

An Interview With Dr. Paul Unschuld

By Matthew Bauer, LAc

The field of acupuncture/Oriental medicine has seen a tremendous amount of growth since first bursting on the scene in the West some 30 years ago. Understandably, much of the growth in this field has centered around establishing training and licensing programs, as well as forming a basic infrastructure of regulators, professional organizations, and suppliers of both materials and information.

As this initial "big bang" has begun to wane, the AOM field seems to be entering a phase of reflection as leaders seek to re-evaluate and refine current positions on such areas as training standards and the operation of key organizations. Many involved in the AOM field have begun trying to better understand the history of Oriental medicine, as re-evaluating training and practice standards often involve opinions regarding faithfulness to the "true" or "original" theories/practices of the founders of this healing art. Even those not interested in re-evaluating current policies tend to find the subject of the history of Oriental medicine fascinating on its own accord.

During the time AOM began making a name for itself in the West, a handful of scholars began undertaking a systematic study of Chinese medical classics and other sources of information relating to the history of Oriental medicine. One such scholar is Dr. Paul U. Unschuld. As director of the Institute for the History of Medicine at the University of Munich (with degrees in Chinese studies, pharmacology, public health, and political sciences), he has distinguished himself as one of the world's leading authorities on the history of Chinese medicine. Author of several highly regarded books, his most recently published work, *Huang Di Nei Jing Su Wen, Nature, Knowledge, Imagery in an Ancient Chinese Medical Text*, is the world's most detailed and in-depth analysis of the multiple factors that lead to that most famous of Chinese medical classics. Anyone desiring to understand the roots of Chinese medicine would benefit from studying this work. His actual translation of the *Su Wen* is scheduled to be published sometime next year.

I was honored to have the opportunity to ask Dr. Unschuld a few questions regarding more than 30 years studying various aspects of Chinese medicine history.

Matthew Bauer (MB): Could you tell us how you became interested in the study of the history Chinese medicine?

Paul Unschuld (PU): In the 1960s, while I studied at the Munich University School of Pharmacy, I was quite interested in international relations. With the Cold War tensions easing a bit in Europe, the fighting between China and the Soviet Union caught our attention. As I was quite fluent in Russian, I thought I should study Chinese to be able to read information from their side, too, so I enrolled in Chinese language courses. After graduation, in 1968, my wife and I applied for a grant to visit Taiwan (the only part of China accessible to a West German at the time) to improve our spoken Chinese. With our pharmaceutical background, we thought it would be most appropriate to research the situation of medical care and pharmaceutical supplies in Taiwan. We knew little of Chinese traditional medicine when we arrived, but met a scholar, Dr. Na Qi, who introduced us to the history of Chinese pharmaceutical literature and the current status of Chinese traditional pharmacy on Taiwan. He also informed me of the works of the eminent Japanese researcher of Chinese traditional medical and pharmaceutical literature, Dr. Okanishi Tameto, who I had a chance to meet in Kyoto a few years later, shortly prior to his passing away.

It soon became evident that to understand the presence of Chinese traditional medicine, one needs to understand the past. During our one-year field research on Taiwan (1969-1970), I interviewed more than a hundred physicians and pharmacists of Chinese traditional medicine. Many conflicting interpretations of past developments and of the essence of Chinese medicine came to my attention. Also, structural peculiarities, such as the doctor-patient relationship in Chinese traditional medicine, and the fact that physicians often are employees of pharmacies, raised our interest and led us to devote more time to historical research. My wife used the time in Taiwan to study the beginnings of the Chinese pharmacology of systematic correspondences during the Song, Jin and Yuan dynasties. A Yuan dynasty *materia medica*, Wang Haogu's *Tangye Bencao*, was the focus of her dissertation. I concentrated my research on the current situation of Chinese traditional medicine in Taiwan, and it was only after our return to Germany that I took the lead, outlined in my wife's dissertation (namely to trace fundamental conceptual changes in Chinese medicine to similarly fundamental changes in the sociopolitical environment), to examine larger time sections of Chinese medical history. This eventually led to my *Medicine in China: A History of Ideas*. If I had played with the thought of becoming a specialist in Sino-Soviet relations before we went to Taiwan,

being back in Munich, a future devoted to the history of medicine in China appeared much more fascinating.

MB: A central theme of your work is the importance of considering the cultural environment in which medical theories develop, also known as the "external history" of medicine. Could you elaborate on this?

PU: Medical practitioners may decide what they want to be: mechanics or intellectuals. The mechanic views the body as a machine that, every now and then, requires repair. He does not need to know much about the mental condition of his patients, and he does not bother much why he does this or that. He has learned that one intervention will be able to deal with problem "A," and another intervention will successfully cure problem "B."

The intellectual healer follows a different course. He wants to know why biomedicine has arrived at its current notions of the origin and nature of disease, and at therapeutic interventions derived from them. He wants to know what the essential difference is between different health care traditions, and he wishes to have arguments (and be able to voice these arguments) as to why he prefers one approach over another. The intellectual healer may realize that one type of health care is good for a certain portion of his clientele, while the mental set-up of another portion of his clientele requires a different therapeutic approach.

