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An interview with **Volker Scheid**

Sarah Price asks a leading scholar, practitioner and research director about issues such as education, integration and the place of Chinese medicine and its practitioners in the modern world.

Can I ask you first a bit about your background. Where did you grow up?

I come from Gebhardshain, a little village in Germany. It's in a very rural area called Westerwald that seems to be a *terra incognita* even for most Germans. My father was a gardener. He grew Western herbs for a very successful Heilpraktiker (practitioner of natural medicine), who used only herbs. This person was the closest I have seen to what in Chinese medicine we would call a *laozhongyi*. He worked with about 150 different herbal combinations, all of which he had composed himself, and at the best of times he had about 70 people working for him. He lived in the middle of nowhere but was phenomenally successful and had people coming to him from all over the world for treatment. From very early on, my father would take me there with him. Later, my mother became the managing director of this little company, and I used to work

there in my school holidays. So you can say that I grew up with herbs and herbal medicine.

How did you get into Chinese medicine?

This was the 70s, hippies and left-wing politics. Becoming a herbalist like my father's boss appealed to me and I guess it also resonated with the spirit of the time. In Germany you can only register as a Heilpraktiker when you are 26. So after I finished school I couldn't immediately go for that. Instead, I did various other things instead including a two-year apprenticeship as a gardener. The way most Heilpraktiker in Germany work is influenced by naturopathy. That means that most of them tend to do a bit of everything: some homeopathy, some herbs, diet and water therapy, ozone therapy and so on. Some were also then starting to use acupuncture. I wanted to become a pure herbalist, however, and that is how I came to England when I discovered that one could do a training specialising in herbal medicine over here.

In those days, CAM courses ran only part-time and being German, I guess, I

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felt I had to do something more! I looked around and stumbled across acupuncture influenced by an existing interest in Eastern philosophies. So, in the end, I studied Western herbs in Tunbridge Wells at the College of Phytotherapy, and acupuncture in Leamington Spa. Chinese medical thinking was much more fascinating than I had imagined, and acupuncture quite naturally led to Chinese herbal medicine. I quickly found out, at least in my own practice, that Chinese herbs were much more effective. So I gave up the Western herbs and just concentrated on Chinese medicine. The problem with Western herbal medicine for me was that the thinking is based almost entirely on Western physiology and pharmacology. It gave me a good training in Western biomedical sciences but it also left me with the feeling that I might as well have studied Western medicine in the first place.

What did your parents think?

My parents were supportive, but also a bit disappointed that I wasn't training in a more recognised profession. They would have preferred me to become a doctor. In retrospect, I think I should have listened to their advice because being a medical doctor gives you important advantages in our society without any real disadvantages. You can practise almost anywhere you like. You can use more or less what you want in the way of herbs, which as we all know is one of the main points that limits our effectiveness at present. And I also think because during their training doctors see very different things than we do it gives them a deeper understanding, at least potentially, of disease. They see very acute diseases, they see the inside of the body, they see people dying, all of which I think are important for anyone practising medicine. I have taught a lot of medical doctors and there is no doubt in my mind that this training provides them with many advantages. That's why I think it wouldn't have been a bad thing to study Western medicine.

Wouldn't it, though, have forged your mind in a certain way?

I actually don't think so. I think you are what you are. It would maybe have delayed certain things, but I started practising when

I was 25, not in my 50s, and I could easily have done my medical training by then.

So if you were starting out now you would do medicine first?

I would probably do Western medicine and sinology at the same time, because when you are 18 that's easy to do. You don't have financial commitments at that age, and you can really concentrate on studying. So it would be Western medicine and sinology and then Chinese medicine afterwards, if I had to do it again.

Can we go on to your research? What are you involved in?

I am the director of the EASTmedicine Research Centre at the University of Westminster, which stands for East Asian Sciences and Traditions in Medicine. The centre is still more of a vision than a finished product but it's quite an achievement, I think, having even got this far. That vision is a multidisciplinary centre that will draw on the humanities, the social and natural sciences, as well as on clinical practice, and that will foster both teaching and research. We want to use all the many different resources we have available in the development of East Asian medicines, with research feeding into teaching, teaching into practice, and practice feeding back again into teaching and research. I think it is a unique vision with enormous potential because I don't know of anything similar anywhere else. But turning a vision into reality is a difficult undertaking. At the moment, we are looking for more funding to develop this potential and that is not easy.

