those products, but, unlike the previous case, this is not done in secret but shared openly by the couple.

When Yang talked about *yangsheng* during the interview, her son was mentioned many times. Their only son now lives in Shenzhen and is an IT engineer. Yang is very proud of her son's filial piety. When I asked about the details, she listed all the health products he bought for his parents beginning in 2016. As I want to know if the *yangsheng* they practice changes over time, I asked what her son bought for her ten years ago. "Nothing", Yang said. It turns out there is a story behind this change. Yang and her husband went to Shenzhen to live with her son's family and wanted to help take care of their granddaughter. But they did not get along well with the son's wife at all. The atmosphere in the family became very tense sometimes and it put the son in a difficult position. After a small quarrel, they moved back to Jinan. Her son calls Yang every weekend, though they tend to avoid talking about his wife. But Yang is happy that her son started to buy her many health products on the Internet. "Those things are expensive." Yang emphasized to me twice during the interview.

For all my informants, buying things such as clothes and tea for parents represents filial piety, and buying health products represents this all the more so. It shows that children care about their parents' health and quality of life. It also serves as a topic of conversation between children and parents and harmonizes their relationship. For Yang, during her conversation with her son on the phone every weekend, health is always a main topic. Yang said: "What else can we talk about? I know nothing about his job. There is nothing I can say. And he does not care about the relatives here. It is a common thing. Parents and children don't have many common topics when they grow up." In their weekly call, her son also asked about his parents' health condition, and Yang emphasized the importance of health to her son every time. She also shared

with him some health tips she learned from watching TV programs and ones she gathered from reading articles on WeChat.

Meanwhile, health and *yangsheng* are given extra importance from another perspective. For example, Yang said to me: “When people reach my age (66), health is not just for oneself. Once you are ill, you get yourself into trouble, and you get your family into trouble... I am quite good, but if both of us (Yang and her husband) get sick, what would our son do?” Most informants express similar concerns that it will inevitably bring their child a lot of trouble if they were to fall ill. Due to the one-child policy enacted from the early 1980s, they are the first generation who could only give birth to one child. It is accepted by all my informants that if they were to become ill, their spouse should be the primary care giver, and their child should also take the responsibility. Such thoughts render the act of *yangsheng* all the more necessary.

As I showed my grasp of Chinese medicine knowledge on purpose to my informants, some of them asked me to explain some illness or asked for my advice. Among them, Luo had the most questions to ask. Luo barely finish middle school because education was meaningless to her. As a daughter whose family was regarded as the landlord class and as an older sister whose three brothers needed more food, she made a pragmatic choice to quit school and worked in the production team, the most basic work unit in the rural area. Luo had forgotten all the knowledge she learned in middle school when China restarted its college entrance examination in 1977, after ten years of its cancellation. After paying some money, she was introduced to work in a state-owned factory through *guanxi*. The income was good, and she thought the job was stable and lifelong before she was dismissed in 1999. In that period, hundreds of thousands of stated-

owned companies went bankrupt or conducted mass lay-offs due to the marketization and privatization in the government's wide scale reform. She then stayed at home for a few years to take care of her son. After her son went to college, she started to work in different supermarkets as a salesperson. Luo felt lucky that she married an officer in the navy, which means the family could keep a stable and decent income.

Luo's questions range from specific ones such as how to deal with her low blood pressure to general ones such as how to carry out *yangsheng*. It was a little hard for me to answer in detail because she tended to interrupt me and changed the topics quickly. I wanted to end the interview before she asked if drinking urine is good for health. I realized there might be some background information that needs to be provided to the context of this question before I was about to say 'probably no'. I answered that it depends on the specific situation and asked why she was concerned about it. I did not expect that she then said she was drinking it every day. She told me that she had been drinking her own urine for about two years because she learnt that urine is good for health.

In fact, urine could be used as medicine. In *Treatise on Cold Damage Diseases*, one of the most important canons in Chinese medicine written about 1800 years ago in the Han dynasty, urine is included in a formula which could be used only in an emergency situation. Therefore, while urine has medical value, I did not think she needed to drink it to keep healthy, but I also have no proof to say it is actually harmful. But as she has made it into a habit, I was not sure how to respond to it. I advised her to pay attention to her body and have a health check at least once every year.

What she said later surprised me to a greater extent. About three years ago, a door-to-door salesperson started to visit Luo's house very frequently. Luo liked to talk to the young female salesperson who gave her a lot of health tips and had the patience to listen to her stories. She then spent 30,000 RMB (about 5000 USD) in purchasing the health products this salesperson sold. After about two months, Luo started to have a low-grade fever and lost her appetite. She did not take it seriously until the health check showed that her liver function was very poor and she was hospitalized for more than two weeks. Doctors told her that it is very likely that such liver damage was caused by her consumption of something detrimental to her health. Although Luo did not want to admit, it all pointed to the health products which were the extract of many precious herbal medicines such as ganoderma, at least as the salesperson advertised.

She told me that she felt a little at a disadvantage as the one with the least education in her family. She forgot the pinyin (the standard system of Roman spelling in Chinese) she learned in primary school so she can only use handwriting input on her smartphone. But she often forgets how to handwrite the Chinese character she wants to use. She was laughed at by her son many times. Also, every time her husband and her son chat when they are having dinner, she found it difficult to engage because she does not have much information about these topics. "I do not know those big national affairs. I only know if you eat enough, you will not be hungry," she mentioned.

But, in her family, it is always Luo who makes the health choices. She decides if her husband needs to go to the hospital or not; she determines which hospital her husband needs to visit; she also makes the decision if he should seek treatment from Chinese medicine or

biomedicine. Her son lives with his wife and the grandson in another city which is about 40 minutes' drive from Luo's place. There were a few times when the grandson had some discomfort and did not recover after receiving treatment from a biomedicine hospital. It was Luo who actively recommended Chinese medicine doctors, folk prescriptions, and a shaman. In these situations, Luo is a reliable grandmother who has the whole family's trust. Luo told me twice how her grandson stopped bed-wetting after taking the Chinese medicine formula she learned about from television.

Luo takes her role related to health issues in the family for granted. She thinks she is responsible for and capable of collecting this information, providing her wisdom and experience to the family members, and playing a main role in the decision-making related to health practice and illness. This gender division of labor regarding health is common among my informants. Compared to their husbands, women generally take more responsibilities and are more powerful in the health-related labor. For example, many informants told me that they decide what health products the husband should take. Especially, when it comes to the childbirth of their daughter or daughter-in-law, this gender division becomes more prominent. They are the firmest advocates of *zuo yuezi* (postpartum confinement 坐月子), responsible to make the postpartum meals, and making sure the young mothers comply to the dos and don'ts - millet porridge is always the best thing for women after giving birth; fish soup is very helpful for lactation; sea foods and spicy food could be a stimulation of hotness or inflammation.

Although I did not interview their husbands, it seemed to me, it is the women who are more interested and committed in *yangsheng* practice. Such interest and commitment lead to

women's greater authority and power over health issues. As they age and health is becoming a more important and prominent aspect in life, women's voices in these matters increases accordingly. To them, Chinese medicine is not the complex theories such as yinyang or the five phases (*wuxing* 五行), but specific, information they receive from diverse sources, specific things they can talk about, and practice with confidence and ability to practice. Moreover, such practice always involves interactions within the family.

5.1.4 Yangsheng in Transition

My informants often recalled the past in the interviews. There are some common themes that emerged when they shared their life stories. Among them, hunger is one theme mentioned by almost all of them. As most of them are in their 50s and 60s, their childhood unfortunately was the most difficult period after the establishment of PRC, when food was in extreme shortage. Those hard times made experiences of hunger one of their most unforgettable memories. I will use Su's story as an example.

When Su was about 7 years old, she and her sister climbed elm trees in the spring to collect fresh leaves so the family could eat as there was not even one kilogram of maize or wheat at home. Her father had been arrested and put into the labor camp because he had worked for the KMT (Chinese Nationalist Party 国民党) for half a year as an accountant. Her mother, a weak lady with her feet bound since childhood, worked in the production unit all day long. Her grandfather, in his 60s at that time, also had to difficult walking with a stick but had to collect some leaves and branches so they could have something to burn for cooking and warmth in the cold winter. The production unit provided food based on the amount of work every family did.

But only some carrots, potatoes, and sweet potatoes were given to people who spent all their energy and as a result were exhausted in the farmland. Su ate meat very few times when she was a child. She recalled vividly how excited she was when the production unit distributed to each family a little meat before the spring festival so every family could make at least one meal of dumplings.

Aside from the extreme poverty and hunger, medical care was rare and backward before the 1980s. Moreover, the government spent most of its health-care expenditure in urban areas while rural residents received very little medical services. After Mao Zedong's criticism of such inequality in 1965, the barefoot doctors (*chijiao yisheng* 赤脚医生) program was established with the purpose to provide rural areas with medical practitioners who received minimal basic medical and paramedical training. Amongst my informants, no one visited hospitals or clinics for cold, fever, toothache, back pain, etc., as these were viewed as trivial things that they were simply required to tolerate. Medical service was only sought out when serious illnesses happened. Very few of them had experience of taking herbal medicine during that period of time.

From my informants' stories, I did not find any *yangsheng* activities before 1980. After all, *yangsheng* is a luxury when hunger is a more immediate problem. To some informants, life did not have any marked improvement until the farmland was distributed to households in the early 1980s. China started its market economy and privatization, and the party-state began to retreat from some spheres of private life. Farquhar documented that in the late 1970s and early 1980s, people crowded into the urban hospitals and clinics to consume lots of herbal medicine (1994b).

She argued that Chinese medicine offered a depoliticized terrain in which medical practice might be a source of empowerment and pleasure (ibid.).

My informants did not remember if there was a rapid increase of herbal medicine users, but *yangsheng* activities did start to emerge in my informants' life in the late 1980s. In some rich families, the husband used ginseng and antlers to make medicinal alcohol; malted milk was a common present when visiting relatives; women started to make lamb dumplings in the winter as it was believed that lamb contains more yang and could provide the body with warmth. I read some magazines published in the early 1990s in the local library and found out that advertisements on Chinese medicine especially those advocating its products' functions to promote men's sexual performance often appeared in magazines. This was in line with Zhang's article in which he documented the establishment of *nanke* (men's medicine 男科) and the significant increase of impotence patients in the 1980s (2007). Another interesting thing is the emergence of *qigong* in the 1980s and 1990s. Though none of my informants practiced any *qigong* at that time, three informants' husbands or other family members were quite keen on it. Another informant's older sister practiced *falun gong* before the government categorized it as a cult which initiated a nationwide crackdown in 1999.

For my informants, *yangsheng* started to constitute an important part in life only from the 2000s. I noticed a clear transition of the *yangsheng* practice they conducted. I will use Meng's story as an example. Meng retired from the local mobile network operator. She was obviously overweight and during the casual chat other members often called her *dapangzi* (big fatty) or *Meng sangao* (三高) as a nickname. In Chinese, *sangao* means one has high blood pressure,

high cholesterol, and high blood sugar at the same time. Meng had sangao for several years and became very cautious about her health. She always attributes her sangao to eating too much but having exercised too little. She laughed about this in the interview: “We were deprived of food when we were young, but now we are given too much!”

After retirement, she started to do square dance (*guangchang wu* 广场舞). Although she keeps a healthy weight, the three highs did not improve. She started to take multivitamins, deep sea fish oil, selenium, and anthocyanin etc. As every product describes itself as essential and necessary to health, there was a period of time, Meng became a little obsessed with them but also felt confused. “At first, I took three pills a day, but gradually I felt I need to take a handful. If every product is so important, I need to take all of them. But then there is no ending or upper limit.” From my interviews, I found out that there was a period of time, roughly from 2000 to 2008, when many informants paid particular attention to vitamin supplements. At that time, the most popular advertisement is a product called *naobaijin* (脑白金), a product that supplements vitamin, minerals, and melatonin. All of them could still recall the catch phrase in the advertisement: “this year I will accept no other present except naobaijin.”

From around 2008, she started to try some Chinese medicine products. Especially, she tried different patent medicine (herbal medicine made into pills or powder) to help her with her *gengnainqi* (更年期). As I will elaborate in the next section, *gengnianqi* as a concept did not exist in Chinese medicine until the introduction of it from biomedicine in the 1960s, and Chinese medicine then developed a theoretical framework in which a wide range of symptoms could be categorized into the Chinese medicine version of menopause, and many treatments

could be employed accordingly.

As many Chinese medicine products could be said to be helpful in improving ones health, I do not know if Meng also felt confused by them. Meng gave me her ideas with confidence: “If you take the right medicine, it is tonic. If you take the wrong one, it is toxic.” It seems that Meng knows what is right and wrong, but how she decides which health product is appropriate for her remains a question. Her limited Chinese medicine knowledge, similar to other informants, was not systematic or consistent. But they did receive medical knowledge from various sources such as Chinese medicine doctors, TV programs, TikTok, personal experience and conversations with friends. This very group itself is a source of Chinese medicine knowledge. Instead of simply limiting itself to the dissemination of taichi skills, other topics related to health and illness, *yangsheng* knowledge, and recipes often become the focus of their conversations before and after the practice of taichi.

Aside from the patent medicine, other therapies also started to appear in Meng’s life in recent years. Meng felt quite lucky that one of her old friends worked at a local TCM hospital and this *guanxi* could provide her with some assistance when she seeks medical help there. For example, every summer, during the hottest days, the TCM hospital offers a *sanfutie* (三伏贴) service, which means one can buy a plaster and have it plastered onto the back for a period of time. It is believed that the hotness inside the medicine which makes up the cream of the plaster could warm the accumulated coldness and dampness inside the body and heal many chronic problems. This therapy is best used when the temperature is at its highest, because that is the perfect time for the body to resonate with the heat in the environment. The plaster is thick and

it is uncomfortable to have it on your back when the weather is hot but nevertheless, many people still queue up for it. Because of her *guanxi*, Meng did not need to wait in the queue, but could get the plaster easily. She also shared this *guanxi* with another member in the group so she too could also enjoy this benefit.

However, it is a relatively new therapy as it only originated in the Qing dynasty, the last feudal dynasty in China. I have not found any document which shows *sanfutie* (三伏贴) was popular in Shandong province before 2000. I visited the TCM hospital Meng received this service from and asked a TCM doctor about the service. The doctor told me that this therapy only started to be provided by the hospital since 2010. But on a board which introduced the services in the hospital, this *sanfutie* therapy was described as traditional and as having amazing healing power.

Similar to *sanfutie*, I found out that many new therapies and new health products that have emerged in recent years claim some sort of a connection to Chinese medicine in tenuous ways. One example of this I found in the case of Kong, who has chronic backache for a long time. Her daughter bought a Siemens product to have far-infrared therapy some years ago. But when I interviewed her, she had stopped using it and bought an expensive *jingluo* (channels and collaterals 经络) massage bed back home. For those who cannot afford one, they go to the stores that sell the massage bed for those stores provide free trials and when you are lying on the massage bed, some assistants will provide free drinks, tell you how the high-tech massage bed could massage your acupuncture points well as they give their sales pitch and attempt to persuade you to buy one. Because I wanted to find more informants, I visited this place a few

times and received some free massages. I observed that most users are women in their 60s but eventually the store did not welcome me anymore after finding out that I had no intention to buy their products.

The preparation of medicinal foods, which might appear to be traditional, is also a new practice. None of them has tasted tremella mushrooms before, but now they know how to prepare it with lotus seeds and Chinese dates in order to moisten the *yin*; in September, some of them collect withered flowers from sweet osmanthus trees and put them in a jar of bee honey, which will make the honey smell and taste in addition to infusing it with a special favor. They believed that the flowers are good for eyesight. Then in the late autumn, some of them take bamboo poles to the parks and knock the ginkgo seeds down. They then shell and boil them before eating. Neither of the two kinds of trees were commonly seen in the city before the 21st century. Yan, a close friend of one of the members in the taichi group, told me in the interview how she made *jiuzhengjiushai sesame pills* (九蒸九晒芝麻丸) at home. Firstly, she steams sesame for an hour or two and then she sundries them for an afternoon. This steam and dry process needs to be repeated for nine times before she mixes the sesame with white honey, shapes it into pills, stores them in a big jar, and eats one pill every morning. Such labor is meaningful. It believed that in this process, the *yang qi* in the nature will be absorbed into the pills, not to mention sesame is good for Kidney (*shen* 肾) and nine is a number with yang attributes in Daoism. Moreover, sun-drying repeatedly can fill the sesame with enough yang between the earth and the sky. Another tonic called *yuling cream* (*yuling gao* 玉灵膏) takes more time as the ginseng and longan need to be steamed for at least 40 hours. Yan told me that

these are traditional tonics which are very valuable and much better than other TCM patent medicines sold in pharmacies. Although the two tonics were documented in the Qing dynasty, such practices have not been popular throughout history, but only began to circulate in very recent years after they learnt of them from television, the Internet, or other sources.

Figure 10 *a bowl of medicinal porridge with tremella mushrooms and lotus seeds*



One day when they were complaining about the difficulty in make certain movements in taichi, I realized that even their practice of taichi is a new tradition. None of them knew how to practice taichi 5 years ago as previously they learnt many different kinds of dances. These dances are a mix of calisthenics, dance, and stretches accompanied by cheerful music. There was a taichi boom that started from about 2010, with many local dancing groups turning their interest to taichi. Those groups were invited a few times to perform in uniforms in a giant public square with local service leaders presiding over the event. Xu told me proudly: “this a political task (*zheke shige zhengzhi renwu* 这可是个政治任务)!”

5.1.5 Yangsheng as a Trend in Aging China

Chinese medicine functioned as two disparate forms of preventive medicine. Back in the 1960s, Chinese medicine was called upon by the state to take the prevention of epidemics as a priority task and concentrate on the promotion of low-cost and low-tech health care practices (Zhan, 2009). When it came to the 1990s, to compete with biomedicine for market, some practitioners reinvented Chinese medicine as a new preventive medicine to cater to a cosmopolitan and middle-class lifestyle in the urban areas (ibid.). But my descriptions above have shown that my informants' *yangsheng* is something that has gradually developed in the past 40 years, and could not be summarized by these two forms of preventive medicine.

Admittedly, we can find support from the state behind this *yangsheng* trend. Aside from its the consistent support for Chinese medicine, the government has been aiming to make *yangsheng* not just popular but a pressing issue. According to National Health Commission of China, from 2010 to 2020, the percentage of people aged 60 and over among the whole population rose from 13.1% to 18.7% (NHC, 2020). It is estimated that in 2035 over 30% of the population will be over 60 years old (NHC, 2022). Meanwhile, the fertility rate has decreased to 1.3 in 2020 (National Bureau of Statistics, 2021). Confronted with this foreseeable demographic change, *yangsheng* could function as a tool to reduce healthcare costs for the government. After all, biomedicine does not offer an appealing solution, herbal medicine is much cheaper, and home-made tonics cost the government nothing. In 2012, the National TCM Bureau required that all the TCM hospitals above the second layer, which means more than 9000 hospitals, should have independent *zhiweibing* (prevent disease 治未病) departments. By

2020, over 80% of TCM hospitals had set up this department.

Outside of medical institutions, my informants are increasingly participating in the *yangsheng* trend as well as being influenced by it. All my informants have watched a popular TV program named *yangsheng tang* (养生堂). It is held by Beijing Broadcast TV channel aiming to introduce *yangsheng* culture and practical *yangsheng* methods. Although they are not good at using smart phones, short articles and Tiktok videos about Chinese medicine and health are disseminated among them quickly. The titles tend to be gimmicky and catchy ones such as “How to live to a 100 years old?”, “Ten things you must do when you are over 60”, and “The famous Chinese medicine doctors’ *yangsheng* secrets”.

But *yangsheng* should not be understood only as the result of the governments aims to transfer health-care responsibilities to individuals. My informants are no less anxious than the government and know clearly that they might lack of care when they are older and weaker. Due to the one-child policy enacted in the 1980s, more than half of them have only one child. *Yangsheng* is the thing that meets senior people’s hope to take care of their health and relieves their worries. The *yangsheng* my informants practice is more various than TV programs could instruct and beyond the scope of service medical institutions could offer.

5.1.6 Yangsheng and Chinese Medicine

In the Inner Canon, it is written:

The sage treats disease before it happens and solves chaos before it emerges. To treat disease after it arises, is similar to dig a water well when you are already thirsty, or to make weapons when you are already in a fight. It is too late.

My informants are of course neither sages nor professionals. To practice *yangsheng*, one does not need to know much Chinese medicine knowledge. Compared to the online course students or Lu and Cai I describe in the previous chapter, my informants in this section are comparatively ignorant with regards to their knowledge of Chinese medicine. It is almost impossible to have a conversation with them to discuss *yin*, *yang*, or Treatise on Cold Damage Diseases, etc. None of them spend time in reading Chinese medicine books or following online courses. They are also not the target of any online courses.

Yangsheng appears as a less professionalized field in Chinese medicine. But it does not mean it is a less important one. As the only part in Chinese medicine that necessitates no participation of the doctors or lay people's industrious study, it is the Chinese medicine that is used and experienced most commonly in many senior people's daily lives. In medical settings, Chinese medicine is doctors' professional territory; in the previous chapter, Chinese medicine is a magical power my amateurs want to obtain; but in hundreds of thousands of ordinary people's daily lives, Chinese medicine does not necessarily appear professional, magical, or mysterious, but first and foremost something that is already part of their life, and is unfolded by themselves.

I view how ordinary people practice *yangsheng*, with or without enough knowledge, properly or improperly, also as part of Chinese medicine, but beyond the reach of the professionals. Despite the unchanged canons and fundamental theories in Chinese medicine, it has been argued by many researchers that how Chinese medicine, as a body of knowledge, is practiced, interpreted, and transmitted have changed greatly. But the changes in Chinese

medicine, embodied in the practices and the cultivated habits of people like my informants, have been understudied. They develop their discourse and practice of Chinese medicine from their trivial *yangsheng* practice, instead of from hospitals or textbooks. It is through ordinary people's discourse on health and illness, *yangsheng* practice on their own body, consumption of health products or home-made tonics, that Chinese medicine, a seemingly conservative tradition, is being reimagined, reinvented, and its new products and therapies being traditionalized.

5.1.7 *Yangsheng and Xingming* (性命)

My informants' *yangsheng* include various, things like tachi, food therapy, taking Chinese medicine and tonics, etc. These practices are widely accepted as the mainstream of *yangsheng* by the masses, and health is of course the goal. But I view these practices as just one aspect of *yangsheng*. Here I introduce a Chinese term *xingming* (性命) to explore the connotation of *yangsheng*. *Xingming* is generally used to refer to one's life. The two Chinese characters *xingming* represent two different but central themes respectively in *yangsheng*: *ming* (命) emphasizes the physical aspect, and *xing* (性) represents the mental aspect. Apparently, to *yangsheng*, one needs to take care of both aspects.

Ming (命) does not only refer to the physical body but also has a temporal connotation. Scheper-Hughes and Lock suggest three perspectives from which the body may be viewed, and they then refer to them as three bodies: the individual body, i.e. the experienced individual body-self in the phenomenological sense; the social body, referring to a symbol for examining relationships among nature, society, and culture; and the body politic, which refers to the

regulation, surveillance, and control of bodies (1987).

I suggest another perspective to view people's body as eclectic and accumulative. My informants went through 'social sufferings' (Kleinman et al., 1997) in the 1960s and 1970s, experienced the emergence of Chinese medicine as a preventive medicine in the 1980s and 1990s, started to take vitamin in the early 2000s, and are conducting *yangsheng* nowadays. Their bodies are always ready to be surrounded by medical discourse and supplemented by diverse health products (as long as starvation is not a threat). They could abandon old habits easily and embrace new products and practice passionately. However, after the dramatic transitions in the past 60 years in China, what they have experienced over time is not simply erased but is being accumulated into the reconstruction of their body, which is always inclusive of ancient wisdom and new discourse, traditional practices and up-to-date elements.

What about *xing* (性), the mental aspect? The Inner Canon has given the answer. Below are a few paragraphs in its first chapter:

“The immortals kept their mental energies focused and refined, and harmonized their bodies with the environment. Thus, they did not show conventional signs of aging and were able to live beyond biological limitations.

Not so long ago there were people known as achieved beings who had true virtue, understood the way of life, and were able to adapt to and harmonize with the universe and the seasons. They too were able to keep their mental energy through proper concentration...

There was a third type of person, known as the sage. The sages lived peacefully under heaven on earth, following the rhythms of the planet and the universe....The sages lived

over one hundred years because they did not scatter and disperse their energies.

A fourth type were natural people who followed the Tao and were called naturalists. They lived in accordance with the rhythmic patterns of the seasons: heaven and earth, moon, sun, and stars... They, too, lived plainly and enjoyed long life.”

The Inner Canon describes four kinds of people who knew how to effectively nurture their life. I highlight some words in bold type to show that the common and most important feature among the four ways of living is that one needs to harmonize oneself with the space and time one is living in. It reflects one of the fundamental principles of Daoism – as Dao underlies the heaven, the earth, and the human beings, people should follow the oneness. Based on this principle, it will not be hard to understand why in the following chapters of the canon, it devotes a great deal of space to discuss how to follow the laws of nature instead of teaching what tonics are good or how to conduct meditation. For example, in the second chapter, the canon then further argues why one needs to wake up earlier in the spring, bask in the sun in the summer, sleep earlier in autumn, and dress warm enough in the winter, all of which could help the body to resonate with the nature and to realize a perfect status which is summarized by the term *tianrenheyi* (the oneness between human beings and nature 天人合一) afterwards.

