

The Naming of a Medicine

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We are taught the names of things from infancy, starting with aspects of self and the rudimentary names of significant others. Naming things is fundamental to human nature. A name helps us

to identify something, recognize its essential attributes, and understand its relationship to other things. As such, a name is an important aspect of personal, cultural and professional identity and, ontologically speaking, a fundamental characteristic of being in the world. Because a name is used to identify or define, if the thing defined changes significantly, or if the context within which that thing is used changes, then it may become necessary for its name to change as well. One key to successful naming, however, is an agreement of usage so there can be a basis for sharing knowledge and for true understanding between individuals and groups.

A Changing Medicine

Traditional Chinese Medicine, *Zhōng Yī* (中医), is changing, as it has been for millennia. The myriad pages of its rich story have provided us with oracle bone divination, the emergence of classical medicine, significant growth in herbal knowledge, acupuncture and moxibustion during the Tang, Song and Ming dynasties, decay and the threat of abolition under Manchurian rule, revival and modernization in 20th century China, and an increasing international presence in contemporary healthcare. Indeed, the medicine has always been changing. So what is more significant now in the nomenclature debate is not that the medicine is changing, but rather that its modern contexts are changing. Consequently, to find the most suitable name for this medicine it will be essential to consider the modern context in which it now exists.

The impetus to change the name of Chinese traditional medicine, CTM, arises from a variety of forces. One of these is the increasing international recognition and acceptance of the medicine. The naming of things is one of the ways a culture takes ownership of something and creates an identity for it that is contextually meaningful such as the way a family names a child. The very fact that there is interest in this issue suggests that the medicine is a socially recognized and meaningful phenomenon. Although this signifies the health of the medicine, it also presents a challenge. That challenge is to determine the most appro-

priate name, one which provides patients, scholars, clinicians, and society with the requisite information on identity, essential attributes, and relevant relationships vis-à-vis other forms of healing.

Oriental Medicine

One of the current forces affecting the naming process in the US is the growing voice of Asian Americans. According to the 2000 census, there are approximately 12 millions Asians living in the United States, 4.2% of the population. Within this population the Chinese constitute the largest Asian ethnic group, about 2.7 million people. As Asian communities move into positions of greater influence there is a natural desire to improve perceptions of cultural identity. This has led to efforts to remove the term Oriental from public usage. For example, in 2001 the state of Washington passed Senate Bill 5954, which required that all state and local government documents use the word Asian when referring to individuals of Asian descent. The use of the term Oriental was prohibited.

The word Oriental comes from the Latin root *Oriens*, which means rising sun or east. It was used historically to describe things from the Far East, as compared to the West or Occident, Latin *Occidens*, to set, such as where the sun sets. Today the word Oriental is considered anachronistic by some, representing a term that is ethnocentric and representative of 19th century Western imperialism. The word, however, is still in popular usage, for example the *Journal of the American Oriental Society* and the Oriental Institute at the University of Chicago. It is also found in wide usage in the Chinese medicine community, with numerous examples of Oriental medicine appearing in professional and organizational titles. Several of the new Chinese traditional medicine doctoral programs, for example, are using the term Doctor of Acupuncture and Oriental Medicine, DAOM. These usages may be maintained by some groups despite cultural changes, as the NAACP has done with its name. However, for new professional and organizational naming, this may become more of an issue as cultural sensitivity promotes change. So forethought at this historical juncture is warranted.

Asian Medicine

In place of the term Oriental there appears to be increasing usage and acceptance of the term Asian. Although more culturally sensitive, adoption of the term is not without its problems in relation to the naming

of Chinese traditional medicine. California recently enacted legislation, Assembly Bill 1117; 2005, related to state licensure and regulation of the acupuncture profession. Among other things the bill replaced the name Oriental Medicine with Asian Medicine as the appropriate title for the profession in California. Unfortunately the term Asian Medicine violates a critical aspect of effective naming, specifically, that the name provide information on essential, distinctive attributes and relationships. If the goal is to rename Oriental Medicine, or Chinese traditional medicine, then the term Asian medicine is clearly inappropriate.

