

The Transmission and Reception of Chinese Medicine:

Language, the Neglected Key

中醫西傳：語言，所被忽略之關鍵

Abstract

In the development of Chinese medicine in the West, emphasis has been placed on immediately utilizable clinical information to the detriment of an accurate representation of East Asian practice and the tradition of experience in which it is based. The body of English-language literature that has developed does include genuine attempts to present the East Asian tradition accurately. Nevertheless, it also includes contributions by people who have little or no linguistic access to East Asian experience in the healing contained in East Asian-language sources and who have had only brief contact with East Asian clinicians. It further includes versions of Chinese medicine that are adapted to perceived Western needs, often without substantiation in either scientific terms or in the East Asian medical tradition. We have a body of literature that is partially composed of narrow, often overly personalized views of Chinese medicine. Furthermore, this body of literature is blighted by highly variable terminology that often hampers the accurate transmission of Chinese medical concepts to Westerners and that is not sufficiently unified to ensure unequivocal communication. In short, the development of Chinese medicine in the West has suffered by failure to accord due importance to gaining direct access to the East Asian tradition; at the core of every aspect of this problem is the failure to meet the challenges posed by language. This failure can only be fully remedied by encouraging students and practitioners to learn Chinese or other East Asian languages, by promoting translation of primary literature, and by nurturing a process of term standardization. The present paper outlines these proposals, and the four papers that follow it, whose titles are listed below, expound them in greater detail.

The Transmission of Chinese Medicine: Chop Suey or the Real Thing?

Translation of Chinese Medical Terms: Not Just a Matter of Words

Learning Chinese: Feasibility, Desirability, and Resistance

Chinese Medical Dictionaries: A Guarantee for Better Quality Literature

Preliminary Remarks

Many people believe that in Chinese medicine an essential element of clinical knowledge has always been, and still is, transmitted not by books or lectures, but by demonstration through apprenticeship. While this is undeniable, it is nevertheless equally true that neither theoretical nor clinical knowledge can possibly be transmitted without the aid of language. The clinicians of the past who continue to provide inspiration to the physicians of today do so exclusively through the words they left in the books they wrote. Knowledge and experience are passed on from one generation to the other by means of language. Furthermore, it is largely by the medium of language that East Asian medical knowledge, skill, and experience have reached the West. East Asian medical knowledge has been made available to the West today by the individuals who have knowledge of both East Asian and Western languages.

In this paper and the four that follow it, I wish to draw attention to the role of language in the westward transmission of Chinese medicine and discuss the whole delivery system by which theoretical knowledge and clinical skills are acquired in the West. In my view there are many failings in the way in which the matter of language in this connection has been dealt with, and hence I think there is much that can be done to improve on the present situation.

I personally believe that, at the present juncture in the development of East Asian medicine in the West, this supposedly non-clinical issue is vastly more important to the quality of care offered by practitioners than any specific clinical skills, because it is the hook upon which the practitioner's entire clinical bag of tricks hangs. It is only when we have a sound transmission mechanism that Chinese medicine can develop firm roots in Western soil that will ultimately bear the fruitful healing skills everyone hopes to develop.

Everyone in the West who is concerned with Chinese medicine is aware that Chinese medicine comes from East Asia. Probably everyone realizes that East Asia still has much to teach the West. I suggest, however, that the community has not acted on this awareness to the full. Over recent decades more literature has appeared in English than ever before. But so far only a tiny fraction of East Asia's vast wealth of literature has become available to English speakers.

Chinese medicine is a complex body of knowledge that has evolved over two millennia. There is a huge wealth of literature available in Chinese and other East Asian languages. Since knowledge does not become obsolete in East Asian medicine as it does, say, in modern medicine, some of the earlier literature is still highly valued to this day. Much of the theory of East Asian medicine still applied now was laid down in the *Nèijīng* (内经) and the *Nànjīng* (难经). Many acupuncture therapies used today are based on those books. Many of the medicinal formulas that are commonly used in modern practice were devised by Zhāng Jī eighteen hundred years ago. Over the time during which Chinese medicine has been adopted in the West, it has undergone great development in Korea, Japan, and especially China, and as a consequence there is now a whole new body of literature reflecting efforts to validate Chinese medicine in scientific terms and integrate it with modern Western medicine.