Thus, *yangsheng* is a way to live in the world, but first and foremost it is a personal thing. One should care about is his/her own *xing* (性) by aligning oneself spiritually with the universe, not by adjusting one’s attitude towards or relationship with any other person or organization. But for my informants, *yangsheng* is never a personal thing. In *yangsheng*, they position themselves not in the universe or in nature, but within family, organization, and social contexts.

The collectiveness in the group to practice taichi together as a “political” task, the conflicts within the family related to *yangsheng*, the filial duty they appreciate, the gender roles regarding health-related choices for family members – all of which suggest that *yangsheng* is not just the consumption of health products or some practices, and does not naturally and independently emerge in people’s lives to their bodies, but needs to be introduced, adjusted, negotiated with various forces and relationships involved. I do not view these interactions and relationships as existing just for practical reasons as a method of conducting self-care, but as new elements crystallized into *yangsheng*. As *yangsheng* embodies what kind of *xingming* (性命) one is pursuing and constructing, the new elements integrate into *yangsheng* indicating that they are treating an illness before it happens by unfolding their aging with a new style of *yangsheng*.

5.2 The Medicalization and Demedicalization of Menopause in Chinese Medicine

“I will be grateful to god, if I could have just a night of good sleep.” Lu said with a sigh at *Gushengtang* (固生堂), a private clinic where I conducted my fieldwork in Jinan in September 2017 and March 2018. This was her second visit to Doctor Qin for her insomnia. As she began to have difficulty falling asleep a few months since her menopause, she thought that there must be one clear reason. But Doctor Qin disagreed. “*Juejing* (menopause 绝经) is not a problem. You are worrying too much. You have Stomach (*wei* 胃) problems. That is the reason you cannot fall asleep.” Qin was not just comforting her and this was not an isolated case. Symptoms patients endure during menopause are not necessarily interpreted as menopausal problems in Chinese medicine.

In contrast, a lot of women in the US are recommended to undergo hormonal therapy to treat menopause symptoms. Some sociologists (Meyer, 2003) view the treatment of menopause symptoms, especially the widespread use of hormone therapy as a case of medicalization. This term refers to the categorization in which nonmedical issues are defined and treated as medical problems (Conrad, 2008). In contrast, demedicalization means the process in which former medical problems are no longer defined in medical terms and thus are thought to no longer require medical treatment. Sociological and anthropological studies of menopausal women in contemporary China rarely explore the concept of medicalization. Besides, how Chinese women experience menopause and how they deal with the related symptoms in their daily life, have not been fully explored, especially using ethnographic methods.

A limited number of qualitative studies in anthropology focus on the role that Chinese medicine plays in Chinese women's menopausal transition. Based on disparate theoretical system and diagnosis methodology, Chinese medicine doctors view various health issues including menopause symptoms differently compared to biomedicine. With great importance placed on the flow of Qi and the harmonious interaction of each part of the body, Chinese medicine provides various forms of treatments including herbal medicine, acupuncture, and moxibustion etc. Given the increasingly widespread use of Chinese medicine, it remains a question whether the medicalization of menopause in Chinese medicine exists in China and how it influences women experiencing the transition.

In this section, I argue that menopause is simultaneously being medicalized as well as demedicalized in Chinese medicine. The medicalization and demedicalization of menopause in

China go beyond medical system, with the participation of patients themselves. I place importance on patients who are deeply concerned over the potential risks and conduct various self-care practices in their daily life. By distinguishing *gengnianqi* (life-change stage) from menopause, I argue that what is being medicalized is not just menopausal symptoms but also women's middle-age years in the life-cycle. I suggest that menopause in China could be better understood by considering the influence of Chinese medicine and by examining women's experience of menopause from a medicalization perspective.

5.2.1 Medicalization, Biomedicalization, and Demedicalization

Medicalization describes a process by which medicine expands its legitimate jurisdiction by including and redefining nonmedical problems as issues that need medical treatment and thus fall within medical domains (Clarke & Shim, 2011; Conrad, 2007). This theory has been central to the sociology of health and illness and is also important to medical anthropology (Clarke & Shim, 2011). Due to the hegemonic status of biomedicine in most areas of the world, Clarke and colleagues coined the term "biomedicalization" and emphasized how technoscientific biomedicine is increasingly pervasive in healthcare (Clarke et al., 2003). It should be noted that with the development of Complementary and Alternative Medicine, there are counter-trends against medicalization and biomedicalization (Sharma, 2000).

Medicalization theory has been applied to examine a wide range of human conditions, in which menopause is an illustrative example. Medicalization of menopause started after the discovery of the endocrine system in the 1930s, as menopause was then believed in North America and Europe as a risky state featured by a deficiency of estrogen (Lock, 2004). Women

are warned about higher risk to suffer from many diseases due to their fall in estrogenic levels and recommended with hormonal therapy. Pharmaceutical companies play an important role in the medicalization of menopause. To increase the sales of hormone products, pharmaceutical literature and mass media create and disseminate a medicalized model of menopausal women by portraying a fit, healthy, and energetic visual image of menopausal women (Kaufert & Lock, 1997).

5.2.2 Menopause and Gengnianqi

Menopause is “the anchor point that is defined after 12 months of amenorrhea following the final menstrual period (FMP)” (Soules et al., 2001, p. 877). Before FMP, women experience a transition during which their menstrual cycle becomes variable. The Stages of Reproductive Aging Workshop (STRAW) defined this transition as menopausal transition which starts with variation in menstrual cycle length and a monotropic follicle stimulating hormone (FSH) rise, and ends with the FMP (Soules et al. 2001). Although the frequency of some symptoms increases markedly during the menopausal transition, menopausal symptoms are not limited within this period but could also happen years before and after it. Thus, some researchers (Blümel et al., 2012) suggest that more emphasis should be placed on climacteric which “incorporates the perimenopause by extending for a longer variable period before and after the perimenopause” (Utian, 1999, p. 285). However, WHO’s report in 1996 claimed that the term climacteric should be abandoned and STRAW suggested that the terms are vague thus they “should be used only with patients and in the lay press and not in scientific papers” (Soules et al., 2001, p. 877).

Compared to the dominant North American term menopause, *kōnenki* is the term primarily related to Japanese women's midlife (Lock, 2001). It is a translation of the German term *Klimakterium* from the early 20th century (Scheid, 2007). Similarly, Shea found that the term *gengnianqi* is widely used in Chinese medical circles as well as among many women in general (2006). In fact, *gengnianqi* is translated from *kōnenki* and these two terms share the same Chinese characters. While among Japanese women, the most frequently reported symptoms were shoulder stiff shoulder, headache, and backache (Lock, 1993), among the Chinese women, the most frequent were poor memory, irritability, and backache (Shea, 2006).

Biocultural perspective was employed in comparative studies of the cross-cultural variation in the ways that women experience menopause (Lock, 2001; Sievert, 2006). Despite the universality of menopause, culture, technologies, and biology, influence not only symptoms reported but also women's attitudes towards and understanding of menopause (Sievert, 2006). By showing how the reported symptoms by Japanese women are different from their counterparts in North America, Lock argued that it is necessary to think in terms of 'local biologies', which suggested that "biology and culture are in a continuous feedback relationship of ongoing exchange" (Lock, 2001, p. 503). Based on the comparison of symptom frequencies between Chinese women and women in Japan and North America, Shea analyzed some social and cultural aspects in China as potential explanations for the cross-cultural variation (Shea, 2006). However, Chinese medicine as a widely used medicine in China, has rarely been put into consideration in existing studies on menopause in China.

5.2.3 *The Demedicalization of Menopause in Chinese Medicine*

Among all my patient informants, Pu, a 48-year-old bank manager, is the one whom I had the longest conversations with. One main reason is that she was one of the most frequent visitors to the clinic. In one week in March 2018, she visited three times with the same health concern – menopause. Normally, Qin prescribed 3 to 7 packages of herbal medicine for one patient. After all the prescribed medicine is consumed, the patient comes back for further diagnosis and treatment. Obviously, Pu did not have the patience to wait for the effect to manifest. Pu's anxiety was not without reason. After about four months' experiencing irregular periods, she had a low fever, headache, and lost 3 kilograms in one month. Especially in the last month, she sometimes felt chest pains and tightness which scared her. But after a series of health checks including a CT scan, ultrasound scan, blood test, etc., no problem was detected. Pu then believed it might be caused by menopause which seemed to her a plausible explanation. Perhaps due to her frequent visits, Qin felt compelled to provide her with the following explanation on her third visit:

Now, your anxiety is more harmful than menopause...I can assure you that *juejing* (menopause) does not matter. Take it easy. Now you are worrying about a normal process. Your problems have nothing to do with it.

Zhengchang (Normal 正常) and *ziran* (natural 自然), were the two words frequently mentioned by Chinese medicine doctors to justify the insignificance of menopause, both in my observation in the clinic and during my interviews with them. This attitude is strongly supported by The Inner Canon of the Yellow Emperor, the most fundamental canon of Chinese medicine.

Its first chapter contains a paragraph as translated by Scheid:

When a girl is seven years old her Kidney qi is vigorous...At fourteen, fertility is established...and she therefore can have children...At forty-nine, the conception vessel is depleted, the great penetrating vessel wanes, fertility is exhausted, menstruation ceases, the body has become old and she can no longer have children. (2007, p. 59)

In Chinese medicine, fundamental importance is placed on Kidney (*shen* 腎). It is not an organ but an essential visceral system which sustains and regulates growth, maturation, and aging (Scheid, 2007). According to quoted paragraph above, menopause is just one reflection of the decreasing Kidney qi (which could be understood as the energy and essence of Kidney) and the increasingly weakening meridians. It does not indicate any disease directly. Given the essential significance of the Inner Canon of the Yellow Lord in Chinese medicine, it is not surprising to hear this paragraph was quoted by every doctor I interviewed to support their arguments when I raised questions about menopause. Besides, authoritative Chinese medicine books written in the Qing Dynastic period such as *Fuqingzhu nvke* (*Fuqingzhu* Gynaecology 傅青主女科) also did not regard menopause as a disease or a red flag.

As menopause is regarded as a natural and normal process in Chinese medicine, HRT is deemed unnecessary if not harmful by Chinese medicine doctors. Their objection towards the use of it generally is not met with disagreements from patients. In fact, the usage of HRT in mainland China has always been low. About 9% of Chinese women reported previous use of HRT, while the percentage in Taiwan and Thailand are 33% and 25% respectively (Huang et al., 2010). My informants' usage of hormone therapy accorded with these findings. Only two

of them have ever used hormone therapy before. Moreover, in my observations, only four patients brought their hormone level test sheet to Qin.

Zhao, a 47-year-old middle school teacher is one of the few informants who was using HRT. Doctor Qin persuaded Zhao to stop using it on her visit:

It is a controversial thing...People who prescribed this for you may not know clearly. ... This is a hormone drug. I will not say you cannot take it... But if you take it, it changes your body and the balance (in your body)... It is a very strong drug. I must warn you about this...

Qin's warnings confused Zhao. After all, it was the doctor in the most famous biomedicine hospital in Jinan that prescribed the HRT to her. It seemed that she wanted to raise questions or argue with Qin a little but refrained from doing so. After Qin's lengthy persuasion, she decided to compromise: "I will stop it for a while when I take the herbal medicine."

Doctor Guan, a Chinese medicine doctor in Jinan, held a more negative and radical view towards HRT. He said in the interview: "That is *huodu*¹⁰ (fire toxin 火毒). You know this right? It does harm to your inner balance. Biomedicine doctors sometimes are simple-minded. They just give you what you lack without consideration of the root cause and the larger picture. Patients need health, not a so-called 'normal' hormone level." Thus, during his diagnosis of women who are under HRT treatment, he warns them that the herbal medicine he prescribed may not function if they keep using HRT.

When I mentioned there are some biomedical studies that indicate the causal link between

¹⁰ one type of harmful substance in Chinese medicine theory

hormone levels and severe disease, three of my doctor informants emphasized the different constitution between Chinese women and Caucasian women. Doctor Ju answered me with a question:

We drink hot water and hot tea, foreigners drink cold water and coffee, Chinese women sitting the month (postpartum confinement for one month), western women go to work after giving birth. How do you explain these differences?

Chinese medicine doctors' advice and warning are persuasive. Aside from Zhao, the other informant Kong, a 52-year-old saleswoman, was considering to give up using it but was still hesitating. She said:

I think if Chinese medicine can strengthen my whole health, I do not need this hormone stuff. But Chinese medicine might take effect very slowly... I am not sure. It is impossible to always rely on this hormone stuff... I worry about its safety. We ordinary people do not know these things.

Many informants (17 out 31 informants who were asked about their awareness of HRT) were aware that HRT could be used to treat menopausal symptoms. This is in contrast to Chinese women's inadequate understanding of HRT twenty years ago, which led to their low demand for hormone therapy (Haines et al., 1995). Nevertheless, Kong's attitudes were shared by some other informants. Although they do not know much about hormone therapy, they hold a doubtful or negative attitude towards it and might hesitate to use or do not put this therapy into consideration at all.

5.2.4 Medicalization of menopause in Chinese medicine

Chinese medicine doctors' objection of menopause being biomedicalized with HRT does not mean they think it is totally unnecessary to treat menopause women in TCM. Women's symptoms and health concerns still exist, but are included into Chinese medicine. In this section, I discuss how menopause is being medicalized in Chinese medicine.

The medicalization of menopause in Chinese medicine started from the reinterpretation of it as a problem. As I have shown in the previous section, menopause was not regarded as a problem in Chinese Medical texts from ancient times. After 1949, the new PRC government began to set up TCM colleges and to compile a series of national TCM textbooks for instructions. During this hasty modernization, the theories, practices, and pedagogy of TCM, were standardized and officially institutionalized, with hospitals becoming the major places to practice it and TCM colleges the central places to transmit it (Scheid & Lei, 2014). It was in 1964 that menopause was firstly recognized as a problem in the Lecture Notes for Chinese Medicine Gynaecology (Scheid, 2007). In this textbook, Kidney (shen 肾) became connected to hormonal function. Thus, a new link was created between Kidney *qi* (*shenqi* 肾气) and menopause, as we can see in the TCM Gynecology textbook published in the 1980s:

Before menopause, women's Kidney *qi* decrease...It is women' normal physiological change. However, as some women cannot adjust to this transition stage, yin and yang become unbalanced, zangfu, *qi*, and blood do not coordinate with each other and so a series of symptoms occur. While the deficiency of Kidney is the main reason, it might also affect Liver, Spleen, and Heart. (Luo & Zeng, 1984, p. 86)

As stated above, menopause is one signal of the decreasing Kidney qi. Apparently, this claim is consistent with what was discussed in The Inner Canon of the Yellow Lord, which I have discussed in the previous section. However, here, a deduction is made: given the fundamental significance of Kidney *qi* (*shenqi* 肾气) and the *yin-yang* balance in theories, the decreasing Kidney *qi* has a negative impact on every part of the body. Thus, a much wider range of symptoms could be categorized as menopausal symptoms, which are not always recognized in biomedicine. I use Wang's case below as an example.

Wang came to the clinic because of mouth ulcers which had afflicted her for more than two weeks. While taking her pulse, Qin asked about her water intake and her mood. Wang admitted that she had a big quarrel with her husband and was still angry at him. "Your Liver fire (*ganhuo* 肝火) is too fierce." Qin said. Wang then asked if her mouth ulcers had something to do with menopause, as her period had not come for about 6 months. Qin explained: "It depends on how you understand it. But it is of course connected. When yin is weaker, the fire will be fiercer. That is for sure. It can cause you trouble. Many things can happen. I will prescribe something to nourish *yin* (*ziyin* 滋阴) for you, and then the fire will disappear. No need to be anxious." I noted that Wang became very interested and seemed convinced. Without Qin's further explanation, she said: "Now I know the reason of my anger. I also felt my breath is a little hot sometimes, it must also be caused by this."

While irritability is one of the three most frequently reported menopausal symptoms among Chinese women, mouth ulcer is not even listed in the symptom checklist used in studies conducted by Lock, Kaufert, and McKinlay in Japan, Canada, and the U.S. (Shea, 1998).

However, Qin asserted the correlation if not causation between menopause and mouth ulcers, which means mouth ulcers could be categorized as one symptom of menopause. But such categorization is not realized in a direct and straightforward way. Following Qin's analysis, the fire in the body is the direct reason, which is firstly caused by the decreasing Kidney *qi*. As this deficiency of Kidney *qi* can lead to a variety of imbalances, and each imbalance may give rise to a series of symptoms, a wide range of symptoms could be seen as menopausal symptoms.

The expansion of the scope of menopausal symptoms is not the result of TCM doctors' unilateral viewpoint on menopause. In Shea's research, the most frequently mentioned symptoms among Chinese women experiencing menopause are poor memory, irritability, and backache (1998). But in my observation, except irritability which was relatively more frequently reported, no symptom seems more prominent. Moreover, women related many other symptoms such as digestion problems, excessive sweating, and even an increase in white hair to menopause. For them, menopause is something they can attribute many health issues to, although some issues seem far-fetched. For example, in the case I just mentioned, Wang made her own reasoning based on Qin's theory.

In some cases, even women without any symptoms to complain about also seek medical treatment from Chinese medicine doctors. One Saturday morning in late March 2018, Bu, a 58-year-old woman visited the clinic. After pulse taking Qin asked Bu if there was something wrong. Bu said: "Nothing particular. Ah, I had a diarrhea last week and it is ok now. Sleep is as usual, sometimes good, sometimes bad." Qin then ask Bu to stick her tongue out and checked the tongue color and the tongue coat. The tongue was light red and the tongue coat neither thick

nor yellow, which all suggested a passable condition. Then he said: “Try not to eat raw or cold foods...Those are not good for you. Don’t believe what the nutritionists say on the TV... Control your mouth and take more walks.” As Bu did not report any specific discomfort and Qin had given his health advice, I thought that would be all. But Qin still prescribed 7 days’ herbal medicine to Bu and asked me to fill the prescription. When I asked for the reason after Bu left, he said:

She is in this stage. Of course it needs more attention, from herself and from doctors. I prescribed something that will strengthen her *qi* and invigorate the blood. Her pulse also shows that her Spleen should be boosted.

Qin’s explanation accords with many menopausal women’s purposes to visit Chinese medicine clinics: menopause represents a stage where one needs to pay particular attention to health. In fact, Bu was not the only menopausal woman who came to the clinic without serious discomfort. In the last week in March 2018, at least 4 women came to Qin’s clinic without concerns about discomforts but mainly wanted to *tiaoli shenti* (调理身体), a commonly used phrase which could be translated into “adjust the body”. To adjust the body is always a legitimate reason to visit a Chinese medicine doctor. According to Chinese medicine theories, to cultivate the body into a harmonious and balanced state is the only way to realize full health. However, because such perfect status is hard to reach, it is almost always necessary to adjust the body condition and make it closer to the ideal state. Menopause in particular, makes adjusting the body more imperative.

Along with the expansion of menopause symptoms in Chinese medicine, are the numerous

treatments. Disparate from hormone therapy as a standardized therapy in biomedicine to treat menopausal syndromes, in Chinese medicine, there is no prescription which could be regarded as standard. Although to increase Kidney *qi* is generally emphasized by my doctor informants, the prescriptions are diverse. After all, the most fundamental methodology in Chinese medicine is *bianzheng lunzhi* (pattern differentiation and treatment determination), which is stated as the only way to detect the root cause and design the most proper prescription in TCM textbook (Yin & Zhang, 1994). This methodology requests the doctor to determine the treatment based on the overall assessment of the body status and the specific mechanism. The most notable symptoms, while important, does not necessarily indicate the treatments. Therefore, it is not surprising to see that Qin used three prescriptions to treat four women who were all suffering from insomnia and two different prescriptions to cure two women both of whom had joint aches.

5.2.5 What is Being Medicalized? Menopause or Gengnianqi

In daily discourse, *gengnianqi* instead of *juejing* (menopause 绝经) is much more frequently used. Aside from Kang (37 years old), Zhen (59 years old) and Ji (62 years old), all my patient informants thought they were in *gengnianqi* when I interviewed them. Generally, *gengnianqi* means the stage of life in which menopause occurs, while the range of this stage is vague. In this section, I document how my informants experience this stage of life outside of clinics in a medicalized way.

I met Chu, a 54-year-old woman, who occasionally visits Qin in mid-March 2018. Thanks to Qin's introduction, she agreed to be interviewed at the nearby park the next day. When I arrived there the next morning, she just finished practicing taichi. Sitting on a bench, she told

me that her sister had undergone ovarian cancer surgery about half a year ago and was still receiving treatment. As she heard from her former colleague that she was at a higher risk for the same disease due to genetic factors, she decided to get a health check. Although everything was fine, her worry did not abate. After talking about her background at length, she said:

I am in *gengnianqi*... Isn't it connected to hormone and ovaries and other things? Right?

So, I have been thinking about adjusting my body and take some herbal medicine... I also have high blood pressure... At my age, it is important to protect ourselves. I must prevent disease. As parents, that is what we can do for our children. We keep healthy, then we do not need their help.

To adjust the body, one does not necessarily need to visit Chinese medicine doctors. For Chu, to 'adjust the body' goes far beyond visiting Chinese medicine clinics occasionally. She began to take *xiaoyaosan* (Rambling Powder, Free and Easy Wanderer 逍遥散) from the time she was 47 years old because she learnt from a TV program about TCM that this prescription was quite suitable for menopausal women. When I mentioned that long-term intake of radix bupleuri (one main herb in this prescription) might lead to liver damage, she smiled: "Every kind of drug contains about 30% of poison (a Chinese saying). That is why I only take it twice a day. If you start to take medicine when you are already ill, that is too late. You need take some proper medicine to prevent disease."

Chu emphasized that she was in *gengnianqi*. What piqued my curiosity during my fieldwork was the length of *gengnianqi*. Different informants gave me quite different answers about the length, ranging from 10 years to 20 years. Chu had her final menstrual period when

she was 47. She had a migraine and insomnia for a few years before and after it and now her health was basically good. But still, she thought she was in *gengnianqi* at the age of 54 when I interviewed her. When I asked her how long did *gengnianqi* last, she digressed at first from the question and then said hers started from about 42 or 43 and was still ongoing. Meanwhile, some women are advancing this stage. Yan, a 38-year-old office lady who worked at the local post office, had irregular period for about two months. Without any discomfort, she visited Qin's clinic, simply because she wanted to prepare her body for menopause which she expected would come soon. Although she did not want to be interviewed, she talked with me for a while and expressed her concern outside the clinic:

I think I am in *gengnianqi*. My friend had menopause at 41. Different people may be different... It (*gengnianqi*) is long. Every woman can never be too careful... For some women, it is a dangerous thing.

As I mentioned above, the term *gengnianqi* is borrowed from the Japanese term *kōnenki* (更年期), and more commonly used in daily discourse instead of *juejing* (menopause). Although we can also understand *gengnianqi* as the translation of menopause transition, the meanings of these two terms are differently nuanced. Firstly, *gengnianqi* could also be used for men. Secondly, it is a relatively longer stage than the menopause transition, which I discovered during the course of my fieldwork. A shared view among my informants was that at least five years before and after the cessation of one's menstruation should be considered within *gengnianqi*. Meanwhile, they also believed that women over 40 should be considered as within *gengnianqi*.

Considering the gradually decreasing Kidney *qi*, *gengnianqi* necessitates attention throughout the whole process. Chu repeated to me many times the importance of preventing diseases in *gengnianqi*. For her, to adjust the body is generally equal to preventing disease. Preventing diseases, especially serious diseases, is a common topic most frequently mentioned by my informants. Many informants expressed their worries that if they could not strengthen their health during *gengnianqi*, they might be at a higher risk to have serious disease such as breast cancer. Their concern is reasonable as in recent years, the incidence of such serious diseases is increasing fast in China. For example, it is reported that China now has the fastest increase of the rate of people suffering from breast cancer, almost two times of the average incidence of the world (Wang & Qin, 2018). For my informants, they specially find the diseases suffered by people around them alarming. Most of my them expressed a similar sentence during the interview: “I have a friend/relative/sister/brother, who had this disease...” Although the link between menopause and some serious diseases such as breast cancer is uncertain, for my informant, *gengnianqi* becomes a precarious and long process.

But to prevent diseases, relying on Chinese medicine doctors is not enough. My informants conduct various self-care practices to strengthen their health, in which some of these practices are closely targeted at *gengnianqi*. I was accompanied by her niece (who is also my friend) to visit the home of Su, a 51-year-old middle school teacher. “This is my health corner.” Su laughed and showed me a table with various medicine and tonics on it. I was somehow surprised by the variety of bottles and cans. When I stood beside the table and checked these items, she handed me a metal box of *ejiao* (Donkey-hide gelatin 阿胶) bought by her daughter. When I

asked why she took it, she said: It can buxue (nurture the blood). Women at my age need to do it. It does not need to be *ejiao*. Chinese dates and wolfberry can also nurture the blood. But *ejiao* is the best. I put a little it into my porridge every morning.

Ejiao is expensive. Its price increased 40 times in the last 15 years. Such a box of *ejiao* is worth 3000 RMB (about 500 US dollars). But that was just one thing in Zhou' daily health menu. In the morning, she used Chinese dates, Job's tears, and yam to make porridge. She also took one kind of Chinese patent medicine wujibaifengwan before sleep. Su's TCM knowledge was limited, but she was right: as the decreasing Kidney *qi* is considered the root cause of menopause and all kinds of symptoms, there is no harm in boosting the Kidney during *gengnianqi*.