So that is going to be for people starting out to learn Chinese medicine, or research scientists doing PhDs?

Ideally everything. We have three postdocs and one PhD student at the moment, and we certainly hope to recruit more. Westminster has Master's and Bachelor's degrees in acupuncture and Chinese herbal medicine, and this is a good foundation for realising our vision.

What grants do you have at present?

I was fortunate to get one of the Department of Health's research capacity development



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grants in Complementary and Alternative Medicine, which is really the basis of the work I do at Westminster. That grant funded my own work on menopause and Chinese medicine, as well as a PhD student, Trina Ward, who is carrying out an interesting study on the interface of Chinese and biomedicine. The menopause study is a long-term project involving historical, social scientific and clinical research, and I think it has already delivered some interesting findings.

Last year I got a three-year project grant from the Wellcome Trust for a transnational history of East Asian medicine about which I am very excited. It's an attempt to look at the history of medicine in East Asia in a way that emphasises networks and flows across boundaries in order to go beyond the narrow nationalisms that define the identity of these medicines at present. It's a collaborative effort with researchers based in China, Korea and Japan and will hopefully produce some interesting publications.

One of the goals, for instance, is to show just how influential Japanese interpretations of Chinese medicine were on the development in modern China of what we now call "traditional" Chinese medicine. I think research is a tool for challenging myths and ideologies, and medical tradition defined in nationalist terms is one such myth. It has little to do with how these traditions evolved and I think it disables a more creative practice that would more easily mix elements from all the many resources available to us.

And finally I have a grant from the Arts and Humanities Research Council to set up a Traditional East Asian Medicine Research Network aimed at exploring how the medical humanities might be made more relevant to research, teaching and also to practice. This has grown from two previous workshops I ran together with Hugh MacPherson in 2005 and 2007 and will allow us to organise what I hope will be two really interesting events. The first is a workshop called "The (After)Life of Traditional Knowledge", which will take place this August at Westminster. It's a workshop mainly for historians and science studies academics to which we also have

invited delegates from all of the UK Chinese medicine colleges. We would like to expose the colleges to cutting edge scholarship in the field and explore what kind of bridges might be built between these two sets of people. Is medical history totally detached from the concerns of teachers and educators, or can we find a way of integrating history into clinically oriented teaching? Then, next year in August we will organise a symposium that will explore the interface of East Asian medicine and systems thinking in the West.

Do you think, then, that not enough history is taught when people are learning Chinese medicine?

I think there is not enough history taught and that the history that does get taught and that I read in the introductory sections of Chinese medicine books on the whole is mythological in nature. By that I mean that it is about creating and legitimising identities and institutions. I am not interested in this kind of history. What I mean by history is history employed as a critical resource, as a tool that allows us to reflect on what we do, and that helps us to become more competent practitioners and more critical researchers.

In our field it seems to me that people create a rather artificial division between academic study and clinical practice. Practitioners often seem to think that history or other academic work is not really relevant to clinical practice. If Chinese medicine developed in a certain way then that must mean that what we do now is the best Chinese medicine that's out there. So why bother with questioning that?

Academics, on the other hand, are often suspicious of practitioners precisely because of their use of history as mythology. I can see where both sides are coming from but I think it is not a very helpful division. As far as I can see many of the key figures in the history of Chinese medicine were sophisticated scholars, very intelligent and critical people who continuously reflected on what they were doing and to whom this division between clinical practice and scholarly or academic work would have seemed rather odd. It's a pity – but also telling – that most Chinese medicine

practitioners in the West do not know too many of these scholar physicians by name and even less about who they were and what they did.

If you were to study Chinese medicine now from scratch, how would you go about learning it?

You could almost say every way is wrong, because whatever you do leaves something out! Certainly learning Chinese, having the language is essential from my point of view. If you want to have access to all the resources out there, and I think most practitioners in the West cannot imagine just how rich our tradition is, then there is no way around learning Chinese.