The fullest account of Chinese medicine is that contained in East Asian languages. Although more and more of East Asia's storehouse of experience is being made available to English

speakers, we are not, as a community, adequately geared up for large-scale acquisition of Chinese medical knowledge. The transmission of Chinese medicine is still, relatively speaking, in its infancy.

I speak of the “transmission” of Chinese medicine. The word transmission is not one heard much on the lips of people in the West. It is almost as if people forget that Chinese medicine is a body of knowledge that is transmitted to us in the West from East Asia. I think people without a knowledge of East Asian languages in particular tend to overlook on the one hand the fact that what we know about Chinese medicine has been transmitted from East Asia and on the other hand the fact that not all of it may have been transmitted. I think many people believe that Chinese medicine has already arrived. In reality, we have only a small fraction.

The tendency to ignore the fact that East Asian medicine is an imported body of knowledge is clearly reflected in the fact that quite a large percentage of the English-language literature has not been translated from East Asian languages. Instead of gaining a deeper and broader understanding of East Asia’s 2,000-year medical heritage through acts of translation, the English-speaking community of Chinese medicine has to some extent been rehashing the same information in commercially competitive texts vying with one another for essentially the same group of readers. Furthermore, as much attention seems to be paid to adapting Chinese medicine to serve Westerners’ needs as to actually finding out more about the subject. Much effort has been put into interpreting Chinese medicine for Western recipients. On the one hand, Mann^{1,2,3,4} and, more recently, Filshie & White⁵ have tried to strip Chinese medicine of its speculative elements and use acupuncture on the basis of the Western medical understanding of the body. On the other hand, Beinfield & Korngold⁶ and Seem & Kaplan⁷ have tried to make Chinese medicine fit the mold of body-mind philosophy. Needless to say, the more radical adaptations tend to be the work of those without access to primary East Asian sources.

It is not my intention here to evaluate any of the adaptations of Chinese medicine that have been attempted. I wish only to make two points.

One is that at the present stage of transmission, Westerners have far more to gain by learning more about the East Asian traditions than by cavalierly reshaping them to their own perceived needs. A certain amount of adaptation may be appropriate in the transmission process, but we must first understand what it is we are adapting. So far we have not reached this stage.

The other point is that East Asian healing is rooted in a tradition that has gradually evolved over centuries, and Western practice of East Asian medicine must be rooted in that tradition if it is to claim validity from it. Chinese medicine is not based, as Western medicine is, on demonstrable fact and repeatable experiment. Unlike Western medicine, it has no mechanism to ensure that new knowledge is more reliable than the ideas of the past. Although the influence of scientific principles and the findings of modern medicine are pressing Chinese medicine into a modern Western mold, the historical roots of East Asian medical knowledge are far from being ready to be severed. Whatever course the development of East Asian medicine takes in the West, it is likely that there will always be a need for access to clinical experience contained in the medical heritage of East Asia. I believe we have not paid enough attention to gaining access to that knowledge and that greater effort could be made to do so.

If we think carefully about the transmission process, it becomes obvious that the only way that any English-speaking individual can acquire a knowledge of Chinese medicine is a) by learning East Asian languages to gain access to primary East Asian texts, b) by reading material translated and compiled from primary sources, or c) by reading literature produced by people with no access to primary texts and who base what they say on secondary English sources and their own experience. I am sure that everyone agrees with the idea that the individual with access to primary East Asian texts has the best means to gain the broadest and soundest understanding of Chinese medicine as practiced in East Asia. I am sure we can all acknowledge that the person who can only read translated literature is at a disadvantage insofar as less literature is available in English than in Chinese or any other East Asian language, and insofar as the quality of the translation may be lacking. I am sure it is clear to all that readers of secondary literature by authors with no direct access to East Asian sources may gain the benefit of the personal insight and experience of such authors, but they may not be getting the benefit of East Asian knowledge and experience.

People can barely fail to recognize the importance of language when the matter is put in these terms. Nevertheless, gaining access to the source has been a low priority for the Western community of Chinese medicine as a whole. Right from the start of the acupuncture boom, English speakers have not relied on learning East Asian languages but have relied very heavily on the ability of East Asians to tell them about East Asian medicine in English. Twenty or thirty years ago, people learned Chinese medicine through halting English descriptions by East Asian doctors like Tin-Yat So. Later, the US community of Chinese medicine relied heavily on a series of textbooks produced in the People's Republic of China. Westerners have East Asians to thank, in no small measure, for delivering knowledge of Chinese medicine, because it is as much their command of English as our command of their languages that has provided the linguistic bridge.

