

Mobile Medicines: Body, Health, and Cosmologies across Asia

(updated 6-12-15 – subject to change)

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Housewives as Kitchen Pharmacists: Zhuang Shuqi, Gendered Identity, and Traditional Medicine in Contemporary Taiwan and Japan

Drawing on the legendary career of Dr. Zhuang Shuqi (1920–), arguably the most popular and influential advocate of traditional Chinese medicine in contemporary Taiwan, this paper investigates three related questions about healthcare and gender in modern East Asia. Dr. Zhuang’s regimen stands out as extraordinarily feminized: Her targeted users and main healthcare providers are housewives, the seminal medical treatment is dietary therapy (*shiliao*), and the place of healthcare provision is the kitchen. These gendered features of Dr. Zhuang’s regimen invite the following question: Could there be a functional alliance between gender and traditional East Asian medicine that might be contributing to Dr. Zhuang’s remarkable success in the 1970s in Japan and later in Taiwan? The second question concerns the tension between the domestic role of “family pharmacist” that Dr. Zhuang explicitly advocates to the followers of her regimen and the public persona that she personally represents to the two societies. These two aspects of gendered identity shall be considered together here, because, in both Japan and Taiwan Dr. Zhuang’s regimen is inseparable from her life story, her national identity, her famous patients, and her physical elegance, popularized by many visual images. The question of her public persona in turn leads to the third question: Why did Dr. Zhuang represent herself, and why was she perceived by the public, in such different fashions as she traveled from Taiwan to Japan in the 1970s and then back to Taiwan in the late 1980s?

Ruth Rogaski (Vanderbilt University)

Proving *Qi*: Instrumentation and Chinese Medicine in China and Japan

This paper explores the work of researchers in China and Japan who attempted to use scientific apparatus in order to establish an ontological or “veritable” basis for Chinese medicine. As described by the path-breaking work of Sean Lei, Chinese medicine faced a particularly difficult existential challenge in the early twentieth century, as laboratory science gained “a monopoly on ontological truth,” or, in other words, the ability to determine what is real. Some proponents of Chinese medicine responded to this challenge by developing various forms of apparatus, which they used to try to “prove” the veracity of certain aspects of Chinese medical theory, in particular, the location of meridians and acupuncture points, and, by extension, the existence of *qi*. This paper develops a genealogy of the use of scientific apparatus to measure various forms of unconventional or uncanny energies (including Meiji-era spirit photography). It then compares the work of Kyoto University professor Nakatani Yoshio (中谷義雄) and the Beijing-based Chinese medicine researcher Zhang Xiehe (张协和), who both published highly influential studies in 1958. Each researcher developed apparatus that registered energy differentials at acupuncture points and meridians, demonstrating the presence of either an electronic or thermal energy and thus revealing the “true” nature of *qi*. This paper examines the techniques, apparatus, and conclusions of each study, and ultimately uses this transnational scientific moment to ponder the relationship between science and Chinese medicine, and between veritable and putative energies.

Mei Zhan (University of California, Irvine)

Materializing Bodies: Acupuncture, Counterculture, and Classical Chinese Medicine through China and Japan

This paper offers a preliminary investigation of the production of acupunctural bodies as they are routed through the counterculture movement and its late capitalist reincarnations. Specifically, I am interested in how the so-called American “hippies” of the 1960s and 1970s turned to acupuncture as the spiritual and natural alternative to allopathic medicine: how their explorations were rooted in concerns over ways of being in the world that were deeply ethical and political. Some of these American practitioners turned to Japanese rather than Chinese acupuncture in their quest for a gentler, feminine Nature that they inhabited through practices of medicine and life: not only for practical and historical reasons, but also for a seriously gendered critique of the Modern. Interestingly, Japanese acupuncture has quietly gained popularity in post-socialist China, as practitioners in China confront feminized post-socialist bodies and rethink the essence of traditional Chinese medicine in the drastically changing translocal healthcare market. In a curious turn of events, traditional Chinese academies and educators in China are now embracing overseas acupuncture—including Japanese acupuncture for the purpose of inventing a new, classical traditional Chinese medicine.

Stacey Van Vleet (University of California, Berkeley)

The Yellow Emperor and the Medicine Buddha: Twentieth-Century Negotiations of Chinese and Tibetan Medical Cosmologies

Beginning in 1959 with the destruction of the Iron Hill medical monastery in Lhasa, traditional medicine was generally criticized and suppressed in Tibetan regions, as in the rest of the People’s Republic of China. In 1974, research into the “recovery” of the Tibetan medical tradition began in tandem with a new historiography of “minority medicines” within the PRC. Although the person most responsible for this historiography, the Chinese medical scholar Cai Jingfeng, was concerned with developing a new academic field to encompass all of China’s minorities, I argue in this paper that his scholarship was greatly influenced by his close collaboration with the Tibetan physician Jampa Trinlé. This paper discusses how Cai Jingfeng’s work conceptualized Chinese and Tibetan “medical cosmologies,” or the relationship between medical techniques and medical ethics (*yide* or *yixue lunli*). In particular, Cai Jingfeng wrestled with a tension between discussing these medical systems in terms of Confucian and Buddhist frameworks and discussing them according to the “Chinese/Han,” “Tibetan,” and “Mongolian” ethnic classifications of the PRC state. Although Cai Jingfeng stressed the mobility of medical knowledge, theories, and values between China’s Han and minority medical systems, his scholarship also created new boundaries. Just as significantly, Cai Jingfeng’s work followed in certain respects from medical debates of the Qing period, in which the relationship between Buddhism and medicine was formulated quite differently by Tibetan and Chinese scholars.