

Experiences of Chinese medicine in a **rural** community



By Dr Tass Holmes, PhD

University of Melbourne,
School of Social and Political Sciences – Anthropology

This paper presents some of the findings from a broader anthropological study, describing types of complementary and alternative medicine (CAM) used by low-income rural residents in Victoria, Australia. Mixed qualitative and anthropological methods of data collection and analysis were relied on, mainly observation and in-depth interviews. Chinese medicine was among the most popular types of CAM consumed and practised by the Australian rural respondents of the study.

Over half of those formally interviewed consumed and/or practised some form of Chinese medicine. Consumers displayed great curiosity about it, a sense of involvement in the preparation and taking of herbal medicines, and considerable trust in practitioners. An important realisation from this study is that healing traditions are seen to be continually changing over time, through what is effectively a folk process, and by cultural adaptation in diverse locations.

RESearch based on fieldwork in a community of adjacent rural townships in Victoria, Australia, documents common CAM approaches favoured by low-income consumers, and the strategies used by CAM and integrative medicine (IM) practitioners to provide services to clients for whom private sector fees are unaffordable. This paper reports briefly on an aspect of the greater research project, detailing use of Chinese medicine as one of the most frequently accessed CAM styles.

In Australia, virtually all CAM are provided as professional fee-for-service private healthcare, in contrast to the dominant biomedical network, which receives federal and state government subsidisation to fund a “universal” healthcare system (van Doorslaer, Clarke, Savage & Hall, 2008). A persistent level of marginalisation sees CAM excluded from most policy formulations and funding decisions. Despite its widespread popularity, Chinese medicine is not excepted from this exclusion. Chinese medicine practitioners

operate in a highly competitive small business marketplace (Bensoussan & Myers 1996), overshadowed in recent decades by medical doctors' co-option of acupuncture (Pirotta, Farish, Kotsirilos & Cohen, 2002; Baer 2007; Easthope, Beilby, Gill & Tranter, 1998; Tang, 2007).

Although Chinese-Australian consumers prioritise Western biomedical explanations for illness, and rationale for medical treatments (Wong, Lam & Poon, 2010; Hsu-Hage, Tang, Li, et al., 2001; Han & Davies, 2006), Chinese medicine persists, for reasons including its traditional roots and cultural explanations for healing, popularity among ethnic groups (Han & Ballis, 2007), exploration or broad acceptance by alternative-minded Westerners (Xue, Zhang, Lin, et al., 2008), and seeming effectiveness. This paper presents themes from the narratives of consumer and practitioner participants, for whom acupuncture and Chinese herbal medicines were important as an integral part of managing their own and their families' or clients' health and wellbeing.

Methods

The project's methodological approach was designed to facilitate ethnographic description of non-biomedical health-care practices, in the low-income rural community studied. It relied on triangulation of data obtained through anthropological participant observation and documentation of community groups and events, in combination with 54 qualitative in-depth interviews (including several repeat interviews). Ethics approval for fieldwork and interviews was granted by University of Melbourne HREC, in 2011. The researcher adopted an immersive participative approach to observing community events throughout a fieldwork period of more than two years. Participant observation supplied data about underlying beliefs, situated perspectives of health and healing, and social aspects of wellbeing, that contributed to the choice to consume CAM.

For interviews, a snowball method of recruitment and purposive sampling of interviewees, who were both of low-income status and "intensively" used CAM, provided a highly informative, personally

involved group of respondents. Interviewees were classed either as non-practitioner consumers or practitioners, or otherwise fell into a combined category of consumer-practitioners, the latter including students, self-taught or informal practitioners, and retired practitioners.

Themes were derived from interviewee descriptions of their use of CAM, of many types, resulting in the following sub-headings: (a) common uses of CAM for medical conditions, (b) formal or professionalised CAM practices, and (c) informal or folk CAM. Consumption or practice of Chinese medicine was included among formal CAM types.

Results

Among 51 formal interviewees, just over half (28, including two informally observed participants) were consumers who recently or previously accessed Chinese medicine from practitioners, and/or practitioners who provided Chinese medicine or related treatments to clients. The preferred Chinese medicine treatment approach mentioned by this group as a whole was acupuncture in combination with Chinese herbs. For some, acupuncture or Chinese or other Oriental massage techniques (*tuina* or *shiatsu*) were used alone.