Westerners have been slow to realize that acquiring linguistic skills is the key to gaining greater knowledge of Chinese medicine as practiced in East Asia. This slowness can be attributed to the belief that East Asian languages are too difficult to learn. More importantly, it can also be attributed to a failure to understand just how much greater knowledge of the subject matter exists in East Asian languages. If one cannot read texts in East Asian languages, one can never know how much more knowledge is to be gained from them.

Exerting a powerful influence on people's thoughts in this realm is a notion that comes from complementary, or alternative, health care. The acceptance of Chinese medicine in the West over the last few decades has its roots in its being perceived as an alternative or complement to Western medicine. In other words, it is thought of as being what Western medicine is not. It is understood as being primarily a clinical art that is not based on very much book-learning. It is believed to be learned through practice, from people who possess the skills, rather than through books.

Although clinical skills acquired by watching and practicing may be more important than in Western medicine, most of the forms of East Asian medicine that have been adopted in the West nevertheless constitute a body of knowledge that can only be acquired through assiduous book-learning. The mnemonic verses that constitute a distinct genre in East Asian medical literature strongly attest to this. Many people appear to believe that books offer only theoretical

knowledge, that is, only limited help in gaining clinical proficiency. In actual fact, however, the classical literature that is studied to this day in East Asia largely comprises the experience of past physicians. One studies the *Shāng Hán Lùn* (伤寒论), for example, to learn about Zhāng Jī's genial formula compositions, not to learn any theory that is only indirectly related to clinical practice. The relatively large proportion of English literature containing no references to primary East Asian sources is one sign of the absence of linguistic access to the knowledge and experience of East Asia. When we examine the literature more closely, we find another sign: the lack of a standardized terminology pegged to the Chinese.

Everyone in the English-speaking community of Chinese medicine is now aware of a terminological problem. Everyone knows that different books apply different terminologies, and that this can create confusion. Nevertheless, I think that we have not, as a community, acted on this awareness fully.

Although people are aware of a terminological issue, I suspect they are not fully aware of its complexity and implications. Getting our terminology right is not simply a matter of translators arguing about which English words they like best. It entails deciding which words represent the original concepts faithfully and which words falsify the concepts. There are a number of examples of badly chosen English equivalents that have caused confusion; we will examine some of these later.

In many cases, terminological decision-making involves deciding whether a word denotes a concept that the translator keeps intact by representing it with a specific translation that he or she uses consistently in all contexts, or whether it is used in different senses and can therefore be translated differently in different contexts, i.e., freely. There has been a great tendency for translators not to coin special terms for East Asian medical concepts that one finds, for example, in Chinese-language dictionaries of Chinese medicine. Instead they use ad hoc expressions or descriptions to refer to them, or else avoid mentioning them altogether. In this way, concepts are often lost. Again, I will give examples of this later. This free approach to translation has the advantage of sparing students the burden of learning a welter of unusual expressions, and of course it relieves the translator of having to gloss technical terms. Nonetheless, this tendency in translation has naturally contributed to the widespread belief that Chinese medicine possesses very few technical terms. In terms of the transmission of knowledge, this approach makes it difficult to introduce refined conceptual distinctions. While such an approach is suitable for expert-to-lay communication, or for general introductions to the subject, it lacks the foresight needed to build expert knowledge. In short, it is an education error.

So far, awareness of the issues I have raised has not been as great as it could be, undoubtedly because in the past there have simply not been enough people who have knowledge of East Asian languages. In a field where much of the available literature has been written by people without linguistic access to primary sources and where instruction in schools is largely given by teachers who, again, have no access to primary sources, it is no wonder that terminological chaos reigns. Nevertheless, if we accept that East Asians have greater experience in the healing arts they have created, it stands to reason that a method of translation that faithfully represents East Asian experience will enhance the clinical proficiency of Westerners. And there is a methodology for doing this that is recognized by translation experts and that has been applied in other fields. I

will say more about this later.

