II | From Civilizing Foods for Nourishing Life to a Global Traditional Chinese Medicine Dietetics

*Changing Perceptions of Foods
in Chinese Medicine*

VOLKER SCHEID

In the fall of 1883, forced to stay indoors by the colder days of the approaching winter, a retired scholar of whom we only know his pen name, The Unofficial Historian of the Orchid Hall (Lanting Yishi), came upon the *Materia Medica of Appraised Foods* (*Shijian bencao*), a dietary manual by the famous physician Fei Boxiong (1800–1879). After reading the text, our scholar felt compelled to express his gratitude for the author's kindness and compassion. Teaching him about the benefits and harms associated with the consumption of various foods had turned eating, at least for this reader, from something one simply does into a more self-conscious way (*dao*) of nourishing life (*yangsheng*).¹

Fast-forward a century and a half and the question of what to eat occupies the minds of affluent Westerners in strikingly similar ways. However, in an age of globalization, foods and foodways from other cultures are becoming an ever more important resource in our attempts at ensuring a long and healthy life. Chinese dietary practices offer a particularly rich

resource to be mined for this purpose, delivering superfoods such as goji berries and turmeric, healthy cooking based on the theory of the five phases (*wu xing*), and entire systems of dietetics for a more holistic lifestyle. Yet, even as they claim to make available to their readers the ancient wisdom of the East, authors of contemporary Chinese dietary manuals must *perform* translate those foodways into contemporary meaningful concepts and practices.

But that was ever so. As the reactions of the Unofficial Historian of the Orchid Hall attest, Fei Boxiong faced the same task in his attempts to guide late imperial Chinese readers on their path toward a healthier life. The goal of this chapter, then, is to shed some light on the differences that nevertheless exist between both cases. Specifically, I will explore how Chinese dietetics—a term I shall use as a shorthand for designating use of food for maintaining a long and healthy life—has changed between the mid-nineteenth century and the present. However, rather than attempting a detailed historical review, I will present two snapshots that I think capture quite well some of the essential transformations at play.

The first part of the chapter focuses on Fei Boxiong's late-nineteenth-century vision of dietetics contained in two texts he published in the 1860s: the *Materia Medica of Appraised Foods* cited above and *Refined Medicine Remembered* (*Yichun shengyi*), a brief treatise on internal medicine. In the second part of the chapter I jump to the turn of the twenty-first century to examine the global traditional Chinese medicine dietetics developed by Carl-Hermann Hempen and Ute Engelhardt in their textbook *Chinese Dietetics* (*Chinesische Diätetik*). The concluding section compares how both sets of authors constitute the value of foods in the context of their larger projects of revitalising Chinese dietetics at distinctly different historical moments.

There are several reasons I have chosen these specific texts for my comparison. First, both sets of authors and their intended readership have much in common despite the time and distance that separates them. Fei Boxiong was a sixth-generation hereditary physician widely praised by his peers for also being an accomplished scholar whose medical texts are explicitly educational in orientation. Carl-Hermann Hempen is a biomedical physician and traditional Chinese medicine (TCM) practitioner, and Ute Engelhardt a sinologist. Both are students of the well-known sinologist Manfred Porkert, one of the first Western scholars to make a serious attempt at translating the concepts of Chinese medicine to modern readers,

and have cooperated as influential teachers of Chinese medicine in the German-speaking world since the 1980s.

