In 1982, philosopher Renzong Qiu published a review article in the first number of the new journal *Metamedicine*. His topic was “Philosophy of Medicine in China, 1930–1980” (Qiu 1982). As a professional philosopher working for the Chinese government’s major social research institute, the Chinese Academy of Social Sciences (CASS), he sought to bring to the attention of an English-reading academic public the theoretical and policy debates that had swirled around the field of traditional Chinese medicine (TCM) during the 20th century. Of necessity, and recognizing the recent international interest in “medicine and philosophy,” he distinguished between the natural philosophy that had informed the specialized knowledge of medicine in China for at least 2,000 years and the recently formalized discipline of philosophy of medicine (Qiu 1982: 36). (I will return to “natural philosophy” below.)

Qiu’s article shows that the philosophy of medicine in China, which included both academic philosophy and medical theory-building, was an especially lively field in 1982. There was a complex history of intellectual and institutional struggle, dating from the 1920s, between those who sought to replace indigenous medical practices with modern biomedicine and the experts of “traditional” medicine who fought to maintain the value of their field (Lei 2014). Debates had turned at mid-century from merely factual or natural scientific matters to include “philosophical foundations.” The journal *Yixue yu zhexue* (Medicine and Philosophy) began publishing in Chinese in 1980, just two years after the journal *Medicine and Philosophy* was inaugurated in the United States. Many of the Chinese journal’s articles explored the logical and ontological character of TCM through readings of specific bodies of literature, drawn from a vast archive spanning several thousand years.

Colleges of medicine were teaching the history and philosophy of science and medicine to medical students, often working from departments of “Natural Dialectics,” a phrase adopted from an obscure philosophy of science work by Friedrich Engels. Introductory textbooks of TCM were revised and reissued with larger and more classically oriented sections on “theoretical foundations.” Leading doctors turned their attention to the production of rich histories of ideas in medicine, and critical clinicians advanced new terms to talk about the deep conceptual differences they found between their practice and that of biomedical physicians.
“Epistemology” (renshilun), “methodology” (fangfalun), and “style of thought” (siwei fangshi) were keywords for senior Chinese doctors and graduate students alike, and scholarly books were published on the aesthetics, phenomenology, and metaphysics of Chinese medicine. This philosophical labor undertaken in the 20th century by the modernizing users of an effective and historically deep medical practice was integral to the modern constitution of the clinical and research field of TCM.

As Renzong Qiu pointed out, Chinese medicine, ancient and modern, is nothing if not philosophical. It is, however, quite a recent phenomenon for specialists to abstractly and systematically analyze the “philosophical foundations” of Chinese medicine. And though some of the best philosophers concerned with TCM have been privately dismissed by full-time clinicians as “not very good doctors,” and thus unreliable as philosophers or theorists as well, many thinkers and writers have successfully shown deep currents of connection between ancient metaphysics and modern “traditional” medical practice. TCM, notwithstanding all its clinical and scientific modernizations, is one of the few active fields of human endeavor in the contemporary world that keeps a radically different world of things and forces in play, for thought, for healing, and for use in everyday life.

As I will argue in the remainder of this discussion, TCM works with natural processes and entities that are not available for thought in the terms provided by the modernist natural sciences. The fact that an “other world” of things and forces can ground an effective medicine in the 21st century should at least, to adopt Isabelle Stengers’ advice, “slow down thought” (Stengers 2005). Modern Chinese philosophers have argued, critically and correctly, that all medicine everywhere adopts epistemological and metaphysical habits from wider fields of thought. Perhaps through engaging with Chinese medicine as philosophy, as some writers in Chinese have been doing for the last half-century, it will be possible to see medicine in general with fresh eyes. At the very least, after coming to terms with the radically different discursive possibilities of the classical Chinese scientific past, it should be easier to perceive some of the “tenacious [metaphysical] assumptions” informing the perceptions and strategies of doctors of all kinds (see Gordon 1988).

What Is TCM?