More than 60% of my patient informants were taking various Chinese medicine health products when I interviewed them. While some products are thought as useful to boost the immune system, more products are at least interpreted by my informants as useful for menopausal women. Their consumption of Chinese medicine health products fosters and is being fostered by the increasingly prosperous health products market. I visited 3 pharmacies including chain stores and independent ones near Qin's clinic. In two of them, there were shelves with a clear label "women's health". In one store, I asked the pharmacist to recommend some medicine helpful for menopausal women. She selected three different kinds of products from the shelves and placed them on the counter for me to choose. I read the instructions written on the boxes of the drugs, all of which claimed to have the function to not only to treat menopause symptoms but also to strengthen the health in general. Besides, I searched on the

official website of China Food and Drug Administration using the keyword “*gengnian*”, 131 types of TCM drugs were found whose names include these two Chinese characters, not to mention those drugs that do not use *gengnian* in the name but also could be used for menopause women. Despite the variety of the drugs, one common effect they share is to boost the Kidney.

Figure 11 and 12 *two kinds of patent drug with the kanji gengnian in the name*



The variety of Chinese medicine health products targeting at *gengnianqi* could be partly attributed to the loose regulations which is advantageous for the pharmaceutical companies, either privately owned or state owned. Though the production, marketing, and the content in the package inserts need to obtain permission from the National Medical Product Administration, it seems that the regulations are not strict. For example, with a close look at the package inserts in many health products on *gengnianqi*, one could see that side effects and adverse effects are often labelled as unclear. Moreover, while the package inserts list what kinds of herbs are used in the product, the amount of each herb used is not mentioned at all. Such vagueness does not hinder its marketing. All these products can be bought over-the-counter or

on online shopping sites conveniently.

Almost all my informants were able to give me their own analysis when I asked about the importance of Kidney in *gengnianqi*. Their Chinese medicine knowledge was not systematic or consistent, but they did receive medical knowledge from various sources such as doctors, TV programs, the Internet, newspapers, personal experience, conversations with friends, etc. In contemporary China, people's exposure to Chinese medicine is greatly fostered by the Chinese government's support. In 2016, the State Council issued <Traditional Chinese Medicine Development Guideline 2016-2030>, in which the government announced that it would help TCM "go into schools, communities, villages, and families" so the whole society could nurture an atmosphere to "trust TCM, love TCM, use TCM".

These favorable circumstances make Chinese medicine more accessible than ever. All my informants have watched programs about Chinese medicine broadcasted by local channels or by CCTV - China's predominant state television broadcaster. Two of them have participated in activities in which local TCM hospitals provided free TCM diagnosis and consultation. One of them has listened to Chinese medicine lectures organized by the middle school she works in. What is even more convenient in terms of accessing TCM knowledge is the use of smartphones. Short articles about Chinese medicine and health are disseminated among them fast. These articles tend to have gimmicky titles such as "Must read for *gengnianqi* women" and "This article has helped millions of *gengnianqi* women".

5.2.6 Medicalization with Chinese medicine

There are three levels of the medicalization process to be considered: on the conceptual

level, a medical model is adopted to define the problem; on the institutional level, medical professionals legitimize the definition and treatment of the problem in medical organizations; and on the doctor-patient level, doctors diagnose a problem as medical or give it a medical treatment (Conrad & Schneide, 1980). Many studies of medicalization thus focus on “how a phenomenon is discursively defined – socially constructed – as falling within medical jurisdiction and how that is elaborated” (Clarke and Shim, 2011, p. 175).

Following this framework tentatively, menopause could be seen as being medicalized in Chinese medicine in China (which we might call it TCMedicalization). Firstly, the TCM textbook redefines menopause as a problem and situates it in the TCM theories on Kidney qi. A theoretical connection is constructed between Kidney and menopause. Secondly, doctors diagnose a series of symptom as menopause problems in Chinese medicine and provide Chinese medicine treatments.

What is noteworthy is that here, menopause is being medicalized in Chinese medicine instead of in biomedicine. In some countries where biomedicine is hegemonic, medicalization might be seen as approximately equal to biomedicalization. However, doctors reconstruct the link between menopause and menopause symptoms based on Chinese medicine theories instead of biomedicine. Compared to biomedicine, the scope of menopause symptoms in Chinese medicine is wider and the treatments are not standardized but diverse. These differences suggest that biomedicalization is not the only model or path of medicalization and the medicalization of menopause could also happen in other medicines, with the same health issue being medicalized in more than one way. In the medicalization of menopause in Chinese medicine,

the symptoms being medicalized, the explanations of the illness, and the corresponding treatments are distinct from how menopause is being medicalized in biomedicine.

As hormone therapy is disapproved by Chinese medicine doctors, medicalization in Chinese medicine not only bypasses the biomedical model, but goes against biomedicalization. The disagreement is displayed firstly in the conflicting advice and treatments patients receive from two kinds of medical institutions. Especially for these women who were prescribed HRT but then warned by Chinese medicine doctors, they are caught between two traditions which provide them with contradictory explanatory models of menopause and the corresponding treatments. Though confused and hesitant, through compromise, they try to seek balance between two coexisting but contradictory medicines and the relating health beliefs. However, given that the government increases its support of TCM to nurture an atmosphere of “trust TCM, love TCM, and use TCM”, it remains a question what kind of balance could be realized and how ordinary people will negotiate their own health behavior.

Medicalization of menopause in Chinese medicine is closely connected to the prevention of disease. During the 1990s, to compete with biomedicine for both medical authority and the emerging middle-class consumers, doctors redefined the range of health issues in which Chinese medicine specializes in and reinvented Chinese medicine as a new kind of preventive medicine (Zhan, 2004). From this perspective, the emphasis on the prevention of disease regarding menopause can be seen as one subsequent example of doctors’ reinvention and redefinition of their old tradition. However, in the diagnosis and treatment of menopausal symptoms, Chinese medicine doctors nowadays do not need to take many innovative actions to

emphasize over or advocate its preventive advantages. Chinese medicine canons written thousand years ago left enough room to explain Chinese women's various health concerns regarding menopause.

As a main actor in the medicalization process, Chinese medicine doctor's efforts are closely connected to the political context in China. From the 1950s, to cater to the nation's ambitious modernization plan and ensure Chinese medicine's co-existence with biomedicine in the health care system, TCM doctors modernized their old discipline in this hasty process (Scheid, 2007). While TCM colleges set up by the new government became the central places to transmit TCM knowledge, textbooks compiled from the 1960s further opened a wider scope in which doctors could adopt a flexible way to interpret more kinds of issues as menopausal symptoms, and to smoothly connect more risks to the decreasing Kidney qi, without any theoretical obstacles (ibid.). In this sense, the medicalization of menopause in TCM is gradually constructed by doctors under the government's influence over the past 70 years.

But the first recognition of menopause as a problem in 1964 is just one starting point of the construction. Menopausal women are also an indispensable force behind medicalization. Consumers have been pinpointed as an emergent engine that drives medicalization in Western societies (Conrad, 2007). In my research, women not only came to clinics to seek help, but also conduct self-care practices by taking Chinese medicine health products in their daily life. The availability and flexibility of Chinese medicine knowledge empowers lay people and changes their passivity in the experience of *gengnianqi*. Thus, I do not view these lay people as mere consumers, but also as active participants in the medicalization process. As participants, they

accept the Chinese medicine model in the explanations of menopause, and actively practice self-care based on their understanding. In this sense, medicalization not only happens within medical settings, but has permeated into people's daily life and happens "with or without the (direct) involvement or expressed intent of doctors" (Williams, 2004, p. 454). If we regard the interpretation of menopause symptoms in the 1960s initiated by TCM experts as the first and foundational step in the medicalization of menopause, then the second and at least equally important step is realized by a growing number of lay menopausal women.

Given women's role in the medicalization of menopause in Chinese medicine, I argue that aside from the three levels of medicalization (conceptual level, institutional level, doctor-patient level) as suggested by Conrad and Schneider (1980), how ordinary people accept the medical model into their own perception and how they seek medical help following this perception, should also be viewed as an indispensable level in the process of medicalization.

Chinese medicine is not only offered in clinics and hospitals as a service, but also provided as various health products all of which could be bought over-the-counter conveniently. Especially the pharmaceutical companies view *gengnainqi* as a niche in the market and pinpoint *gengnianqi* women as a target market. The loose regulations on Chinese medicine products provide a flexible environment for the companies to tailor their products to encourage as well as cater to *gengnianqi* women's needs to practice self-care. Especially, by positioning their products as helpful for *gengnianqi* instead of menopause, doctors and pharmaceutical companies in fact segment a vague but longer period of time in women's aging and construct it into a problematic stage. Thus, women are exploited by pharmaceutical companies with their

aging being medicalized. Different from the biomedicalization of aging in China (Powell, 2012), women's consumption of Chinese medicine health products shows how the medicalization of menopause, as part of their aging, could happen in Chinese medicine. Thus, in the research of health and illness in China, not only 'local biologies' as argued by Lock (1993) should be put into consideration, Chinese medicine, as a widely-used local medicine, might be also at work and is redrawing the boundary between what is normal and abnormal and between health and illness, in a different way.

Gengnianqi is not just a group of symptoms they suffer from or a standard process they need to go through with the help of doctors, but a stage in which women perceive, live with, and respond to various health concerns. My informants seek help from Chinese medicine hoping to navigate their *gengnianqi* safely with deep concerns over the possibilities that they may suffer from diseases. However, Chinese medicine is far beyond a service they resort to when suffering from menopause symptoms. It is a body of knowledge they can access conveniently through various media, and a practice they experience every day outside well-established institutions. Their experience of *gengnianqi* inside and outside the clinics are woven together by Chinese medicine. Thus, despite not being professionals, Chinese medicine nonetheless provides them a repertoire to discuss menopause, a perspective from which to consider their health conditions and to assess risks, and a path to experience a stage of life. As a result, though there are various ways to talk about menopause, to present illness narratives, and to experience *gengnianqi*, in the medicalization of menopause, many Chinese women choose to experience *gengnianqi* in a Chinese medicine way. In this sense, what is being

medicalized is not just menopause symptoms which did not even exist in Chinese medicine a century ago, but also a prolonged and (at least) seemingly precarious *gengnianqi* life, without a specific illness to be cautious about.

5.2.7 TCMedicalization

Compared to biomedicalization, medicalization with Chinese medicine is an important comparison that complicates just what is medicalization and how it manifests as it shows how this process could go beyond medical institutions with more actors being involved.

Although I only analyze how menopause is medicalized with Chinese medicine, this perspective could be expanded to view ordinary people's practice of Chinese medicine as documented in this whole thesis. For instance, symptoms that might not cause discomfort are treated with special attention and perceived as a reflection of a disorder, not to mention those that might potentially inflict people even though they may not yet be present. These symptoms are given great attention as they are perceived to be representations of certain disorders inside the human body that indicate the status of one's health and illness. Therefore, a broader range of symptoms and health concerns might be medicalized into treatable illness under the lense of Chinese medicine.

Furthermore, Chinese medicine has never been merely about the discreet and individual body, but has always been connected to social issues and larger groups such as the family, and therefore, as a useful concept to describe how a problem is categorized as a medical problem and needs to be treated, medicalization alone might not be adequate an enough concept to capture how Chinese medicine is contextualized in the everyday life and participated in by

ordinary people, especially when a problem is not medicalized with biomedicine but with Chinese medicine. In this thesis, we can see many cases in which the categorization of a certain health concern is not just about a group of symptoms people suffer from, a standard process they need to go through with the unilateral efforts of doctors, or the consumption of medical substances. With the term TCMedicalization which I coined in the previous subsection, I suggest that there is a more complex process when medical issues are introduced, negotiated, and unfolded beyond medical settings.

5.3 The Moxibustion Parlor: Marginalized Care and Informal Transmission

5.3.1 Informant Tu

An informant called Feng who is in her forties, living in Henan province quit her job and stayed at home to take care of her mother who was paralyzed. I got to know her online in 2016. At that time, I had just begun my research. As I was in Japan, I spent a lot of time every day hanging out on the Internet looking up on anything that was related to Chinese medicine. We kept in touch since then, and in found out that she spent very little time in studying Chinese medicine. One day she told me that she joined a Wechat group in which she was provided with many Chinese medicine tips about health and moxibustion. When she told me that almost all the group members are women, I was curious because that was the first time in my fieldwork that I heard of a group with such a gender ratio. Feng was very kind as to introduce me to the group owner Tu and she also paid me compliments to her when talked about me with Tu. After

contacting Tu on Wechat, she seemed very friendly and said she would welcome my visit anytime. I then went to Zhengzhou to interview her the following month.

Tu is 33 years old and lives in Zhengzhou, Henan province. She started to study dance from the age of seven. At the age of 14, she entered an arts focused middle school to receive professional training. Tu was regarded by her teachers and classmates as one of the most talented students in the school. She was slim, good-looking, and had good flexibility and muscle control. However, after she turned 16, all of a sudden, she began gaining weight rapidly. Meanwhile, she also began a relationship with the person who was her first boyfriend. She became very emotional, often overate, and suffered from anxiety. For Tu, as a young dancer, being overweight was unacceptable. She was warned several times by her teachers, got scolded by her parents, and had to control her diet with great effort. But dieting caused her to feel weak and could not practice dancing well.

At the age of 19, Tu successfully entered an arts college in Beijing and majored in folk dance. She still had to pay close attention to her weight. Meanwhile, the acne which never appeared during her puberty was flaring up and the period pain became severe. With limited medical knowledge, she suspected that there might be something wrong with her hormonally. She visited the gynaecological department in a hospital and a young male doctor diagnosed her as having hormone disorder. The prescribed hormonal medicine became Tu's nightmare as her irregular menstrual cycle became more unpredictable, and she gained 7 kilograms in a short space of time. She still displayed much dissatisfaction and anger when recalling the horrors of this medical experience.

When I asked her how she became interested in Chinese medicine, Tu told me that maybe it was because she had suffered a lot and that it was almost like ‘a gift of her destiny’. Tu did not have any confidence to become a professional dancer and worked as a dancer teacher after graduation. She started to learn more about moxibustion and cupping, which she said was just something she took up upon a whim. But after experiencing how effective moxibustion was in alleviating the menstrual cramps just once, she then had no doubt over the power of Chinese medicine whatsoever and became more interested in moxibustion.

Tu’s conversion to Chinese medicine is representative of many of my informants who did not initially have a strong faith in Chinese medicine at first. They might visit a Chinese medicine doctor occasionally, and they might switch back and forth between biomedicine and Chinese medicine if their illness becomes chronic. They develop their faith in Chinese medicine only after they themselves were helped by it. Moreover, many of them began their own practice starting out with moxibustion which might be one of the easiest therapies in Chinese medicine. To do this, one only needs to hold a cigar-shaped stick away from the skin for about 10 centimeters. It is believed that the dried mugwort is full of yang qi, which can stimulate people’s inside qi through the acupuncture points.

From 2012 to 2014, she actively participated in some Chinese medicine forums. She first started out reading other people’s posts and gradually, she started to share her self-care experiences, and encouraged other people to practice moxibustion. Her continuous passion attracted many other users from the forums, leading to the point where they eventually set up a Wechat group and Tu became the group owner. However, at that time, it was mainly used as a

place to have casual conversations. Gradually, the group attracted more participants, especially women between the ages of 25 to 45. She invited me to the group after we met and when I joined in the group, there were already 175 members and I became the 176th. Tu was always glad to share her daily life and has a strong willingness to offer her medical suggestions. I observed that it was her personality, particularly her passion, that made the Wechat group a place where many group members enjoyed spending time engaging in conversing casually online. But health issues still constituted an important part of the existence of the group. The most frequently mentioned topics included weight control, beauty treatment, diet, moxibustion, massage, breast-feeding, etc. The group name was often changed for fun. For example, when I joined, the group name was “do you want to dance with me”.

5.3.2 Tu's Parlor

I visited her moxibustion parlor which was located in a residential area in Zhengzhou. The buildings nearby were built in the late 1980s and the rent is cheap. The parlor is on the first floor and features a reception room, two therapy rooms, and a small store room. It was a renovated apartment which was turned into a commercial space by opening a gate to the street. I talked with Tu in the reception room while an employee was practicing moxibustion on a female customer in the therapy room. On the wall there is a display of Chinese calligraphy that states: *baoming zhifa, ai zhuo diyi* (保命之法,灼艾第一) which means the first and foremost method to protect one's life is moxibustion. This sentence comes from *Bianque Xinshu* (扁鹊心书), a famous Chinese medicine book by *Dou Cai* (窦材) in the Song dynasty.

Somewhat unexpectedly, after I introduced my research and my study of Chinese medicine

in detail, she suddenly invited me to give a short talk on a seminar she was going to hold. She also suggested: “You said you are doing research on *gengnianqi*, right? You can talk about it. Women all need to face it one day. It is a good topic. We will like it.”. She seemed very glad that I agreed to share my understanding of some Chinese medicine theories. She started to announce it as a piece of good news in different Wechat groups while we were still talking. I realized afterwards probably she wanted to use this opportunity to increase the moxibustion parlor’s reputation. After all, a PhD student coming from abroad as a guest speaker was not a common sight for her customers.

The next day, I visited the parlor again. When she heard that I rarely practice moxibustion, she asked if I would like to try it right now. I agreed and she asked what kind of discomforts I had. I answered that basically I felt fine, but in the summer when staying in a room with air-conditioner, I do not feel cold but my hands and feet would be cold. Tu asked me to stick out my tongue, and after about a two or three seconds’ check, she made her diagnosis at once without pulse-taking, stating:

This is yang deficiency. You are too slim. You do not like drinking cold water, right? You don’t look strong. You are still very young. You have not had child? Then you need to pay attention to it. Hahaha. I have two customers. Male. They are infertile. You are ok but you need to foster your yang qi.

She then led me to the therapy room and asked me to lie prostrate on one bed. She lit two short moxibustion sticks and placed them into two small bamboo boxes respectively. One box

was put on my *dazhui* (大椎)¹¹ and the other on the *mingmen* (命门)¹², both of which are vital acupuncture points. In acupuncture and moxibustion, these two points are often used to stimulate one's yang qi. For convenience, most moxibustion parlors use this method instead of having the practitioner actually hold the cigar-shaped stick of mugwort. This is so the practitioner can attend to multiple persons being treated upon at the same time.

It is noteworthy that the contemporary moxibustion is distinctly different from what was commonly used in ancient China. In ancient times, the mugwort was firstly grinded into fluff and then squeezed into a pyramid shape. The pyramid is put on the acupuncture points directly and burnt. As the pyramid is burning to its bottom, the effect will actually be stronger, but at the same time, the heat will be too high for one to endure. Sometimes, the practitioner will leave it so the pyramid will burn out on the skin. The heat will then of course burn the skin and the wound will not be treated but left on its own and it will leave a scar. It is a process in which the heat will accumulate in acupuncture points and thus it stimulates the *qixue* (*qi* and blood 气血) more deeply and powerfully. Nevertheless, this method is seldom used nowadays as for patients, the treatment is simply too painful. Incidentally, for practitioners, it is both inconvenient and risky as it also requires much more time of them for concentration on the practice and requires a higher level of skill to ensure its safety.

After confirming with me that the temperature was suitable, she sat beside the bed and continued to chat with me, and I started to ask her about how she began this business. She

¹¹ Dazhui is located on the posterior midline, in the depression below the spinous process of the 7th cervical vertebra. GV-14.

¹² Mingmen is located at the lower border of the second lumbar vertebra, roughly opposite the belly button. GV-4.

related that sometime back in 2013, when she was active in the forum, she was eager to collect all kinds of Chinese medicine formulas. Sometimes when someone posted a question about a certain illness, she would reply and suggest the formula that she thought might be appropriate. Some of the formulas are classical ones such as those from Shanghan Zabing Lun, and some are just folk prescriptions of which the origin is unclear. But at that time, her medical knowledge was not well developed and she now reflects that she did not know the difference until more recently. I said it was not easy to remember so many formulas, because one needs to learn by heart which herbs and what weight are used in each formula respectively. Tu said she did not remember these things but only found the one on her computer, copied and pasted to the forum. “It must be my fate. I did not like studying. You know I am not clever and I am not a hard-working person...I did not like studying math or English or other courses. I like collecting things. Collecting these formulas was a happy thing to do and helping others was also a happy thing to do.” said Tu.

Tu’s efforts and enthusiasm are worthwhile. She gradually developed some basic understanding of Chinese medicine and accumulated a lot of information in this process. Moreover, the anxious needs for medical advice on the forum provided her the initial idea that maybe she could start a business related to health-care. After a long period of consideration, she opened her parlor in 2015. I visited Tu’s parlor five times in one week and observed that two groups of people constituted most of her patrons - elderly people with chronic pains and women in their 30s and 40s. Though I doubt if moxibustion could cure some chronic diseases like arthritis as Tu advocated, I observed that the senior customers expressed that they benefit

from moxibustion in relieving a variety of pain. Tu was always willing to share and willing to listen, which was already a kind of care given that medical doctors often rush the process, this was perhaps valued by her customers who may have felt her consideration for them was greater than that which they could experience in hospitals and clinics on average. Some customers, though that may not have been visiting her parlor very often, still valued her advice. Tu's medical knowledge, though not systematic, is still offered more in terms of quality and quantity compared to what ordinary people can obtain.

5.3.3 The Care of the Uterus

Many services Tu provides are targeted at women. For example, one service is the practice of moxibustion on certain acupuncture points including *sanyinjiao*¹³(三阴交) and *baliao*¹⁴(八髎). The acupuncture points she chose are not original ones but ones already in circulation from ancient times. The *baliao* points have been described as good for the circulation of *qi* and blood and important for the health of the pelvic cavity. But instead of calling it moxibustion, Tu names this moxibustion practice as 'the care of uterus' and sometimes as 'the care of ovary' which seems sophisticated in the context of Chinese language, especially considering that she claims such care could help most kinds of gynecological issues and many other problems such as insomnia.

It should be noted that to name it as the care of uterus or the care of ovary is not simply a trivial matter. Firstly, it avoids explicitly utilizing the word moxibustion

¹³ three Yin Intersection

¹⁴ eight points in the gluteal cleft: Upper Bone Hole, Second Bone Hole, Middle Bone Hole, Lower Bone Hole

which could be practiced on most parts of body, and directly indicates its effect is on specifically the uterus or ovary. Secondly, moxibustion on acupuncture points such as *baliao* could foster the health of the pelvic cavity for both men and women, but Tu narrows its effects to the health of the uterus or ovary to cater to women's needs.

Her strategic naming of the treatment has paid off and has won her many customers. Tu also tried to elaborate its meaning to the customers. The third day when I was sitting in the parlor, I heard Tu explain to one customer while practicing this therapy. She said: "This (the pelvic cavity) is the core. We need to be careful about it. The *qixue* (qi and blood 气血) will get warm and it will go everywhere inside your body. (It is) Very powerful." During the moxibustion, the customer often needs to expose their back side of the waist and buttocks, so I always stayed in the reception room and did not enter the therapy room. I could roughly hear that this woman was introduced by another regular customer and this is her second or third time to have moxibustion. Tu sometimes asked about her family and her health, and sometimes elaborated more about moxibustion. It is interesting that she said: "You think about it. We women are women because this part is different from men...We bleed every month, and we give birth from here. What do men have (she means men do not have period)? So we need to take care of it ourselves."

Aside from moxibustion (or the terms she uses for the specific treatment provided to women), she also provides skin care services and medicinal baths, both of which use pure Chinese medicine. These two services are not popular, but have attracted a few loyal customers who don't mind paying for it. One woman told me that after 30 minutes of the medicinal bath,

she came to have the bath every week which she felt alleviated her backache.

5.3.4 The Secret Powder

During the five days' of fieldwork that I conducted in the parlor, I found there were a few times women came in, chatted with Tu shortly, after which Tu then went to the storage room for a while and walked out with a tiny box which she proceeded to hand out. The box contained some herbal medicine powder and was a 'secret weapon' as Tu called it. She then explained that the powder could increase one's drinking capacity by taking it before drinking as well as alleviate the discomfort after drinking too much. I asked what formula it was but Tu refused to tell me and said: "It is my secret weapon! I will tell no one. Haha!" Tu obtained this formula years ago from an online forum. She tried it on her boyfriend and proved to be effective.

Such a little box of powder is sold at 50 RMB (about 8 USD) and can be consumed for 3 to 5 times. There is no description printed on the box at all. I know a few formulas that have similar functions such as *gehua jiexingtang* (葛花解醒汤) and *jingfang baidusan* (荆防败毒散), all of which are affordable to prepare. I bought a box of powder, but as I do not drink alcohol, I can not verify its effect myself. The powder is quite a sought after commodity and she sold at least 40 boxes monthly. In many areas in China, to drink and to urge other people to drink alcohol, especially liquor, is often seen as etiquette and hospitality, and is important for men to build or maintain *guanxi*. Many people have to suffer from the effects of having to drink often for these social reasons. I have no doubt that if Tu's secret powder could show even a little effect, it would follow that many people would be willing to pay for it.

5.3.5 The Seminar

Because Tu's of successful promotion surrounding the event, two days later, eleven women came to the seminar and four of them brought their children with them. She called it a seminar, but it was more like a casual gathering of her friends and customers. Around every month or so, Tu organizes one gathering. Sometimes only three to four people attend, but sometimes more than fifteen people participate. The one I attended took place on a Friday evening and we all sat around a big table, drinking the rose ginseng tea that Tu prepared. In the background, from a little speaker played a popular song. She also announced in her Wechat group that this seminar was taking place. But I did not expect that she was going to go live on a video-sharing mobile App called Kuaishou¹⁵. Tu put her phone on a stand and said hello to the audience while we were chatting with each other and children were running around and playing in the room.