Second, even as they claim to transmit age-old wisdom, both sets of authors are actively engaged in reconstructing medicine and dietetics during moments of perceived cultural crisis. For Fei Boxiong the immediate crisis was that of the Taiping Rebellion (1850–1864) and its brutal suppression by the imperial armies, a civil war that devastated southern China and forced Fei and his family to flee their hometown for four years, from 1860 to 1864. Fei's writings on medicine and diet are explicit attempts to recover the essence of a culture he treasures but perceives to be in danger of being lost in a practically meaningful way.² A similar goal underpins the emphasis on "tradition" in the context of Western and more lately global attempts to forge a holistic culture, science, and medicine, a vision that has consistently informed the search for alternatives to modern forms of rationality during the twentieth century. Facilitated by scholars such as Porkert, Chinese medicine emerged as a powerful model for this critique in the 1950s.³

Despite these similarities there are nevertheless important differences in the way both sets of authors imagine Chinese dietetics as both philosophy and practice and, by extension, between the (medical) cultures and foodways that sustain these visions. Fei Boxiong belonged to the last generation of Chinese intellectuals for whom the modern and the West had not yet become inevitable points of reference in their attempts to define China even as he embarked on a concerted effort to define the very essence of Chinese medicine and dietetics. This essence, according to Fei Boxiong, is constituted of situated practices rooted in processes of ongoing refinement. Participants in these practices, from human actors to foods and medicines, possess distinctive natures. These natures, however, do not determine effects but constitute potentialities that can and must be developed situationally. Like human beings, foods and medicines are therefore not intrinsically good or bad but take on these characteristics in the context of concrete usage. They become increasingly good the more they are integrated into human practices that embody virtues such as harmony and moderation. These virtues also, however, are not postulated as *a priori* goals. Rather, they reveal themselves through processes of self-cultivation that seek to distil the quintessence of native intellectual, medical, and culinary traditions. Such distillation takes time; and while it is a civilizing effort aimed primarily at transforming humans, it extends

perforce to medicines and foods, for without them a civilized *and* vitalized life is not imagined possible.

Despite much apparent similarity, the universalist TCM discourse of the present created by and embodied in texts such as *Chinese Medicine Dietetics* proceeds from a very different starting point: namely, a definition of China and Chinese dietetics in contrast to the modern and the West. It views Chinese medicine as intrinsically superior to biomedicine in the sense that it is less aggressive, and, in turn, dietetics is viewed as superior to medicine for the same reasons. Yet, at the same time, TCM dietetics is turned into a specialty that in its practices and modes of self-presentation embraces the ontology, values, and goals of the positivist sciences that TCM otherwise tends to critique. Specifically, it is premised on the perception that things possess stable essences, that these essences can be known and described, and that this knowledge is the basis for effective action. Captured through the discursive categories of TCM, each food or medicine thus possesses distinctive characteristics that fix it as either good or bad in relation to the broader goals of dietetics.

Within the context of the wider thematic addressed in this volume, my snapshots—especially when viewed as end points of a continuum—add to a deeper understanding of how foods and medicines assume moral agency within distinctive modernizing practices. To that end, they may be read in particularly close conjunction with the chapters by Lawrence Zhang and Hilary Smith.

If I focus on transformations in medical and dietetic styles of practice and the philosophies that support them, Zhang's and Smith's chapters explore the process of medical modernization through the lens of two specific foods—tea and milk. They can thus showcase in greater detail how the diffusion of biomedical ways of knowing into China fundamentally transformed traditional values and usage, sometimes—as in the case of tea—turning them into their very opposite. Zhang's contrast between the modulated evaluation of tea's effects on individual constitutions vis-à-vis the attribution of determinate actions rooted in its constituents mirrors the opposition between Fei Boxiong's emphasis on situated practice and the weight accorded to correctly knowing things by TCM dietetics. Likewise, Smith's analysis of how cultural values become embedded in dietary practices is, if not examined in quite as much detail, then at least hinted at in the efforts of my actors to reconstitute dietetics in moments of perceived cultural crisis. Fei Boxiong's writings are deeply rooted in late

imperial elite Jiangnan culture even as his vision is quite unselfconsciously universal in its aspirations. In the early twenty-first century, Chinese dietetics has a global presence. Yet, despite its claims to embody a more complete understanding of the world than either traditional or modern Western dietetics, it has contracted into something that is more narrowly Chinese.