I think it is the prerequisite for any serious engagement with Chinese medicine. Not because you cannot become an effective or good practitioner without it. But I think you cannot seriously claim to be representing something to which you have no real access. Would we take a Shakespeare scholar seriously whose only access to Shakespeare was based on sketchy Vietnamese translations of Shakespeare's sonnets? If not, what's different about Chinese medicine?

Once you have the language and access to source texts, the next thing has to be to try to find good clinical teachers. That is the other really important component of learning Chinese medicine. To find people who are good clinicians, to sit with them, learn with them, and then in the end go off in your own way, by combining these two resources.

Like an apprenticeship?

Yes, but ideally with more than one person. Like Ye Tian-Shi, who is often held up as the most accomplished clinician in the history of Chinese medicine. Ye Tian-Shi is said to have studied with 17 different masters before his 20s. If you read the introduction to the *Shang Han Lun*, then it says there, too, that the author collected widely from all possible sources to collate his text. I think that among all the celebrated doctors in the history of Chinese medicine there is no one who did not emphasise this principle of extensive learning and broad scholarship, of "following the ancients without getting

stuck in the old". Having just one teacher is generally not a very good idea. It easily leads to guru worship and that is the opposite of what I think Chinese medicine should be about.

How do you become good at Chinese medicine?

Everybody is different. I think some people are just naturally gifted healers. They would be good at healing in whatever way they do it, whether they practise Chinese herbs or acupuncture or surgery. Like there are green hands in gardening, there are healing hands in medicine. There is nothing you can do about that. You are born like that or you are not. For the rest of us it's more of a struggle. Confucians say that learning has to hurt, that knowledge is difficult to acquire. It's an ongoing struggle and then at some point hopefully things fall into place. Obviously, having good teachers helps. Then again, some people learn more through books and others need to be more guided through direct teaching.

Also, we live in a modern world so we need to have resources beyond those available in the Chinese medical tradition. We need to be very conversant with Western medicine, which as I said makes an ideal foundation for Chinese medicine. And we also need to become critical thinkers. I think that history and science studies are important in this respect because of the many questions involved in this rather complicated issue of practising an ancient tradition in a modern world, and of practising a tradition that comes from a different culture than our own.

Did you do an MA before your PhD?

Well, I actually went back to university and did a BA. I wanted to study Chinese but that would have meant to go to London. I had an established practice in Eastbourne at the time as well as a young family so I had to give up that plan. I went to Sussex instead, which turned out to be one of the many fortunate things that happened to me in my life as even though I was enrolled in social psychology, I ended up doing courses in anthropology and science studies a lot of the time. That allowed me to go on to Cambridge to do a PhD in medical



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anthropology, which led to a postdoc in medical history at SOAS.

You have done very well!

I have been quite lucky. The PhD particularly was very hard work because I had to continue in full-time practice to support myself. But after that I was privileged to get funding that allowed me to spend extended periods of time in China, where I was able to find some exceptional teachers while also conducting my own research. It's not easy to practise and study at the same time, and perhaps it would have been better to have spent 10 or 15 years studying before starting to practice.

Tell me about it. And live your life!

Yes. On the other hand, I have always found that practice and academic study mutually enriching and it is quite certain that many of the relationships that were crucial for my research in China, for instance, would not have come about without me being a practitioner as well, and without having a reasonable knowledge of Chinese medicine.

It comes back to education again doesn't it? That the education isn't quite good enough?

No it isn't good enough. But I think developing Chinese medicine is about networking as well as education in a narrow sense. We need to create better professional networks because nobody can do everything, and there is no reason why they should. By networks I mean the integration of Chinese medicine into academic life and professional clinical practice in a more comprehensive way than exists at present.

It's very difficult, isn't it, because the status of Chinese herbal medicine is very low. It doesn't attract resources or people enough to make it – without insulting anyone – a viable profession. What do we do about that?