The problem lies in what Asia actually represents. Although the exact boundaries of Asia are debated, there is agreement that the Asian landmass includes a geographically, culturally, and linguistically diverse collection of countries such as Uzbekistan to the west, Mongolia and Eastern Siberia in the north, China in the east, India in the south, and Indonesia in the southeast. The US Census considers Asian ethnicity to include individuals with origins from East Asia, Southeast Asia, and the Indian subcontinent. So defined, Asian medicine would include Tibetan medicine, Ayurveda, Siddha, Arabic Unani, Indonesian Jamu, Japanese Kampo, and traditional Vietnamese or Korean medicine, for example. As several of these medicines have their own explanatory theories and clinical applications, some of them quite different from those of Chinese medicine, the descriptor "Asian" is not useful. If the term Asian is to be used in the naming of the medicine an appropriate modifier would be needed to indicate that it is East Asian traditional medicine, which encompasses China, Taiwan, Macau, Hong Kong, Mongolia, Japan and Korea. This would distinguish it from the practices of other areas of Asia. It would also arguably be the region most geographically, culturally, linguistically and historically related to the Chinese medicine tradition.

Traditional Chinese Medicine

Given these concerns we might consider retaining the term Traditional Chinese Medicine, TCM. The trouble with TCM, however, is that it is viewed by some to represent a limited segment of the medicine and an actual movement away from the source traditions. TCM as so defined is a modernized system developed in Communist China under Mao Tse Tung in an effort to provide healthcare for the underserved, largely rural population. To meet this goal a

standardized body of ideologically acceptable traditional medicine knowledge was organized, representing a synthesis of major principles and practices. This standardization provided a useful platform from which effective large-scale formal education of healthcare providers could be launched. In the 1950's several founding TCM colleges were established and thousands of doctors, both traditional and allopathic, were trained in TCM philosophy and methods. Beginning in 1965 Barefoot Doctors were trained in basic acupuncture and herbal practice and sent out to serve rural healthcare needs. A second major aspect of Mao's modernization process was a focus on a scientific investigation of the traditional methods. This emphasis on scientific validation helped to promote the integration of traditional medicine with modern medicine. It also helped to further distance traditional medicine from its historic philosophical and cultural roots, a movement away from the "old ideas" which were antithetical to the Cultural Revolution.

This sociopolitical process ultimately produced a system TCM which does not find favor among a significant number of contemporary practitioners who seek a deeper understanding of traditional concepts and practices. Even now, due in part to health care reforms instituted by Deng Xiao Ping in the 1990's and to the relentless forces of globalization and westernization in modern China, this drive for modernization persists. Thus TCM is not likely going to change its course in the near future.

Essential Identity

So if Oriental Medicine, Asian Medicine, and TCM are problematic, what is an appropriate name? The object of an ideal naming process is to find a word, or words, that on the basis of collective agreement convey information on essential: (1) identity, (2) attributes, and (3) relationships. In terms of providing information on essential identity, the word *medicine* is crucial. The word "medicine" signifies a comprehensive body of knowledge and practices related to the etiology, diagnosis and treatment of illness and the promotion and maintenance of health. As the essential identity the word "medicine" should be considered for inclusion in any relevant usage, such as use in the titles of state boards and state licenses.

Essential Attribute

The second criterion for a useful name is that it communicates information about the essential attribute of the thing it identifies. The essential attribute of this medicine is provided in the word *traditional*. The medicine is traditional, as compared to modern or scientific. Traditional describes a body of knowledge and behaviors of a culture, or

group, that are passed down continuously from one generation to the next. The written legacy of Chinese traditional medicine has been passed down since the Shang Dynasty, 1766-1122 BCE. Ancient concepts, such as the Taoist insights into the nature of opposites and the way of life persist today as a philosophical and practical foundation of the medicine. The knowledge and behaviors of countless individuals, from mountain recluses, to scholar clinicians have informed a tradition with thoughtful perspectives on life, health and existence. Maintaining that tradition is maintaining the medicine. Losing that tradition is losing the medicine.

The unique ancient and non-Western perspectives of this legacy provide one of the primary heuristic values of the medicine, and a potential source of insight to inform our own modern world view about pathways to health and well-being. It is this rich tradition which makes the medicine distinct from other medicines, such as allopathy. If the scientific study of Chinese medicine isolates key mechanisms and explains the medicine exclusively in modern terms then we would run the risk of losing that tradition and consequently losing the deeper empirical and intuitive wisdom garnered over thousands of years. Scientific inquiry is essential for reasons of consumer safety, medical efficacy, and greater knowledge. Yet what is equally and potentially more important is the revitalization of the broader traditional roots of the medicine. These roots, rather than providing us with reductive insights into the use of a specific herb for a specific carcinoma, can provide insights into the nature of a balanced life. Such ideas may prove significantly more important in the near future for addressing the chronic illnesses of the 21st century.