Fei Boxiong: Distilling the Quintessence of Medicine and Dietetics in Late Imperial China

Fei Boxiong was born in 1800 into a well-off family of doctors that had established a thriving medical lineage in the small Jiangsu town of Menghe, situated about halfway between Shanghai and Nanjing.⁴ Turning to medicine only after he had failed the provincial examination in 1832, by the end of his life he had become the most famous physician in southern China, whose clients included members of the uppermost echelons of the imperial bureaucracy.⁵ Fei Boxiong's ideas were formative in the development of the well-known Menghe current of Chinese medicine (*Menghe xuepai*) and have influenced clinical practice in China and abroad into the twenty-first century.⁶ They are accessible to us in a number of works he wrote toward the end of his life, a series of case records published posthumously by his family, and an ever enlarging corpus of secondary commentary works.⁷ Read together these texts show a generalist at work who treated all kinds of conditions in men, women, and children. They also point toward a self-conscious effort at revitalising Chinese medicine during a moment of perceived crisis by distilling and transmitting its vital essence.

Fei Boxiong's *Refined Medicine Remembered* sets out most incisively how this distillation is to be carried out.⁸ In Chinese the word *chun*, carefully chosen by Fei to anchor his project of medical revival, denotes something unadulterated and therefore pure and simple but also the actual process of refinement, purification, and distillation that produces a quintessence. In Confucian discourse the term *chun* was commonly used to designate the authentic and orthodox currents of tradition. In the medical domain, according to Fei Boxiong, *chun* "refers to the appropriate [application] of the fundamental patterns of medical [knowledge], and not to novel or extraordinary uses of medicines." It is also the ethically charged

activity of “striving for merit without excess” that Fei perceived was in danger of being lost in the pursuit of individual difference.

For Fei Boxiong, becoming an effective physician was thus not a matter of learning a set of rules or propositions. Rather it was a process of transformation that accepted complexity as an inevitable starting point of anything problematic but aimed at effective action by reducing this complexity to its intrinsic dynamic. Hence, to develop himself as an effective practitioner a physician must sort through the many different doctrines and practices of the tradition and distil from them a refined essence of core principles that becomes the fulcrum from which effective action in the present can be launched. This is because the complex manifestation of a clinical problem can then be understood as unfolding a small number of quintessential life processes.

The Taiping Rebellion, which almost overthrew the Qing dynasty and the traditions it sought to embody, constitutes the immediate historical context for Fei Boxiong’s writings on medicine. However, the searching for and flaunting of individual distinctiveness that Fei critiqued was characteristic of broader social and cultural transformations in China during the early modern period. In the medical domain, certainly, the existence of competing currents (*xuepai*) had become an accepted reality that addressed but failed to resolve the problematic tension between the claimed universality of canonical knowledge and the ever-changing nature of diseases, patient populations, and local contexts of practice.⁹

Against this background Fei Boxiong’s advocacy of searching out the fundamental values of tradition suggests an affinity with the agenda of evidential scholarship (*kaozheng*) and Han learning (*Hanxue*) that dominated intellectual life during the Qing.¹⁰ As the slogan “return to the ancients” (*fugu*) indicates, many scholars at the time—and many physicians, too—looked toward the oldest sources of tradition as containing fundamental truths that had been eroded by later Song Neoconfucianist writers and their assimilation of Buddhist and Daoist ideas.