I think we are where we are and we just have to do the best we can. First, I think you need to admire everyone who contributes to the development of Chinese medicine in the modern world against all the many odds stacked against this, and all the people who make it their life work. I think we are sustained in that by being able to help

people, which is very rewarding, and on that level we are therefore also incredibly fortunate. I would say, however, that if we want to be taken seriously as a profession in the way that I think most of us do, then I think we also need to get our own house in order. And here I need to come back to the issue of language and academic rigour. Can you imagine any other academic discipline awarding Bachelor or even Master degrees where students have absolutely no access to primary sources? If not, why should we be any different? And how could it be possible to get that access without learning Chinese? So let me ask you a question: why do you think that we do not make learning Chinese compulsory at the very least at Master's level? I know that it can be done. I know of at least one school in the States that teaches all its students Chinese within the scope of a three-year, full-time program.

Well this interview is not about me, but I would say, "Because we don't have to."

The question for me is why don't we want to? If we think that Chinese medicine in the West took off in the 1970s then it is now almost 40 years old. Why do we acknowledge the importance of evidence-based research, of self-reflection, of what not, but apparently still think that learning Chinese is unimportant and at the very best optional? What, for instance, is the value of research that claims to examine Chinese medicine if we cannot access 99 per cent of relevant sources? I think this is a really important issue. Practitioners will of course say that you can be a good practitioner without speaking Chinese, and researchers will say that Chinese research is not reliable. But that is not the point. The point is about the gap that exists between what we claim to represent, namely the Chinese medical tradition, and our access to that tradition. I think that without real access to the sources and the history of that tradition and to all its current practice and debates, this claim is somewhat phoney. And sooner or later it will become clear to others that we are making this phoney claim. Rather than the absence of evidence-based research, this to me this is the single most important reason for why we are such a weak profession.

How should someone like me go about learning Chinese?

Now? At your age?

Yes, as a practitioner, say I have done all my qualifications, and I want to learn Chinese to improve my practice.

Ideally, take a few years out and go to Taiwan or China.

But people aren't going to do that, is there an alternative?

Well you would have to find a way. Find a teacher, get up one hour earlier every day to write your characters! It's a discipline. It's not easy. And once you are 40 and you have never learned languages, it becomes more and more difficult, which is why ideally we would do it when we are 18, and we have time, and our mind is open. It's unrealistic to expect that of 40-year-olds. But just because an older generation of practitioners did not do it is no reason for the next one not to do it either. I am therefore very encouraged that in every class I teach there are always one or two people who actually make the effort. So maybe slowly slowly things will be changing.

You spoke before about the importance of history. Could you say a bit more about that?

I think that history, anthropology, science studies and other humanities' disciplines can bring another dimension not just to research but also to our practice. They can bring a deeper, a more lived understanding of what the tradition is about. To me it is similar to being an artist. Becoming a good artist means that you need to practice technique. But if you are a painter in the Western tradition you also need to know Van Gogh and Picasso and Rembrandt and Dürer. In fact, I would say you don't need to know them. You want to know them. You want to know them to see what others did before you, to inspire you, to serve as a model, or as something you can move away from. As practitioners of Chinese medicine we also need this kind of inspiration, but here in the West how many of us really know Ye Tian-Shi? Or Yu Chang, or Zhang Jie-Bin, or Miao Xi-Yong, or any of the influential practitioners in China of more recent times

like Yue Mei-Zhong, or Cheng Men-Xue, or Zhu Liang-Chun? Of course, you can say "Why should we? We have our own inspirational practitioners." All I can say to that is that there is a depth to Chinese medicine as a tradition that you cannot fathom without actually experiencing it. And the only way to experience it is to engage with it. I think that experience is largely lacking in the West. It makes our tradition shallow, less alive, more boring, less effective, and ultimately easier to uproot.

I think that disciplines like anthropology and history can help us to understand better what is going on. Though I think this may not, at first, be very comfortable for us. They can help us, for instance, by taking an outsiders' perspective on the knowledge economy through which Chinese medicine is taking root in the West. From this wider perspective, China is the centre and the UK is just a small island at the edge of another bunch of small countries called Europe. Like Melanesia is for us. It's not really that important. In Melanesia the flow of knowledge from the West originally got managed by what anthropologists call "big men". "Big men" are unelected leaders and power-brokers who get to where they are by trading in knowledge, among other things. They tell the natives, "Look, you don't actually have to spend all this time and effort learning Western languages or actually go there. I can do that work for you. I teach you what you want to know." It sounds good but, in fact, the natives only ever get partial access to this knowledge, of course, and it's always filtered through a distinctive lens. The "big men", on the other hand, not only get money and power and status for their efforts but by definition they end up knowing more than those they teach. It's not a reflection on individuals' characters. It's just how the system works.