First it will be necessary to describe the modern field known as traditional Chinese medicine (TCM), especially as it exists in China today. The modern institutional complex that is TCM came into being during the Chinese nation’s struggle toward modern nation-statehood. To call the field “traditional” is thus something of a misnomer (and in fact, it is not usually called “traditional” in spoken Chinese). During much of the 20th century, as political modernization advanced, many great and little traditions of medicine in China were lumped together for the sake of argument and referred to as “national medicine” (guoyi) or “old medicine” (jiuyi). Because, as Sean Lei has shown, there was vocal opposition in government and scientific circles to the continuance of East Asian traditions of medical practice, starting as early as the turn of the 20th century, a number of reform movements were initiated within Chinese medicine. Imagining an integrated national medicine, for example, some traditionally trained scholar-doctors sought to demonstrate their understanding of anatomy, bacteriology, surgery, and other biomedical forms of knowledge, but they also asserted a form of Chinese empiricism, insisting that national medicine was “experiential” and thus required a philosophical foundation that was more phenomenological and pragmatic than positivist (Zhao 1989, Farquhar 1994, Lei 2014).

Even before the 1949 founding of the People’s Republic, reformed and expanded medical education, scientific research on natural pharmaceuticals, textbook editing projects, and speculative philosophy drawing on the theoretical heritage of Chinese medicine were becoming
important; they were accompanied by efforts in the Ministry of Health to impose a narrowed vision of what national medicine could be in a modern and later revolutionary China (Crozier 1968, Lampton 1977, Zhao 1989, Andrews 2014). Most historians date the birth of a modern system of TCM from the mid-1950s, when Mao Zedong declared in several speeches that “our motherland’s medicine” had intrinsic value and should be studied even by those trained in biomedicine (Taylor 2005). From 1956 onward, the institutions of Chinese medicine proliferated with Communist Party support, with a slowing of growth only in the Cultural Revolution years between 1966 and 1976. Schools, hospitals, clinics, professional associations, and many publications offered a national terrain in which a particular version of Chinese medicine could flourish (Scheid 2007). Edited and systematized, technically complex and clinically effective, TCM became a national treasure.

In the early decades of the development of TCM as a distinct scientific endeavor, scholars often spoke of the need to “salvage, sort, systematize, and elevate” the knowledge of the field. Modernization of a 2,000-year tradition, and its public health institutionalization, were thus recognized by many as requiring significant epistemological and metaphysical (including ontological) work. Arguing that Chinese medicine was very often an effective clinical practice, as well as being less invasive than biomedical interventions—a fact acknowledged even by its critics—was not enough to secure continuing official recognition and support, however. As one medical historian said to me, echoing the debates discussed by Renzong Qiu, “Unless you can show that there is theory, there’s no hope of the field being acknowledged as medicine.” He was referring in part to a persistent tendency in health policy circles to separate the tools of TCM—needles and herbs, manipulation techniques, and pharmaceutical formulary—from its systematic knowledge (the epistemology [renshilun] and methodology [fangfalun] that provide theory [lilun]). Biomedically oriented policy makers, by contrast, have often suggested that needling techniques and individual medicinal herbs could, eventually, be assessed in clinical trials and added one-by-one to the arsenal of “world” biomedicine, making no theoretical alteration to the modernist scientific foundations of biomedicine. There is still no shortage of critics who believe that the conceptual world of TCM, thus “scientized,” would then naturally fall by the wayside, superseded by modern science and technology and remembered as a different system only by historians.

But clinicians and teachers of medicine know that no medicine is just its tools and techniques; rather, within the world of TCM, many have insisted that a “style of thought” ([siwei fangshi]) particular to TCM can be articulated. Any effort to understand what TCM in modern China is, then, must attend to the philosophical work undertaken by experts in the field in the 20th century, as they drew on the speculative philosophies of a great many ancient writings. These skilled and thoughtful designers of a modern cum traditional medicine sought to “preserve the essence and discard the dross” they found in the vast and heterogeneous medical-philosophical archive, which spanned 2,000 years and included tens of thousands of texts. How they decided what was essence and what was dross, how they sorted their heritage for modern use in public health, is a story of philosophy in action. Indeed, TCM may be the only world arena of “applied science” in which a non-modern metaphysical system is still hard at work, grappling with the gritty reality of things that go unacknowledged by modern science and other objectivities (Heidegger 1971).