On closer inspection, Fei Boxiong took a more balanced view. He warned against the potential bias of one-sided doctrines, widely associated with physicians of the post-Song period, but emphasized the clinical relevance of their ideas. He was intimately familiar with the Han dynasty medical canons but did not think their formulas were necessarily useful for treating contemporary patients. He actively embraced the innovations of warm disorder (*wenbing*) therapeutics that had recently emerged in

nearby Suzhou and its mild and moderate style of prescribing without, however, abandoning older modes of thinking about feverish disorders rooted in the Han dynasty *Treatise on Cold Damage* (*Shanghan lun*).¹¹ Hence, under Fei Boxiong's leadership, Menghe became known as the only place in China where physicians successfully transcended the often bitter polemics between advocates of cold damage and warm disorder therapeutics.¹² Moreover, Fei Boxiong was not merely influenced by Confucian thinking. In his youth he studied under a Daoist teacher, and his two most important references within the field of late imperial medicine—Yu Chang (1585–1664) and Cheng Guopeng (1680–1733)—had both been Buddhist monks who explicitly advocated the assimilation of Buddhist ideas and practices into the medical domain.¹³

One might be tempted, therefore, to view Fei Boxiong's advocacy of distillation and refinement as a reworking of the syncretic (*zhezong*) style favored by Ming dynasty medical authors.¹⁴ More openly and decisively than Fei, many of these writers embraced Confucian, Buddhist, and Daoist doctrines as all having something to offer to medical practice, and they, too, struggled with the problem of how to reconcile the differences and tensions between the growing corpus of medical ideas and practices.¹⁵ However, if Ming authors had aimed at a comprehensive synthesis that expressed itself in lengthy treatises often running to many volumes, Fei Boxiong composed brief texts that advocated a movement in precisely the opposite direction: toward an ever deepening understanding of the timeless principles underlying all life and stripped of all unnecessary excess. He referred to the resulting medical practice as the medicine of "harmonization and moderation" (*he huan*).

Like *chun*, *he* and *huan* were carefully chosen terms that communicated Fei Boxiong's intentions at several different registers of meaning. They appealed, for instance, to the self-perception of Fei's southern clientele and their preference for mild-acting medicinals.¹⁶ He and Huan are also the names of the first physicians recorded in Chinese history, signaling to educated readers a grounding of Fei's ideas and principles in ancient antiquity. As an educator Fei argued that understanding the essence of a clinical problem reduces even complex issues to simple patterns. These can be responded to by equally simple "moderate," "gentle," or "slow-acting" (*huan*) treatment strategies that are effective because they are "harmonious" (*he*) and therefore able to return the ailing body itself to precisely such a desirable harmonious condition. To this end, Fei Boxiong specifically

embraced the use of ordinary (*pingdan*) substances, by which he meant a number of different things: medicinals that were common, everyday, and cheap to obtain; the combining of simple medicinals into an effective and balanced formula without many side effects; and also, specifically and not at all accidentally, the use of food as medicine and of medicine as food.

Food as Medicine: Fei Boxiong's Formulas and Style of Medical Practice

Many famous Chinese medical formulas include ingredients that are also commonly used in cooking, such as fresh ginger, dates, and spring onions. Spices such as cinnamon, cloves, and nutmeg were likewise regularly used for their medicinal effects. Indeed, a few well-known formulas, such as the licorice, wheat, and jujube decoction (*gan mai dazao tang*) from *Essentials of the Golden Casket* (*Jingui yaoliue*), are composed almost entirely of food items.¹⁷ Drawing a precise dividing line between foods and medicinals in the Chinese medical tradition is therefore not really possible. However, what distinguishes Fei Boxiong from almost all other physicians I am aware of is his deliberate emphasis on making foodstuffs an essential ingredient of everyday clinical practice. This emphasis materially embodies the medicine of harmonization and moderation at the level of clinical prescribing and follows directly from the self-fashioning process of distillation Fei Boxiong deemed necessary to enable such practice.