My vision for Chinese medicine in the West is to move away from this "big men" economy of knowledge exchange to a more democratic one in which we can all participate as equals. One of the most important signs of a vibrant tradition is argument. Every time something really creative happens, whether in quantum physics or Chinese medicine, it is because people debate and argue with each other as



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equals. People may hate each others' guts but if you enter into an argument with someone else you acknowledge that the other person's view is as important as your own. Our profession, as far as I can see, is almost devoid of such creative argument. Or if there is argument, it immediately gets personal or is mistaken for being personal, which is not surprising because in "big men" economies all argument is by definition *ad hominem*. I believe that if all of us could read Chinese, if we all had access to all of our tradition, then we would also get more creative argument, more debate, and a more vibrant culture.

It's very boring, too, that it is men. I have always had an issue about that because most of the students are women.

Well, I am a man, so maybe I am not the right person to answer that. Women seem to be involved more in the infrastructure of our profession. They are teachers and they constitute the majority of students and practitioners. But the actual translation process we talked about seems to be carried out by men. Anthropology is useful because it helps us to understand that such things are not accidental or happen at random. Certain kinds of society are tied up with certain kinds of knowledge transmission, power relationships, gender relations, and so on. So if you want to change the relationship of power between the genders in our profession, maybe you need to find a way of moving us away from the small-scale tribal society that we seem to be at present and towards a more democratic and equal type of society.

All this helps to explain, perhaps, why I got involved in history and anthropology and continue to be fascinated by it. One of the most important insights for me after I started studying Chinese medicine was that there was, in fact, no Chinese medicine in the way that I had imagined. This was the early 80s. Here in the UK, you had the Worseley Five Element people, the TCM proponents, the van Buren "stems & branches" people – all claiming that they were representing "true" Chinese medicine. In Germany people seemed to be much more eclectic. There were influences from

France via people like Soulié de Morant and van Nghi, while Porkert was speaking of Chinese medicine in Latin. I am the kind of person who needs to find out things for himself and so I turned to history and anthropology, initially because I hoped that this would allow me to find out which of these many views was true. Instead, they helped me to understand that trying to discover the "true" or "right" approach was asking the wrong kind of question. Asking why particular people at particular times do what they do, what other options they had if they did things differently, and what constrains and enables change – those kind of question are much more rewarding and meaningful to me now.

The other valuable thing about history for me is that it has made me more humble. You realise that almost all of the big issues that we talk about today have already been talked about in the past or by others. The whole question of East versus West, of Chinese medicine versus Western medicine, for example, that is so important to us, is also a big issue in China, of course. As far as I can see that debate has been carried out at a much higher intellectual level there than it is here. I am particularly fascinated by the 1920s and 30s when the Chinese "science wars" were at their most extreme. It is also a fantastically creative period in the history of Chinese medicine.

Chinese medicine doctors in China in the 1920s and 30s struggled hard to define their tradition in relation to Western medicine, which was by then in the ascendancy, and I think knowing something about those debates could significantly help us in our own struggles and our thinking about who we are now. Take Yun Tie-Qiao, for instance, a sophisticated person with a very traditional education, who also learned English, became a translator of English novels and an editor of Chinese short stories. Then, for personal reasons, he gets involved in medicine, becomes a Chinese medicine doctor, and emerges as one of the main voices in debates between radical modernisers and the "national essence" people who believed there was something worthwhile salvaging in traditional culture. I think he won the intellectual argument and in the process redefined Chinese

medicine as a “systems science” long before systems thinking was invented over here. In doing so, however, he also in a certain way disembodied Chinese medicine and this had enormous consequences for how we now practise and teach it. Yun Tie-Qiao was by all accounts an accomplished clinician, and his medical texts are fascinating to read, yet I think that almost nobody in the West even knows his name. Don't you think that is a shame?