**Philosophy: A Metaphysics of Processes**

Chinese medicine heals in a world of unceasing transformation. This condition of constant change, this fluidity of material forms, stands in sharp contrast to a (modern Western) commonsense world of discrete entities characterized by fixed essences, which seem to be
exhaustively describable in structural terms. Mathematical and physical theories of relativity and indeterminacy notwithstanding, in our everyday life we still assume a Newtonian world of inertial masses, a world in which motion and change result from causes external to entities. Events must be accounted for in a logic of cause and effect, an ultimately mechanical relationship that requires the radical reduction of the plenum of phenomena to objects and forces. Think billiard balls: for one mass to go into motion, it must be directly contacted by another mass already in motion, which has been put into motion by another thing that is also being impelled from outside itself. For a commonsense modernist metaphysics, changes in the nature of an object, not to mention life and death, remain ultimate mysteries that escape mechanical and structural explanations. What drives a viral mutation or the development of an El Niño season? What is the objective difference between being alive (perhaps on a ventilator, or in a coma) and being dead? Such questions have presented challenges to natural scientists, but for the traditional Chinese sciences, questions like this are beside the point. Constant change in form and essence is taken for granted. The challenge is to perceive the patterns of transformation rather than to identify original causes.

The early Chinese sciences were indebted to what we might call a vitalist metaphysics. Generation and transformation are intrinsic to existence; nature in all its diversity is thought of as that which comes about spontaneously, of itself (ziran). It is stability and fixity, rather, that call for explanation: indeed, in TCM, stasis is usually diagnosed as a pathology. Things are held in place only through concerted action; motion and change, on the other hand, are a given and seldom need to be explained with reference to their causes. Working with TCM clinicians in the early 1980s, I found that they had little interest in what they called “disease causes” (bingyin). Patterns of pathological process (binglixue), on the other hand, interested them greatly.

One consequence of this dynamic bias in Chinese medicine is that the body and its organs (i.e., anatomical structures) appear as effects or by-products of the more fundamental physiological processes that are always taking place throughout the body and beyond. Air breathed converts to energy, food and drink become flesh and blood, through processes that can be understood by reading the body's expressive signs. Contenting oneself, as diagnostician, with locating and visualizing an internal structure, such as a tumor or a lesion, would be like closing the barn door after the horse has bolted. For the scholar-doctor, as for the classic philosopher, paying attention to the ongoing patterns of phenomena, or “the myriad things” (wanwu), as they become manifest in the world is the only effective way of discerning and intervening in a disordered natural process, that is to say, disease. The seasoned practitioner notes the qualities and forms of illness signs and the changing time and space relationships among them, eventually combining the vital powers of known therapies (such as the efficacies of herbal drugs) to influence developments in a more wholesome direction.

Philosophy: Cosmogony and Transformation

Theorists of Chinese medicine tend to consider the nature of transformation and existence, illness and health, in a cosmogonic framework. Medical practice is informed by a logic of becoming: let’s call this a transformative cosmogony. The process through which the world emerged at the origin of everything, and through which it continues to happen and generate myriad transforming things, helps readers and doctors understand how bodies work in the present.

Imagine yourself, then, as a TCM physician in a modern clinic, with blood pressure cuff, prescription pad, and acupuncture needles at the ready. Most of the patients coming to see you, especially in recent years, suffer from conditions that both you and they consider to
be “puzzling, recalcitrant, multiple disorders” (yinan zabing). This sort of problem, known to English-speaking biomedical practitioners as multiple comorbidity, is often encountered in clinics around the world, and TCM is widely acknowledged in China to be good at managing such problems.

Suppose that a patient comes to you with a chief complaint of radical digestive system breakdown. Almost everything she eats produces stomach pain, diarrhea, and sometimes vomiting. A biomedical physician has diagnosed the condition as celiac disease, and rheumatologists have tried to control her food allergies (which go well beyond gluten intolerance). Nothing has helped, and her condition has only worsened over several years.

As this patient’s TCM physician, you “seek the root” (qiuben) of her overall condition. This root is not only the original “cause” of the disorder (stress? early malnutrition?) but also the ongoing, deep-seated deviation from healthy physiological processes. Direct action to pacify and regulate discrete parts of the digestive tract will not work; stomach and intestinal malfunction are only symptoms of disorder at the root. More important are the entities known to TCM: yin and yang qi, and dynamic relations between physiological systems (which can be analyzed as the five phases, see below) affecting the activity of the whole body.