In as much as such distillation invariably takes the medical canons as a starting point, Fei clearly modeled himself on principles of practices first outlined in the *Inner Canon of Huangdi* (*Huangdi neijing*). There, in a passage that explains the agency of various kinds of medicines, the *Inner Canon*'s authors had established associations between effectiveness and potency that are the opposite of what we today—and many readers of Fei's own texts, for that matter—would take to be self-evident: namely, that the more potent a medicine, the lower its usefulness in general clinical practice:

Medicinally potent drugs can eliminate six out of ten illnesses. Medicinally normal drugs can eliminate seven out of ten illnesses. Medicinally weak drugs can eliminate eight out of ten illnesses. Drugs without marked medicinal effectiveness can eliminate nine out of ten illnesses. Grains, meat, fruits, and vegetables are suitable for dietetic nourishment against all

illnesses. But even with these, certain limits should not be exceeded. Otherwise the proper [qi] of the [patient] might be harmed.¹⁸

A similar evaluation is famously found in the *Classic of Materia Medica* (*Bencao jing*), which grouped medicinals into three categories according to their level of toxicity (*du*). The most valued medicinals were those with the lowest levels of toxicity, medicinals that could be used daily to prolong life. The lowest class of medicinals were the most immediately toxic ones, which should be employed to treat only acute diseases.¹⁹

Fei Boxiong aligns these principles with his own maxims of harmonization and gentleness, extending them backward into the period even before the compilation of the *Inner Canon* and the *Classic of Materia Medica* while asserting their continued relevance to the present: “Poisonous drugs cure five out of ten illnesses, fine drugs cure seven out of ten and this, too, refers to the harmonizing method and moderate treatment.”²⁰

The formulation of actual prescriptions in *Refined Medicine* demonstrates that for Fei Boxiong these principles were not simple rhetoric. Altogether *Refined Medicine* contains almost two hundred formulas composed by the author that treat many different disorders, ranging from fevers, malaria, and jaundice to headaches, exhaustion, and emotional problems. Most of these formulas were modeled on well-known classical precedents even as they also attempted to realize the principles of moderation and harmonization through technologies such as dosing, formula composition, and administration, and specifically also the use of foods as medicinals. For with respect to medicinals drawn from the natural world, what might be more simple, plain, and everyday than the foods we eat daily to nourish our lives?

Altogether Fei Boxiong thus employs twenty-eight different food items as ingredients of his medical formulas, ranging from ginger juice and rice to abalone and pig’s kidneys, and he includes at least one such item in 68.21 percent of the formulas in *Refined Medicine* that he composed himself. The inclusion of food items in medical formulas is not at all uncommon in Chinese medicine and is widely explained via the medicinal properties that these foods possess. In Fei Boxiong’s formulas, however, I believe they should be viewed as an expression of the process of self-cultivation that he places as the heart of medical practice. For while the medicinal properties of a food item itself are relatively weak, especially if they are included in a prescription of ten or more ingredients, it is their very everydayness that

makes them essential to the process of writing harmonious and moderate formulas.

Yet, as the authors of the *Inner Canon* had already noted, “even with these, certain limits should not be exceeded. Otherwise the proper [qi] of the [patient] might be harmed.”²¹ The *Materia Medica of Appraised Foods* shows that Fei Boxiong was acutely aware of that danger, too.

Medicine as Food: The *Materia Medica* of Appraised Foods

Like the use of foodstuffs as medicines, taking medicine in the form of food has a long history in China. The *Rites of Zhou* (*Zhouli*) already described dietetic physicians (*shiyi*) as one of four different classes of physicians whose task it was “to care for the balance of the six foodstuffs, six drinks, six dishes, hundred provisions, hundred soups, and eight precious dainties of the king.”²² Although no longer extant, a range of pre-Han and Han dynasty texts addressed themselves to healthy eating and drinking by discussing the properties of common foodstuffs, their preparation, and their use in the treatment of illness. Over subsequent centuries dietary materia medica developed into a genre of its own, while generalist materia medica such as Li Shizhen’s *Systematic Materia Medica* (*Bencao gangmu*) assimilated an ever increasing number of foods into their specialist domain. So much so, in fact, that by the late Qing the production of new dietary materia medica substantially declined.²³