When it was about 7:30 PM, Tu announced that it was time to start. She firstly introduced me, paid me several compliments, and emphasized that I was a PhD student from a prestigious university abroad before everyone applauded me. I thanked them for their warm welcome and started to talk about the mechanism of menopause based on my understanding of the related chapters in the Inner Canon. From their reactions, I sensed that very few of them have read this canon. Only three of them had heard of the basic concepts such as Chong Mai (冲脉), one meridian that is closely related to women's menstruation.

After my 15 minutes' talk, Tu began to lead the discussion. She first said:

Doctor YAO told us how important it is to know the difference between women and

¹⁵ Kuaishou is similar to Tiktok with the second largest market share in China

men. I told you guys many times. I did not exaggerate, right? We women suffer too much. We sacrifice too much. We have menstruation. We give birth to children. We breastfeed the children. There is also *gengnianqi* syndrome waiting for us...What do men have? So, look at it. We need to take care of ourselves. It is too important.

I noticed many times that Tu often emphasized the difference between men and women physically during her practice as well as during the gathering and that her customers appeared to have accepted her perspectives. Women's period is an apparent difference between men and women and it was also a topic that every participant was interested in. Most of them had something to say about their own experience of it. When Lao Wei said: "Look around on the street. So many girls wearing midriff baring dresses. They like drinking cold milk tea...", Tu concluded:

"They have period pain and then shout loudly on the Internet that it is painful, how pathetic they are. They cause themselves to have *gonghan* (cold in the uterus 宫寒). So, period pain is what they deserve...Women should not have dysmenorrhea," She then raised her voice, slowed the speed of her speech, and shook her forefinger: "I think all of us should refuse to have dysmenorrhea!"

Tu's argument was so appealing and interesting that everyone started to applaud her. She particularly emphasized that all woman needed to pay attention to *gonghan* (宫寒). Although Zhang Zhongjing (张仲景) elaborated that such coldness is one cause of a variety of gynecological diseases, coldness is just one of the factors among many possible reasons that could cause dysmenorrhea. The dampness, the congestion of *qi* and blood, and the shortage of

xue (血) could all result in dysmenorrhea. But Tu did not talk about them and I doubted if she had the related knowledge. Needless to say, to solve the coldness, moxibustion is a direct and effective way.

Tu turned to me and said: “You can interview Xiao Zhang. Xiao Zhang, you can talk about how we solved your dysmenorrhea.” But Xiao Zhang was preparing to leave the gathering because her child who was still a young boy of two or three years old, had fallen asleep. I walked her out of the front gate and asked if I could interview her. She did not quite understand what having an interview meant, but she talked about her period pain briefly while holding her son and as she patted him lightly.

Xiao Zhang revealed to me that she had severe period pain which started in her early 20s. I asked if she had ever considered taking painkillers. Xiao Zhang said: “I took them. It worked. But I cannot rely on them. I cannot take it three times a day. Especially when it was very very painful, the recommended dose is not enough. How much should I take? It was not just pain. The whole lower abdomen is very uncomfortable.” It is a widely shared view by many female informants that painkillers have many side effects and is not a good choice. Xiao Zhang attributed her period pain to eating too much ice-cream and fruits and not wearing warm enough clothing in the winter. It was the fashion among her friends when she was a student at vocational college. I asked how did she know these were the causes of the dysmenorrhea? She did not answer my question directly but said that she had gradually learnt that what she had done was not the right way to care about one’s health. Her period pain was greatly relieved after moxibustion which she undertook for about four months. During the practice of moxibustion,

Tu talked much about Chinese medicine knowledge regarding women's health, which allowed her to reflect on her bad habits. It seems that Xiao Zhang had totally accepted Tu's theory about *gonghan* (宫寒).

After adding each other as Wechat friends, she left and I went back into the parlor. When the topic about foods emerged, they talked about some medicinal meals, the current prices of vegetables, a nearby supermarket, which brand of water purifier is the best, etc. Tu said: I must emphasize this again. No milk. No milk. No milk. The important thing should be repeated for three times (it is a popular phrase in China). Milk is too cold. Some people don't believe it. They will regret in the future. Lao Hu, now you do not let your son drink milk, right? This is right.

Tu categorized milk as cold (*han* 寒) and cool (*liang* 凉) based on the principle of the Five Nature categorization. Thus, milk harms *yang qi*, which should always be protected and nurtured. I raised a point at that moment: "Milk is still a good source of nutrition. Sometimes we can add some ginger into the milk. By doing so, the heat in the ginger can neutralize the coldness." Wei, a middle-aged woman held a different view and said: "We don't need so much nutrition. Besides, our parents didn't have milk to drink. They even didn't have enough food. They ate meat once or twice a year maybe. But they are still quite healthy." Lao He added: "Milk is for cattle to drink. And it is only for calves to drink. It is very unnatural for human beings to drink it every day." Tu praised them: "Look at it! Now we can analyze things ourselves. That is great. We use Chinese medicine to guide our life. That is our ancestors' wisdom. It is the most trustworthy thing in the world. It is impossible to have something more precious than the thousands of years' wisdom."

Aside from milk, there are many dos and don'ts approved by the group: one should not drink cold water or eat anything that is below the temperature of human body; one should not eat raw foods such as fruits or salad; warm porridge is always helpful for everyone's digestion system; after washing one's hair, one should stay in the house until the hair is totally dry; one should have foot bath every night with hot water; when women are menstruating, a cup of brown sugar ginger tea is a good choice. When they were talking about these dos and don'ts, I suddenly recalled how my grandmother taught me some folk knowledge when I was still a child – do not stand in front of an electric fan when sweating a lot; do not eat too many beans when one is hungry. Such folk knowledge gradually became my dos and don'ts without deeper consideration.

But now these people are acquiring the knowledge and interpreting it from the theoretical perspective of Chinese medicine. In summary, they approve of foods and drinks that could increase one's yangqi and disapprove what produces the contrary. These dos and don'ts share the same theoretical basis with moxibustion: yangqi as an essence of life, should be protected and nurtured.

In Chinese medicine, the importance of yangqi is indisputable. The Inner Canon explicitly laid the theoretical foundation for *yang qi*. For example, it is written in the third chapter: *yang qi* is like the sky and the sun. Without it in the proper position, one's life will be shortened (yangqizhe, ruo tian yu ri, shi qi suo, ze zheshou er buzhang 阳气者，若天与日，失其所，则折寿而不彰). Based on the importance of *yang qi*, some Chinese medicine doctors move one step further and put particular priority on *yang qi* in their diagnosis and treatment. For example,

in the late Qing dynasty, Zheng Qinan (郑钦安) created a school of thought, which was later called *huoshen pai* (火神派), which can be roughly translated to “fire god school”. This school tend to use some herbs such as *fuzi* (Chinese aconite 附子) and *ganjiang* (dried ginger rhizome 干姜), which are categorized as heat according to the Five Nature.

But the partial emphasize on *yang qi* has been criticized by many scholars from ancient times and even nowadays. Tu had little knowledge of such debates that were in circulation. She had seldom read any professional books that dealt with Chinese medicine. Neither did she show much curiosity when I talked about *Zhu Danxi* (朱丹溪), a famous scholar as well as doctor in the Yuan Dynasty who on the contrary, emphasized the importance of *yin*. The main sources for her to learn about Chinese medicine are the Internet, especially some WeChat public accounts and Tiktok accounts. These accounts are mainly about moxibustion or women’s health. After going back to the hotel that I was lodging at, I followed the accounts Tu recommended and took a quick look at the posted articles. Most of the articles related to moxibustion describe moxibustion as a very safe, effective, and sometimes miraculous healing method.

It was almost 9 o’clock. I raised the question that I just asked Xiao Zhang. I asked if they took painkillers when they have dysmenorrhea. Four of them said they have period pain and none of them said they would take it. I said “Isn’t it more convenient and fast to use painkillers?”

Tu answered:

Painkiller is an advanced medicine. But it doesn’t mean it is not harmful. Nuclear weapon is also advanced but also harmful. Right? It is *yinzhenzhike* (to drink poisonous water because of thirst 饮鸩止渴). People in this group will not do such silly things. Right?

I then said there is no evidence to prove it is harmful. Lao Ou said: It will be too late when you know it is harmful. It is accumulative... You are still in pain, but it can make you not feel it. It is very strong... Tu interrupted her and said:

You are a man. You do not know what it is like to have period. Is it just about pain? What about other aspects? Even if you use painkillers to cover the pain, some people's frequency is irregular, some people lose too much blood, some people's duration is too long or too short. Too many details... Your argument is very typical. Let me ask you. Do you know what leukorrhea is?

I became speechless. I read something about leukorrhea from Chinese medicine books. Basically, it was viewed as a symptom because of the *shi* (damp 湿) inside the body. I even know how to categorize it into different types and treat it with Chinese medicine respectively based on other symptoms. But I do not know exactly what it is or how a woman feels or thinks of it. I felt my cheeks flush red and could only say I was not sure. Everyone laughed and Tu said: See? Not only you. Our husband does not know. The male doctors also do not know. Men do not know these things. You (women) talk about these things, then they just nod their head and say 'um, um, um'. If you are not here, we women will talk much more.

Wang said: "Men are too selfish... During the menstruation period, your husbands may tell you 'please drink some hot water'. But my husband does not say anything to me. He doesn't care. I asked him to wash the dishes for me because I do not want to touch cold water because of the period. He got angry!"

Meng said: "You know what I dislike most? If I am in a bad mood, my husband will say

‘are you having your period?’ Firstly, he does not know if I am menstruating or not. He doesn’t notice it. Secondly, he is trying to find an excuse for himself. He is trying to say if I have a bad mood, then it is my problem, not his...” She became angrier while talking but Tu interrupted here: “Lao Meng, you should open your mind. I mean it. You should. Remember what we said last time? Our health is the most important thing in the world.” It turned out that Meng had thyroid cancer and had the surgery last year. Her relationship with her husband and her mother-in-law is not very harmonious. Around three or four other participants who knew Meng then started to join Tu to persuade Meng. They tried to comfort her and encouraged her to be more broad-minded and optimistic.

But still, after listening to Wang’s and Meng’s complaint, the discussions turned to family issues. Topics such as conjugal relations, their relations with the mother-in-law, their children’s academic performance were most discussed. I raised a question: “What do you want from your husbands when you are going through your period?” Sun said: “At least they should be caring!” Tu continued: “Or at least pretend they are caring.” Everyone laughed and then they started to criticize men for their apathy and ignorance without answering my question.

The seminar then turned into free discussion and everyone were chatting with people sitting close to them. I asked Ji who sat next to me how she felt about the gathering. Ji said: I like coming here...I like that we all sit here to discuss my issues, health issues, other issues, and I can also listen to other people’s issues... I feel my nerves become more relaxed here than at home when facing my husband. We then chatted for about ten minutes. Ji was quite healthy with no gynecological issues. But she still visited the parlor to have moxibustion about once a

month. She believed that it is good for her health and enjoyed the atmosphere here. “I can learn something, laugh, talk freely, and make new friends. And it is not expensive.” Ji said. I asked about the powder to improve one’s drinking capacity. Ji bought it for her husband and younger brother, both of whom are civil servants and need to drink frequently.

It was time past nine o’clock while I was still chatting with Ji. Tu raised her voice and said: “Ok! Ok! Now I must announce that the current complaint conference is very successful and we’ve not come to the conclusion! My summary is that we should keep paying attention to our health. Let us be healthy and beautiful forever!” Everyone laughed and applauded. The seminar then ended with Lao He staying. Tu went to the store room and brought out a few boxes to Lao He. They then chatted for a few minutes before Lao He left. Interestingly, the name of the Wechat group was changed to “women should not have dysmenorrhea” by Tu that night.

5.3.6 Xiao Zhang’s Narrative and My Second Visit to Tu’s Parlor

The next day I contacted Xiao Zhang on Wechat but she informed me that she did not have time before I left Zhengzhou. Almost two months later, she consulted with me to obtain some information about a trip to Japan which she was planning. We sent messages to each other and also made two long voice calls on Wechat. I shared my knowledge and gave my advice in detail. These exchanges created opportunities for us to have some casual conversations, from which I learnt more things about Tu.

Tu’s parlor was located in another district in Zhengzhou before 2017. That district was a more central and developed area and the parlor was better decorated. Xiao Zhang’s cousin owns a little convenience store near the parlor so Xiao Zhang knew the story. Tu’s business became

very successful and attracted many high-end customers. She had more customers compared to now. But a pregnant woman who was one of her new customers, had a miscarriage a few hours after having undergone moxibustion at the parlor. Tu insisted that the abortion was not caused by her practice. Although there was no evidence, the angry family of the woman still blocked the door of the parlor and cursed at Tu for a few days. After breaking the glass door of the parlor, the quarrel escalated and people started to fight with each other. Tu was physically assaulted before the police arrived. Finally, Tu paid money as compensation, but her business reputation suffered and the situation deteriorated. There was nothing Tu could do but close the parlor, rest for some time, and then she moved to the current location and re-opened the shop under a new brand name. As Zhengzhou is so big and populous with more than 12 million residents, nobody in the current area knows Tu's past. Although Tu could not attract as many customers as before, the business is still quite good.

I asked about Tu's secret formulas. Xiao Zhang told me that the formulas are very effective. She also bought them very often for her husband who is a business man and needs to drink alcohol frequently. But she then told me of another formula which Tu did not mention to me at all. It is a formula that is very effective to improve men's sexual performance. Tu claimed that medicines such as Viagra are harmful and would hurt men's health in the long run and she claimed her formula does not result in any unwanted side effects. But she only sells it in limited quantities. Every time, one can only buy one box which contains three doses. Furthermore, only women can buy it, and I do not understand why Tu came up with this rule. Recalling my observations in the parlor, I did not have memory of any men coming to purchase the secret

box. But if the powder is effective, men would want to buy it themselves and Tu could gain more income. Why did she not do it? I have my guess about why Tu put this rule in place, but could not be sure.

This question kept haunting me and I felt it was not very appropriate to ask Tu on Wechat. After all, it might be something that I was not supposed to know about. In June 2021, on my trip from Jinan to Xian, I stopped at Zhengzhou and visited Tu's parlor again. It was a rainy day and only one senior customer came to the parlor for moxibustion for her sciatica during my visit. We sat in the parlor, eating the local specialty I brought from Shandong and drinking black tea. Tu also burned a stick of incense which gave a very special smell. She said it contained mugwort and *cangzhu* (*Atractylodes lancea* 苍术) so it served to protect the body from the damp weather or the covid-19 virus. It was a new product she launched a few months ago. Tu sighed many times that a lot of small businesses were struggling or were going bankrupt. Due to the zero-covid policy, her business was also not in a good situation and she had to dismiss one of her employees.

I gradually led the conversation to her "secret weapons" and mentioned the formula which could improve sexual performance. I said I wanted to buy some and Tu laughed and agreed to sell it to me. When I asked why did she sell it in a more open or freer manner, Tu told me quite frankly: "I want to have people to visit my place more frequently. If they buy many at a time, then they may not come for a long time. Nobody needs to use it everyday right? Hahaha. It is my business strategy." "Then why do you only sell it to women?" I asked. Tu then explained in detail and I became enlightened at once. Firstly, she wants more female customers because most

of her customers are women. When they come to buy the powder, she then has chance to talk with them and peddle moxibustion or other services. Secondly, the powder benefits her female customers in terms of their conjugal relations. As many men want the powder to improve their drinking capacity and sexual performance, but only their wife or girlfriends could buy for them, women can use it as a kind of care which can be only offered by them, or a threat when they refuse to offer it. Tu laughed: “My customers like the products and my rule very much! If their husband upsets them, they will not buy it for them. They said to me, ‘Now I control their liquor and their dick!’ Hahaha.!” I praised her wisdom and she then said: “If you want to do women’s business, then you need to know women and care about women. But if you want to care about women, you must also know men. This is yin and yang.”

5.3.7 Chinese Medicine in Informal Transmission

Tu is not just a moxibustion practitioner but also disseminating Chinese medicine. Compared to the teachers in the online courses I joined, Tu can hardly be viewed as qualified. She did not have a good grasp of the theoretical foundations of Chinese medicine or moxibustion nor does she show much interest in studying them. In the discussion in the gathering, her limited knowledge was often not sufficient enough to give a substantial answer to the questions raised by other women. Although she did try to keep her arguments consistent regarding the importance of *yang qi*, which she always gave priority to, there were some times that Tu digressed from the original question or mixed-up different concepts. I was not sure if that was what she learned from the Internet or it was her own provision. But as the one who studied Chinese medicine for the longest time and the only one who has experience in healing

people, Tu had the most authority in the group and is in fact instructing Chinese medicine in an informal way.

Her lack of knowledge does not undermine her instructions and influence in the group. Without considering her lack of professionalism, Tu was the best Chinese medicine teacher I have ever met. She used a lot of metaphors in her arguments. Sometimes she used the words fire and pot to describe the relationship between *yang qi* and the Stomach (*wei* 胃), sometimes she used electricity and water pump to explain having low blood pressure, and there were one or two times she used sun light and moisture to indicate how to lose weight. She was passionate, energetic, and changed her speech rate and volume at vital moments. What made her arguments more persuasive were the examples she gave. Some were the cases she treated, and some were the ones she heard from others. Her vivid descriptions, dynamic intonation, and her analysis made them seem more like stories than just mere cases. Though some of her arguments seemed far-fetched or even incorrect to me, they were interesting to hear and easy to comprehend. I have watched many TV programs in which famous TCM doctors were invited to talk about Chinese medicine. I have also watched videos of lectures by famous Chinese medicine scholars such as Hu Xishu. Very few of these experts could talk with more charisma or were more engaging than Tu.

Furthermore, compared to several Chinese medicine courses I have joined so far, this group and their so-called seminar could be seen as the most unprofessional seeming and disorganized one. Casual conversations, making jokes, laughing, drinking and eating, and sharing complains about family issues, constituted a considerable part of the two-hour gathering.

When one posed a health-related question, the following discussion often digressed and it did not necessarily lead to an answer or a conclusion. Sometimes I gave my answer, but I did not see them showing more curiosity to ask further questions. Besides, compared to Chinese armatures such as Lu and Cai whom I documented in the previous chapter, they spent very little time if not at all in study.

Although participants in the gathering might not think they are studying Chinese medicine, while in the conversation with Tu during her practice and in the conversations at the gathering, they have in reality been acquiring Chinese medicine knowledge bit by bit. The example of Tu and the seminar reveals that Chinese medicine does not necessarily need to be transmitted from professionals to formal learners or in an organized way. For lay people, compared to the government's propaganda, Tu's arguments and theories are more accessible, approachable and attractive. Tu's lack of qualification and the discussions' casual style are not obstacles for the transmission. Instead, the interaction and participation, the oral descriptions and employment of metaphors, the sharing and being listened to, all contribute to the acquisition of knowledge.

In such informal styles of transmission, what they acquire is Chinese medicine being reinterpreted. A considerable part of Tu's arguments and the discussions in the gathering are based on Chinese medicine. But Tu mixes up folk knowledge, Chinese medicine knowledge, her experience as a practitioner, and some creativity, as she places them in the scope of Chinese medicine, and tries to explain as many health-related issues as possible from the perspective of yang. After reinterpretation, her arguments are imprecise and sometimes contradictory, but they are much more intelligible and easier to apply for her audience. Equipped with the reinterpreted

theories, the participants also learn how to apply them to analyze those dos and don'ts and develop firm faith. The practitioners who are not doctor and their customers who are not patients, are emergent and more effective knowledge distributors and even producers.

5.3.8 Chinese Medicine in the Grey Area

In reality, Tu is in fact prescribing medicine for her customers although this was also not approved by some of my doctor informants. They criticized this in two ways. Firstly, she does not prescribe medicine based on *sizhen* (inspection, auscultation/ olfaction, inquiry, and palpation 四诊). The four diagnosis methods are indispensable to collect the current status and medical history. As individuals vary greatly, the same symptom suffered by different people might be treated with very different formulas. Only based on the information collected in this process can the practitioner design the proper formula for prescription. But Tu's secret powder is generally applicable for any customer who seeks for it without any diagnosis. Secondly, a few doctor informants criticized that Tu might put the users at risk by drug abuse. They argued that Chinese medicine teaches one to be moderate in alcohol and sex and to lead a healthy and long life, and thus Tu is in fact helping people to indulging in things which everyone should restrain from.

The criticism is not tenable. Her secret powder has proved to have been effective among her customers. Moreover, this treatment model, i.e. prescribing medicine without diagnosis, has always existed in Chinese medicine from ancient times. Many classic formulas such as *danggui shaoyao san* (Tangkuei and Peony Powder 当归芍药散) do not require a diagnosis before using. Another example is artemisinin, which was used to treat malaria and save millions of lives. Tu

Youyou's discovery of artemisinin was inspired by *Zhouhou Beijifang* (The Handbook of Prescriptions for Emergency Treatments 肘后备急方), a Chinese medicine book written in Eastern Jin Dynasty by Ge Hong. In this handbook, artemisia annua, from which artemisinin was extracted, is used for any case of malaria or diseases similar to malaria, instead of only being used as prescribed after diagnosis.

What the doctor informants did not question was the legal implications and the problems this posed in terms of safety. As Tu does not have a Chinese medicine doctor license or pharmacist license, she does not have the right to prescribe formulas or sell herbal medicine. Tu herself knows clearly about this legal risk. When I asked if she had ever worried about the legal aspects of her practice, Tu replied: "My customers will not do this (report her to the authorities). If some people from the local public health bureau come to ask, I will say the powder is a home-made tonic." Her solutions show that she has foreseen potential legal risk but there is little she can actually do. I guess if the local authority carries on strict supervision, her excuse will not make it through.

Despite the risk, Tu is not an exception. In my fieldwork, I gradually came to know many Chinese medicine practitioners who do business like Tu for treatment as well as for more income. Their business includes massage, moxibustion, cupping, bone-setting, but they also sell prescribed herbal medicine or sell their own home-made herbal medicine powders without any kind of license. For example, Gao, a practitioner who focuses on pediatric massage in Jining, sells several kinds of home-made Chinese medicine pills to his customers. He grinds dried herbal medicine into a powder first, and meanwhile he heats honey in a pan until it comes to a

bubble. He then mixes the powder and the hot honey together and then makes them into pills. One popular formula of his showed much effectiveness in treating children's loss of appetite and constipation. When I stayed in Gao's massage parlor for one whole day in the summer of 2019, I observed that he asked four adults respectively to give their children the popular pills when they got home. He told me that almost every customer of his bought his pills.

But medicines similar to Tu's powder and Gao's pills are not found in TCM hospitals and clinics. Doctor Tian in Jinan told me in the interview that he had never considered making some pills. She inherited the knowledge of some formulas from her grandfather and while they are effective and safe to use, she gave up trying to turn them into products for sale after finding out that the registration process is complex and she also would require supervision by the local public health bureau. "They are not easy to get along with. I don't have any *guanxi* and I don't want get into any trouble" Tian told me.

5.3.9 Marginalized Care

I have categorized the kinds of care that Tu provides into three different types. Firstly, Tu is providing medical care for women. In Chinese medicine, gynecology has existed over a long period of time. The Inner Canon discusses the difference between men and women regarding their growth and development. *Jingui Yaolue* (Essentials of the Golden Casket 金匱要略) uses three whole chapters to discuss gynecological issues among all the twenty-five chapters. In TCM hospitals, there are also gynecology departments. But Tu, her customers, and the seminar show that women are craving for more care than that which they have 'official' access to.

Some health-related issues might not be defined as a disease and thus receives little attention from professionals. However, they still exist and are not any less important and also require treatment for those who suffer from them. The secret boxes, the care of uterus, medicinal bath, all of which apply ideas from Chinese medicine but do not use Chinese medicine in the traditional way or for the common purposes, are forms of care that exist outside the scope of that which is official or institutionalized. Medical care is not just about curing illness, but could be reinterpreted from updated perspectives and offered according to emergent or new needs.

Secondly, it appears that what is of equal importance is the emotional care that people are drawn to. What attracts women to particular practitioners (like Tu) are not just the treatments available, but also the emotional care which medical institutions do not offer. The naming of the service as “the care of uterus”, conveys the concern about women’s health in a particularly poignant way which women are eager to receive. Besides, the conversation during moxibustion sessions and the relaxing atmosphere found at the gathering provide women opportunities to talk about women’s issues freely and to release their stress and concerns. I also view women’s active participation, sharing, and interaction, developed at the gathering, as a kind of care that they are providing for each other.

Thirdly, Tu is also providing care sought by women for their husbands. This is the first time I see women seeking medication directly from a practitioner for their husbands. As the powder is deemed effective and could only be bought by women, women are using Chinese medicine or their own access to Chinese medicine to empower themselves. In my fieldwork, I have seen female patients visiting doctors to consult with their husband’s health issues. In the

yangsheng section, I talk about senior women making medical decisions for their husbands. Women are behaving more actively in their seeking out for Chinese medicine. Chinese medicine, as a care, is shaping the gender role and in the conjugal relations of married couples.