When the terminological issue is pursued seriously, then translators, publishers, and readers increasingly perceive the need for all writers to apply the same English equivalents in translation. But before translators can agree on a terminology, terminological proposals have to be put forward. Over the last decades, there has been an increasing tendency among English-speaking translators to provide glossaries in their works in order to relate terms to the original Chinese terms and explain the concepts they represent. Yet so far, most of the bilingual lists that have made proposed equivalents easily accessible have been produced by the Chinese. Western translators have their own terminologies, and these have largely yet to appear in published lists.

To recap, the English-language literature of Chinese medicine includes works based on secondary Western sources, Western experience, and Western adaptations as well as works translated and compiled from primary sources. In general, the terminology used in English-language works is variable, sometimes does not represent concepts faithfully, and is often not pegged to original Chinese terms. All of these trends reflect a lack of linguistic access to the source.

I believe that we have neglected the transmission process. The English-speaking East Asian medical community has not developed any mechanism for the accurate transmission of East Asian medical knowledge. In the literature and curricula being offered, it is difficult for those without linguistic access to primary sources to tell what is of East Asian origin and what is of Western origin. They cannot tell how faithfully what they read and learn represents East Asian traditions, or which East Asian tradition it represents. In short, there is little guarantee for the quality of information received.

My Motion

What I wish to propose here is that we could vastly improve the quality of East Asian medical education and strengthen the dynamism of the development of Chinese medicine in the West by enhancing the mechanisms by which we gain access to medical knowledge from East Asia. Put simply, we need to a) encourage people to learn Chinese or other East Asian languages, b) encourage translation, and c) encourage term standardization. Let me clarify why I make these recommendations.

When people make the effort to learn East Asian languages and in particular Chinese, they gain access to a whole library of information that does not exist in English. They therefore gain access to the huge tradition of Chinese medicine and have an opportunity to enhance their clinical skills in ways that they currently lack. East Asians have the greatest experience in their own medicine, and learning East Asian languages gives people access to that experience.

People have much to gain by learning Chinese, Japanese, or Korean. Chinese is the most important of these because the Korean and Japanese traditions are dependent upon it. The *Nèijīng* (内经), *Nànjīng* (难经), and *Shānghánlùn* (伤寒论) are of great importance in the Korean and Japanese traditions and these were written long before writing was introduced into Korea and Japan. The Korean terminology of Chinese medicine and especially the Japanese terminology are largely Chinese and are written in Chinese characters, so that anyone wishing to

learn Korean or Japanese medicine in those languages must have a sound knowledge of Chinese.

While it is quite practical to hope for a considerable increase in the number of people learning East Asian languages, it is highly unlikely that we would ever reach the stage where East Asian languages were the principal vehicle for East Asian medical knowledge in the West. Translation will always remain of paramount importance in gaining access to the East Asian tradition. Our access to that tradition would be enhanced by translation in greater quantity and better quality than at present.

We need more translation, but we need a higher quality. The way toward higher quality lies in developing an English terminology that accurately reflects the conceptual edifice of Chinese medicine, that is available to all translators in published lists, and that is applied consistently by all translators.

How do we increase the quantity and quality of translation? Language-learning might well be the key.

In fact, language-learning, promotion of quality translation, and term standardization are all interrelated. Not only would increased language-learning give the community greater access to the original traditions of Chinese medicine, it would also greatly enhance its potential to translate. Knowledge of source language is the basic skill required for translation, and most people who take the effort to learn East Asian languages in order to gain more information about Chinese medicine are usually keen to pass on their knowledge to other people and are usually keen to try their hand at translation. Hence, the more the people who know East Asian languages, the more translation would increase. Much more information would become available as well as a broader variety.

The more people there are learning Chinese and translating and compiling literature from primary sources, the more attention will be paid to transmission of traditional East Asian medical concepts.

Readers who have learned Chinese will come to expect to recognize in English literature concepts that they see in East Asian literature, and hence be able to distinguish between authentic depictions of East Asian traditions and not-so-authentic Western versions of them.

When, by encouraging linguistic access and translation, we begin to eliminate the interference of interpretations slanted toward Western preferences, people will naturally tend to want a terminology that reflects the East Asian concepts rather than some interpretation of them. Literature translated in such a way as to preserve conceptual detail places greater demands on readers, but as more people learn Chinese, more people will realize that this is the only kind of translated literature that offers a faithful reflection of the original tradition. As more people know Chinese, it will become increasingly obvious that English terms that are literal renderings of the Chinese are usually the best choice because they enable readers who are familiar with Chinese to recognize the original terms. As more people know Chinese, more people will find the current variability between different books in English a tiresome barrier to understanding. In other words, a more widespread knowledge of Chinese will promote a more source-oriented approach to translation and provide conditions more conducive to the much needed

standardization of Chinese medical terminology.