One of the few new dietary materia medica published during the Qing was *Materia Medica of Appraised Foods*, which from the late Ming onward circulated in various versions attributed to a range of different authors.²⁴ Chai Yi’s four-volume edition of 1741 is widely considered today to be the final one of these. A different book with the same title attributed to Fei Boxiong was also, however, published by the Fei family in 1883, four years after Fei Boxiong’s death.²⁵ It consists of three sections, of which I will discuss only the first two: appraised foods and food-type recipes for common ailments. The third section contains a small number of prescriptions for use in obstetrics, for expressing pox toxin in children, and for prolonging life. These prescriptions are so substantially different from the remainder of the text that they deserve to be discussed more fully on their own.

The materia medica section of the book lists ninety-five commonly used food items in a series of short paragraphs outlining their potential value and contraindications. If the volume's title—*Materia Medica of Appraised Foods*—inserts it into a long line of Chinese dietary materia medica, its actual content is, in fact, closer to that of household dietetic guides. Such guides, which aimed to instruct households in the use and combination of food items, date back at least to the Song dynasty. Jia Ming's (1268–1374) *What One Should Know about Food and Drink* (*Yinshi xuzhi*) is widely considered as having shaped the genre, and Fei Boxiong closely follows Jia Ming in terms of his stated goals and the book's organization.²⁶

However, unlike other dietary materia medica or Jia Ming's guide, all of which discuss foods in the same way as one would a medicinal, the Fei family text does not discuss foods as if they were medicines. While it outlines a food's medicinal values, it often expends more space on warning against potentially harmful effects accruing from excessive or even sometimes short-term consumption. The entry on (sour) plums (*meizi*) is typical. "They stop thirst and generate yang fluids. Eaten excessively they destroy the teeth and harm the sinews. People taking foxglove root [*dihuang*] especially must not eat them. Mume plums calm roundworms and stop diarrhea. They hold back swellings and must not be eaten excessively."²⁷ Very few foods are described in entirely positive terms: nonglutinous rice, yam's root, longan fruit, pine kernels, and water. All other foods, including grains, are viewed as deserving a more carefully considered assessment: "Barley: Cooked it is beneficial, but when fresh it is cool and harms people. Eaten frequently it gives great strengths, promotes walking and prevents the hair from going white. It also treats *gu* distension. Barley sprouts dispels accumulation, build the stomach, broaden the center. Eaten too much it consumes the kidneys."²⁸

Besides discussing the benefits and potential harm caused by various foods, the text also provides advice on food hygiene and safety: what kind of seafood or meat to avoid, for instance, or how to discriminate between mushrooms that can be eaten safely and those that cannot. There is also information about the relationship among food, climate, and personal constitution; how to best prepare certain foods in order to mitigate their harmful effects; and which foods and medicines to combine and which not. Thus, black soybeans should not be eaten by children under ten or people with spleen deficiency. Those with clogged *qi*, the mad, and little

children should not eat chestnuts too often, even when dried in the sun and then stir-fried, the best way to prepare them for human consumption. Wheat noodles are said to be good for people living in the north but less good for people in the south because their nature is damp and hot and thus exacerbates the harmful effects of the local climate.

If many of these suggestions directly apply key principles of Chinese medical thought to food and drink, others appear to be derived from folk knowledge or magical thinking. We are told, for instance, “All fruit that [appears] abnormal must have snakes [living below the] root [of the plant] and is inedible.” Servants and craftspeople are advised against eating peach kernels. “Any fowl that does not stretch its legs or close its eyes when dying is toxic and inedible.” Buckwheat is said to cause the eyelashes to fall out when eaten together with pork, and the poison of blowfish is apparently augmented if the fish has purple or red spotted eyes, in which case it must not be eaten even if properly prepared.²⁹

There are also instances of purely empirical observation reported without any attempt at explanation. Rinsing one’s mouth with tea is said to firm the gums. The toxicity of the blowfish is moderated by Chinese olives and reed root (*lu gen*) juice. However, those who eat it while also taking catnip (*jing jie*), chrysanthemum flowers (*ju hua*), or aconite (*fu zi* or *wu tou*) will die.³⁰

Meats, seafood, alcohol, fruit, sugars, and other spices are all considered part of a normal diet, and one finds none of the one-sidedness of modern dietary manuals. There are no superfoods, and no diet is suitable for everyone. Instead, the author recommends a simple diet based on grains and vegetables to which other foods should be added sparingly. Here, too, there is a distinct emphasis on blandness, on harmonization and moderation.