But the care provided by Tu is marginalized. Moxibustion is not a mainstream in Chinese medicine, neither are medicated baths. Not many Chinese medicine books discuss moxibustion and in Chinese medicine books that document doctors' treatments, moxibustion is often not used or just in a complimentary way to herbal medicine and acupuncture. Moreover, in contemporary China, one does not need a license to become a moxibustion practitioner. Neither does one need to register at the local public health bureau. When I talked about Tu's treatment with a few TCM doctors, they neither approve nor disapprove of it. Some of them even show a little contempt that is subtle. They tended to use phrases such as "not harmful", "need to be careful if using it for too long", "could be helpful" or "it is ok". They did not display an interest in having a deeper conversation with me about moxibustion as they did when compared to talking about herbal medicine formulas.

Tu has to advertise her care for the survival of her business survival, which is in contrast to medical institutions. There is a saying widely known among Chinese medicine doctors - *yi bu kou men* (医不叩门), which means doctors should not knock on patients' door. It suggests that Chinese medicine practitioners should not actively offer their help, but should wait for the patients coming to them to seek treatment. It is rare to see TCM hospitals or doctors to advertise themselves. But practitioners like Tu do not follow this rule and are actively advertising themselves. They are competing with the medical institutions for more customers with their

care.

In this sense, Chinese medicine could be separated into two fields: one is the standardized TCM which is provided in medical institutions and encouraged by the government as a national policy, and the other is the marginalized Chinese medicine which is offered by practitioners without a medical license. Moxibustion, cupping, massage, bone setting, all of which are authentically Chinese medicine but are being marginalized. Practitioners find their niche on this margins by making their service more appealing and more inclusive of interactions with ordinary people. They even prescribe herbal medicine although legal regulations actually prohibit them from doing it. But more essentially, they are providing care that medical institutions cannot or do not want to offer to customers who desire and seek such care out.

In this chapter and the previous one, I have discussed how people are learning and practicing Chinese medicine in their everyday life. In the next chapter, I will turn my focus to the medical institutions to explore why a growing of people learn and practice Chinese medicine instead of visiting doctors.

Chapter 6 Chinese Medicine in Conflict

In the previous two chapters I have discussed people's study and use of Chinese medicine in their everyday life. It might seem reckless to a certain extent for people such as Lu, Cai and Min (who were highlighted in Chapter 4) to practice on themselves or their family members without professional training, especially considering that all of them have come across issues or faced problems in the course of their experimental practices and risked their or their family members' health. It should be noted however that these three cases only consist a small part of all the cases of malpractice that I heard of from my informants. Therefore, it is necessary to point out that my informants, even the keenest amateurs, did not embark on their own practice at the very beginning, but tended to visit TCM hospitals or clinics to seek help.

So, why is there a growing number of Chinese people turning to themselves to study Chinese medicine and conduct self-care instead of seeking help from professionals? While I have highlighted some reasons in the previous chapter that pertain to some of the benefits of self-care, the willingness to take care of their own health, the sense of fulfillment participants find in practice (to mention a few), I believe that taken in isolation, these reasons are still insufficient in explaining the phenomenon. In this chapter, I will turn my focus to medical settings to explore how people, whether amateurs or not, experience Chinese medicine in TCM institutions.

I have two purposes in this chapter. First, I will document my observations made in medical settings and interviews with doctors and patients, to explain how the medical services are problematic and found to be dissatisfactory by patients, which explains to the increasingly

prevalent self-care practice. Furthermore, I will discuss TCM education through my interviews with TCM students and doctors. While neither professionals themselves nor medical institutions as a subject are my main focuses of this research project, I believe that people's study, practice, and experience of Chinese medicine outside institutions is closely related to what is happening inside of TCM institutions, which continue to remain as powerful and influential actors in the practices and processes of TCM in contemporary society. The former will be better understood with a knowledge of the latter as both of them are constituting the transformation of Chinese medicine.

As follows, I will first talk about the conflicts I observed in medical settings and I will then move on to discuss the department division in TCM hospitals in the following section and TCM education in the final section.

6.1 Experiencing Illness and Treating Disease: Doctor-Patient conflict in medical settings in Chinese medicine

“I think I have too much *re* (heat 热). Do I? I think...”

“No, no, no, it has nothing to do with *re*. This is um...I don't know how to let you know. You don't need to know.” Doctor Qin had once again interrupted Fan, who visited his clinic one morning in October 2018. It appeared that Fan was keen to know more about the details of her own health concerns. She raised questions and proceeded to relate her symptoms to her childbearing experience, which was almost a year ago. “I felt *qi xu* (*qi* depletion 气虚) since giving birth,” said Fan. Qin did not know but Fan told me afterwards during the interview a few

days later, how anxious and worried she had been. “Everything is wrong. I don’t know how to express my discomfort clearly. But I just feel unwell. My husband suggested that I should go to see a psychiatrist...” Although I had the patience to listen to her story, I did not get the impression that her queries and commentary during the diagnosis were deemed important by Qin. As Qin had expressed to me before: “Describe the symptoms clearly, answer the doctor’s questions honestly, and take the medicine on time. This is a good patient.”

This is just one of the many cases I encountered in the course of my fieldwork in which patients raised questions and expressed their own ideas about their symptoms, but doctors had no desire to discuss them any further. Based on my observation in TCM hospitals and clinics, I can roughly divide the patients in the medical settings into two categories: those who have many questions and opinions about their health issues and those who do not. While the latter also provided me with a substantial amount of data, the former attracted my attention more easily. In particular, their activeness sometimes led to more conversations and the occasional incidents of the incurring of doctors’ impatience, which resulted in tension in the diagnosis room. Although fierce quarrels between doctors and patients were uncommon, conflict was not a rare occurrence.

Such conflicts have received little attention in anthropological or sociological research on Chinese medicine. However, patients of course are an indispensable part of the clinical setting. In particular, unlike the data output by the cutting-edge technologies or biomedical machinery, patients’ self-reports are of particular importance in Chinese medicine as most patients’ narratives cannot be detected or proved, but are accepted by doctors as basic and unneglectable

information for diagnosis. While there are many studies on the doctor-patient relationship in biomedicine, questions such as what role patients play and how the doctor-patient relationship works in TCM remain unanswered. After Volker Scheid (2002) observed that very few ethnographies examine patient behavior, this has not been followed up by a corresponding increase in the number of studies focusing on patients or the patient-doctor relationship in Chinese medicine.

In this section, I focus on the conflicts between TCM doctors and patients in the medical settings. Equipped with Chinese medicine knowledge, patients raise questions, express their own ideas, and even challenge doctors' diagnosis and treatment. Such proactive behavior is not welcomed by doctors who tend to ignore patients' demands for more explanations. I show that the conflict often occurs because doctors disregard patients' narratives of their illness experience, which is increasingly being shaped by the permeation of Chinese medicine knowledge and their own self-care practices. I argue that such a discrepancy between the expected medical attention and affirmation of their illness experience and the doctor's focus on treating diseases is at the center of such conflict. This conflict reflects a dilemma in Chinese medicine which is undergoing transformation in contemporary China.

6.1.1 Active Patients and Burdened Doctors

In this subsection, I document some of my observations in the clinical setting and show how patients ask questions in their quest for explanations regarding their illness and how doctors feel burdened and bored with these questions.

One afternoon in 2016 August, a 36-year-old woman, Li, visited the Taiyitang Clinic in

Jinan, presenting her swollen leg. After about 10 minutes, a diagnosis was made, and Doctor Ren was preparing to prescribe the herbal medicine. Normally, in such instances, a doctor would contemplate specific herbs and dosages for a quietly waiting patient. However, Li broke the silence and asked what caused the symptoms. Ren stopped writing and explained that her Spleen (*pi* 脾) was too weak. Li then inquired as to how the Spleen could cause such symptoms, with Ren further explaining that it was because the Spleen had accumulated water and that a weak Spleen could not function well. This mechanism is clearly elaborated in TCM textbooks, but it is not easy for lay people to understand. Li frowned and posed further questions, with Ren gradually losing his patience. Finally, Ren made an analogy: “Your car is broken. I can fix it. But you asked me where and when it got broken. I don’t know. If you want me to prescribe medicine, I will write it down...or.” Ren abruptly ended the sentence. It seemed to me that he was implying that Li was free to leave if she was not satisfied with his explanation.

This style of communication was commonplace in the medical settings I observed. For patients who expect to engage in further discussion with doctors, they have their complaints. In my interview with Yang, a patient I met in the canteen of the Shanghai Renmin TCM hospital, she said: “How can I trust one doctor if he cannot explain my problem clearly? It is not those biomedical stuff. Red blood cells, white blood cells. I do not know these things. I want to know my problem. It is not a very big expectation.”

Many patient informants expressed that they felt that or they believed that doctors have the responsibility to clearly explain patients’ illness to them instead of simply prescribing medicine. I asked them: “If the doctor explained to you in detail, do you think you could

understand the meanings?” More than half of them thought they could, as long as the doctor explained to them clearly and patiently.

My patient informants’ confidence in their ability to understand doctors’ explanations seemed questionable to me, especially since I myself had been engaging in studying Chinese medicine for years and have developed an understanding of its complexity. When I followed Doctor Xu in her ward rounds in March 2016 at the Jinan First TCM hospital, a female patient in the ward complained that her palpitations had not abated at all since she first felt them one week before. After the pulse-taking, which lasted for about two minutes without talking, Xu said:

No big deal. Your pulse is pretty good. Your cardiogram is also ok, right? *Danshen* (salvia miltiorrhiza 丹参) is already in the prescription. It is good for your heart. It can *huo xue* (activate the blood 活血). The (herbal) medicine you drink affects your whole body.

These explanations seemed plausible on the surface, and there was no need to question them. However, from my study of Chinese medicine, I knew that the meaning of the terms that Xu used was disparate from what most lay people actually understood. For example, when Xu said, “it is good for your Heart”, here, ‘Heart’ does not refer to the anatomical heart in biomedicine; it is a concept in Chinese medicine. While the former is an organ with a clear and concrete shape, structure, and functions, Heart (*xin* 心) in Chinese medicine is that which contains a person’s spirit and interacts with other systems like the Spleen (*pi* 脾) and Lung (*fei* 肺), etc. This difference, and the underlying theories, are basic knowledge for TCM doctors, but are difficult to grasp for lay people who have not received systematic TCM education.

Nevertheless, Xu demonstrated no intention to provide his patient with this explanation. When I asked why she did not want to explain, Xu declared:

I know you know Chinese medicine, and you understand *Fivezang Sixfu* (the visceral systems 五脏六腑). But the patients do not. If I let them understand what I mean and clear their confusions, I will have to elaborate the concepts in Chinese medicine from the very beginning, from the very basic concepts. It is like I am a TCM teacher and patients are like the students. Is that ok? I do not have time. No doctor has this time.

All my doctor informants expressed a similar viewpoint. Given the complexity of Chinese medicine, especially in terms of its intricate theories, it is extremely difficult for lay people to understand the exact meanings of doctors' explanations, let alone the disagreements among different Chinese medicine schools.

The doctors I interviewed tended to think that medical knowledge cannot be transmitted directly from person to person by word of mouth. This opinion is captured well in Judith Farquhar's study, in which she argued that doctors' silence and, implicit diagnoses are based on shared "training and experience, from a shifting synthesis of materials, methods, and insights that cannot itself be conveyed in writing but rather must be acquired (even embodied)" (1994a, p. 205). In the early 1980s, when Farquhar conducted her fieldwork in TCM hospitals, such a silence might not have led to patient discontent, however, many patients nowadays are no longer satisfied with doctors not being forthcoming with information. They want to hear more about their problems, express their worries, and discuss other concerns with doctors. As Ji complained to me after her consultation with a TCM doctor who she described as uncaring:

They (TCM doctors) always say that the human body is an integrated system. All parts have connections. Then why can't I talk about other things? (28, female, lawyer)

Here "other things" mean all the questions Ji wanted to ask, but did not have the chance to or questions that were not given enough attention to by doctors. I asked her to present me with a few of her questions, and I tried my best to offer explanations to her. After about 30 minutes of explanation, including sketching the mechanisms of *qi* and *xue* (blood 血) and answering additional questions from her, she seemed happy, and thanked me for solving her confusion. She said: "People like you should become doctors, not those people who are lazy and have no sense of responsibility." She mentioned the word responsibility, which showed that for her, it is not just diagnosis and treatment, but additionally an explanation is also what doctors should provide.

Some patients go well beyond only expressing their complaints. One interesting thing that continuously caught my attention while sitting in the diagnosis rooms was that abstract Chinese medical terms, such as *yang* depletion (*yangxu* 阳虚) and *shi* (damp 湿), were often preemptively brought up by patients rather than by doctors. By mentioning these terms, patients did not necessarily intend to show their knowledge, but wanted to know doctors' opinions and anticipated further discussion. In some cases, patients may have their own diagnosis of their symptoms in mind and may seek confirmation from doctors, even before the doctors had completed the diagnosis.

The first morning of my observation at Shanghai Center TCM hospital in February 2017, Cai, a 39-year-old businessman, walked into Doctor Zhong's office. When asked by Zhong

about his main concern, Cai replied: “Doctor, do I have too much *shire* (hot damp 湿热)?” Zhong shook his head, showing a wry smile. In fact, Shire is not a symptom but an abstract term used to generalize a certain body status. However, as a theoretical term mostly used by TCM doctors, Shire was mentioned by the patient even before the doctor began his diagnosis. Perhaps because Cai was quite confident about his judgment, while Zhong was taking his pulse, Cai proceeded to describe his symptoms and tried to connect them to Shire, based on to his own understanding, no matter how far-fetched it seemed. “I know it. Tongue coat is a little yellow. Right? It has something to do with drinking alcohol. Correct?” Cai talked while Zhong concentrated on the pulse-taking, without saying a word. There were even some moments when I had the impression that Cai was the doctor and Zhong the patient.

When I asked Zhong during lunch time why he did not stop Cai, he did not give an answer directly but smiled: “That’s the routine. You will be here for a few days, right? You’ll see soon.” Indeed, I over the next five days, I observed about 40 cases in which patients more or less had conducted in some capacity, their own analyses of their illness. For example, one patient asked Zhong whether her low blood pressure was caused by *yin* depletion (*yinxu* 阴虚). In some cases, not only did patients demand for some specific treatments such as moxibustion or cupping therapy, they also demanded very specific kinds of herbs or ways to practice treatments. “Do I need to take some ...” was one of the questions I heard most frequently in my observations. Ma, a 47-year-old female suffering from migraines, asked twice whether Zhong could also prescribe *huangqi* (Mongolian milkvetch 黄芪) because she had heard that this herb could help nurture *qi* better. Although Zhong refused, Ma began describing a TV program in which some

expert said that huangqi is good for *qi*. Zhong got the hint and said: “*Huangqi* is good...but this is not cooking. You cannot put what you like into the prescription.” It then resulted in Zhong taking more time to tell Ma why this herb was not appropriate for her condition.

These questions are not very difficult to answer with professional terms, but it is not easy to elaborate upon them for lay people. Thus, I often heard doctors make analogies when explaining their diagnosis or TCM to their patients. “Your body is like a ball, full of water”—was used by Doctor Ren in his explanation to a patient who had difficulty urinating. “Without fire, the blood can go nowhere”—was the analogy used by Doctor Zhong to illustrate that a patient’s digestion problem was caused by an over-vigorous Liver (*gan* 肝). “How can you put oil into the fire when the pot is already too hot”—was Doctor Hu’s reply when a patient requested that he add some ginseng to the formula.

These efforts often do not lead to better understanding by patients. Although I saw many patients nodding while listening to these explanations, in my relatively short post-diagnosis interviews outside the diagnosis room, some of them admitted that they still did not understand. Arthur Kleinman regarded diagnoses as a semiotic activity: “an analysis of one symbol system followed by its translation into another” (1988, p. 16). From this perspective, in a patient’s relatively short visit, it is difficult, if not impossible, for doctors to convince them that they do not possess adequate enough an understanding of the complexities of Chinese medicine knowledge. However, they remained eager for further explanations, which would often lead to conflict.

6.1.2 Chinese Medicine as Knowledge and as Experience

While many doctors think that patients lack TCM knowledge and that it is difficult and unnecessary to clearly explain disease or treatments to them, as my fieldwork went on, I started to wonder whether many patients could still be viewed as completely lay people. The Chinese medicine knowledge they had obtained, though not systematic and sometimes incorrect, seemed sufficient to help them raise questions and expect further explanations within the medical setting.

Ordinary people's Chinese medicine knowledge does not come from a vacuum. In the previous chapter, I have discussed how ordinary people access Chinese medicine knowledge, formal or informal, through various sources, one of which is the government itself which is promoting the popularity of Chinese medicine. When I conducted my fieldwork, I paid attention to presentations of Chinese medicine outside medical institutions. Below I will list some.

Programs that aim to introduce Chinese medicine to the public are broadcasted weekly on CCTV, China's predominant state television broadcaster, which is accessible to more than one billion viewers. In 2016, the six-episode documentary "Materia Medica China," the first documentary about Chinese medicine, gained a higher audience rating than the most popular variety shows. Walking on the streets in the cities where I conducted my fieldwork, it was common to see posters promoting Chinese medicine on billboards, which were set up by the local government. On these posters, health and nutrition tips based on Chinese medicine theories were illustrated in pictures or doggerels. From the media reports, I saw local TCM hospitals provide free Chinese medicine diagnoses and consultations in communities in

multiple provinces. In August 2017, Shandong province started recruiting famous TCM doctors to organize free Chinese medicine lectures to the public. In September 2017, all the primary schools in Zhejiang added a compulsory course called “Chinese Medicine and Health” to the fifth-grade curriculum, including designated textbooks. Other provinces were also planning to provide similar courses in their primary or middle schools. Living in this environment, I guess most Chinese medicine people can access Chinese medicine knowledge more or less outside medical institutions, be they are interested in Chinese medicine or not.

Figure 13 *Chinese medicine advertisement at the railway station*



Thus, instead of being confined to medical institutions, Chinese medicine as a body of knowledge has been permeating people’s everyday lives. Not only did the patients I observed in the clinical settings possess some level of Chinese medicine knowledge, so too did my patient informants. For them, Chinese medicine was not easy to understand, but it was by no means inaccessible. During my interviews, I was sometimes impressed, though not surprised, with the patient informants’ knowledge, roughly half of whom could easily name more than 20 herbal medicines and some of whom had developed some basic understanding of Chinese medicine theories. Among these informants, Zhang, a 43-year-old associate professor in computer

science in Jinan, might have possessed the most Chinese medicine knowledge. He was able to answer all the questions I had designed to test my informants' knowledge on Chinese medicine. Lu, a 28-year-old bank clerk, was not familiar with TCM theories, but when I informed her of my understanding of the effect of a specific type of herb, she opened an app called "We TCM (*dajia zhongyi* 大家中医)" and began to use it to verify whether I was correct. After she read out from the app a few sentences explaining the herb, I joked that she seemed very professional. She smiled and said "No, no, no, I don't want to be professional, but I certainly don't want to be ignorant."

Figure 14 and 15 *screenshots on the smartphone after opening the APP We TCM*



Note: It is very convenient to study Chinese medicine on the APP including acupuncture, formulas, classics

Moreover, the knowledge these patients had obtained, though limited, was not abstract but practical. To my informants, Chinese medicine was something they experienced in their daily

lives, not some incomprehensible form of knowledge that was difficult to grasp. Their experience of Chinese medicine went beyond medical institutions. For example, Bo, a 55-year-old blue-collar worker, did foot baths and massages on his leg every night before he slept. It is a technique he learnt several years ago from TV program. His hobby is poker and fishing and he spent no time learning Chinese medicine. But he memorized the path of Stomach Meridian of Foot-*Yangming* (zuyangming weijing 足阳明胃经) on the leg clearly because he learned that massage on this meridian is good for digestion, which he was very concerned about as he had chronic gastritis. Sometimes he felt stomach uneasiness, and during the massage, he would hiccup but then he would feel much better. He told me: “I asked the doctor to do acupuncture on this meridian. But the effect is worse than my own massage.” When I interviewed him, he had just started to use a smart phone and was learning how to massage other meridians on kuaishou¹⁶. His mother, had been paralyzed for years after a stroke. He wanted to learn something useful to help his mother’s treatment. In my fieldwork, I met so many ordinary people who use Chinese medicine to conduct self-care or help their family members, although some of their practice, as has already been shown, can be rife with problems.

For some of my informants, Chinese medicine was not just a method they resorted to during times of illness; it has become an indispensable part of their everyday lives. Since being diagnosed with diabetes more than five years ago, Pan, a 62-year-old woman, paid great attention to her diet and exercise in order to water her blood sugar level low. When I asked about the details at her home, she showed me a little notebook containing many dos and don’ts

¹⁶ a short video-sharing mobile app similar to Tiktok

she had written. Moreover, as she learned from watching TV programs that every little symptom might indicate potential illness, she carefully documented her body status, including minor changes, such as bitterness in her mouth, bowel sounds, insomnia, etc. Pan views regular visits to TCM clinics as health checks and opportunities to report to doctors her documentation she deems might be worthy of their concern. To her disappointment, however, most doctors had not been very interested in her little notebook and detailed documentation, until she met a young TCM doctor who praised her for her health consciousness. From then on, she visited this doctor twice every month and became more self-disciplined about her diet. Pan was one of my informants with the least TCM knowledge. She had no knowledge of most of the Chinese medicine concepts I asked her about. Although she often watched Chinese medicine programs on TV, she could not recall much information, except some tips she had written down in her notebook. However, her limited Chinese medicine knowledge had become the principle by which she understood her health and oriented her daily practices. Being acknowledged by a TCM doctor in a clinic was meaningful to her and her practice outside hospitals.

Patients' knowledge and practice of Chinese medicine sometimes contradict what they are told by doctors, which confuses patients. Wu's case can be used as an example here. After retirement, Wu became an active member of community activities, such as singing in a choir. Following stomach surgery in 2015, Wu started ingesting ginseng, bought by her daughter who now lives in Canada. She would put ginseng and wolfberries into her thermos and drink the mixture as a kind of medicinal tea, or she would sometimes add a little ginseng into a pot when she boiled chicken or porridge. Suffering from migraine and swollen gums for a few days, she

visited a TCM hospital near her apartment. The doctor advised her to stop taking ginseng. Wu did not agree with this advice but did not know how to argue with the doctor. When I interviewed her in September 2018, she told me:

Ginseng really helps me a lot. After my surgery, I felt terrible. Without taking ginseng, I could not recover so fast... Last year, doctors from the best TCM hospital in Jinan came to our community to give us a lecture. Those are professors, very famous and very good doctors. They also said ginseng is good for senior people.

The lecture Wu mentioned was one of the TCM advocacy activities organized by the local Commission of Health, and Wu, a volunteer in the community, assisted with the site layout. As she had been taking ginseng for three years and had received expert advice, she saw no reason to change the habit she had continuously cultivated. Moreover, the ginseng was bought by her daughter, who she is proud of for her display of filial piety. When I interviewed her, she was carrying the thermos in her bag. Taking ginseng is just one small part of her “health plan,” as she put it. She barely finished middle school due to the Cultural Revolution, but after her retirement, she asked her daughter to purchase books for her, which she read carefully. Most of the books teach people how to nurture their health in their daily life.

As patients have already been engaging in Chinese medicine in various ways, the coherence between the Chinese medicine they learn and practice in their everyday lives and the Chinese medicine they are treated with in medical encounters is important. When they enter the medical clinic, they possess not only some Chinese medicine knowledge but a rich body of experience of Chinese medicine and the pursuit of coherence under the surface. The

explanations they demand and the questions they raise might function as a bridge to relate these illness experiences inside and outside medical institutions, which are, in fact, closely connected and constitute their illness experience.

6.1.3 Doctors' Contradictory Attitudes Toward Patients

The limited knowledge patients have obtained or their passion for Chinese medicine does not necessarily engender smoother communications with doctors in medical settings. On the contrary, there is the increased risk of conflict. Zhong was often exhausted, as he needed to treat an average of 70 patients every day, whose questions he had to answer, which he thought was a waste of time. When I interviewed Zhong on the weekend, he expressed his thoughts to me:

I have friends who are biomedicine doctors. They also hear silly questions from patients. They also get bored. But as you have already seen, the questions we have to face ... Have you ever seen a patient asking a biomedical doctor to do the CT scan in another way? Or a patient explaining his checkup sheet to the doctor? I think you should think about it: why do they behave obediently in front of biomedical doctors but become backseat drivers when they come to us? ... Sometimes, I feel the clinic is like a KTV, and some patients come in and order the songs they like to sing.

It seems that Zhong felt that TCM doctors did not project the same level of authority as biomedical doctors. His authority was threatened not by patients' doubts but by their enquiries.

However, no matter how unnecessary or bored they felt, ignoring patients' questions might cause not only conflicts with patients, but also other unwelcomed consequences. For clinic doctors like Ren, being unresponsive makes them less attractive to clients, which directly

affects their income. Things are not better for doctors, such as Zhong, who work in hospitals. If a patient files a complaint against them, the consequence could range from admonishment from their supervisors or a bonus deduction, as observed in Peng's story below.

Doctor Peng was a 28-year-old doctor working in a TCM hospital. He told me that he learned his lesson after a quarrel with a patient. One day, a female patient insisted on the insertion of an acupuncture needle on her *zusanli* (leg three miles 足三里), an acupuncture point on the lower leg. She had learned from the Internet that practicing acupuncture or moxibustion on this point could strengthen her health. Peng explained to her twice that there was no need to do so because it was not the proper treatment for her health condition. The female patient became angry and said: "Is it so hard to use one more needle?!" Peng admitted that he was not in a good mood that day. "I lost my temper...I said to her: 'I am the doctor. I know what to do. It is not massage. If you think you are the professional, then don't come to the hospital!'" Peng was scolded quite severely by his supervisor for his behavior. He started to learn how to respond to patients more flexibly. Once he begins to feel that it is difficult to get along with a patient, he tends to deal with them perfunctorily. "They want one more needle, then I will give them one more. If they want two, I will give them two. Being flexible is more important than being professional," Peng said to me.