How Do We Do It?

In its broadest form, my motion suggests that linguistic access is the most important thing for the development of Chinese medicine in the West. Increased translation and term standardization are dependent upon it. In other words, more people should learn Chinese.

I am certainly not alone in this belief. Not only have the benefits of learning Chinese been emphasized by numerous people in the field, but several writers (Paul Unschuld, Bob Flaws, Andy Ellis, and myself) have produced textbooks designed specifically for Chinese-language students who want greater access to East Asian medical information. Specialized language-learning material of this kind of course makes it much easier and quicker for students to obtain their objectives.

Apart from providing textbooks, what else can be done to encourage people to learn Chinese? Within schools, there are several options open:

1. Knowledge of Chinese can be made a requirement for students applying for courses and for people applying for teaching posts.
2. Chinese can be prescribed for self-study.
3. Instruction in Chinese can be given.

I am not saying that everyone needs to learn Chinese. Nor am I claiming that one needs to learn Chinese to practice Chinese medicine. I am merely suggesting that the more people learn Chinese, the better the English-speaking community of Chinese medicine will understand East Asian medicine, and the healthier the development of Chinese medicine in the West will be.

Of course, it would be very difficult for colleges of Chinese medicine to provide sufficient instruction in Chinese to enable students to read East Asian medical texts. Nevertheless, schools could perhaps offer students the possibility of studying by themselves and taking courses outside, and then set an examination for which credits could be given.

It would be difficult to make a certain level of knowledge of an East Asian language an entrance requirement for regular courses in East Asian medicine. Yet it might be quite feasible to make Chinese an entrance requirement for Master's degrees and research degrees. Not only would this significantly increase the scope of research potential, it would also mean that tomorrow's teachers would be far better qualified than today's.

A major immediate and practical course of action to encourage translation is, as I have said, to encourage language-learning. Of equal importance, though, is consumer awareness. Whether you are an educator planning curricula, a teacher planning a course, or a student or practitioner browsing in a bookshop, you should remember that whatever you know about East Asian medicine—I mean East Asian medicine as opposed to any Western rewrite of it—reaches you by the medium of translation. However many hands any item of knowledge passes through before it

reaches you, it has, at one point or another, had to be translated into English.

As the end-users in the translation chain, students and practitioners ideally want information that portrays Chinese medicine reliably. It therefore makes sense to choose material that has been translated or compiled from primary sources rather than material that has been compiled from secondary English sources. But how can one tell the difference? Bibliographies usually provide some indication. Very often, however, it is difficult to determine the origin of every item of information in a book. When translators are compiling information from multiple sources, the borderline between translation and writing becomes blurred. Any translator who is a clinician may add his own experience alongside tried and tested remedies without telling his reader clearly where each item of information he is providing comes from.

Some action has already been taken to help to guide consumers in their choice of books. In May 1995 there was a meeting to discuss a 'Code for the Council of East Asian Medical Publishers' (COMP). According to the code, publications should contain a designation indicating whether they are translated or compiled from primary sources or are original works, and, in the former case, how close the translation is. COMP designations are intended to help consumers to know what type of information they are getting. Implicit in this is the desire to promote a greater awareness about transmission and translation issues that will make consumers more demanding.

As I say, the successful transmission of Chinese medicine requires that translators peg their terms to the Chinese in a published terminology. Ultimately, it requires that all translators apply the same published terminology. We are still far from achieving this goal.

In my own work over the last 20 years, I have been developing an English terminology that is matched in great detail to the Chinese. In this process, I have published two bilingual lists for the benefit of translators. I am very happy that quite a few translators have adopted the terminology and that they have advertised their work as applying it.

Bilingual lists essentially address translators. More has to be done in order to bring home to the English reader with no knowledge of Chinese the need for careful choice and listing of terms as the only guarantee of faithful transmission of concepts. Since students and practitioners naturally tend to see terminological discussions as relating only indirectly to their own concerns, and have no way of judging translation issues, they often fail to see their relevance to clinical proficiency.