In contrast to the commonality of self-prescribing of Western herbal medicines, nutrition supplements, and homeopathic remedies witnessed in the overall research project, self-treatment with Chinese medicine healing methods was not described by any respondents, other than home preparation of decoctions of practitioner-prescribed raw Chinese herbs. Findings about Chinese medicine use are presented below in narrative form, under two headings, describing consumers and practitioners.

Consumers of Chinese medicine

There were 16 consumers of Chinese medicine. Nine used acupuncture and Chinese herbs in combination, and five had needling acupuncture only. Three currently received laser acupuncture from an IM practitioner without herbal or needling treatment (one of whom had recently received combined acupuncture and herbs).

These low-income Australian consumers

”

In contrast to the commonality of self-prescribing of Western herbal medicines, nutrition supplements, and homeopathic remedies witnessed in the overall research project, self-treatment with Chinese medicine healing methods was not described by any respondents,

“
They placed significant trust and confidence in practitioners, in the value of traditional explanations underlying Chinese medicine practices, and in the workings of the seemingly mysterious skills used in clinic practice.

had confidence in Chinese medicine, believing it was either partially effective or highly effective in improving health. They explained its healing action in simplistic terms, without expecting to fully understand how acupuncture points or meridians worked. They placed significant trust and confidence in practitioners, in the value of traditional explanations underlying Chinese medicine practices, and in the workings of the seemingly mysterious skills used in clinic practice. Those who consumed Chinese herbal medicines experienced an enhanced sense of personal involvement in the treatments they received. However, most found the cost of Chinese medicine treatments prohibitive.

Confidence in integrative use of laser therapy

Personal stories about laser acupuncture revealed a high level of confidence in Chinese medicine's effect, and significant placing of trust in their integrative biomedical general practitioner (GP).

One interviewee, great-grandmother and pensioner Lorelei, several years after combining conventional and CAM treatments for bowel cancer, claimed that regular laser acupuncture was “valuable as a maintenance program”. Furthermore, because this treatment was provided by an integrative medical GP, a partial Medicare rebate on upfront fees was allowed (although less than for medical consultations).

A retired naturopath, Donald, with an abiding interest in Western herbal medicine, had previously avoided acupuncture following a negative experience, and never used Chinese herbal medicine. More recently however, in his mid-60s, Donald regularly visited an integrative GP for laser acupuncture treatment of painful arthritis in his hands, enjoying the personality and approach of the practitioner.

Poppy, a 46-year-old sole parent who home-schooled her children, had mixed results with laser acupuncture, and eventually resorted to physiotherapy for back pain. She liked the integrative GP, who was knowledgeable about her back problems as well as being “into alternatives”. Nevertheless, she claimed the effect of laser treatments “did not hold” for her, and “would get better then worse again”.

Success with needling acupuncture

Several interviewees believed needle acupuncture improved their overall wellbeing. They displayed curiosity about Chinese medicine, and a willingness to try it experimentally, despite the perceived “pain of needles”, and limited knowledge of its action. Jennifer, 59, for example, recalled using combined acupuncture and Chinese herbal medicine for several health problems. Numerous acupuncture sessions had benefited her health, and she mused:

There's no pleasure in the stinging you initially feel, it isn't that! To me it's a great relief of disabling symptoms, such as [recurring] migraines... I was so relaxed, I'd fall asleep with 10 or 15 needles in me! [There's] something happening there, of real relief.

Jennifer made no claim to understand how Chinese medicine works, despite having heard “multiple explanations”. With clear memories of Chinese medicine treatment sessions, she felt nonetheless that Chinese medicine knowledge was valid, and stated:

The acupuncturists talk about meridians, and ... have life-sized posters on the walls. They point to different parts and explain the meridians... Even the way they take a pulse, they detect five or six pulses, where the standard [conventional medicine] people find one. I think, OK, if they feel five pulses good on them! I don't think they're making it up.

Nicole, 35, had successful acupuncture treatments for relief of back and neck pain following a car accident, and described:

[I'd lie] on my stomach, and try and stay still, 'cause once you move, and lie on a pressure point, ouch! You feel: "I've been lying here for ages; I just have to stretch my leg", but ... it's like, "Oooh, I shouldn't have moved it!" ... They [place needles] quickly, different from ... injections at the doctors; [the needle] is very flimsy. I hate needles, and I have acupuncture!