There is another difficulty I'd like to ask you about. How do we marry the idea of an intervention being standardised enough to measure it with our ideal case study approach?

I think there are two issues here. The first is how Chinese medicine evolved in late imperial China. A good Confucian person – and all elite physicians aspired to be that – was by definition a generalist for whom medicine was just one aspect of living a cultural ideal. Much like gentlemen scientists over here in the early modern period. Structurally, medicine was practised in an almost completely unregulated context, where each physician could pretty much do what he wanted to do but also where economic competition was extremely tough. In such a context, individualised practice represented by and taught through cases rather than standardised interventions tends to be the norm. Therefore, I think that the current push for standardisation, that is by the way not just coming from without but also from within our profession, has to do both with changing contexts of practice and with changing cultural ideals about what a good physician should be.

To me this raises the issue of effectiveness. If you think that the most important thing that we do is harmonising yin and yang, then that applies to whether we treat a child, a pregnant woman, or an old man. So from that perspective you could argue that the effectiveness of Chinese medicine is rooted in understanding yin and yang rather than any specialist techniques. That seems to be confirmed to me by looking at the life trajectory of many really good clinicians. Of course I am generalising but the typical route seems to be that one first learns

about yin and yang but one does not really understand it. One looks for techniques that work because one is insecure. One looks here and there, tries things out. But then in the end, one returns to the simple again and that is really because one can now simply see yin and yang. Even if such an expert specialises in treating just one condition, they treat that condition well because they understand very clearly the yin and yang in that particular domain. That's very different from specialisation based on technique and a narrowing down of the focus of knowledge, and very different especially from institutionalised specialisation that defines specialisation as the necessary end goal of teaching, practice and research.

So even though I think there is a structural and cultural pull towards technique and standardisation in our society, I think we should stick to the ideals implicit in the elite Chinese medical tradition. To me that is where its effectiveness comes from. We should be stable and firm and confident about who we are. Then, if we find there is no niche for us in this modern world, then that is just too bad. It would be a shame, but it would be the choice of our culture and our society. Some people may be happy to mould Chinese medicine towards more reductionist ends in order to have a greater stake in our current world, but then in 30 years time that world itself may have changed out of recognition and what seems an astute tactical move now may turn out to have been a disastrous error.

About three years ago, quite by chance, I was invited to a conference in Beijing on systems biology and Chinese medicine. At that point I hadn't heard about systems biology or if I did I had paid no attention. I flirted for a while with systems thinking in the 1980s but found the links with Chinese medicine very forced at the time. That conference, on the other hand, made me think again and re-evaluate many of my previous prejudices, not least about biomedicine. The systems biologists talking at this conference were extremely self-confident people, arrogant even, but also people who for whom all this reductionism that we conventionally associate with biomedicine is already a thing of the past.



Some people may be happy to mould Chinese medicine towards more reductionist ends in order to have a greater stake in our current world, but then in 30 years time that world itself may have changed out of recognition and what seems an astute tactical move now may turn out to have been a disastrous error.



If, say, you had four patterns of menopausal hot flushes, you had reliably effective treatments for these, and you were able to reliably diagnose them, what would be wrong with teaching those to nurses or GPs?

For them it was clear that in the not-too-distant future they would dominate the field. Their vision is of a personalised medicine based on research that will be able to use each individual person as their own control, and they are developing the methodological and technological resources to achieve just that. Interestingly, because complex systems demand complex interventions these people are interested in Chinese medicine. Not in order to rescue it or preserve it but because Chinese medicine does already do poly-pharmacy. It is a complex intervention that provides resources for what they want to do. So maybe rather than appeasing the people in power today we should align ourselves with the people who will be in power in the future.

My understanding is that in your work on the menopause study you have, nonetheless, developed standardised formulas to give to certain types of women?

As I said before, the EASTmedicine menopause project is a very long-term project that has a number of different dimensions. It's conceived as a model to explore the multidisciplinary approach to researching Chinese medicine that I talked about. That means first of all we have tried to understand what menopause is; how it affects women specifically here in London; how Chinese medicine constructed its interface to what is, after all, a very modern condition; what resources are available to treat menopausal symptoms in the wider East Asian medical tradition; and also how and why the "big men" approach to the translation and trafficking of ideas reduced these many approaches to just a few patterns and formulas in the minds of most western TCM practitioners. The next stage is to see whether we can treat menopausal symptoms, particularly hot flushes, successfully and what approaches work best for that. If that means being able to come up with a few core patterns and treatment strategies then so much the better.