Such conflicts and TCM doctors' dissatisfaction might be a relatively new phenomenon. First, in previous studies of Chinese medicine encounters from the 1980s, there is almost no documentation of this kind of conflict. Moreover, according to three doctor informants with more than 20 years of medical work experience, back in the 1990s, patients were far less verbal

than they are nowadays. In Doctor Tian's clinic in Jinan, he recalled the good old days when he was a graduate student in Beijing University of Chinese Medicine in the 1990s. At that time, Tian followed his supervisor in a TCM hospital, observing how his supervisor made diagnoses and prescribed medicine. Tian told me:

Patients in those years were very obedient. My supervisor asked questions, and patients answered questions. It was just this simple. Then he wrote the prescription.... Some patients were from the countryside. They were so nervous and shy that they even did not know how to answer well, not to mention ask the odd question.... Some old local women were quite chatty, but they just wanted to talk, not to raise questions.

Tian's narratives complement Scheid's work in the late 1990s. During his eighteen months of fieldwork in Beijing, only four patients displayed the necessary knowledge to engage their doctors in discussions concerning their illness (Scheid, 2002). In contrast, in a single day, I observed more than four patients who in various ways displayed an acquaintance with Chinese medicine knowledge and discussed this information with their doctors.

Traditionally, doctors have played the dominant role in the diagnostic process in which they lead the conversation with patients. Every Chinese medicine doctor in China is supposed to memorize the Ten Questions (*shiwenge* 十问歌) – ten diagnostic questions organized as a poem. This poem was created during the Qing dynasty to help doctors remember the 10 most important diagnostic aspects in case they miss some symptoms. Whichever the pithy formula they follow, from a doctor's standpoint, doctors are in charge of the question-and-answer process. Once a doctor has made a diagnosis, this signals that the conversation is about to end.

The rest of the time is for doctors to think carefully about the prescription, while the patient waits in silence.

Incessant questioning from patients challenges the traditional diagnostic process, whereby doctor–patient communication is organized in a fashion similar to an interrogation. For my doctor informants, explanations to patients are sometimes necessary to decrease their confusion and comfort them; however, this is not helpful for diagnosis. Furthermore, patients’ output is crucial for doctors to make diagnoses, but their verbosity is a waste of time. Doctor Hu said: “Even if I talked with patients for one hour, two hours, will it cure their disease? We are not consultants. We are here to cure disease.”

It is noteworthy that TCM doctors play an important role in the spread of Chinese medicine knowledge. There is an enormous number of public Wechat and Weibo accounts that introduce and elaborate Chinese medicine knowledge to lay people. Once people follow these accounts, they receive new articles when the accounts are updated by their owners. I follow more than 50 related accounts and read most of their updates every day. The owners of most accounts are doctors, evident from the account profiles. Most of their posts are related to Chinese medicine, including their opinions on some Chinese medicine books, the efficacy of their treatment, as well as some Chinese medicine knowledge. In some posts, the doctors write like teachers who instruct Chinese medicine in plain words. These accounts are popular. Fifteen of the accounts I follow had over 20,000 followers when I followed them. As I am writing this section and checked these accounts, I found that except one, all these accounts have gained even more followers. One of them had more than 300, 000 followers and many posts had more than 500

likes and comments. Among my 11 doctor informants, nine of them had Weibo accounts and occasionally posted TCM-related information. Three of them had more than 5000 followers, and Doctor Zhao had more than 30,000 followers when I interviewed him. Conversely, all the patient interviewees aged below 50 owned smartphones and around one third of them followed at least one account related to Chinese medicine. My relatively young patient informants, who were in their 20s and 30s, seldom watched TV, and social media apps have become their main source of information. A variety of accounts related to Chinese medicine are popular on different social media Apps such as xiaohongshu and bilibili. On these Apps, Chinese medicine knowledge instructed in short videos are a quicker and more appealing means to gain information compared to the courses I audited in TCM colleges.

Some famous doctors have taken further steps in an effort to contribute to the popularity of Chinese medicine. They recruit students online and teach Chinese medicine courses using various social media tools. These doctors believe that equipped with Chinese medicine knowledge, lay people can practice Chinese medicine on their own to some degree. Nowadays, many online Chinese medicine courses can easily be found on the Internet. After paying a certain amount of tuition fees, anyone can join the course (mostly online) and learn from a doctor. Aside from the course I documented in Chapter 4, I joined another four different courses to conduct online observations, with student numbers ranging from 45 to almost 500. When I did observations in Doctor Zhao's clinic as an assistant in Beijing in the March of 2018, he saw patients during the daytime and held his online course every Tuesday and Friday evening. When I asked why he bothered to do so, especially considering that his clinic did not lack patients and

that teaching online takes him more than five hours each week, he said: “Now, there are so many people who want to know more about TCM. That is great. That is the future of TCM. I have my responsibility as a TCM doctor.”

It was coincidental that, on the morning of the same day, he complained to me after explaining at length to a patient who questioned whether the herbal medicine he had prescribed would bring about side effects. Doctor Zhong, who I mentioned previously, also holds an occasional short course on the Internet. As a young doctor who is trying to build his reputation, holding an online course is helpful. He articulated his ambition during the interview:

I want to have more followers and more students. But I am not famous yet. So I can only start from a cheap price and teaching the most basic knowledge... I have new patients who come to me because they follow my Weibo.

He set the tuition fee at 300 RMB (about 80 US dollars), and 28 people have paid and enrolled. The tuition fee received (8400 RMB) almost exceeded his salary.

6.1.4 Illness Experience with Chinese Medicine

Patients are ‘tellers’; however, their utterances are supposed to focus on telling doctors their symptoms—without digression. With Chinese medicine knowledge becoming increasingly accessible and practical, some patients are no longer satisfied with patient–doctor interactions being organized like interrogations. Equipped with knowledge, some patients have their own understanding of illness. They have become active in medical settings, raising questions that patients in the past might not have been capable of posing. The availability of Chinese medicine knowledge empowers lay people, changes their passivity, and challenges

doctors' authority in the medical setting. Meanwhile, their expression of their own understanding of illness is often unwelcome and regarded as discursive by doctors.

I emphasize the importance of the underlying illness experience instead of simply attributing patients' activeness to the availability of Chinese medicine knowledge. For patients, illness is not just a group of symptoms they suffer from or a standard process they need to go through with the help of doctors. Illness is closely related to how sick people "perceive, live with, and respond to the symptoms and disability" (Kleinman 1998, p. 1). Patients do not come to TCM doctors as empty vessels, passively waiting for doctors' wisdom. Their experiences inside and outside the medical setting are closely connected. Compared to Kleinman's focus on chronic illness in emphasizing the importance of the illness experience, in my research, it is not necessarily the chronically or seriously ill who seek more explanations.

Patients' illness experiences are not a random assemblage of things; they are closely related to Chinese medicine and influenced by its recent trends associated with it. With governmental support and doctors' contributions, Chinese medicine has been permeating Chinese people's daily lives. For patients in contemporary China, Chinese medicine is much more than a professional service from which they seek help. It is also a body of knowledge they can access conveniently and a practice they might experience every day outside well-established institutions. Though there are various ways to talk about illness and to present illness narratives, patients who are exposed to the flourishing discourse of Chinese medicine translate their health concerns into the language of Chinese medicine and endow illness with meanings: their questions might not be welcomed by doctors, but they do not oppose Chinese

medicine or challenge doctors with biomedicine theories; their arguments and judgment might not be correct, but they are still based on their understanding of Chinese medicine. More importantly, though there is more than one way to experience illness, they choose to experience it and make sense of it in a Chinese medicine way. I view their activeness as a reflection of their illness experience, which is a composite of symptoms, knowledge, discourse, and practice in their daily lives.

Conflict ensues when the illness experience as constructed outside the medical setting and in their daily life is ignored and when the coherence of the illness experience is interrupted in medical settings. Accumulated through the everyday experience of Chinese medicine, inside and outside TCM institutions, the illness experience might not crystalize into a clear and logical whole, but it has its coherence. However, following routine, doctors who have the authority only place importance on the symptoms that fall into their diagnostic procedure, which are regarded as worthy of their analysis. They do not credit patients' illness experience, generally viewing it as unworthy of consideration. Thus, in their authoritative act of recasting illness into disease (Kleinman, 1998), and in their neglect of patients' demand for more explanation, the meanings of illness might be ignored. Nevertheless, should doctors be blamed for the conflict or for their neglect of patients' demands when the routine in medical settings is so well-established that it tends to exclude inquiry into the illness experience, not to mention its meanings? As Foucault has argued, "which is not on the scale of the gaze falls outside the domain of possible knowledge" (1973, p. 166). However, as a medicine which always recognizes the significance of the interactions between body and mind, Chinese medicine, at

least in the diagnosis room, does not provide patients more space and possibility to accommodate their stories and ideas.

The importance of patients' illness experience is partly based on the distinction between illness and disease. Following this thought, two distinct treatments should also be acknowledged and placed on equal footing. While disease requires specialist doctors to find cures, illness requires care. These two treatments—cure and care—suggest a division of labor among doctors and engender asymmetry in medical settings. Suffering from disease, serious or trivial, chronic or temporary, patients carry a rich body of illness experience, and a desire for care, from doctors. While they might be carefully diagnosed, their desire for care might remain unaddressed and their illness experience undiagnosed. Thus, I do not view their questions and demands merely as a struggle for authority, or an inevitable consequence of their increasing knowledge, but as a reflection of their illness experience and an expression of the unfulfilled desire for care. This desire is not always legitimated or appreciated by TCM doctors, and neither do they care about it.

In the conflicts presented here, we can also see a dilemma surrounding Chinese medicine. Lay people's participation is a crucial part of the government's promotion of TCM. Moreover, outside the medical institutions, doctors voluntarily contribute to the spread of Chinese medicine knowledge. For lay people, Chinese medicine appears like a domain in which they are accepted, which they experience in various ways, and which they practice on their own. However, it seems that the knowledge they learn could be categorized as neither professional nor lay. When patients who are equipped with Chinese medicine knowledge and their own

experience enter the medical setting, they are expected to be obedient and to refrain from participation. This contradiction makes patients feel ignored and TCM doctors susceptible to conflict. Both sides in the medical settings fall in this dilemma.

6.2 Navigating Department Divisions: Arbitrary Boundaries and Confusion

6.2.1 Department Division in TCM Hospitals

On an afternoon in March in 2016, I visited Jinan First TCM hospital where Doctor Xu worked. She was a TCM doctor and introduced to me by my cousin as an informant. That afternoon after arriving at the front door of the hospital, I walked through the outpatient department building first. It is a 5-floor building with a lofty hall where patients register and make an appointment with a specific TCM doctor in a specific department. On the giant electronic screen hanging on the wall, the names of the doctors who were on duty were scrolling down slowly. Doctors belonging to one department were listed in one row with the department name put at the beginning – cardiology department, endocrinology department, and nephrology department, etc. – most departments showing on the screen had the same name as departments in a biomedical hospital. From that big screen, and without noticing the name of this hospital at the top of it, it was almost impossible to tell if it was a TCM hospital or a biomedical hospital. And this kind of department division and naming is not a rare case at all. When I conducted a search for hospitals official websites online, more than 30 TCM hospitals in different regions had the names of their departments much like the ones in this hospital.

Traditionally, Chinese medicine does not follow such divisions. The only exception might be *taiyiyuan* (太医院). In ancient China in eras such as the Yuan Dynasty, Ming Dynasty, and Qing Dynasty, there was *taiyiyuan* in the central government. It was the imperial institute of medicine named and mainly responsible for the health of the royal court and the upper class. In different periods, there were different divisions in *taiyiyuan*. For example, in the late Qing Dynasty, *taiyiyuan* had five departments, which were *dafangmai* department (大方脉), *xiaofangmai* (pediatrics 小方脉), *waike* (surgery 外科), *yanke* (ophthalmology 眼科), *kouchike* (Dentistry 口齿科). *Dafangmai*(大方脉) could be roughly translated as internal medicine but it also covers a wide range.

But this division only existed in *taiyiyuan* with less than 100 practitioners and was not popularized or implemented nationwide, because the hospital as an institution did not exist in ancient China. Furthermore, as Chinese medicine does not have any knowledge of the nervous system or incretion, departments like neurology and endocrinology did not exist at all in its long history.

Nowadays for people who want to seek help from TCM hospitals, not much thought is required from a patient who has stomach problems who can ‘logically’ choose to then visit the gastroenterology department or for a patient who feels palpitations to visit the cardiology department. But these departments did not exist in Chinese medicine.

TCM doctors are not satisfied with the current division and naming system in contemporary TCM. Song, a doctor in a second tier TCM hospital told me that when he started his career after graduation, the hospital did not give him any options. A senior doctor in the

dermatology department was about to retire so he was assigned to work in this department. When I said maybe TCM hospitals should change this division, Song said: “There is nothing they can do. We cannot have a hospital and a bunch of doctors, and then we tell the patients that no matter what illness they have, they can choose any doctor they want. That is not a hospital anymore.” Song’s argument is quite reasonable as even a TCM hospital in a county could have more than 100 doctors. Except for the current department division, there seems to be no other way to categorize doctors into different groups in a formal way so the patients can seek treatment properly. If a contemporary TCM hospital with 100 doctors were to use the previously mentioned taiyiyuan division as was found in the late Qing dynasty, then aside from acupuncture, surgery, ophthalmology, pediatrics, and stomatology, all other departments would be categorized into the *Dafangmai*(大方脉) department with over 70 doctors.

While this division has existed for many years in TCM hospitals, TCM clinics operate without division and welcome patients’ visit for any health concerns. I have not seen any doctor practicing in clinics who claimed that they can only treat diseases which only belongs to a particular category. One example is doctor Qin in the previous chapter. Although I was more interested in how he provided medical help for menopausal women, there were patients who came to his clinic for various diseases. When I stayed there, besides what could be categorized as menopausal symptoms, I also documented patients at different ages coming in for problems such as cold, cough, digestion problem, chronic colitis, shoulder pain, backache, constipation, cancer etc. Doctor Song himself is also a good example. He works in the hospital on weekdays. But on Sunday, he works in a privately-owned clinic. So, every week, there are five days when

he is an ‘expert’ in dermatology, and then there is one day of the week when he seems much more capable and can treat any disease.

In other words, there is no direct link between a doctor’s expertise and the department this doctor belongs to. But for sure, if a doctor chooses to work in a hospital, he/she will inevitably be assigned into a specific department. But if this doctor works in a clinic, then he/she can treat patients suffering from any illness.

6.2.2 Patient’s Choice

As doctors have to be assigned to different departments no matter how many diseases they can treat, for patients, choosing which department to visit seems like an easy task. They only need choose the department according to common sense. For example, patients who have diarrhea will visit digestion department, and those who have headache should visit neurology department. So let us assume a patient named Wang is suffering from two diseases, insomnia and asthma. When Wang enters the lofty hall of a TCM hospital queueing to make appointment, which department should he choose? Wang can of course choose to visit both the respiratory department and neurology department.

But ideally, Wang only needs to choose one from either respiratory department or neurology department. As Chinese medicine views the human body from a holistic perspective and the root cause leads to various symptoms, doctors in either department are supposed to ask about all his conditions carefully to find the underlying root cause, instead of paying unnecessary attention on certain symptoms. Ideally, by focusing on the root cause, all the symptoms will be solved.

Patients do have autonomy, but not everyone possesses this knowledge which is seems like an unwritten rule. What will happen if an “ignorant” patient has more than one health concern such as Wang and follows the division strictly? I never thought about this situation until I observed a case in Doctor Song’s diagnosis room.

In August 2019, a 19-year-old female sophomore visited his diagnosis room. She sought treatment for her acne. Song asked about her diet, sleep, period, and what other discomforts she had. The student told him that she also had constipation and often felt very thirsty waking up in the morning. Even though she had tried to do exercise and upped her consumption of vegetables, the constipation did not abate at all. After pulse-taking, Song diagnosed her as *yangming huosheng* (阳明火盛) which was not a complex situation to cure. The excessive *huo* (fire 火) in *changwei* (the stomach and intestines 肠胃) caused the atmosphere in the body to be too dry and hot. He then prescribed 7 doses of herbal medicine to clear the *huo* (fire 火) and to provide the body with more *yin*. Song had confidence that after adjusting the relationship between yin and yang, most of her symptoms would abate. The student then walked out the room with the formula and Song and I discussed some other formulas which were also suitable for this disease and he taught me a few things based on his experience.

But this student came back later with 2 plastic bags of herbal medicine. She asked Song how should she arrange two formulas – which formula should she take first or if there was something to be careful of. Both Song and I got confused and he asked why there were two formulas. It turned out that before coming to Song’s diagnosis room, she had already gone to the gastroenterology department for her constipation. The doctor in that department had already

prescribed another formula for her. After leaving Song's diagnosis room, she went to pay and got all the medicine from the hospital pharmacy.

Song checked the other formula and did not know what to do. He believed his diagnosis and formula was correct, but it would seem improper to ask the patient to give up the other formula. Song was very careful with regards to the relationships between colleagues in this danwei and did not want to offend anyone, especially considering that doctor in the gastroenterology department was the department director. But taking two formulas at the same time is not a common thing. In this case, it was not necessary and could even be detrimental. Finally, he told the student that she could choose either one and give it a try.

After the student left, Song laughed and said: "Young people these days are too ignorant about Chinese medicine!". Indeed, I guessed most patients will not be so "ignorant" to visit more than one department during one visit to the hospital. But if the division of TCM is already clear-cut, is it not very reasonable for a patient to just follow the department name obediently to seek treatment?

Moreover, even if this student was knowledgeable enough to choose one department and get one formula from either Song or the gastroenterology department, she might still be viewed as not wise enough to make the optimal decision. Because in reality, many experienced patients do not follow the department names at all when seeking treatment. They tend to visit a doctor they trust or who has a good reputation no matter which department this doctor works in. Although it is not an objective of my research, in my fieldwork, I saw a great number of cases that followed as such. For instance, when I conducted observation in Doctor Song's diagnosis

room which belongs to the dermatology department, I saw many patients without any skin issues coming for other health concerns such as arthritis, chronic pharyngitis, diabetes, etc. Some of his acquaintances visit him for any sort of minor seeming problems, such as a cold. Besides, in the *yangsheng* section in the previous chapter, senior women exchange information about which doctor is trustworthy or has good healing skills. They also know it was appropriate to visit these recommended doctors for any sort of health issue.

Hence it is not surprising to see that in many TCM hospitals, before some famous doctors' diagnosis rooms, there are a crowd of people waiting to be diagnosed for various diseases, many of which are not in the range of the department, while outside some other doctors' diagnosis rooms, very few people if none are waiting. When I visited Doctor Chen in Jining TCM hospital in 2018, there was only one patient visiting her diagnosis room from 2 pm to 5 pm. She told me it was normal because that was just the second year after her graduation. She told me a widely-know phrase among TCM doctors - *zuo sannian lengbandeng* (sitting on the cold chair for three years 坐三年冷板凳), which indicates that a young doctor needs to tolerate for a long time before building reputation and having a decent amount of patrons come to visit them. "I am prepared for ten years, not three years." Chen told me.

I contacted Chen in 2020 and visited her again. She had resigned from the hospital about half a year ago. She joked in the interview: "the cold chair is too cold! I couldn't warm it!" Chen found a new job in a community healthcare clinic. It is a clinic with only two doctors and affiliated to the local government. The salary decreased and it was not a permanent job. But Chen finally had the opportunity to attend to patients with various diseases. Chen decided to

lay down roots, advance her practice, and build her reputation step by step.

6.2.3 Ou's Case

It is not only doctors who are dissatisfied with this division. Here I will discuss my informant Ou's experience as an example. Ou is 31 years old and lives in Hangzhou, Zhejiang province. I met him in one of the online Chinese medicine courses. He was diagnosed as asthma when he was a child. Although his asthma is well managed, he continues to seek for a radical cure, especially after he was refused by a potential romantic partner for his asthma in 2015.

After this refusal, he started to seek help by turning to Chinese medicine. He firstly visited Zhejiang TCM hospital and made an appointment to visit the respiratory department. For Ou, it was of course the "right" choice - the difficulty in breathing, chest tightness, and the cough are of course related to the lung. The doctor diagnosed him as having the Lung depletion (*fei xu* 肺虚), which also appeared to be a convincing diagnosis to Ou. But after three months of treatment, no improvement was made. In fact, this was just the beginning of his two years of efforts to seek a cure.

He then visited a few TCM hospitals including one hospital in Beijing, which is more than 1500 kilometers away from where he lives. In each one, he visited the respiratory department. But none of the doctors he visited could cure the illness. But out of his expectations, his allergic rhinitis was cured in this process. From then on, he started to become interested in Chinese medicine and firmly believed his asthma would be cured one day.

Fortunately, his friend introduced him to a good doctor in the urology department in a small TCM hospital in Shaoxing city. The doctor diagnosed Ou as *xulao*

(deficiency/consumption 虚劳) and prescribed a formula to treat the blood depletion *xuexu* (血虚). Miraculously, the asthma abated to a great extent within a month and he did not need to take any biomedicine anymore. After about two years study, he realized that *xulao* is a consumptive disease which includes various debilitating disorders and covers hundreds of symptoms. He asked me in the interview: “Why do not they set up a *xulao* department in the TCM hospital?”

Ou is very fortunate to have met a good doctor and had his asthma cured (when I was writing this part I contacted him again. He was suffering from a relapse, but it is much milder compared to before). For some other patients, they do not have this kind of luck and become confused or influenced by the existence of the arbitrary divisions.

In the summer of 2019, I met Li online accidentally. He was suffering from chronic fatigue syndrome (CFS) and updated his daily experience on Weibo almost every day. Most of his posts were about his health status and experience of health care in different TCM hospitals and clinics. I contacted him and went to interview him in Wuhu, Hubei province. When we met, he refused to shake hands with me. He explained that because he was not sure what caused his disease, he was afraid that it might be infectious. CFS is characterized by long-term fatigue which will not resolve even after rest.

Li showed me a WeChat group on his phone. The group had 77 members all of whom claimed that they were suffering from CFS. While many of them have joint pain, insomnia, and fever, some other symptoms such as allergies to foods, diarrhea, and lack of appetite are not shared by everyone. With so many symptoms, I could not imagine which department they

should visit. For example, as an experienced patient, Li had visited more than 30 Chinese medicine doctors from the gastroenterology department, hematology department and neurology department to name a few. It took him a long time before finding a good doctor and visited him regularly. In fact, some participants in this CFS group had realized they might be suffering from *xulao*. Li showed me some chat history of the group on the phone, and I saw a few of them talked about *jingui shenqi wan* (Kidney Qi Pill from the Golden Casket 金匱肾气丸) and *zhigancao tang* (Honey Fried Licorice Decoction 炙甘草汤), both of which are classic formulas in *Jinkui Yaolve* (Essentials of the Golden Casket 金匱要略) to treat *xulao*. As many of them have been afflicted by CFS for a long time, even those who do not believe Chinese medicine are willing to try various methods including herbal medicine.

So seemingly, Ou's question does make sense. If there is *xulao* department in the current TCM hospitals, I guess for people like these CFS patients, it is very likely that most of them will choose to visit it first and they might receive more appropriate treatment, because long-term fatigue is one of the most common symptoms in *xulao*. Nevertheless, it is also doubtful if this will be an ideal or realistically attainable solution.

Firstly, as there are so many diseases according to the nomenclature in Chinese medicine, if *xulao* is set up as an independent department, then correspondingly, hundreds of departments also need to be established for other diseases, which is unrealistic if not impossible. Secondly, even if TCM hospitals set up new divisions according to its own nomenclature, then a new question emerges: who will do the categorization in the first place? The categorization of diseases is determined in the process of the diagnosis and treatment, instead of before them. As

Farquhar analyzed after describing the process of diagnosis:

...clinical analysis mainly consists of classifying effects under rubrics that are positions in dynamic sequences, the result being a minute specification of the illness in qualitative, temporal, and spatial terms...symptoms can be classified through the various diagnostics such that the qualitative and spatiotemporal patterns of the illness as a whole can be perceived. (1994a, p. 131)

In Chinese medicine, the diagnosis is not centered around an organ or any part of the body. Doctors need to take all the symptoms, even the seemingly irrelevant ones into consideration, trying to explore their interactional relationship. After such meticulous observation and analysis, the underlying disease mechanism (*bingji* 病机) might be discovered. Thus, only practitioners who conduct the whole process personally can abstract the mechanism into a term which represents the disease. The name of the disease cannot be derived in advance.

Therefore, to answer Ou's question where he asked, "Why do not they set up a *xulao* department in the TCM hospital?". Even if a *xulao* department is set up, as patients are of course not capable to conduct diagnosis and thus do not know whether they are suffering from *xulao*, they still will not know which department they should visit.

Besides, in Chinese, *xulao* is already a term easy to understand even for lay people. The two characters in the word indicate that the afflicted might feel weak and fatigued. Some other terms such as *piwei buhe* (disharmony between the Spleen and Stomach 脾胃不和) or *yangxu* (*yang* depletion 阳虚) could also be understood literally by most people. However, for many other diseases, it is difficult to comprehend from the terms' literal meanings. Simple

characters such as *yin*, *yang*, *shui* (water 水), *huo* (fire 火), and *feng* (wind 风), are often used to generalize the current status of the chaos inside the body. These highly abstracted terms such as *taiyangbing* (greater *yang* patten 太阳病), require much knowledge to understand. Even many amateurs might not comprehend the meanings, let alone lay people.