Nicole also observed the rapid action of her mother's acupuncture treatments, and claimed:

It's quick[-acting]... I don't know what this

guy does, but my mum broke her ankle, and... was told by doctors, once the cast was off she'd be walking in six weeks. She [said]: "I'm going to the guy I always see," and she was walking in two weeks!

Helaina, 61, despite struggling to afford practitioner-provided treatments, described acupuncture as helpful for her chronic shoulder pain. She said:

I couldn't really afford alternatives [but] occasionally... when I had severe shoulder pain and limited use of my left shoulder and arm, it came good with Chinese acupuncture. ... I paid for that [treatment] a few times. I think I went to a Chinese practitioner.

A sense of involvement with Chinese herbal medicine

Another group of interviewees found a sense of personal involvement in the processes of preparing and consuming Chinese medicine treatments. The following descriptions highlight this involvement, experienced by taking Chinese herbal medicines.

Jennifer described raw Chinese herbs, taken in conjunction with acupuncture treatments:

They were loose dried herbs in a paper bag. I was given instructions to take 'em home, boil 'em in a particular sequence and so forth, and I did start to feel a lot better... The Chinese herbs assisted my condition. [They] were highly efficacious; [I had] to cook them... [for] migraine and... peri-menopausal symptoms. They had to be boiled twice, then strained. Initially they were horrid, very bitter, but I got used to it and started to enjoy drinking the liquid. It had to be made up fresh [each few days].

Danielle, a sole-parent and student of massage, in her mid-40s, described Chinese herbal medicine as follows:

There are different ways [to] take [Chinese herbs], as a powder form, or boil them up and drink the water, but that's probably the most inconvenient... [Herbs are usually] part of [Chinese] treatment ... [with] acupuncture. [There] might be heat ... [say with] period pain... for different reasons... It might be a

hot condition, so they'll give cooling herbs, or for a cool condition, they'll give you heating herbs.

Sarah, 54, sought diverse CAM treatments over time, to support her own and children's wellbeing, particularly her chronic back pain caused by horse-riding, weight problems, sole-parenting and farm work. About taking patent Chinese herbs, she said:

I'm "doing" acupuncture, Chinese herb medicine and chiropractic... for two and a half years... [I have] lots of needles, and [herbal] tablets, those ball-bearing things. You take 11 of 'em or something. ... You take 'em 20 minutes before food. I can never work that out!

Chinese medicine practitioners

Seven practitioners in the study claimed Chinese medicine was their major clinical focus. One practised Chinese herbal medicine and needling acupuncture in both rural and suburban clinics, and four used acupuncture only. Of these four, one practitioner stopped prescribing herbs to specialise in acupuncture, another provided laser acupuncture in a naturopathic clinic, and a third and fourth had recently established a shared-practice multi-bed community clinic in a rural town, providing needling acupuncture at low cost (see: Chao, Tippens & Connelly, 2012; Stone, 2008; Rohleder, 2007; Calabro, 2010). A student practitioner used *tuina* and shiatsu, and the seventh in this group was a retired, occasionally-practising shiatsu provider employed full-time in community development.

Five other practitioners used methods derived from or associated with Chinese theoretical traditions. Shaun had been a retailer of proprietary Chinese herbal pills, among other supplements and health foods. Marina used Chinese-style tongue and face diagnosis in a student naturopathic clinic. Louisa adapted EFT (Emotional Freedom Technique), which she calls "emotional acupuncture", from Educational Kinesiology and Touch For Health, methods originally developed from Chinese knowledge about meridians, body energies, and acupuncture points, and Western knowledge of muscle physiology (Australian Kinesiology Association, 2011). Vicky and Penny both

”

They had to be boiled twice, then strained.

Initially they were horrid, very bitter, but I got used to it and started to enjoy drinking the liquid.