In an attempt to promote awareness of the terminological issue, my colleagues and I decided to produce a dictionary of Chinese medical concepts that provided not only definitions, but also clinical information useful to students and practitioners. We hoped that by making the book useful in this way, we would draw attention to the conceptual complexity that is all too often absent in the present body of English literature. This rather risky venture has proved far more successful than we had ever hoped. *A Practical Dictionary of Chinese Medicine* has generally been very well received.

Political Implications

My message has immense political implications. It is important for each and every person to understand these fully because they ultimately affect everyone's interests.

The political implications are seen in many aspects of Chinese medicine. Let me give one example here. If the East Asian medical community were to acquire a preference for literature translated and compiled from primary sources, the writers who describe Chinese medicine working from secondary sources would suffer a loss in popularity. If writers who have gained their knowledge and built their clinical experience exclusively through the medium of English were increasingly seen to be unreliable sources of information, their present authoritative status would be threatened.

This may seem unfair, particularly to people who are viewed as having made contributions to the field. Nevertheless, I ask readers to consider the fact that in all fields of modern learning, it is customary for any scholar to be acquainted with the relevant literature before they make their own contribution. A scholar's work becomes suspect when it comes to light that he has not done his homework. Any person in China, Korea, or Japan doing research in Western medicine, for example, cannot hope to have the fruits of his or her research published in an internationally recognized journal unless he or she can access previous research on the subject. Since English is the language of international medical research, that person would have to be able to read English if they did not wish to waste their time doing research that has already been done or exploring avenues already known to be fruitless.

In Chinese medicine, most of the literature is in Chinese (or other East Asian languages). Therefore it stands to reason that, under normal circumstances, any English-speaker wishing to write a textbook or offer authoritative clinical experience, or wishing to present the findings of scientific research in Chinese medicine, should have access to East Asian literature. I certainly would not wish to deny people the right to present their personal experience and personal understanding provided they label it as such. Nevertheless, I suggest personal experience is only of value when it is offered as an improvement on previous experience. That most of the experience is only to be found in East Asian literature makes linguistic access to East Asian literature a must for anyone who hopes to present useful insights and experience. So long as people are unaware of this, they are effectively inventing their own Chinese medicine rather than simply importing the time-tested item.

One might ask why people in the field of East Asian medicine who have no access to primary sources write books and why some of them are accepted as authorities. The answer to this is, I believe, that Chinese medicine is considered to be a set of practical skills and that most of what can be transmitted through translation is theoretical and has already been transmitted.

Just as importantly, though, is the fact that the customary practice of consulting available literature is one that has been cultivated in academia, and that because Chinese medicine largely operates outside academia it is not subject to the same rules. Chinese medicine, like many other complementary medicines, has largely been a marginal interest in the West, and it escapes the normal controls that we apply elsewhere in the purveyance of knowledge. The academic principle that scholars should have a good command of the relevant literature is the natural result

of a desire to ensure the highest standards of scholarship. If the Chinese medical community in the West were to apply the same rule, it would be taking a great step toward raising its own standards. If we expected writers to have a command of the literature to which they are contributing, certain authors would be reappraised and, as it were, demoted. Unfair as this might seem for them, it would ensure that the community were better served in the future. We have the right, if not the duty, to ensure that we invest authority in those best qualified. My message is not merely that we should have a plan of action to solve a particular problem. An important part of my message is that people should open their eyes to the political implications of their assumptions about Chinese medicine and about the people who they allow to define Chinese medicine for them.

References

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- ¹ Mann F (1962, Second Edition 1971) *Acupuncture: The Ancient Chinese Art of Healing*. London, William Heinemann Medical Books.
 - ² Mann F (1964) *The Meridians of Acupuncture*. London, William Heinemann Medical Books.
 - ³ Mann F (1971, Second Edition 1992) *Acupuncture: Cure of Many Diseases*. London, Butterworth-Heinemann.
 - ⁴ Mann F (1992) *Reinventing Acupuncture: A New Concept of Ancient Medicine*. London, Butterworth-Heinemann.
 - ⁵ Filshie J, White A (1998) *Medical Acupuncture*. London, Churchill Livingstone.
 - ⁶ Beinfield H, Korngold E (1991) *Between Heaven and Earth: A Guide to Chinese Medicine*. New York, Ballantine Books.
 - ⁷ Seem M, Kaplan J (1989) *Bodymind Energetics: Toward a Dynamic Model of Health*. Rochester, Healing Arts Press.