At the same time, I think that within any group of people suffering from the same problem you are bound to get only so much variation and that it is OK to exploit

this in order to make Chinese medicine more widely accessible. The problem is to define and match the population and the intervention. For some conditions that will be easier than others. That is why for the case of menopause, where there exists considerable evidence for cultural variation in the experience of symptoms, we are quite specific that whatever we do will only have relevance, at least initially, for women in London. Furthermore, precisely because of this cultural variability, we assume that potentially effective treatment strategies are not necessarily available ready-made in some Chinese textbook, but that they need to be discovered in the course of actual practice here in London through a process of action research. To this end, we have established a menopause clinic at Westminster, where a group of practitioners treats women with menopausal hot flushes. These practitioners regularly meet to exchange ideas and experiences with a view to learn from each other. That is, while trying to define effective treatment strategies we are also trying to create an environment where practitioners themselves can develop their skills. This, I think, is very different from the conventional model of simply evaluating a treatment. For me the definition of patterns and treatment strategies follows from the development of practitioners. I am not interested to define treatments that I can then prescribe practitioners to do. I am interested in helping practitioners to become better practitioners and with that our tradition to grow. As I am going on, I can see some shortcomings in this model but exploring that would need another whole conversation.

So the problem is actually not in the practise of standardising formulas but in who does it, who delivers it?

Not even that. If, say, you had four patterns of menopausal hot flushes, you had reliably effective treatments for these, and you were able to reliably diagnose them, what would be wrong with teaching those to nurses or GPs? At the same time, however, it would be equally important to teach these nurses or GPs to understand why some women will not fall into any of these categories, and that it was appropriate to send these women to

specialist Chinese medicine practitioners for treatment.

And is this still Chinese medicine?

Why not? It is East Asian medicine. It is informed by East Asian thinking, by concepts like fullness and emptiness, heat and cold, and also by the desire to make the complex simple without being reductionist in the way I tried to outline that before. The difference is that I am thinking of East Asian medicine as a social rather than an individual process. My end goal would be Chinese medicine practitioners to deliver such treatment, but another goal also has to be to make Chinese medicine more cheaply available – and if that means teaching it to nurses or GPs for limited contexts of use then I can see nothing wrong with that. There are so many goals, and we have to achieve them all at the same time.

At the moment Chinese medicine is an elite middle class thing. Yet, medicine is surely also about helping people whoever they are and that means it needs to be cheap, easily deliverable, and reliably effective. I don't think we should surrender this goal because of some other ideological commitment. Furthermore, we wouldn't be saying to this woman with hot flushes, look I'm sorting out all of your life: your hypertension, your depression, your backache. I am just helping you get relief. If you have more complex problems then this simple approach is not the right thing for you. But if you are just feeling hot during this period of transition then maybe we can help with that.

What other difficulties would you highlight about Chinese medicine in the West?

Well, I have already mentioned our tribalism, which I see as not very helpful for the development of Chinese medicine. Another problem for me is what appears to be a gradual turning away from treating disease in all its forms in favour of just a few niche markets. Maybe that's more the case with acupuncture than herbal medicine but the focus that has developed in recent years on infertility and on such things as cosmetic acupuncture, to me that is a far cry away from the ideals of

working in an alternative medicine that drew me into Chinese medicine in the first place. And then a real problem here in the UK, at least, is the division that exists between Chinese and Westerners practising Chinese medicine, and between herbalists and acupuncturists. I think we should take Australia or the US as models, where this is not the case because of conscious political efforts within the profession to overcome them. I think this should be a priority for our professional bodies. Overcoming these unnecessary divisions would tremendously enrich who we are and strengthen what we do.