References

- Australian Kinesiology Association Inc. (2011). What is Kinesiology? A new healing science comes of age. In website: *Australian Kinesiology Association*. Retrieved from: <http://www.akakinesiology.org.au/about-kinesiology>, last access May 2015.
- Baer, H. (2007). The Drive for Legitimation in Chinese Medicine and Acupuncture in Australia: Successes and Dilemmas. *Complementary Health Practice Review*, 12(2), 87-98.
- Bensoussan, A., & Myers, S. P. (1996). Report: *Towards a safer choice: The practice of traditional Chinese medicine in Australia*. University of Western Sydney: Faculty of Health.
- Calabro, S. (2010). Community Model Improves Access. In website: *AcuTake: Discover how acupuncture works*, retrieved from: <http://acutakehealth.com/community-model-improves-access>, last access May 2015.
- Chao, M. T., Tippens, K. M., & Connelly, E. (2012). Utilization of Group-Based Community Acupuncture Clinics: A Comparative Study with a Nationally Representative Sample of Acupuncture Users. *The Journal of Alternative and Complementary Medicine*, 18(6), 561-566. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3390970/>, May 2015.
- Easthope, G., Beilby, J. J., Gill, G. F., & Tranter, B. K. (1998). Acupuncture in Australian general practice: practitioner characteristics. *Medical Journal of Australia*, 169(4), 197-200.
- Fruehauf, H. (1999). Chinese Medicine in Crisis: Science, Politics, and the Making of "TCM". *The Journal of Chinese Medicine*, 61, 6-14. Retrieved from: <http://www.classicalchinesemedicine.org/2009/04/chinese-medicine-in-crisis-tcm/>, May 2015.
- Han, G. S., & Ballis, H. (2007). Ethnomedicine and dominant medicine in multicultural Australia: A critical realist reflection on the case of Korean-Australian immigrants in Sydney. *Journal of Ethnobiology and Ethnomedicine*, 3(1), 1-14. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1781421/>, last access May 2015.
- Han, G. S., & Davies, C. (2006). Ethnicity, Health and Medical Care: Towards a Critical Realist Analysis of General Practice in the Korean Community in Sydney. *Ethnicity and Health*, 11(4), 409-430.
- Hsu-Hage, B. H. H., Tang, K. C., Li, R. J., Lin, V., Chow, T., & Thien, F. (2001). A Qualitative Investigation into the Use of Health Services among Melbourne Chinese. *Australian Journal of Primary Health*, 7(3), 38-44. Retrieved from: <http://www.publish.csiro.au/paper/PY01044.htm>, last access May 2015.
- Hun-Yuan Research Institute (2013) website. Online at: <http://www.chineseclassics.org/j/>, last access May 2015.
- Jennings, G., Brown, D., & Sparkes, A. C. (2010). 'It can be a religion if you want': Wing Chun Kung Fu as a secular religion. *Ethnography*, 11, 533-557.
- Kapchuk, T. J. (2000/1985). *Chinese Medicine: The Web That Has No Weaver*. Sydney: Rider.
- Pirotta, M., Farish, S., Kotsirilos, V., & applied ideas about acupuncture to specific rituals, during earth healing ceremonies, from Western occult tradition or "new age"/"pagan" beliefs, and dubbed this "earth acupuncture".
- Of the five practitioners providing acupuncture (only one in combination with Chinese herbal medicines) four resided in local rural townships. The following two narrative passages focus on practitioner case examples, of 30-year-old Stephen Wiseman, who works from two private clinics, and 49-year-old Knut Buchner, who established the low-fee multi-bed community clinic in conjunction with Kerry, the only woman acupuncturist of the group.
- A circular model of holism*
- Steve Wiseman is a young Melbourne-trained Chinese medicine practitioner, providing acupuncture, Chinese herbs, massage and occasional laser therapy, four afternoons per week. Through an early interest in Buddhism and taichi, Steve's teacher influenced him to study Chinese medicine. After an undergraduate degree and five years in practice, he estimates his usual patient load averages 12-20 clients weekly. When interviewed, Steve had returned from 23 days study-leave in China, and had shifted one of his clinic practice locations from a room in an integrative local-town medical clinic to a more peripheral chiropractic clinic (his other clinic is at a multi-modality centre in an outer suburb). As a result of these changes, and weeks of cold rainy Victorian weather, Steve's patient numbers were experiencing a slump. He was seeing six to eight patients per week, waiting for numbers to recoup, and laughed at questions about income. However, clinic rent for the chiropractor's office was cheaper, covered longer sessions, offered greater time flexibility, and the chiropractor referred more patients to him than the medical doctor had done. Steve's patients are mainly sourced by advertising online, on health websites searchable by suburb or location, and in the local directory, rather than newspapers.
- Steve selects treatment in each case depending on a patient's presenting condition, and whether they're taking pharmaceutical medications, particularly Warfarin, that may interact with herbs (Zhang, Tan, Tong, et al., 2011; Siow, Gong, Au-Yeung, et al., 2005). He said: "Most people get acupuncture; some get herbs and acupuncture. For musculoskeletal conditions it's usually massage and needles, sometimes laser." Steve enjoys the increased interaction and patient feedback from using needles, "such as when finding needle sensation", in preference to laser acupuncture. Nevertheless, he attempted to explain his understanding that laser works by increasing tissue permeability, and improves cellular respiration and ATP synthesis.
- Steve prescribes large doses of high-quality raw herbs to support acupuncture treatment, seeking to tonify fundamental yang and remove obstructions to function arising from deficient vitality and lack of flow (compare: Wagner, 2010, p.23). This flow-or-slow effect occurs within a conceptually circular holistic model of body energy, based on teachings about Hun-Yuan (meaning "primordial/essential soul"), that predate the *Shang Han Lun* (Hun-Yuan Research Institute, 2013; Young Jie De & Marchment, 2009), provide a link to taichi practice (Seidman, u.d.; Wilms, 2010), and serve as a conceptual explanation for life and the world, beyond body mechanisms.¹ Steve interprets Hun-Yuan as a holistic traditional philosophy, useful to diagnose imbalances in cyclic energy flow and indicate restorative prescriptions, rather than relying on a Westernised contemporary Chinese medicine outlook that may seek to remedy symptoms and blend with biomedicine (Fruehauf, 1999).
- According to Steve, Chinese medicine addresses the reasons people become sick, and acts truly curatively rather than simply masking symptoms. It could reduce costs to governments budgeting for healthcare subsidisation compared to conventional biomedical treatments. While biomedicine appears cheaper for Australian consumers, real long-term costs are disguised by taxpayer funded initiatives, and the personal expenses of unresolved health problems and medication side effects remain unacknowledged. Steve believes many GPs are tunnel-visioned about CAM, including the integration of Chinese medicine and biomedicine, and refuse to accept positive results from relevant research studies. However he also acknowledges GPs are limited by patient and peer expectations