6.2.4 Chinese medicine being separated in TCM

The division is not a tradition but a relatively new thing. As I have mentioned at the beginning of this section, it did not exist in ancient China. It is not until the 1950s when the new Chinese government demanded Chinese medicine to be standardized, scientized, and integrated with biomedicine that it gradually developed its modern division. The creation of these new departments is a replication or at least imitation of the division of biomedicine. But as Chinese medicine is not based on modern human anatomy, this replication is mechanical and problematic to a certain extent. It neither conforms to its own centuries-old tradition nor accords with the theoretical foundation of Chinese medicine.

As a medicine emphasizing holism, Chinese medicine views the human body as a whole. As the Inner Canon suggests, during the diagnosis process, doctors should take into account all the illness manifestations, instead of being distracted by any single one. What needs to be focused on are the interaction between yin and yang, the imbalance among *zangfu* (the visceral systems 藏府), the problematic flow of qi – these essential problems cannot be detected by overemphasizing an independent part. There is an old saying tells “*tou tong yi tou, jiao tong yi jiao*” (头痛医头, 脚痛医脚) which could be directly translated as “to treat the head because of headache and to treat the feet because the feet are painful.” It criticizes incompetent doctors’

overemphasis on the discomfort that the patients complain about and inability to view diseases from a holistic perspective. Thus, to categorize diseases into different division by following biomedicine contradicts the theoretical foundation of Chinese medicine.

A good Chinese medicine doctor is supposed to be able to treat any disease from a holistic perspective instead of being restricted to practice on certain diseases. To put it another way, any disease, despite of its various symptoms, is nothing more than the manifestations of the underlying essential problems such as the imbalance of *yin/yang*. But as I have shown above, the current department division in TCM hospitals is ironically contradictive against the basic principles of Chinese medicine, which restricts practitioners, causes problems for ‘ignorant’ patients, and urge ordinary people to at least obtain some information about which doctor is trustworthy or has good healing skills in case their head to be treated when they have a headache.

While Chinese medicine is mechanically separated by this division, for ordinary people who have obtained some basic knowledge of Chinese medicine, they gradually realize that the division is problematic and are not so confused by it. My Chinese medicine amateur informants do not follow this division when they need to seek help from hospitals. Moreover, in my observation in the online group or my interviews with those who practice Chinese medicine beyond medical settings, I have not found anyone who restricts his/her practice to a certain kind of diseases. As I have shown in Chapter 4, people such as the online course students or Lu, Cui, and Min, are willing to try herbal medicine and other healing methods on any illness from minor ones such as cold and headache to serious ones such as cancer or stroke. When the online *Jingfang* course in section 4.1 was drawing to a close, Doctor Chen, the teacher of the course

talked to us: “We have learnt many formulas and we have discussed many case records. Now you can understand my expectation...You can be more capable than a whole hospital. How many doctors does a hospital need to treat the cases we have discussed? Ten? Twenty?...What about us? We can treat any disease... This should be your expectation too....that is why Chinese medicine is so great.”

6.3 Problems within TCM Education: The Biomedicalization and Scientization of TCM Education and Other Issues

In the interviews, most of my informants express their dissatisfaction with the doctors' inability clearly. Many informants put it in another way and tend to say that it is very difficult to meet a good doctor. The complaint about Chinese medicine doctors' inadequate healing skills is more noteworthy when compared to their dissatisfaction with biomedicine. Firstly, informants' dissatisfaction with biomedicine is generally not about the doctors' ability. They mainly criticized the high medical expenses charged by biomedical hospitals and doctors' unconcerned attitudes. Secondly, ordinary people know clearly that the quality of biomedical service is better in more advanced hospitals and more metropolitan areas. Thus, they know where to seek better biomedical treatment when necessary. But as for Chinese medicine, patients' complaint focuses on the doctors' inadequate healing skills, and visiting bigger hospitals in more urban areas cannot guarantee that they would meet better doctors at all. Thirdly, doctors' inadequate healing skills are also widely acknowledged among Chinese medicine doctors themselves, which is not the case among biomedicine professionals. In my

interviews with Chinese medicine doctors, related topics are often initiated by doctors instead of by me.

For example, Doctor Kong in Jining told me in the interview: “Some people say the quality of herbal medicine is deteriorating. Some people say there are too many young people who only believe in biomedicine and do not believe in Chinese medicine. They are just alarmist...The central problem of Chinese medicine is the doctors themselves... If one day Chinese medicine becomes extinct, it must be caused by us Chinese medicine doctors. No other thing should be blamed.” Doctor Sun in Nanjing made a similar argument: “Our predecessors in ancient times used herbal medicine and we use the same things. They read the four canons and we also have the four canons. They follow yin and yang, and we know it...we are short of nothing.”

But what are the reasons behind Chinese medicine doctors’ inadequate healing skills? From my fieldwork, I find the problematic TCM education might be the main reason. I will start from talking about my fieldwork conducted in the early stage of my research.

6.3.1 Half Biomedicine and Half Chinese Medicine

In the summer of 2017, I visited Shandong TCM University. The new communist China established the first four TCM colleges in 1956 in Beijing, Shanghai, Guangzhou, and Chengdu. Now most provinces own one TCM college in its capital city named after the province’s name, and Shandong TCM University set up in 1958 is one of them. When I walked around in the campus, I asked students randomly that I came across if they wanted to be interviewed. Many of them seemed very cautious or alarmed and refused my invitation. Especially when I told them I came from a university in Japan, they became much more cautious and refused me more

determinedly. After a lot of walking, invitations, and refusals, I successfully gained eight senior student interviewees in three days and interviewed them respectively in the campus canteen. Six of them are undergraduates (two females and four males) and two are graduates (one female and one male).

When I asked if they could perform pulse taking on me, except for one female student, all of them answered they were not able to do it because they still did not know how to collect useful information from it. I was a little surprised that they did not even want to try. After all, five of them would start to work in hospitals within six months. But it became not so surprising when I ask some questions about their curriculum. About 40% of the required courses consists of Chinese medicine classes such as Basic Theory of Chinese Medicine, Diagnosis of Chinese Medicine, Chinese Medicine Formulary, Internal Medicine of Chinese Medicine etc. Meanwhile, a series of biomedicine courses are also required, including Medical Cell Biology, Human Anatomy, Histology and Embryology, Physiology, Biochemistry, Medical Genetics, Pathology, Molecular Biology, Pharmacology, Medical Statistics, Internal Medicine, and Infectious Diseases. The number of Chinese medicine courses and biomedicine courses is about the same. This is not a new or rare situation. When Karchmer was studying at Beijing TCM college in the late 1990s, he received almost as much training in biomedicine as in Chinese medicine during his time there (2010). I also contacted a few graduates in Chengdu TCM university and Shanghai TCM university and found that they received very similar curriculum of half biomedicine and half Chinese medicine.

In fact, every one of them tended to spend more time on biomedicine courses. Firstly,

biomedicine courses are much more time consuming in terms of having to memorize the knowledge. More practically, they admitted that it is very likely that they will not work as an ‘authentic’¹⁷ Chinese medicine doctor, because it is much better to find a job in biomedicine institutions with a higher salary. Wu, a graduate student who would start his career after five months told me that in his estimation only less than one third of the alumni would end up being an ‘authentic’ Chinese medicine doctor.

Wu himself is also an example. He was 26 years old and had found a job as an internist in Qingdao, Shandong province. The hospital he would work for was named as a TCM hospital but he knew clearly that many doctors there work as biomedicine doctor. Maybe Wu noted that I was not very convinced and then explained that his older sister had been working there for more than ten years. I also asked about the license problem. After graduation, they can only register as TCM doctor. But the TCM license does not forbid or restrict them from practicing biomedicine or prescribing any biomedical drugs.

When they say “authentic”, I knew what they meant – an authentic Chinese medicine doctor mainly relies on Chinese medicine to make diagnosis and offer treatment, which is of course the tradition. But for most doctors in China, whether TCM or biomedicine, their income is closely related to the medicine and health check they prescribe. The revenue of a hospital constitutes of three parts: funds allocated by local government, medical service fee, and the profits from pharmaceuticals. While the governmental funds are inadequate, hospitals must gain profits from the sale of pharmaceuticals to sustain themselves. It has been widely criticized that

¹⁷ (I will go on to elaborate on what they mean by authentic later)

such profits are constituting an excessively large part and causing a series of problems. Thus, some doctors tend to prescribe more expensive medicines and unnecessary health checks, because their prescription largely determines their income. Given that herbal medicine is significantly cheaper than biomedicine, not to mention the presence of various kinds of expensive biomedical health checks, it is not hard to imagine that the ‘authentic’ TCM doctors usually make less money compared to those who also practice biomedicine.

6.3.2 PhD Degrees and Scientific Research

When I asked Wu if he could introduce me to a few Phd students for my interview, he smiled: “No problem...If you want to know if they can practice Chinese medicine better, I can tell you that they do not. Haha.” I was very surprised and curious, but unfortunately, the two PhD students he introduced to me did not want to be interviewed. Wu then kindly introduced me to Shen, a Chinese medicine doctor who graduated from the PhD program in Shandong TCM University about three years ago and now was working at the TCM department in one of the most advanced and famous hospital in Jinan.

Shen and I met at a café near the hospital a few days later. Before the interview, I pondered for a long time over how to find out if what Wu said was true. At that time, I only started to learn Chinese medicine for about half a year and had not yet grasped enough knowledge. I was worried whether I could have a good interview – how could I confirm the art of healing by a professional when I was a layman and could not ask good ‘professional’ questions.

Fortunately, my worry was unfounded because Shen was very frank and willing to share her experiences in detail. She told me that during her four years of PhD study, her priority was

not to learn Chinese medicine, but to do scientific research, by which she means doing biomedical and biochemical experiments at the lab and trying to publish articles in academic journals. Shen described the four years' study as sometimes boring and sometimes torturous. Her research is to explore if some Chinese medicine formulas are effective on laboratory mice and the physiological mechanism. "You can understand my research in one sentence: I made the mice sick and then I feed them with Chinese medicine to see if they could recover." Shen laughed when I asked about her research topic.

I then asked why she felt she needed to conduct such scientific research instead of learning authentic Chinese medicine which is already hard enough to grasp and valuable enough to focus on. "That is not what I wanted. But this is the reality. What can I do?" For TCM PhD students, to publish journal articles is a requirement to graduate. There are academic journals in Chinese medicine, but ironically, many TCM universities do not acknowledge these journals and still require PhD students to do scientific research. Shen told me that for some PhD students in Beijing TCM University, it is even required for PhD students to publish at least one SCI journal before graduation.

Shen is not the only one who did scientific research during the 3-5 years' PhD program. She listed some doctoral projects from the alumni, including the effect of huoxue (blood circulation 活血) therapy in the treatment of Liver cirrhosis based on data mining, a pharmacological study of *maimendong tang* (Ophiopogonis Decoction 麦门冬汤) in the treatment of asthma as a few examples. After the interview, I at once conducted a search and found more than twenty PhD dissertations on the Internet. The titles and the abstracts proved

Shen's words as all the dissertations are completed for PhD degrees on Chinese medicine but they rely much more on conducting biomedical experiments in the lab instead of on Chinese medicine itself.

When I mentioned some ancient Chinese medicine books I was reading or planning to read and asked about her opinions, Shen smiled and said:

I knew these names (of the books or authors). But I only read *Zhang Xichun*¹⁸ (张锡纯) and *Li Dongyuan*¹⁹ (李东垣) before graduation. It is embarrassing to admit it. But you know what? I almost started to read them after graduation...I can only treat my daughter's cold with some confidence from last year. I am lucky that I can still pick up my basic knowledge again. Many PhD students, they are finished. You know what I mean? They are too removed from real Chinese medicine and they will never pick it up again...When I was an undergraduate, I still loved Chinese medicine and dreamed of being a great doctor. But now I only hope it is not too late to restart.

“But you and other doctors with PhD degrees are stilling working as Chinese medicine doctors.” I said to which Shen replied:

Yes, of course we are viewed as professionals with PhD degrees. But I think everyone of us needs to admit that what we really know is not enough to practice. I do not mean everyone, but at least a great number of us are not qualified, especially those who have PhD degree like me...So if you visit a TCM hospital. You'd better not choose doctors with PhD degrees. Especially those who just graduated within five years like me. Hahaha!

¹⁸ 1860-1933, a famous Chinese medicine practitioner as well as scholar

¹⁹ 1180-1251, a famous Chinese medicine practitioner as well as scholar

Shen categorized PhD students after graduation into three groups: those who give up and prescribe biomedicine, those who do not have the skills to practice Chinese medicine but pretend they can, and those who restart their study of authentic Chinese medicine. Shen belongs to the last category. But when I interviewed her, biomedicine was still much more frequently practiced compared to Chinese medicine. “It is not that I don’t want to use Chinese medicine. It is that I don’t know how to use...it is of course a shame. But we were trained as such.” Shen said. In the next few years after this interview, we kept in contact with each other and often discuss Chinese medicine online.

Shen’s choice to restart “authentic” Chinese medicine study is not an easy choice. On one hand, the study of Chinese medicine is time-consuming. Moreover, if she wants to be conferred with higher titles in the medical hierarchy, her publication in academic journals is one of the most important criteria. But it means she need to do scientific research and publish journal articles again, which cannot benefit her study and practice of Chinese medicine at all. So scientific research is not only a requirement to obtain the PhD degree, but also the stepping-stone for a successful career. But apparently and ironically, scientific research as an important thing for the Chinese medicine professionals is in fact hindering them from mastering Chinese medicine.

My finding is not a secret among the professionals. In my next few years of fieldwork, I came across many doctor informants expressed similar dissatisfaction regarding this topic. Although some informants approve of the necessity to conduct scientific research, very few of them consider it as helpful for them to practice Chinese medicine when facing patients. Except

the data they collect from diagnosis, they design formulas based on canons, theories, and their experience, and not on the scientific research. I only met one doctor who often searched for these scientific research articles to improve his practice.

6.3.3 Liang's Story

Among these informants, Liang could be used as a good example of an 'authentic' Chinese medicine doctor. Liang was 39 years old, working in a privately-owned Chinese medicine clinic in Beijing. His father worked in rural Hunan province as a bare foot doctor in the 1970s. He was literate at a very basic level at that time and was given very little formal training or financial support. He was chosen to work as bare foot doctor only because Liang's great-grandfather was a Chinese medicine doctor and the cadre thought he would be appropriate for this job. Liang's father inherited no knowledge at all from the family, but the cadre's order was inviolable.

His father told Liang, in the early 1970s, after doing farm work in the field, he concentrated on reading his books until the sun went down because at night, he did not want to waste kerosene to light the lamp. Liang told me in fact his father had only less than ten books. As far as he could remember, there were two or three biomedicine books on pathology and surgery, a book on acupuncture, and a few Chinese medicine books which listed a great number of formulas without adequate instructions and explanations.

In contrast, Liang received his master's degree in Chinese medicine in Shandong TCM university. In the second year of his study as a graduate student, his supervisor encouraged him to join the PhD program under his supervision. Liang felt very hesitant. After seven years of study (five years as undergraduate and two years as graduate student), sometimes he still could

not treat his own minor ailments such as fever or cough.

What made him finally determined was his own illness. A few months after the supervisor offered him the invitation, Liang started to suffer from a stiff neck. At first, he paid no attention to it, but as it became worse, sometimes he felt a little numbness in his hands. Liang was alarmed but soon realized that he had learnt very little things about how to treat it. As a good student, he had grasped many Chinese medicine theories as well as the mechanism of cervical syndrome in biomedicine from seven years of study. But he still did not know how to treat this.

“You know what I do?” Liang asked me. I made a guess: “You asked for your father’s advice.” “No, I didn’t want to lose face in front of him. I searched for possible methods on the Internet...Don’t you think that is ironical? I have studied for such a long time, but I could do nothing but search on the web like any ordinary person might do when they are ill. I tried acupuncture by myself, I tried a few formulas, and I tried to do some exercise following some fitness videos...” Liang told me.

The symptoms disappeared after two or three months. But Liang could not be sure which method took effect. He was even not sure if it was self-healing and could not be attributed to any method he tried. He was afflicted by the illness for such a long time and was afflicted by his internal conflict for an even longer time. When he just started his study in college, Liang discussed Chinese medicine theories with his father when he went back home during the summer vacation. When he found that there were many concepts and theories his father did not know, Liang was once very complacent. But after this experience, Liang felt frustrated. “At that time, I started to question not only the usefulness of what I learnt but also if what I learnt is

Chinese medicine or not.” Liang said. He also did not want to discuss Chinese medicine with his family anymore.

Liang does not think his father is a doctor who possesses an adept or excellent art of healing. “Now I can say he just knows how to treat some common diseases. There are no mysterious tricks at all. If the illness is complex or if he tried for some time and it does show any improvement, he will advise the patient to see someone else.” Liang said. But the skills he accumulated in forty years of practice are already enough to win the trust of many patients. Even after retirement, there are still people visiting his father to seek treatment. Liang thought that represented a sense of fulfillment that he always wanted to experience. However, he was still far away from that attaining that.

But the frustration and struggle he underwent for such a long time helped him to finally make up his mind to refuse his supervisor’s invitation. Liang said:

Any reasonable person can see it is not right. I do not think if I do research in the lab for another three years, join some conference, and get a PhD degree, then I can practice Chinese medicine any better. They are two very different things. Even if you are a TCM professor, it does not guarantee that you can treat illness well. I could not walk on that path anymore.

Liang is right. In the long history of Chinese medicine, every widely admired Chinese medicine scholar is firstly a prominent Chinese medicine practitioners. For example, *Ye Tianshi* (叶天士 1666-1745) is regarded as one of the founders of *wenbing xue* (Warm Disease theory 温病学). His book was in fact the case record of his practice compiled by his apprentices. *Zhang*

Xichun (张锡纯) in the Republican Era, had been admired as a prominent Chinese medicine educator and scholar when he was still alive. But firstly, he received his reputation for the distinguished art of healing. His book *The Assimilation of Western Medicine to Chinese Medicine*, while famous for his original insights, documents a great number of his practice.

After graduation with a master's degree, Liang started to work in the cardiology department in a public TCM hospital. But after realizing that most therapies in the department are biomedicine, and he was not encouraged to use Chinese medicine, he quit this stable and well-paid job and found a position in a privately-owned clinic. Liang still wanted to be an authentic Chinese medicine doctor who only practices Chinese medicine. In the first five years, he had no reputation and only a few patients visiting his therapy room at most every day thus his income was very low. But Liang spent a lot of time reading in the clinic and visiting Chinese medicine doctors who were happy to share their skills. Gradually, the number of Liang's patients increased and now he has five to ten patients on average every day. This translates into more than 500 RMB's worth of income per day (about 160 USD). When I visited his clinic on a Saturday in 2019, he attended to eleven patients in one afternoon. After that day's work we had dinner together, and I asked Liang if now he restarted to talk about Chinese medicine with his father. Liang laughed: "No, we do not talk about it. There is no need to discuss it anymore. I practice on my own and he practices on his own. We are on the same road now. It is just practice. Nothing else matters, only practice."

6.3.4 TCM education and Chinese Medicine

Although my data about TCM education is limited, it can still be noted that there is an

obvious gap between TCM education and Chinese medicine as a healing skill. Most of my doctor informants have also realized this problem. For instance, Liang repeated the sentence “they are two very different things” many times in the interview. Here, the “two very different things” indicate the same gap between Chinese medicine as a practice, and TCM education and the related scientific research.

While expressing their criticisms, my doctor informants, as insiders, also gave their analysis of this gap and generally point to institutional reasons. For example, Shen mentioned the disadvantageous position of TCM researchers in applying for research funds compared to biomedicine, and Liang gave a long speech to blame the ignorant bureaucrats in the Ministry of Health who do not value Chinese medicine enough. Meanwhile, Doctor Qin in the previous section criticized the hegemony of biomedicine in the health care system, and another informant Doctor Du pointed out it is meaningless to require TCM students to study so many biomedicine courses.

Back in the 1980s, Farquhar (1994 a) already noted that in TCM colleges, young and well-educated researchers were focusing on biological, laboratory, and statistical research instead of clinical work, ambitiously hoping to solve major questions through scientific methods and rendering Chinese medicine more scientific. This ambition should be understood in the context of the post-Mao era when the state aimed at towards achieving what was deemed as the four modernizations (*sige xiandaihua* 四个现代化) - agriculture modernization, industry modernization, defense modernization, science and technology modernization, as a central task. But to develop science and technology, government resources prioritized the research in the

cosmopolitan physical and biological sciences. Professionals in TCM institutions had to compete with other fields for government funding to reproduce and legitimize their field which was not deemed “scientific” enough, although Chinese medicine is “the only indigenous Chinese science to continue into the twentieth century” (Farquhar 1994a, p. 222).

Farquhar documented what she saw with a deep concern:

And graduate students studying English and Japanese dreamed of going abroad to study advanced medical and bioscience techniques that they could use in research on TCM. If these are the leaders of tomorrow’s traditional medicine, the field will quickly move far from the vision of the senior Chinese doctors...for some time now there has been no material advantage to be gained from insisting on the “unscientific” character of TCM’s particular forms of knowledge... Science is the weapon of the generation in a struggle to ensure a future for themselves and their students. (1994a, p. 18-19)

My data above has shown that her concern expressed 40 years ago is not misplaced but still merits our attention nowadays. More importantly, these efforts to render Chinese medicine more ‘scientific’ are not confined in academic research. TCM education is also becoming more ‘scientific’ and less authentic, providing health care systems with certificated professional practitioners who are incapable of practicing Chinese medicine well. As I have shown above, Shen had to re-study Chinese medicine while she was already a TCM doctor with a PhD degree, and Liang who wanted to be an authentic practitioner, had to refuse to join the PhD program and quit his job at a TCM hospital.

What I document in this section is far from unusual but common to see in my fieldwork

when I interviewed TCM doctors or conducted observation in hospitals, neither is it a new phenomenon. There has been a steady trend since the 1950s for Chinese medicine doctors to study and use more biomedicine which has caused them to have to sacrifice some of their skills in Chinese medicine (Karchmer, 2010). When Karchmer received his medical training in a TCM hospital in Beijing in the late 1990s, he observed that TCM doctors incorporated western medicine into their practice in almost every medical encounter, including biomedicine technologies, diagnostic categories, and therapies (2010). He explained that this integration was due to TCM doctors' efforts to respond to the charge of being unscientific and to compete with biomedicine which occupies a hegemonic status in the health care system. But if TCM doctors have not been trained to practice authentic Chinese medicine in college education but spend much time studying biomedicine and conducting scientific research, I wonder if their integration of biomedicine is not just a compromise or strategy to protect their own tradition and profession, but the only resort they are able to choose. After all, TCM is not traditional but rendered to be scientific, and not everyone of them could make courageous choices like Shen and Liang.

Furthermore, after being rendered to be scientific and integrated with biomedicine, is Chinese medicine the medicine patients want to seek help from? Although patients have little knowledge about TCM education and the problematic department division in TCM hospitals, I deduce that many of them know what authentic Chinese medicine should be like. When seeking Chinese medicine treatment, *lao zhongyi* (senior doctors 老中医) are preferred by patients, because it is widely believed that experienced doctors are more likely to have better skills.

Compared to young doctors, senior doctors have more experience in practical clinical work and might have spent less time in scientific research or biomedicine. But as senior doctors are retiring and TCM hospitals are staffed with more young professionals who are trained to be more ‘scientific’ and sacrifice some skill in Chinese medicine, I wonder if there will be enough authentic *lao zhongyi* (senior doctors 老中医) for patients to search and visit.

6.3.5 TCM education and ordinary people’s study and practice of Chinese medicine

When I ask my doctor informants to describe the education they desire, their opinions are similar to a great extent. Firstly, most of them think scientific research should at least be confined to a limited scale. Secondly, all of them think the most important thing is to let the students practice as early as possible and as much as possible, or to follow experienced doctors to observe their practice. Thirdly, more than half of the doctor informants mentioned that students should spend more time studying the canons such as *Treatise on Cold Damage Diseases* instead of reading textbooks, not to mention biomedicine. “That is the soul”, “it is the essence”, “the most valuable treasure” “that is our root”- to list a few phrases by which they emphasized the importance of the canons.

When I was analyzing these issues, I suddenly realized that the education they expect is so similar to what many Chinese medicine amateurs have already done. Most of my amateur informants bravely start their practice on various kinds of diseases from the very beginning of their study. Regarding TCM doctors’ emphasis on the study of canons, that is also exactly how the amateurs go about learning. Most courses I joined were such that they were instructed around canons such as the Inner Canon of the Yellow Emperor and Shanghan Zabing lun. I have

not met any amateur who based his/her study on textbooks used in TCM colleges or followed the curriculum in colleges. In fact, I only know fewer than five amateurs who have those textbooks, although they can be bought or downloaded on the Internet conveniently. Furthermore, needless to say that they show very little interest in scientific research on Chinese medicine not to mention actually conducting it.

By comparing Chinese medicine learners beyond medical institutions with TCM students and doctors, many apparent and ironic contrasts could be brought to the fore: these learners might be the largest group of people who are practicing Chinese medicine, while TCM students are required to learn from textbooks and lack the opportunities to practice; these learners are focusing on the study of canons, while TCM students have to spend a lot of time studying biomedicine and conducting scientific research; these learners can practice on various kinds of diseases, while TCM doctors are restricted in different departments categorized by biomedicine model ; Chinese medicine is also preserved and passed on outside of institutions, while the modern institutions are in fact restricting and crippling the tradition.