In meeting with your patient, you need to collect more observations than she thinks (at first) to share with you. As you inquire into her history, you find that as a world traveler working far from her old home, she has often had to change her diet. When you ask, she tells you that she is able to eat dates, honey, some grains, and fruit, but mainly when she visits her family in the arid far west of China. With more questioning you determine that she sleeps little, works long hours, sometimes has disturbing dreams, and sometimes inexplicably weeps. She has had several broken bones in recent years. You also note in talking with her that she is of a very animated disposition, with sparkling eyes and a ready laugh.

Is there one process that can be identified as responsible for all of these symptomatic expressions? In theory, for modern TCM, the answer would almost always be yes. Even though the body known to Chinese medicine is differentiated, spatially organized in systems, networks, and regions, most clinicians believe it is profoundly interactive, or, in their constant refrain, “a dynamic whole.” As you search for the root in this case, you work your way “back” through the signs of disease to put them together as expressions of a particular “holistic” process. Only if you understand or have a theory of this underlying unitary process can you design an effective intervention.

Suppose you decide that the problems all stem from a rather severe instance of “rising yang qi,” resulting from an overactive and inharmonious liver system, which is disrupting the smooth function of the heart system and depriving the spleen system (responsible for the downward movement of digestion) of the energy it would need to function properly. This discrimination of a deep pattern (bianzheng) would have important therapeutic implications. Avoiding, perhaps, oral medicines that would not easily be incorporated by the patient’s malfunctioning systems, you might decide to intervene with acupuncture in a system that may not yet have been disturbed, yet is closer to the root and origin of all physiology. You might, in other words, choose to bolster the generative and regulatory activity of the kidney system, home of “original qi” (yuanqi) and source of much of the energy that usually makes the liver system thrive. If the liver system, in other words, can be returned to its normal function of distributing yang qi smoothly throughout the body (rather than just “flaming upward”), then the heart will be less disturbed and the spleen will have what it needs to return digestion to normal.

This will take time. Rowing upstream toward the cosmogonic source of illness manifestations is not easy work, especially when a pathological process is long established as a “multiple comorbidity.” Moreover, it is not necessary for you, our clinician, to be a theorist or to explain the diagnosis to your patient in a metaphysical language. By the time you have been working
for a decade or two, you know, in a bodily way, the TCM things that require tweaking and the TCM habits of the world.

This clinical vignette is not easy to read as scientific or even rational; the systems I have invoked here, for example, are clearly not the organs of human anatomy. But looked at as generative processes, as cosmogonic, they make sense in TCM. Cosmogony matters because doctors must trace the roots of disorder. Here is a very ancient explanation of why, paraphrased from a text called Plain Questions:

Gui Yuqu said: Your servant has studied the Notebooks on the Ultimate Beginnings of the Heavenly Origins at great length. In this work it says: the vast and limitless heavenly void is the foundation of the root and origin of the generation and transformation of matter, and it is the beginning of the production of the myriad things. The five movements pass through the Dao of Heaven, ending only to begin anew, distributing the steady original qi of heaven and earth, epitomizing and comprehending the root and origin of generation and transformation upon the great earth, among the nine stars twinkling in the sky, and among the seven planets that revolve according to the degrees of heaven. Consequently, ceaseless change results from the myriad things having yin and yang aspects, having different characters of hard and soft, while opaque darkness and clear brightness emerge according to a definite positional order, and cold and heat come and go according to certain seasons. These mechanisms of ceaseless generation, this Way (Dao) of inexhaustible transformation, and the differing forms and manifestations of the world’s myriad things all in this way come out and are manifest.

What would we have to know to find a passage like this legible in any way? Perhaps the most intuitive idea invoked here is that of the seasons, or natural temporality: in the course of a year, cold gives way to warmth; in the course of a day, darkness gives way to brightness. Time, in other words, has patterns. It is an oscillation of qualities (light and dark, warmth and cold) across a polarized continuum. Nature, or the spontaneous Way (Dao), is a patterned process of material transformation that has a certain predictability. And perhaps the good doctor comes to “know” this patterning in his bones.

The fundamental polarizing movements in ontogenesis are called yin and yang. So it is also important to grasp the philosophical or metaphysical character of yinyang—that is, their relationship—if we are to understand how “the world’s myriad things all in this way come out and are manifest.” Further, what are “the five movements”? What in the world is “qi”?