of what constitutes acceptable medical treatment.

Adapting a practice approach for community
Knut Buchner is a middle-aged quietly spoken Brisbane-trained acupuncturist. After realising many local community members were unlikely to afford consultation fees for acupuncture treatments, Knut undertook the task of opening a low-fee multi-bed acupuncture clinic, in late 2012, with fellow acupuncturist Kerry. The clinic operates for low cost in a public building one day per week, with fees of \$35, or \$25 (concession), per treatment. Kerry had prior experience in community clinics in southern Queensland and northern New South Wales.

When I arrived at the clinic two men were being treated. One lay supine with shirt lifted and numerous acupuncture needles visibly placed in his body, and the other was prone. A woman in her 30s waited on a wooden bench seat at the side of the timber-lined room, cradling a small child. Knut worked serenely with his back to me, holding a peaceful concentrated energy while massaging the neck and shoulder of the nearest of the two patients.

I chatted with Kerry, who commented that the building's owners were supportive, rent was cheap, and the venture, a reliable part-time income-earner for herself and Knut, also provided an avenue for professional experience, although strong winds that morning had kept people away. Usually they had been busy, with all five "beds" (arranged along the centre of the room) occupied by low-income local people, one morning per week. Knut and Kerry bring foldable massage tables with them each week, and a wheeled trolley carrying other equipment. Kerry also joked about taking an acupuncture table to local weekend markets, where she'd been able to encourage even normally shy people to remove their clothing "in public" to permit insertion of acupuncture needles.

Discussion

Participant stories presented in this brief research report revealed Chinese medicine is commonly used among rural-dwelling Australians in Victoria. Respondents displayed a curiosity about Chinese medicine practices, a sense of involvement derived

from preparing and taking herbal medicines, and considerable trust in Chinese medicine practitioners. Private-sector consultation fees caused inaccessibility of treatment for consumers, and most practitioners had difficulty making a complete living from private practice. This prohibitive effect has been partially altered in recent years through multi-bed community clinics, now established in numerous Australian locations, and in part through integrative biomedical practice.