Essential Relationship

Finally, as there are many forms of traditional medicine, a modifier may be necessary to specify the relationship between these systems, such as a descriptor which specifies the unique cultural and geographic context of the tradition. In that regard East Asian Traditional Medicine would make sense as an appropriate name for the medicine as "East Asian" encompasses the geographic regions most actively responsible for the birth and evolution of the medicine. It is both appropriately inclusive and specific. As such it would be a good candidate for the best descriptor of relationship.

Final Thoughts

Ultimately determining a name for which there is an agreement of usage among key constituencies is important. It should be a

name which adequately and appropriately identifies and describes the key elements. There is a growing interest internationally in a variety of traditional medicines. Interest in Ayurveda, Tibetan Medicine, and other schools of thought are gaining a foothold. These medicines have not yet had to struggle with their identity in the same way as CTM, perhaps because they have not yet risen to that level of public scrutiny. At the moment these other medicines have the appeal of an accepted and recognizable brand name. Finding a similar identity for CTM would be useful. Terms like East Asian Traditional Medicine have a practical appeal for their cultural sensitivity, but may be in actual practice less ideal due to their length, for example, a Doctorate in East Asian Traditional Medicine, DEATM, seems cumbersome. TCM has a history of common usage, but its specific meaning is associated with modernization and a reductionist approach to the medicine. One could use the Chinese term *Zhong Yi*, but this was the term adopted by the PRC and associated with TCM; the older term *Yi* simply means medicine and this would convey too little information. Acupuncture and Oriental Medicine has an ease of pronunciation and a cultural appeal for some, with its association with the romanticized qualities of an exotic and mystical Far East. It also carries with it questions of cultural appropriateness and relevance in modern times. There is also a place for the unique indigenous traditions of other countries to be more recognized in name, even those heavily influenced by CTM, such as Korean medicine, or Vietnamese medicine. But in the end, having a singular recognized name as the primary referent is practical for many reasons.

Perhaps returning to the primary source of this tradition, the medicine could just be called Chinese traditional medicine, CTM, or Chinese medicine, with the tradition attribute implied, which has worked for Tibetan medicine. Indeed Chinese traditional medicine is what most students in the United States are trained in, and it is a major element of what they are tested on in state and national licensure exams. The title "Doctor of Chinese traditional medicine", DCTM, or Chinese medicine, DCM, would effectively represent that base of knowledge and historic tradition. It would succinctly provide information on essential identity (medicine), attribute (traditional), and relationship (Chinese). CTM would obviously be a more geographically and culturally narrow description, as compared to East Asian traditional medicine which recognizes the role of countries like Korea and Japan. It would also exclude reference to

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the modern contributions made by western countries like France and England. But it would bring the focus back to the root culture, which ultimately is the strength of the medicine, always coming back to the source, that place where the purest medicine resides.

Ultimately people change, places change, and names change. What we hope will endure long after we are gone is the wisdom of this medicine and its power to heal. As Witter Bynner so beautifully put it in his translation of Lao Tzu's *Tao Te Ching*:

Existence is beyond the power of words
To define:
Terms may be used
But are none of them absolute...
If name be needed, wonder names them both:
From wonder into wonder
Existence opens.

Bibliography

- Asia (political map; 2000). Perry-Castañeda Library Map Collection, Asia Maps. Accessed at www.lib.utexas.edu/maps/middle_east_and_asia/asia_po100.jpg, June 2006.
- Barnes JS, Bennett CE. The Asian population, 2000. Washington, DC: U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau. 2002.
- Burke A, Wong Y-Y, Clayson Z. Traditional medicine in China today: implications for indigenous health systems in a modern world. *American Journal of Public Health*. 93;1082-1084:2003.
- Bynner W. *The Way of Life: according to Lao Tzu*. New York, NY: Perigee Books, 1944.
- Hesketh T, Zhu WX. Health in china: from Mao to market reform. *British Medical Journal*. 1997;314:1543.
- Leslie C. *Asian Medical Systems: a comparative study*. Berkeley, CA: University of California Press, 1976.
- Unschuld P. *Medicine in China: a history of ideas*. Berkeley, CA: University of California Press, 1985.