Students of Chinese medicine approach the metaphysics of their craft when they are learning the theoretical foundations of TCM: they must learn to think with qi, yinyang, and the five phases. “Qi” (pronounced “chee”) is an indispensible term for Chinese thought, so fundamental that writers on medicine have hesitated to define qi as if it were an ordinary noun referring to a discrete thing. Instead, think of qi as the “stuff that makes things happen” in processes (Sivin 1987: 47). Though qi is quite substantial, it is at the same time a form of action. It is physiological and pathological processes of flow—driven by and formed from qi—that generate the concrete body and its (dis)abilities. Qi is the activity and substance of the natural processes that produce the real world.

Popular writers in English sometimes call qi “vital energy,” but the first major study of TCM epistemology in English, by Manfred Porkert (1974), translates it as “configurative force.” Porkert’s term seeks to capture the inseparability of qi (“the substance and vitality of which the universe is made”) from “pattern” (li, a central concern of neo-Confucian philosophy of the 11th and 12th centuries; see Scheid 2007). Qi is a force that manifests only in its configured results: the things of this world (e.g., hair and toenails, spleens and circulation channels, rivers and stars)
are qi-patterned gatherings of qi-substance. Rather than translating or defining qi, then, most scholars now writing in Western languages use the term untranslated, as qi or ch‘i, and writers in Chinese presume that readers have a sense of the term without needing a definition.

Armed with qi, then, the similarly ambiguous meanings of yin and yang might be more accessible. Modern discussions, like the TCM teaching materials I am quoting here, feel impelled to define these ancient metaphysical terms, but often do so more by putting them to use in situations than by anatomizing them. Here is a 1982 theoretical foundations textbook, for example:

Yin and yang are the Dao [the Way] of Heaven and Earth. They are the network of the myriad things, the father and mother of alteration and transformation, the root and beginning of life-giving and death-bringing, the abode of vitality and intelligence. The treatment of illness must trace this root. Thus it is that gathered yang is heaven and gathered yin is earth; yang ends life, yin begins life in latency. Yang transforms qi; yin brings forms to maturity. When cold reaches an extreme, it gives rise to heat; when heat reaches an extreme, it gives rise to cold. Cold qi generates what is turbid [yin]; hot qi generates what is clear [yang]. When clear qi is in the lower [parts of the body, which are relatively yin], it gives rise to “rice-gruel diarrhea”; when turbid qi is in the upper [part of the body, which are relatively yang], it produces swelling and distention. This is the opposed action of yin and yang, the counter-movement and following movement of illness.

(Cheng Shide et al. 1982: 68–69)

In this fragment, which is both poetic and medical, and which evokes the “rising yang” syndrome described above, the seasonal or fundamentally temporal character of yin and yang is quite clear. Natural, spontaneous oscillations between polar qualities can be named and even analyzed with a yinyang logic. An important feature of this passage, however, is the relationship it suggests between classification of phenomena as relatively yin or yang and the dynamic interaction of the phenomena so classified. Cool and turbid are yin, and they interact with yang-classified things and qualities to produce effects (illness, for example). The things of the world, or products of the great cosmogonic flow of the Dao, such as heaven and earth, life and death, the soft and the hard, are named as yin or yang and in the same moment placed in a polar and interactive relationship to each other.

The polarity of yin and yang thus allows the doctor to perceive numerous positions on the continuum of possibilities between its extreme points; just as hot shades into cold, and clear fluids can become turbid by degrees, the difference between life and death is discernible as infinite particularities of the yinyang relationship. Because all manifest phenomena can be placed on a continuum of effects, the yinyang of the bodily person and of the medical techniques through which her or his symptoms can be read is not much different from that of the cosmos as a whole. When we say, for instance, that “the female (or the cool, dark, junior) is yin and the male (or the warm, bright, senior) is yang,” producing perhaps a two-column list of paired qualities—hot/cold, male/female—we are classifying phenomena as relatively yin or yang. There is no pure yang-ness or yin-ness, but there is a polarized continuum along which there is a process of ceaseless change: “This is the opposed action of yang and yang, the counter-movement and following movement of illness” (Cheng Shide et al. 1982).