Chinese medicine encompasses a vast body of knowledge, often regarded as established and relatively fixed. The most interesting realisation for the author in compiling research data about Chinese medicine was understanding that its traditions continue to change, through what is effectively a folk process, assuming new forms and contemporary guises. These include the use of powdered herbs for convenience, rather than raw herbs, the incorporation of alternative interpretations of philosophy, such as practitioner Steve's interest in Hun-Yuan, and the multi-bed clinic trend, facilitating low-income client access and enhanced acupuncture practice opportunities. These changes steer Chinese medicine towards traditional practice as much as away from it, by facilitating greater use of herb medicines, reinforcing traditional and popular or folk sources of learning, and reintroducing philosophical concepts that have become partly outmoded through westernisation and college-taught reliance on biomedical aims.

Conclusion

This brief research report, in ethnographic format, has highlighted narratives about Chinese medicine use by low-income consumers and practitioners in a rural community in Victoria state, as part of an anthropological study of the use of CAM among low-income rural Australians.

Endnote

1. Kaptchuk (2000), pp.60-62, defines *hun*, and Unschuld (2010/1985), pp.77, 202, defines *yuan-ch'i*. Also, Jennings, Brown and Sparkes (2010) ethnographically describe Wing Chun Kung Fu, in England.

- Cohen, M. (2002). Characteristics of Victorian general practitioners who practise complementary medicine. *Australian Family Physician*, 31(12), 1133-1138.
- Rohleder, L. (2007). Widening the Door: Privilege and Access. *Acupuncture Today*, 8(1). Retrieved from: <http://www.acupuncturetoday.com/mpacms/article.php?id=31448>, last access May 2015.
- Seidman, Y. (undated). *Chen Style Xin Yi Hun Yuan Taijiquan as a Legacy of Chinese Culture*. Retrieved from: <http://www.taijichinesemedicine.com/legacy.htm>, last access May 2015.
- Siow, Y. L., Gong, Y., Au-Yeung, K. K. W., Woo, C. W. H., Choy, P. C., & O, K. (2005). Emerging issues in traditional Chinese medicine. *Canadian Journal of Physiological Pharmacology*, 83, 321-334.
- Stone, C. (2008). Multi-bed Acupuncture clinics: a new model of practice. *The Journal of Chinese Medicine*, 88, p.18. Retrieved from: <https://www.jcm.co.uk/multibed-acupuncture-clinics-a-new-model-of-practice.html>, last access May 2015.
- Tang, S. (2007). 'From Outcast to Inboard': The Transmission, Professionalisation and Integration of Acupuncture into British Medical Culture. *Asian Medicine*, 2(2), 254-276. Retrieved from: http://www.tibetanmedicine.com/html/tokar_iastam.pdf, last access May 2015.
- Unschuld, P. U. (2010/1985). *Medicine in China: A History of Ideas*, 25th Anniversary Edn, Berkeley and Los Angeles, California: University of California Press.
- van Doorslaer, E., Clarke, P., Savage, E., & Hall, J. (2008). Horizontal inequities in Australia's mixed public/private health care system. *Health Policy*, 86, 97-108.
- Wagner, C. (2010). *Japanese Acupuncture 101: A Clinical Guide for Beginners*, USA: Calibre Books.
- Wilms, S. (2010). Nurturing Life in Classical Chinese Medicine: Sun Simiao on Healing without Drugs, Transforming Bodies and Cultivating Life. *The Journal of Chinese Medicine*, 93, 5-13.
- Wong, F. K. D., Lam, Y. K. A., & Poon, A. (2010). Knowledge and preferences regarding schizophrenia among Chinese-speaking Australians in Melbourne, Australia. *Social Psychiatry Epidemiology*, 45, 865-873.
- Xue, C. C. L., Zhang, A. L., Lin, V., Myers, R., Polus, B., & Story, D. F. (2008). Acupuncture, chiropractic and osteopathy use in Australia: a national population survey. *BMC Public Health*, 8(105), 1-8. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2322980/>, last access May 2015.
- Young Jie De, G., & Marchment, R. (2009). *Shang Han Lun Explained*. Chatswood, NSW: Churchill Livingstone/Elsevier.
- Zhang, Z. J., Tan, Q. R., Tong, Y., Wang, X. Y., Wang, H. H., Ho, L., M., Wong, H. K., Feng, Y. B., Wang, D., Ng, R., McAlonan, G. M., Wang, C. Y., & Wong, V. T. (2011). An Epidemiological Study of Concomitant Use of Chinese Medicine and Antipsychotics in Schizophrenic Patients: Implications for Herb-Drug Interaction. *PLoS ONE*, 6(2), 1-9. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/21359185>, last access May 2015.