The recipes in the second section are intended for the treatment of actual disease rather than for use in everyday life. For that purpose they are organized under headings such as wind, cold, dampness, *qi*, blood, excess, or deficiency that specify the primary disease cause or manifestation. Hence, if *Refined Medicine* assimilates a range of foodstuffs to the prescription-based treatment of specific illness patterns carried out by specialist physicians, the *Materia Medica of Appraised Foods* is a home manual or first aid resource that addresses itself to lay people with a basic knowledge of Chinese medical principles. To that end, it incorporates widely available medicines such as dried ginger, ginseng, Chinese angelica root, and, on one occasion, goji berries into the preparation of foods such

as congees, soups, wines, or meats: “Goji congee: Treats hyperactive liver and feeble blood in liver people. Take 100 ml of Ganzhou goji berries and 300 ml of rice, cook a congee, and eat. Another method is to pick the leaves, cook a congee and eat. Add a little salt and take on an empty stomach.”³¹

No information is provided as to how precisely these prescriptions were shared between the Fei family and their patients, or from where this knowledge was derived. They may be a collation of recipes used locally, or they may be recipes that were given to patients for everyday afflictions such as common colds or haemorrhoids, or for long-term treatment once an individualized formula was no longer considered necessary by either doctor or patient. Yet, when read together with *Refined Medicine*, the food items and recipes in the *Materia Medica of Appraised Foods* provide a point of access for understanding how Fei Boxiong viewed and managed the transition from physician to patient/family managed health care, a term that in this context I take to mean not only the management of illness but also of health, that is, of *yangsheng* and vital nourishment.

Food, Medicine, and Nourishing of Life

In *Refined Medicine* Fei Boxiong makes the case that effective medicine—medicine that seeks to cure as well as to maintain health without causing further disease through its interventions—should be centered on the principles of harmonization and moderation. In the composition of medical formulas these principles were realized through a combination of different strategies, one of which was the inclusion of one or more food items. By doing so Fei Boxiong gave practical meaning to the *Inner Canon*’s assertion that medicinals with the least marked effectiveness were indicated for the largest number of medical conditions. In addition, adding a food item to a formula might also be construed as initiating the next step in the treatment process, namely the warding off of future disease and the transition from the management of illness to the nourishing of life. Here, too, Fei Boxiong attempted to practice what the *Inner Canon* preached, namely that even though food items were important for nourishing life, they should be consumed moderately and within limits.

Materia Medica of Appraised Foods makes available the tools for this next step. It teaches patients to use food judiciously and to maintain a simple and balanced diet. It also provides them with the means for a food-based

approach to managing everyday healthcare problems. Only if this fails is professional help—based on the more potent medicines prescribed by doctors—required. This knowledge, as The Unofficial Historian of the Orchid Hall explains in his foreword, turns mere eating and drinking into the *dao* of nourishing life. Following Hansen, the notion of *dao* in this context refers to a finely tuned capacity for making situationally appropriate judgments that guide action. This capacity depends on factual knowledge such as that elaborated in the Fei family *Materia Medica of Appraised Food*. However, such knowledge acquires meaning only within the context of the broader situated practices in which it is enacted. For Fei Boxiong the *dao* of eating—just like that of medicine—is thus merely one aspect of the broader *dao* of nourishing life. The guiding principles of this *dao* are moderation, balance, and an appreciation of the simple and bland (*dan*), principles that are not readily apparent but reveal themselves in and through a process of distillation that aims at refinement.