The Powers of Correlation

Let’s explore the classificatory dynamics to be found in yinyang analysis a little farther by taking up the “five phases” system. Philosophers of TCM have sometimes argued that TCM is a correlative science (Porkert 1974, Farquhar 1994). The ability of a yinyang metaphysics
to both classify and interrelate phenomena is an instance of correlative logic, a method that
groups things together according to their qualities or characteristics. This method is perhaps
even more clear in the system of the five phases than in the very generalizing relativities of
yin and yang. The “five phases” are conventionally listed in TCM as “wood, fire, earth, metal,
and water.” Consider this exuberant and puzzling first-century CE text on the correlations of
the “wood” phase, for example:

The eastern quarter generates a wind, [this] wind generates wood, wood generates
sour, sour generates the liver, the liver generates muscle, muscle generates the heart,
the liver [system] rules the eyes. This [process of generation (sheng)] in Heaven is
dark generative potential (xuan), in man is the Dao, on earth is transformation (hua).
Transformation generates the five flavors, the Dao generates wisdom, dark potential
generates vitality. Vitality in heaven is wind, on earth is wood, in the human frame
is muscle, among the viscera is the liver, among the colors is blue-green, among
the musical notes is jue, among the inflected tones is hu, in movement is grasping, among
the orifices is the eyes, among the flavors is sour, and among the intentions is anger.
Anger injures liver and sorrow overcomes anger, wind injures muscle and dry over-
comes wind, sour injures muscle and pungent overcomes sour. (Cheng Shide et al. 1982: 82–83)

This passage just begs to be made into a chart! Supplemented by four more lists of five phases
correlations, we could make a five-column table, listing under each rubric all manner of things:
here, “wood” is the heading under which the east wind, sour flavors, the liver (as organ and
as system of functions), muscle, the eyes, blue-green, the jue note, the hu inflection, grasping,
and anger are grouped together. Once the full five-part table was assembled, things like the
heart, sorrow, wind, dryness, and pungent flavors, also mentioned here, would have their place
under other rubrics.

Contrary to some early translations of five phases texts, the array of things and qualities
gathered under the five terms wood, fire, earth, metal, and water is not a materialism of “ele-
ments” or “humors,” which could only be seen as a kind of error about the ingredients of the
human body. It is not as if ancient Chinese scientists believed that sorrow and pungent flavors
and the liver were all made from the basic element of wood. Rather, in keeping with the
processual emphasis discussed above, wood is a convenient column heading for a grouping of
things that all manifest the same style of transformation.

Moreover, these things and qualities can “generate, injure, and overcome” each other. In
therapeutics, herbal medicines classified as yang and warming can be used to treat a cold
stasis; medicines classified as salty, and affiliated with the water phase, can be used to drain a
local swelling. Perhaps the fives phases are not much more than mnemonics, reminding the
practitioner what is classically (and arbitrarily) aligned with what. But the passage I quote
here (from the Plain Questions, 1st century CE) argues that there are vast cosmological pro-
cesses involved in the way things fall into groups and underlying the order of their systematic
interaction: “This [process of generation (sheng)] in Heaven is dark generative potential
(xuan), in man is the Dao, on earth is transformation (hua). Transformation generates the
five flavors, the Dao generates wisdom, dark potential generates vitality.” The tendency of
spontaneous vital genesis to fall into patterns; the obvious fact that patterns (of climate,
of dying and being born, of waxing and waning) have a regularity; and the active capacity of
humans to make use of the “counter-movement and following movement” of phenomena, in
our efforts to bring about better health—these are metaphysical assumptions that are prior
to all challenge and all proof.
Conclusion: Sources and Manifestations

In the second classical quote above, which argues that yin and yang are the Way of heaven and earth, the author links cosmogony to medicine: presuming that things arise from a certain "root and origin of generation and transformation," which flows from "the vast and limitless heavenly void," as the Dao, or the Way of nature, "the treatment of illness must trace this root." The ancient metaphysics that still informs the field of TCM speculated about sources, and in order to understand manifestations it sought to trace the hidden, primordial, but still active roots of the phenomena experienced by patients and doctors alike. Arguably, it is only by intervening close to the source of a disorder that a lasting cure can be achieved. How to "trace this root," as they say in China, is thus a strategic question even for a modern medical practitioner: it is a matter of knowing the right moment in an etiological chain of mostly hidden events, expertly judging where and when to interrupt the spontaneous processes that continuously produce pathological symptoms.

