

Marcia Meldrum, PhD, Department Editor

Acupuncture and the Reinvention of Chinese Medicine

Bridie J. Andrews, PhD

Department editor's note: The Chinese practice of acupuncture has fascinated and puzzled pain specialists since John Bonica led a group to China in the early 1970s. Many studies have attempted to explain its analgesic effectiveness for certain patients. The following account by Bridie Andrews, a historian who has studied the original Chinese sources, sheds new light on the origins and significance of this therapy in its native land.

FIGURE 1. Needle Insertion with Two Hands

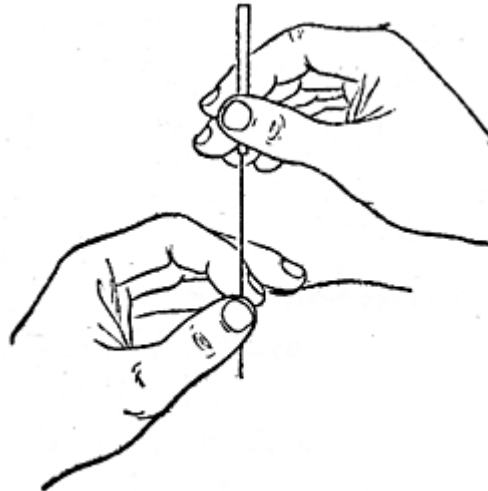


圖7 長針進針式

SOURCE: Cheng Danan (1959), p. 7. Reproduced from *Chinese Moxibustion and Acupuncture Therapeutics*. (*Zhongguo zhenjiu zhiliaoxue*). Beijing: Jen min wei sheng chu pan she

For most of China's long medical history, the practice of acupuncture was considered a poor relation to herbal treatment. Like surgery in the West, acupuncture was a hands-on craft disdained by most physicians, an artisan-class activity associated with street tradespeople and itinerant peddlers rather than with the literate elite. Moxibustion, the burning of dried leaves from the moxa plant (*Artemisia annua*) on specific points on the skin, was a related skill often practiced by illiterate old women.

In the mid-18th century, the famous elite physician Xu Lingtai, who was interested in recovering the medical skills of antiquity, complained that he was unable to find anyone

learned in acupuncture to teach him the practice. Although acupuncture is the therapy most often cited in the ancient Yellow Emperors Canon of Medicine, fewer books have been published on acupuncture than on almost any other medical subject.

This impression of the low status of acupuncture is supported by an imperial edict of 1822 that banned the teaching and practice of acupuncture and moxibustion from the Imperial Medical Academy, the institution that provided physicians for the emperors family and household. A contemporary saying asserted that Acupuncture needling and moxa cautery are absolutely inappropriate to all gentlemen. Although the ban did not extend beyond the confines of the Forbidden City, it is clear that Chinas educated doctors were unlikely to specialize in acupuncture.

The lowly acupuncturists of imperial China engaged in a great deal of minor surgery, and the two specialties of acupuncture (zhenjiu) and external medicine or surgery (waike) overlapped considerably. Illustrations of the nine needles of acupuncture, featured in many handbooks from the late imperial period, depicted scalpel-like knives, cautery irons, and three-edged bodkins for bloodletting and lancing boils, as well as the fine needles we currently associate with acupuncture.

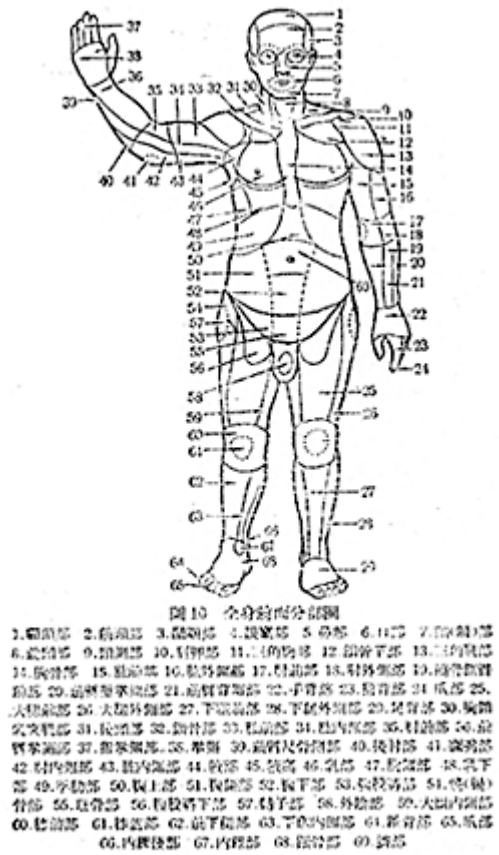
When elite physicians performed acupuncture, it was rarely for the purpose of relieving pain. More often, they used it when they believed that a medical condition was associated with the stagnation of blood and qi (chi), the important Chinese life force. To facilitate the normal flows of body fluids, physicians would release some blood at the site of stagnation. Western missionary doctors in the 19th century often noted that Chinese practitioners removed blood from their cholera patients by performing acupuncture at the elbow joint.

In the early 20th century, when a series of military defeats convinced the Chinese government of the need to learn Euroamerican sciences, Chinese medicine came under attack from modernizers, who characterized traditional practices as old-fashioned, unhygienic, and superstitious. Acupuncture and moxibustion were seen as particularly unenlightened practices. Carried out by ignorant itinerants or illiterate elderly women with no knowledge of either anatomy or sanitation, acupuncture frequently resulted in disfiguring burns or festering wounds.