The efforts to recast Chinese medicine issues into biomedical research have been producing not only “a division between scholarly historical work (which was less and less done by clinicians) and laboratory and statistical research (1994a, p. 17)”, but also a gap between practical clinical work and laboratory research, which inevitably leads to their Chinese medicine skills and services to deteriorate and patients becoming unsatisfied. Farquhar observed that in TCM institutions “there seems to be little nostalgia for a ‘pure’ Chinese medicine of practical clinical work” (1994a, p. 19). From my fieldwork in medical institutions,

I am afraid that nowadays it is still the case even after about forty years have passed and I see no sign that this situation will change in the short term. But based on ordinary people's study and practice of Chinese medicine outside of medical settings, I see a 'pure' (in that is closer to how it ought to be practiced) Chinese medicine is being studied, practiced, and pursued.

Chapter 7 Conclusion

7.1 Examining Practice in Chinese Medicine

In this chapter I will present my conclusions. I first conclude my argument with three aspects which are important to understand how ordinary people learn and practice Chinese medicine in their daily lives. Then I go on to give some remarks about how the study and practice of Chinese medicine by women could be both an empowerment as well as a force for further burdening women with domestic and care work. Then I take another perspective to analyze people's consumption of Chinese medicine. I argue that the vagueness in Chinese medicine encourages the consumption and provides adequate space for the market force to exert its influence. As ordinary people participate in the creation of their consumption needs, I suggest that this phenomenon could be understood from the perspective of prosumption. This is followed by a summary of my findings about the new transformation of Chinese medicine. While Chinese medicine is trapped in a postcolonial predicament, ordinary people's study and practice, which should be included in our understanding of what constitutes Chinese medicine, is reconstructing the dynamic of this living tradition. Finally I give some remarks regarding the limitations and contributions that I have found that are pertinent to this research project.

7.1.1 Knowing practice

Based on my documentation in Chapter 4 and Chapter 5, I summarize three aspects which are important to understand how ordinary people learn and practice Chinese medicine in their daily lives.

Chinese medicine as a body of knowledge is in an unprecedented state of transmission as it is now very much in circulation beyond medical institutions and permeating people's everyday lives. Digital technologies, especially online social media, make it possible for medical knowledge to flow beyond the boundaries of medical institutions, and have "escaped into the networks of contemporary info-scapes where it can be accessed, assessed and reappropriated" (Nettleton 2004: 674). As I have shown in Chapter 4 and Chapter 5, ordinary people not only access Chinese medicine knowledge from the Internet, some of them also join online collaborative study and even come together to construct 'online clinics' in order to participate in curing each other's health issues. The Internet provides the platform for people to play an expanded role in managing their own health.

Practice is an essential component of their self-care as well as the most indispensable part of their interest in and study of Chinese medicine. It might be argued that they do not necessarily need to begin to practice at the beginning but to start in a later stage of their study. But as Farquhar and Lai argued, knowing and action cannot be separated (2020). When practice is the only way to grasp the essence of Chinese medicine, it leaves lay people in a dilemma without any other choice except start this challenging and somewhat precarious journey to practice on themselves or on people who are close to them.

To put it in another way, knowing arises from practice. It explains why my informants are anxious to practice Chinese medicine from the very beginning, although it can be seen as potentially problematic and actually causes them many inconveniences and also exposes them to unexpected risks such as malpractice. It is also practice that makes the online courses

appealing because the group, although online, functions as an online “clinic,” in which they are able to diagnose and treat a great number of illnesses suffered by people they have never met and mostly likely will never meet.

Practice is also essential for those who are not keen amateurs and incapable of designing Chinese medicine formulas. As I have shown in Chapter 5, for senior women who conduct *yangsheng* or women who visit Tu’s moxibustion parlor to discuss their health issues, Chinese medicine is neither abstract theories nor a mysterious expertise, but a body of practice within the range of their own utilization. Moreover, to grasp it does not necessitate industrious learning or comprehensive understanding. From the perspective of a professional, their knowledge might seem shallow or even incorrect and their practices questionable, but their practice is achieved as an experience situated in their lives.

Different from professionals who treat patients as work, ordinary people’s practice of Chinese medicine is contextualized in their everyday lives. The study of Chinese medicine is first and foremost for their own health or for people close to them, and to practice is a tool to polish their skills as well as an aim. As I have shown in many cases, their practice often inevitably concerns people close to them especially family members and is not always perceived neutrally as it causes conflicts in inter personal relationships (of which I comment on in terms of gender roles in the following section) and sometimes invites doubt and objections. While they might prefer a simplified type of practice and they might not seem interested in exploring the underlying theories at a more in-depth level, their practice is nevertheless imbued with a variety of meanings. For different groups of people, it could constitute a new element of

motherhood for young mothers, an effort which also involves emotional labor, a repertoire to discuss menopause, a path to navigate a stage of life or a way to experience illness to name but a few potentials it offers.

There is a study and practice that is accompanied by their own interpretations of Chinese medicine. Firstly, Chinese medicine could accommodate learners' own exploration. The polysemy of concepts, the vagueness of theories, and the intertwining of *du* (毒) and *yao* (药) provides more than one way to decode an illness, to examine a formula, to experience a kind of herb, or to evaluate a physiological response after consuming medicine. Thus, their practice is not just a mimicking or a repetition of an ancient wisdom. From different cases, we can see practice always involves their own efforts to interpret and rationalize the formulas they use, considerations of efficacy, the status of their health and illness, etc., and side effects, practice and malpractice, *du* and toxicity are all interwoven with the participant as an interpretative agent as well as his/her own authority who reproduces the knowledge.

Their study and practice also suggest that there are now new styles of knowing which are contextualized. As I have mentioned above, as a body of knowledge, Chinese medicine is in unprecedented transmission and ordinary people's styles of knowing are diverse, including online collective study and practice, self-study by following a variety of resources such as Tiktok, discussions in *yangsheng* group or the moxibustion parlor. These modes of knowing do not require a master-disciple relationship to ensure the transmission of personal expertise or the formal legitimized studentship in TCM colleges with standardized enrolment, textbooks, and curriculum, which are deeply influenced by biomedicine. Thus, compared to these professional

styles of knowing, ordinary people's knowing practice shows how Chinese medicine knowledge is presented, shaped, utilized differently with the connotations and forms of practice varying to a great extent when it flows beyond the realm of medical institutions and can be accessed by non-professionals.

7.1.2 Practice and gender roles

As I have shown in chapter 4 and chapter 5 with several cases, the practice of Chinese medicine often involves the interactions between family members. In many of these interactions, we can see how women show much passion in learning and practicing Chinese medicine - women are active learners in the online groups; young mothers practice Chinese medicine as a form of care for their children; women in Tu's seminar discuss their health concerns together and purchase medicine for their husbands; and senior women are making medical choices for the whole family.

Therefore, Chinese medicine as a profession that was dominated by men in ancient China, is now increasingly pursued by ordinary women who want to grasp the art of healing themselves. In this sense, women are empowered to a certain extent by their acquisition of medical knowledge and conducting medical practices for family members. Therefore, I view Chinese medicine beyond medical institutions, as a resource, which women draw from to develop more bargaining power in the conjugal as well as the intergenerational relations, albeit with limitations and some drawbacks.

While providing medical care with Chinese medicine is a new type of care work, it is more noteworthy considering the fact that Chinese women are already taking on more housework

and care work. Extant studies have shown that women in contemporary China undertake the major share of routine domestic work and care work, and women with full-time employment and higher income than their spouses still do more housework (Kan and He, 2018). As the study and practice of Chinese medicine is very time-consuming, women then need to spend more time delving in care work, which then increases their responsibilities at home instead of giving them the bargaining power or skills to achieve a more equal share of domestic labor at home. More importantly, women's enthusiasm and efforts to provide medical care for family members might constitute a new gender role women may find that they need to or are expected to perform. This can put them at a more disadvantageous position in the contemporary gender division of labor which naturalizes women's reproduction and household duties.

In summary, there are gains for women in the sense that they are equipped with knowledge previously dominated by men, and this knowledge has a practical everyday aspect to it that allows them to provide care for themselves and their family. The knowledge, no matter the state of involvement, also provided for them economic and social opportunities to explore. However, the same knowledge, as much of it falls in line with their already assumed roles as domestic/care providers for their families also has the potential to solidify these roles and involving them in more unpaid care work as it pertains to the household.

7.2 Market Forces and Prosumption

Aside from the support from the state which helps the popularity of Chinese medicine through policies and regulations, the role of the market force should not be underestimated.

Although in Chapter 4 I present a few cases in which ordinary people become interested in Chinese medicine and actively learn to practice it, we can see how Chinese medicine as a commodity and profitable service permeates people's lives in Chapter 5.

For example, Tu employs a variety of marketing strategies such as the secret powder and the seminar to attract consumers of Chinese medicine; gengnianqi women become the target of the pharmacies which promote the medicalization of menopause and the related health products; women in the yangsheng group are consuming a variety of health products and services, many of which are relatively new commodities; even Chinese medicine knowledge is also provided as a commodity, attracting the interest of amateurs.

But the consumption of Chinese medicine, its materials or knowledge as documented in this thesis, is not simply the result of the marketization of Chinese medicine or the unilateral influence of the commodity providers, and I do not view ordinary people merely as patients or targeted customers. While the marketization of Chinese medicine began in the 1980s, the active consumption of Chinese medicine as documented in this thesis shows some new features which are not widely found in previous studies as summarized below.

Firstly, vagueness in Chinese medicine encourages and amplifies the consumers' needs for consumption. The vagueness in Chinese medicine leads to the flexibility or re-inscription of highly subjective ideas of what is 'normal'. As we saw in Chapter 4, for amateurs, the boundary between health and illness becomes so flexible and porous that many of them always prepare themselves to be diagnosed and cured at any moment. Thus, the body turns into a field of numerous uncertain risks that cannot be eliminated or prevented no matter how vigilant and

careful one is (Higgs, 2013). This flexible and porous boundary suggests a medicalization process through Chinese medicine where some conditions are redefined as illness and following so opportunities for the consumption of Chinese medicine are produced.

Secondly, the vagueness in Chinese medicine also provides adequate space for the market force to exert its influence. Because of the presence of vagueness, for a health issue, there is always more than one perspective to interpret it and more than one way to provide treatment. What ordinary people are involved in is not merely a conventional treatment or a standardized routine, but an open field which could accommodate a multiplicity of practice from professionals and ordinary people's own exploration. So, in this thesis, we see *gengnianqi* women are treated with different formulas; people in the taichi group consume the products they are convinced are effective; amateurs purchase different formulas for the same illness. There is no one formula that fits all, but a variety of explorative and interpretative potential solutions. Thus it also follows that there are different commoditizable solutions that can be promoted and profit to gain from tapping into the potential market sectors. Here we see an overlap between how medicalization and marketization intersect.

Last but not least, the consumption of Chinese medicine is closely related to how it is participated in by ordinary people. Their consumption is not just a one-off purchase between consumers and sellers, and is not necessarily completed inside hospitals and pharmacies. Because ordinary people participate in the creation of their consumption needs and even practice Chinese medicine directly, we can also understand these ordinary people as prosumers, who produce and consume health issues in their daily life with the boundaries between

production and consumption having blurred (Ritzer & Jurgenson, 2010; Ritzer, 2013).

Compared to the self-care examined from the perspective of prosumption in recent studies (Lupton, 2014; Millington, 2016), my informants' prosumption is different. Firstly, while self-care employing digital health technologies causes "bodily intuition is being outsourced to, if not displaced by, the medium of 'unbodied' data" (Smith & Vonthethoff 2017, 6), in my study, my informants do not seek to quantify the symptoms. What they rely on are their own feelings and interpretations, which is in marked contrast to the 'datafied body' pursued by 'digitalized patients' who rely on sensor-enabled technologies. Besides, while some researchers question the authority that lay people can develop, my informants show much more control over their health issues and health practice. Compared to the digitalized self-care trend, in this research I show how self-care differs with Chinese medicine in the Chinese context.

Medical prosumption challenges some taken-for-granted aspects in medicine. Their practice and experience of Chinese medicine in their everyday lives also lead them to raise questions, express their own ideas, and even dispute doctors' diagnosis and treatment, which challenges the medical authority of doctors. More importantly, as prosumers create numerous medical encounters beyond medical settings, Chinese medicine doctors as professionals, no longer possess an exclusive jurisdiction over people's health. These prosumers are more than expert patients or informed patients who seek more power in doctor-patient relationships as documented in extant research, because many of them also pursue the ability to practice. Ordinary people's styles of knowing are various and informal and their knowledge is often not systematic and could even be incorrect. However, given that they are already practicing Chinese

medicine on themselves and even other people on a daily basis outside institutions, we can refer to them as neither expert nor lay people but perhaps they can be seen as actively engaging in prosumption which lends them some level of agency that differs from the previous depictions of patients as merely consumers who are largely passive.

Medical encounters also need to be reexamined. A clinical encounter in China is generally called *kan bing* (looking at illness 看病). But my study documents a variety of encounters which happened beyond medial settings and without the participation of doctors. In some cases, such as the online ‘clinic’, even the actual clinic or face-to-face interactive exchange is nonexistent. Thus, practice in Chinese medicine is not always “interactional phenomena in actual clinical work” (Zhang, 2012, p.140) but could be operated as style of prosumption where a duality of body emerges – who is looking at the illness from the perspective of Chinese medicine, is also whom is being looked at.

It is precisely because prosumption as a concept blurs who holds the power or right to the process and tools of production that it is suitable as an analytic for this kind of practice as conducted by ordinary people. Furthermore, it requires them to constantly consume (knowledge, experience, materials etc.) in order to be reproductive. As what they produce is not governed by experts, it then in turn contributes to more vagueness in Chinese medicine as this adds to the multiplicity of interpretation by ordinary people. Here the practice of ordinary “amateurs” necessitates prosumption.

7.3 Neither Donkey nor Horse: Chinese medicine in Transformation

There is more than one factor which could explain why ordinary people study and practice Chinese medicine, including the convenience of self-care, the sense of fulfillment it instills and their interest in Chinese medicine to name a few. But aside from these reasons, their dissatisfaction with TCM is also an important contributor. I attribute their dissatisfaction to the problematic TCM and understand their study and practice Chinese medicine as part of the transformation of Chinese medicine.

It is important to understand that one major underlying factor contributing to this is that Chinese medicine is deeply influenced by biomedicine. Chapter 6 shows two aspects of this influence. Firstly, the current department division in TCM hospitals is a replication or can at least be seen as a mechanical imitation of the divisions found in biomedical hospitals. The way it categorizes diseases or doctors into different divisions does not conform to its own centuries-old tradition, and is ironically contradictory to the theoretical foundation of Chinese medicine. The division restricts practitioners' expertise, causes problems for 'ignorant' patients, and urges ordinary people to at least obtain some information in advance about which doctor is trustworthy or has good healing skills. Secondly, TCM education and research are also influenced by biomedicine to a great extent with biomedicine courses being incorporated into the curriculum of TCM education, and scientific and laboratory study being viewed as necessary for TCM research. Thus, TCM education is also becoming more 'scientific' and providing the health care system with many certificated professional practitioners who are incapable of practicing Chinese medicine well.

So Chinese medicine in contemporary China is in a postcolonial predicament: faced with a power asymmetry with biomedicine, Chinese medicine has to position itself by negotiating its relationship with biomedicine, and view biomedicine as a point of reference to measure itself (Karchmer 2010). Thus, I do not view these transformations merely as a manifestation of medical pluralism, but a forced response Chinese medicine has to make to compete with biomedicine which occupies a hegemonic status in the healthcare system.

As Chinese medicine is rendered more scientific, a gap between practical clinical work and institutionalized education as well as laboratory research inevitably leads to their Chinese medicine skills and services to deteriorate and patients becoming unsatisfied. This gap could be better understood under a historical context. TCM was given birth to after the establishment of PRC in 1949. But the transformation from Chinese medicine to TCM, especially the two main components – institutionalization and scientization, is not realized in a short time and it did not only emerge beginning from 1949. Confronted with the crisis of being abolished by the state, many leading practitioners in the Republican era (1912-1949) chose to incorporate themselves into the health care system, and accepted the agenda of the scientizing of Chinese medicine as promulgated by the state. Both their compromise and the scientization of Chinese medicine were not short-lived. Although the communist government supported Chinese medicine, it endorsed the project to scientize Chinese medicine and demanded to “unify Chinese and Western medicine (zhongxiyi tuanjie 中西医团结)”, which left Chinese medicine no other way but to continue the path they had chosen.

Historians argued that the transformation of Chinese medicine was not linear or the

product of a considered plan, (Scheid & Lei,2014) but the outcome of “an undetermined and piecemeal process” (Taylor 2004, p. 151). However, for Chinese medicine, scientization is both a persistent anxiety (Lai, 2017) as well as a consistent theme when the time-honored tradition has been transforming itself to be compatible with China’s tortuous modernization in the past 100 years. So, when Farquhar was concerned about “a division between scholarly historical work (which was less and less done by clinicians) and laboratory and statistical research” (1994a, p. 17), what she observed could be viewed as a part of the transformation when it perpetuated into the Reform era. And patients’ dissatisfaction as documented in chapter 6 is a result of when the influence of the transformation inevitably reaches the medical settings.

Detractors in the Republican era used the term “neither donkey nor horse”(*feilv feima* 非驴非马) to suggest that after accepting the agenda to scientize itself, Chinese medicine became a new medicine that pursued two seemingly contradictory objectives at the same time, and betrayed the original ethos of Chinese medicine and the rules of science simultaneously (Lei, 2014). This derogatory term was used about 100 years ago. But what it conveys might make some sense regarding the transformation of Chinese medicine since then and is still crucial in our understanding of TCM and ordinary people’s dissatisfaction. The self-contradictory mongrel could survive the life-or-death crisis in the Republican era with the scientization of Chinese medicine as a middle ground or a truce for the struggle between Chinese Medicine and western medicine, and has been bearing fruits in pharmacological research on herbal medicine ever since. But in contemporary China, it is increasingly causing the dissatisfaction of patients, for most of whom efficacy is much more important than ideological disputes. The efforts to

recast Chinese medicine issues into biomedical research, and the use of biomedicine technologies, diagnostic categories, and therapies, might not help Chinese medicine to compete with biomedicine, but lead practitioners to lose their patrons and what they want to defend in the first place.

From this historical perspective, I view the study and practice of ordinary people as a resort to take upon themselves the pursuit of authentic Chinese medicine care, when “nostalgia for a ‘pure’ Chinese medicine of practical clinical work (Farquhar, 1994a: 19)” has long been left behind in TCM institutions as early as the 1980s under Farquhar’s observation, not to mention the present when practitioners with PhD degrees have to restart their study of their own expertise.

Their study and practice are deinstitutionalizing TCM which through my documentation of many cases shows how Chinese medicine is being studied and practiced outside medical institutions. Using Chinese medicine among family and friends is not necessarily new. But I show in this dissertation many different pictures: hundreds of “doctors” living in different areas of China holding a smartphone to make diagnoses and prescribe herbal medicine for patients who they do not know; women gathering together to discuss their health issues; senior people practice *yangsheng* collectively; young mothers anxiously creating opportunities to practice Chinese medicine despite conflicts with family members. This is in contrast to the sick role assigned to patients or the limited engagement of “expert patients” in biomedicine in the context of self-care. They challenge to a great extent how Chinese medicine is transmitted and practiced just as they also contribute to the deinstitutionalization of TCM.

Chinese medicine has always been changing as a living tradition, and its transformation is not unusual. The existence of centuries-old canons and formulas does not mean that Chinese medical traditions are static, but are instead always “open to and constituted by influences from a variety of domains and from various periods in time” (Scheid, 2002: 33). Chinese medicine could be understood as Zhan has termed it, 'worlding'; constantly being created and reproduced by a wide range of actors and entanglements (Zhan, 2009a). Innovation in Chinese medicine could emerge “in complex interactions that involve multiple layers of cooperation and resistance” (Pritzker and Liang, 2018, p. 63).

In the past 100 years, Chinese medicine has been transforming with the state and practitioners playing a major role. However, at each stage, ordinary people as patients, are not viewed as involved or the main actor. They disappear from the transforming which they are actually deeply relevant to. But if Chinese medicine crosses institutional boundaries to “go into schools, communities, villages, and families” and people start to “trust TCM, love TCM, use TCM,” as stated in the government’s guideline, and if previously passive patients are not “invisible” anymore but are starting to participate in the transformation and in doing so, bring about unprecedented changes, it remains a question of what role ordinary people will play, how the conflict will develop, and whether the boundary of medical institution will segregate ordinary people as patients in the medical settings from their everyday lives.

My fieldwork leads me to consider whether ordinary people’s study and practice could be or deserves to be included in our understanding of what constitutes Chinese medicine, and to be situated in the plurality and synthesis of Chinese medicine. I argue that their study and

interpretations of the knowledge and numerous practices beyond medical institutions, though still limited to a small population, are remaking Chinese medicine. The vitality of Chinese medicine and its doctrine not only lies in the “adaptability to the uses of the present” (Farquhar, 1987, p. 1020) nor is it attributed to generations of doctors’ efforts. It also lies in the interaction, practice and relationships inside and outside clinics, which are always changing and ever reconstructing the dynamic of this living tradition.

When Chinese medicine flows beyond the realm of medical institutions, as a body of knowledge and expertise, it is deinstitutionalized, democratized, and decentralized, by lay people in their everyday life. Ordinary people could receive, share, circulate, and even produce knowledge without the participation of medical authorities. More importantly, as they create numerous medical encounters beyond medical settings, Chinese medicine doctors as professionals, no longer possess an exclusive jurisdiction over people’s health or the monopoly on Chinese medicine.

While Chinese medicine has become a postcolonial medicine with biomedicine as its the unchallenged arbiter of truth and scientizaiton as an aim, such knowledge transmission and practice among ordinary people reflects a clash between two different bodies of knowledge: the democratized and decentralized knowledge owned by ordinary people and the postcolonial knowledge under the influence of the dominant biomedicine. I thus view this new phenomenon as a form of decoupling from the continuing dominance of the West (in terms of medical institutionalization, scientific research, etc.) which is still the necessary point of reference for Chinese medicine. However, this decoupling or decolonizing is undertaken by ordinary people

instead of professionals.

The derogatory use of the term “neither donkey nor horse” one century ago also expressed not only a criticism but also a warning that Chinese medicine would be like a mule which is not capable of reproducing itself and has no future. But I see this living tradition, with ordinary people’s participation, as fertile, through new forms of consumption which via their practices necessitates new forms of re-production or put otherwise, through their prosumption. Perhaps the issue is therefore, not whether it is a problem of being neither a donkey nor a horse, but whether one can actually continue to hold on to the reins and steer whatever form the creature may take on.

7.4 Contributions and Limitations

This study firstly contributes to our understanding of ordinary people’s study and practice of Chinese medicine in contemporary China, which has not received enough academic interest. In contrast to a variety of extent anthropological and sociological research which places more importance on how Chinese medicine is practiced in medical settings as a professional expertise, this study fills the gap in the current research of the field by providing detailed ethnographic documentation of people’s study and practice. In Particular, the in-depth individual stories in this study help us to understand the essential aspects of this phenomenon such as how vagueness exists in both the malleable interpretations and flexibility of understanding in Chinese medicine and the various manifestations of new styles of knowing.

Secondly, compared to the long history of Chinese medicine, the online study and practice

of Chinese medicine is a new phenomenon that has seldom been examined by previous anthropological studies on Chinese medicine. The Internet provides a new style of knowledge transmission on top of being a new medium of communication, which allows for unprecedented means for ordinary people to actively participate in Chinese medicine as learners and practitioners instead of simply as mere patients.

Moreover, by examining how Chinese medicine is transmitted, interpreted, and practiced beyond the realm of medical institutions, I view ordinary people's participation and practice as an underestimated and underexamined part that constitutes the plurality of Chinese medicine as it is practiced and as a culture that continues to evolve. This is a perspective which has not attracted much academic interest. Furthermore, by situating this new phenomenon in the historical context, and by discussing the current problematic TCM system, I argue that Chinese medicine is transforming with ordinary people, who were absent in the dramatic transformation of Chinese medicine in the 20th century, playing an unprecedented role.

My own amateur status allows me to understand this "amateur" practice not as a mistaken or false understanding of Chinese medicine, but as it is actually used by ordinary people as they need it and see fit in the capacities that they possess. Amateur here is therefore not a status that implies a necessary "lacking" but points to the multiplicity of Chinese medicine, thus considering the role of the amateur in this way, this allows for a richer and more accurate understanding of how Chinese medicine actually is in China.

This study also contains some limitations and shortcomings. Firstly, as ordinary people basically practice Chinese medicine at home, this study lacks more documentation of their

practice at the sites of actual practice on a more thorough level. Secondly, there are also many other forms of treatment in Chinese medicine such as acupuncture and cupping. But as I mainly focus on the use of herbal medicine, these treatments are also increasingly practiced by ordinary people but not covered by this study. Although this lack does not change the fundamental arguments I make in this study, this is a potential field for future research to focus on as they may yield different insights into the practice of Chinese medicine. Thirdly, during the COVID-19 pandemic, Chinese medicine was widely used in China for prevention and treatment, but as I had finished almost all my fieldwork before 2020, I did not include this aspect in this thesis as I believe Covid-19 could be a whole other topic of study on its own which would require a different focus and literature engagement outside the focus and scope of this study.

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