To be able to understand the paths Western and Chinese traditions of health care have taken, it is essential to study the cultural environments in which they have developed. Medicine cannot be understood without its external history. Anybody who criticizes biomedicine for whatever shortcomings or deficits it has - and it has many - and wishes to change things or create a better medicine, will end up as a Don Quixote if he does not take the cultural environment, or external history, of medicine into account. An awareness of the close links between the conceptual foundations of health care traditions and their cultural environment makes one understand, first, that medicine cannot change without changes in the world view and/or existential experiences of a given population, and, second, that certain patients cannot be successfully treated by means of therapies legitimated by a world view that is not their own. What it comes down to is the following: to study the cultural history of human reactions to existential threats such as illness and the danger of early death means to study the essence of the human condition. To reach an understanding of the human condition and assist one's patients to overcome episodes of disease, or to prevent disease - that is the difference between an intellectual physician and a mechanic.

MB: Could you expand on why you focus much of your work on comparing the history of Western and Chinese medicine and how important you believe it is for advocates of Chinese medicine in the West to understand these subjects?

PU: Why do I teach medical students the history of European and Chinese medicine? Medicine develops not only with its cultural environment, it also develops amidst a political arena. Anybody who grew up in a Western society and develops an interest in Chinese traditional medicine is confronted with an import from a foreign culture. How does he or she know whether the product taught by his teacher, whether Chinese or Western, is genuine? How does he or she know whether the literature offered reflects true Chinese medicine, or the views of some more or less ill-informed writer? It is a fact that more than 95 percent of all literature published in Western languages on Chinese medicine reflect Western expectations rather than Chinese historical reality. Bestsellers are usually written by those who know no Chinese, have no access to Chinese medical history, and have never - or at best for short periods - been to China.

There is, I wish to emphasize, nothing wrong with these books, as they were informed by visions of an ideal health care presumably developed in China. As such, these books tell us something about what is lacking in Western biomedicine, and what is expected by many as a remedy to cure an ailing Western health care system. This way, these books fulfill an important function. They suggest ways to improve or circumvent biomedicine, and offer ideas and strategies that may be helpful for many. Nevertheless, while they reflect Western yearnings, they fail to reflect the historical truth of Chinese medicine. Chinese medical history is, indeed, a huge treasure box, and given that TCM has selected only parts of its contents, serious historical research may turn up many more.

MB: (Laughing) The publisher of my forthcoming book will be happy to hear that I meet two and perhaps all three of your criteria for a bestseller. Seriously though - what advice would you have for individual practitioners who wish to learn more about the history of Chinese medicine and for acupuncture/ Oriental Medicine schools who want to include that subject in their curriculum, especially at the level of the recently established Doctoral degree program?

PU: Unfortunately, there is very little available in Western languages on the history of Chinese medicine. No research institute exists in the West where the history of Chinese medicine is researched systematically over an extended period of time. Nevertheless, the body of scholarly works on the history of Chinese health care traditions is steadily growing. Don Harper's profusely annotated translation and analysis of the

Mawangdui manuscripts is indispensable for an understanding of the pre-conditions of the subsequent emergence of Chinese medicine in the Han era. Kim Taylor's book *Chinese Medicine in Early Communist China* is required reading if one wishes to understand the politics behind the formation of TCM. Paul Buell has published a dietary work from the Mongol dynasty, *A Soup for the Qan* with most informative annotations, and Nigel Wiseman has contributed the most reliable translation available of Zhang Ji's *Shanghan Lun* of the late Han dynasty.

I myself have conducted my own research partly to meet the interests of my students, some of whom attend medical school; others are in Chinese studies. Thus, I have offered initial studies of the history of Chinese pharmaceutical literature, of the history of ideas in Chinese medicine, and of several seminal texts, such as the *Nanjing* of the 1st century AD, Xu Dachun's "On the Origin and Further Development of Medicine" of the 18th century, the ophthalmological treatise "Essentials on the Silver Sea" of perhaps the 15th/16th century (together with J. Kovacs), and together with H. Tessenow and J.S. Zheng the introductory volume to the *Huang Di Nei Jing Su Wen* translation project. This book (*Huang Di Nei Jing Su Wen: Nature, Knowledge, Imagery in an Ancient Chinese Medical Text*), together with the *Nanjing* translation, may be my most important contribution to the emerging picture of the beginnings of Chinese medicine in the Han era. Anybody who is interested in knowing the true historical origins of Chinese medicine should read this introductory volume to the *Huang Di Nei Jing Su Wen* project. It is only with this background in mind that one is able to reach an informed judgment on what early Chinese medicine may contribute to our health care needs today.

Also, I have shown, in *Chinese Medicine in Historical Objects and Images*, the value of material objects as sources for a more comprehensive understanding of Chinese medical history. It should be hoped that more will be published. For the time being, however, readings from these books will be very helpful to learn more about the history of Chinese medicine.

At present, I am working on a revised edition of *Introductory Readings in Classical Chinese Medicine*. This reader offers a wide selection of most informative texts from two millennia of Chinese health care traditions.

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