In 1905, Chinas last imperial government abolished the civil service examination system and set up a system of technical schools based on the German-Japanese model, and educators followed suit with their own technical colleges. For the first time in Chinese history, an accredited education in scientific or technical subjects could lead to a career in government service. Private educators followed suit with their own technical schools. Supporters of Chinese medicine also began establishing technical colleges of Chinese medicine during the 1910s and 1920s, but none of these new curricula included acupuncture. In 1936, the Nationalist Government first published its regulations governing the licensure of Chinese medicine physicians. These physicians were required to pass examinations in numerous medical subjects, including anatomy and physiology, but the regulations failed to list acupuncture as a necessary or even a desirable skill. The few Chinese physicians who discussed acupuncture complained that the classical texts

were either vague or mutually contradictory about the exact positions of the acupuncture points.

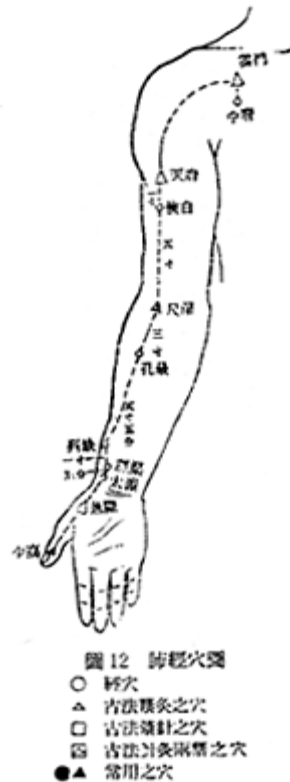
FIGURE 2. Frontal Meridian Map



SOURCE: Cheng Danan (1959), p. 53. Reproduced from *Chinese Moxibustion and Acupuncture Therapeutics*. (Zhongguo zhenjiu zhiliaoxue). Beijing: Jen min wei sheng chou pan she

In the early 1930s, Cheng Danan, a Chinese scholar-physician, used Euroamerican anatomy to rehabilitate acupuncture as a respectable skill. In *Chinese Acupuncture and Moxibustion Therapeutics*, Cheng (1932) insisted that acupuncture must be an effective medical therapy, because its mechanism of action was the stimulation of the nerves described in European medical theory. Cheng insisted that the acupuncture points be redefined in light of this insight; in his book, he repositioned them away from blood vessels (where previously they might have been used for bloodletting) and toward the nerve pathways. He illustrated his revisions by painting the new acupuncture pathways onto the skin of volunteers and then photographing them, a technique that gave his book a greater air of modernity and reflected the increasingly common use of photographic illustrations in European medical books of the time.

FIGURE 3. Single Meridian Following a Nerve Pathway



SOURCE: Cheng Danan (1959), p. 57. Reproduced from *Chinese Moxibustion and Acupuncture Therapeutics. (Zhongguo zhenjiu zhiliao xue)*. Beijing: Jen min wei sheng chou pan she

Cheng's new scientific acupuncture was a great success in China. His book went through many editions from 1930 to 1960, and he set up his own college of acupuncture. Cheng achieved such prominence in the Chinese medical community that after the Communist takeover in 1949, he was asked to serve on several national committees in charge of medical policy and education. Cheng's work helped acupuncture regain sufficient credibility to be reincorporated into the teaching and practice of the new Chinese medicine. In the 1950s, however, Cheng abandoned his own earlier insistence that acupuncture must work through the nerves alone. Instead, he attributed its efficacy to the power of qi and the doctor-patient relationship, in addition to the physical stimulation of the nerves.

During China's Cultural Revolution of the 1960s and 1970s, acupuncture was considered representative of the indigenous medical genius of China's laboring classes; thus, its traditional lowly status within Chinese medicine became a political virtue. Popular

handbooks on acupuncture and herbal therapeutics were printed in the same size and bindings as Chairman Maos Little Red Books of political quotations. People were encouraged to experiment on themselves and on each other with new therapies, including new uses of acupuncture.

The first few trials of acupuncture for surgical analgesia were conducted in the late 1950s. At times during the Cultural Revolution, however, nearly all surgery that was performed used only acupuncture for pain relief, despite the fact that up to 75% of patients experienced little or no pain reduction from the needles. Ideologically, acupuncture analgesia represented citizens active participation in their own treatment, using a native Chinese invention, as opposed to passive therapy with the expensive drugs offered by foreign imperialist medicine. In the present era, the Chinese have abandoned such political-medical dogmatism, and patients can choose between Western and Chinese therapies. Acupuncture analgesia is now used only rarely in China.

It is ironic that the ancient folk practice of acupuncture, which had been the most questionable part of the Chinese medical heritage at the start of this century, is now Chinas most marketable skill. Regardless of its physiological basis, acupuncture has been accepted as an effective medical practice by many European and American physicians and patients.

Reference

Chang Danan (1932). *Chinese acupuncture and moxibustion therapeutics (Zhongguo zhenjiu zhiliaoxue.)* Shanghai: Quanqingtang shuju.

Bridie J. Andrews is assistant professor in the department of history of science at Harvard University, Cambridge, MA.