Clearly, cosmogony, this world-generating process, is not only about the past origins of present entities. As was pointed out, it works as well for imagining the continuing processes of generation and transformation that operate in the present. Consequently, as medicine in treating an illness traces its roots (zhibing qiuben), it considers continuing transformations of the manifest—the pathological transformation, for example, of easy breathing into gasping and coughing, of unfelt digestion into heartburn, of comfortable walking into painful knees and feet. In the hope of altering a pathological development, or arresting it as it develops, doctors must link the "counter-movements" that they can control—drugs, acupuncture, massage, and more—to the "following movements" of the ensemble of processes that is a living person.

I began this article with the help of a 1982 literature review by philosopher Renzong Qiu. His report was written in the midst of controversy about the institutional forms of TCM, and he reported considerable thought about the epistemological and ontological features of this "traditional" form of applied philosophy. He proposed "medicine and philosophy" as a new field, and he contrasted the academic writings he reviewed with the deep and usually inarticulate "natural philosophy" characteristic of China's medical heritage.

More than 20 years later, a similarly well-placed philosopher, Qicheng Zhang of the Beijing University of Chinese Medical Sciences, wrote a comprehensive textbook for a series now used throughout China, titled Philosophical Foundations of Chinese Medicine. This survey text reflects a certain trend toward consensus that was made during the decades since the end of the Maoist period, when Qiu was writing. But even Zhang's essays on the work of the most ancient philosophers carry a trace of recent polemic. Take the three pages on Wang Chong, for example: Wang Chong (27–104 ce) is known to moderns as the first ancient "skeptic." He is thought of as opposing myth and mysticism, insisting on a natural uncreated universe, encouraging scientific investigation, and placing humans at the center of history. Zhang discusses these features of Wang Chong's philosophical writings in order to make a link to the contentious present: he is shown to be a secular modernist avant la lettre, interested in science and practical about causes and techniques.

This Wang Chong would thus be acceptable as a proto-scientist to the Natural Dialectics theorists presented by Qiu in 1982, as well as to the more recent "scientizers" of TCM, those who would like to incorporate the effective tools of Chinese medicine into a biomedical arsenal while scuttling "theory" and metaphysics. But Zhang and his TCM colleagues understand that the natural philosophy underpinning medicine (everywhere) is not so easily separated from its tools and techniques. In this textbook, then, which aims to teach the philosophical foundations of medicine, Wang Chong is characterized as propagating a "natural philosophy of the Way of Heaven" (Zhang 2004: 76). His "view of nature" (ziranguan) is stated as follows:
Wang Chong took original qi (yuanqi) to be the root and source of the cosmos, considering that the myriad things of heaven and earth naturally come into being through the gathering together and condensing of original qi. . . . He posited that “heaven and earth unite qi, and the myriad things are spontaneously born of this.

The qi of heaven and earth, of course, are yang and yin qi, and even in this very simple (and often-quoted) formula, it is clear that the things of the world result from a gathering process. The gathering and condensing of the empirical world into a myriad of forms happens prior to all observation, and yet it is always happening. If the things that interest medicine—symptoms, lesions, organs, pathogens, drug properties, pulse qualities—are among the myriad things (and how could they be otherwise?), then they are always coming into existence. Their powers and dangers can be understood and managed through a highly technical analysis of normal and pathological patterns. Qi, yinyang, and the five phases are only examples of the many logical systems available to help Chinese medical doctors analyze and intervene in illness. There is no doubt that effective medical thought and action are deeply indebted to a frequently challenged and much tinkered-with, but always understandable, metaphysical “style of thought.” Perhaps a fuller engagement with the “theory” of TCM can help us see that any medical practice in any era bolsters its efficacy with philosophy.

References

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Further Reading

J. Farquhar, *Knowing Practice: The clinical encounter of Chinese medicine* (Boulder: Westview Press, 1994) is a book-length and case-based discussion that expands upon ideas in this article.


M. Porkert, *The Theoretical Foundations of Chinese Medicine: Systems of correspondence* (Cambridge, MA: MIT Press, 1974) is a work that remains one of the most thorough philosophical introductions to classical Chinese medicine.