For me as an anthropologist and historian, there are also still real and enduring issues about how the West relates itself to “the other” issues that lie at the bottom of much of what we have talked about. This ties to our imperialist past and neo-imperialist present and explains the very ambivalent relationship we have to this “other”. We want it, but we simultaneously also continue somehow to feel superior to it. This is an important reason, I think, why we consider learning Chinese to be too much effort while every biomedical doctor in China does study English. This is another reason for me why learning Chinese should become a compulsory aspect of Chinese medical education. It would demonstrate a certain kind of respect for engaging with this “other” on its own terms, and it would show our Chinese colleagues that we are really taking them and their medicine seriously. I know from many conversations I have had that they would appreciate that very much.

Changing direction a little, what is your perspective on the blending of Chinese and Western medicine? Do you see that as invigorating or destructive for Chinese medicine?

In any such encounter there are different possible outcomes. Chinese medicine may be radically transformed and to a certain extent that has already happened. The very definition of Chinese medicine as “Chinese” already implies an opposition to the West, and many historians would say that there is nothing within what we call TCM that is not in some way a product of



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this opposition. Certainly, much of my own work has been concerned with laying bare this influence.

Another way we can think of Chinese medicine is that it constitutes a resource, an incredibly valuable cultural resource that intelligent people have developed over thousands of years and that is therefore worthwhile to keep alive. Keeping it alive, however, does not mean preserving it like in a museum, but to use it and employ it for the sake of changing our lives in the present.

Jaroslav Pelikan, a famous scholar of Christian history nicely compares tradition with traditionalism. He says that tradition embodies the living words of dead people while traditionalism embodies the dead words of the living. I think that is a very beautiful way of putting it, and links up to what I previously said about debate and argument being an outward manifestation of a vibrant tradition.

Seen from that perspective the encounter between Chinese and Western medicine can become very stimulating and actually enriching. When I teach formulas, I always tell my students the story of Zhang Xi-Chun, a famous doctor who worked in northern China during the early 20th century. He analysed Western medical drugs in Chinese medical ways and combined them in formulas such as White Tiger Plus Aspirin Decoction. Some students are horrified because it violates their ideas about what Chinese medicine is and therefore, in a certain way, their sense of identity.

But Chinese medicine is not about purity, it's about helping people, about adjusting to changing times, and about being creative. It's also a good example that Chinese doctors were already thinking about what we call herb/drug interactions long before we did, and that they did so on their own terms, in their own very creative ways – and that we don't even know the half of it.

I think exciting things happen when borders get crossed, when things get mixed up, when taboos are broken. The entire history of Chinese medicine is a history of such encounters and only traditionalists believe that it should be otherwise.

So the problem is not mixing things up. The problem is the relation of power that

enables or constrains how we communicate with each other. Over the last century, the relationship between Chinese medicine and Western medicine has been entangled with the history of Western imperialism, whose power has skewed it in a very distinctive direction, some of the facets of which we have talked about here.

But other, more equal types of relationships are also possible. I particularly like a group of Chinese medicine doctors known as the “current of assimilation and convergence” who were active at the turn of the 20th century. They were very excited by biomedical science, but did not yet feel they had to either kowtow before it or otherwise reject it.

As a result they created a way to think about Chinese medicine that is highly original, that I have adopted myself as the foundation of how I practise, and that apparently owes as much to the steam engine as it does to the Yellow Emperor.

If we can succeed to reduce the distorting effects of power on the encounter between Chinese medicine and ourselves, whatever form that power takes, be it the large scale forces of orientalist discourse or empire, or of the more local ‘big men’ economies of knowledge, then I believe that this encounter could become incredibly productive and a source of much innovation. Innovation that does not challenge or undermine Chinese medicine but that rejuvenates and develops it. That will require, amongst other things, to let go of all those convenient stereotypes that at present define Chinese medicine and to see both Chinese medicine and biomedicine as constantly changing and developing traditions fractured along all kinds of lines of tension. I personally, for instance, feel much more comfortable engaging with open-minded doctors or evidence-based researchers than with traditionalist Chinese medicine practitioners. I also believe that it is the critical voice of science studies, of anthropology, and of history that can help us create the neutral space where this kind of creative dialogue becomes possible. Sorry for belabouring that point. But you wanted to do an interview with me and that is what I think.

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■ Volker will be in Australia for a series of seminars: see Page 51.