

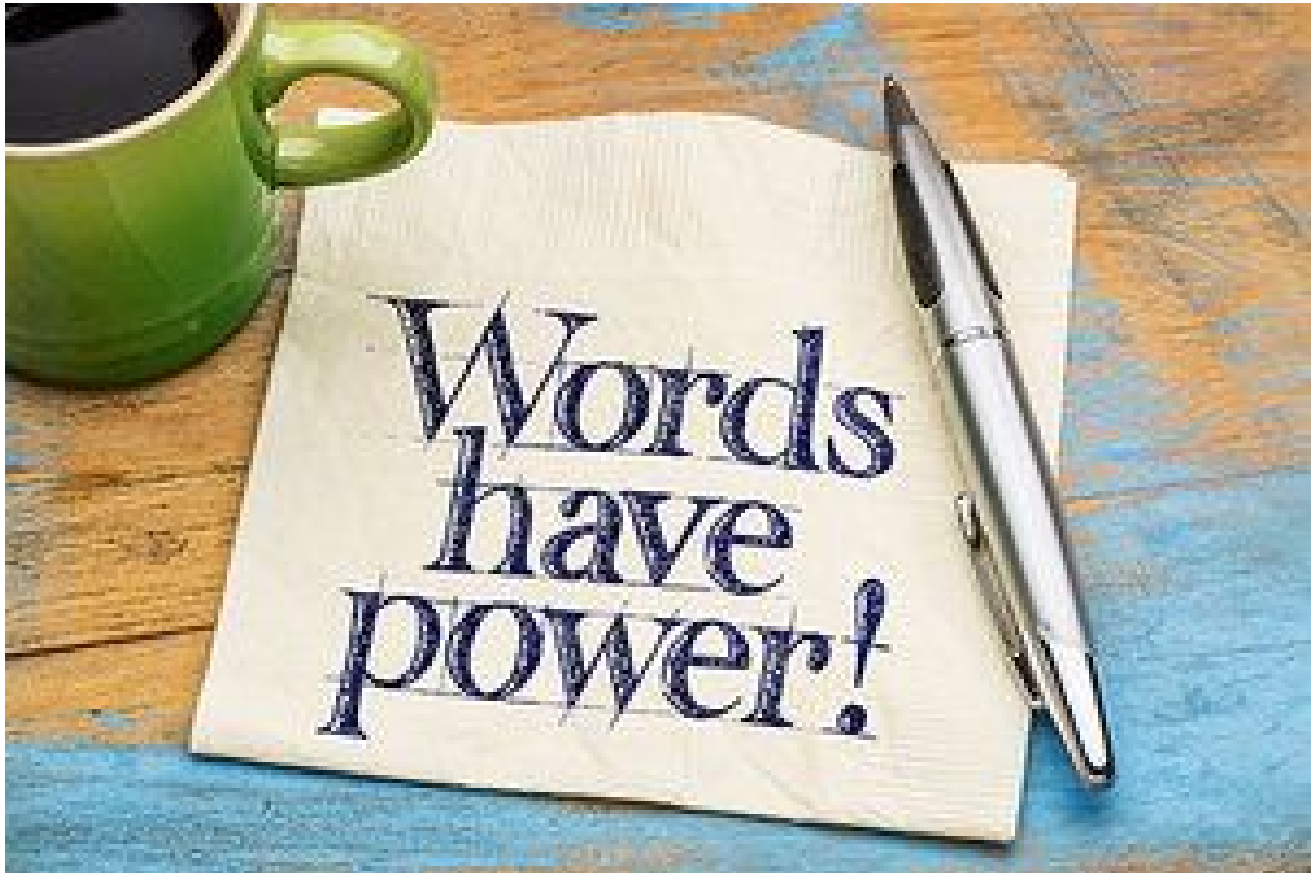
PRACTICE & PROFESSION

A Case for *Traditional Asian Medicine*

Perhaps it is time, again, to revisit the issue of using the term *Oriental* to describe our medicine, our schools, our degrees and our communities. Historically, we have used various words and phrases to describe our medicine: *traditional Chinese medicine*, *Chinese medicine*, *classical Chinese medicine*, *Oriental medicine*, and more recently, *integrative medicine*, just to name a few. *Oriental medicine* may not have been the best option, but we have begrudgingly agreed to accept it.

Clearly, it is becoming increasingly problematic to use the term to describe who we are and what we do. Considering it has been almost 40 years since Edward Said's eloquent argument against the concept in his book *Orientalism*, our refusal to come to terms with the political incorrectness of our usage is coming to a head.

Would calling our medicine *Chinese medicine* be a better option? Our medicine, as is practiced in the U.S. and elsewhere, certainly embraces various modes of Chinese medicine, such as traditional Chinese medicine, classical Chinese medicine, and so forth. But it also includes traditional Korean medicine, Japanese *kampo* medicine, and extends to Southeast Asian medicine. Many of us seem to have opted to use *Oriental medicine* to denote the inclusiveness of various "national" medicines. Calling our medicine *Chinese medicine* is incomplete at best.



There is another option. We could call our medicine *traditional Asian medicine*. Some of us discussed the possibility of using *traditional medicine* (TM), an option suggested by the World Health Organization. The WHO also uses T&CM (*traditional and complementary medicine*), but TM or T&CM does not adequately describe the roots, historical and cultural background of our medicine. Many of us reject WHO's *traditional medicine*, as it obscures the character of our medicine.

In academia, China, Japan and Korea are commonly referred to as East Asia. If we are looking beyond the roots of our medicine, and understand the historical, political, and medical exchanges and blendings between various nations, then a more accurate term to describe our medicine is *traditional Asian medicine*. Even WHO reports mention *Chinese medicine*, *Korean medicine* and *Japanese kampo medicine*.¹ Furthermore, WHO reports allow for differences not only between East Asian nations, but also between Southeast Asian nations. Calling our medicine *Chinese medicine* goes against the nature of our medicine and ignores East Asian history and heritage.

Since the introduction of acupuncture and traditional Chinese medicine (TCM) to the U.S. in the 1970s,² we have been providing viable alternative treatment options to conventional medicine. Many of us may not care what our medicine is called. But if we are unable to come to terms with the backwardness of the labels we have placed upon ourselves, then we, without realizing it, become a part of the force that attempts to control us.

Instead of limiting ourselves or ignoring the rest of the world, we need to, according to Said, "to widen the field of discussion, not to set limits in accord with the prevailing authority."³ Ultimately, the naming of the medicine we practice is going to be important for the survival and preservation of the

practice of traditional Asian medicine in the United States.

References

1. WHO *Traditional Medicine Strategy: 2014-2023*; and WHO *Global Report on Traditional and Complementary Medicine 2019*.
2. Stone JA. The status of acupuncture and Oriental medicine in the United States. *Chinese J Integrative Med*, 2014;20(4):243-249.
3. Said E. *Orientalism*. Vintage, 1979.

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