There are some foods and medicines that appear to embody these principles in their very nature. Poria (*fu ling*), a tasteless fungus growing in the root of pine trees and the bland medicinal par excellence, not surprisingly is one of the most commonly used substances in Fei Boxiong's formulas and prescriptions. Among staple foods only nonglutinous rice, yam's root, and water are similarly endowed. Overall, however, it is only through the cultivation of the *dao* of nourishing life that medicines and foods might be integrated into a wholesome life. Or, to put it another way, it is only through the *dao* of nourishing life that medicinals and foods are refined and thus become part of the larger civilizing project of which Fei Boxiong speaks. He is explicit, furthermore, that there are no shortcuts to realizing this *dao*, no miraculous drugs, and, one is tempted to add, no superfoods: "There exist no miraculous methods in the world, only plain ones, and the perfection of the plain is miraculous. If on the contrary one is dazzled by the different manifestations [of disorders], taking them for new ones, hence uses [medicinals] that disregard the norm in the desire for immediate effects, one will on the contrary speed up peril. This is because of not [adhering to] harmonization and moderation."³²

In Fei's writings virtuosity is equated with an ability to respond flexibly and appropriately to any situation. Such virtuosity demands to withdraw as much as possible from what is fixed and already defined and to cultivate an openness to change and transformation. In humans such virtuosity is

acquired gradually through processes of distillation; but we might say the same, perhaps, about foods and medicines. Precisely because the bland and everyday allow for the greatest degree of flexibility in this process, they are also the most highly prized.

Global Chinese Dietetics in the Twenty-First Century

The global diffusion of TCM does not, overall, embrace this vision but feeds precisely on many of those impulses that Fei Boxiong was writing against: the lure of the strange, the exotic, the unfamiliar, and also of the especially powerful. In Mao Zedong's famous words, Chinese medicine is a treasure trove that hides therapeutic gems of value to all mankind,³³ and nothing could symbolize that value better than the Nobel Prize recently awarded to Tu Youyou for her discovery of the antimalarial compound artemisinin from sweet wormwood (*qinghao*), a well-known ingredient of the traditional Chinese materia medica.³⁴ Here, too, distillation is involved—although one that hopes to stabilize the enduring essence of things rather than one that seeks access to the inexhaustible fountain of change and transformation.³⁵ Hence, instead of emphasising the simple everyday practice by which the antimalarial potency of sweet wormwood might be distilled—namely by wringing out the plant to produce a juice—its powers are now stabilized within a single chemical compound rendered extraordinary—and thereby extraordinarily expensive—via integration into industrial-scientific modes of drug production.³⁶

The specific practices, institutions, and politics of this very different mode of distillation are too complex to discuss here in detail. As Sean Lei has shown, they invariably rely on forms of investigation, standardization, and social appropriation that endow Chinese medicine and its medicinals with distinctive and stable values.³⁷ The same processes of value creation are at work also in the integration of Chinese foods and dietetics into modes of consumption characteristic of a twenty-first-century global elite that is able to assimilate these often expensive products into their particular lifestyle and healthcare regimes.

This shift of emphasis and value from localized practices to stable essences also underpins the writing of *Chinese Dietetics*, a text published in German and aimed at professional TCM practitioners. Written by a sinologist and one of Germany's leading TCM physicians, neither its content,

format, nor mode of presentation stands out from other contemporary TCM texts apart, perhaps, from its use of a specialized lexicon of technical terms. Created by the authors' teacher, Manfred Porkert, this lexicon translates Chinese medical terms into Greek and Latin so as to make them equivalent—at least in appearance—to the terminology employed in modern biomedicine. Detached from specific authors, texts, or currents of practice and communicated through dead languages that actively prevent the linguistic play of references we glimpsed, if only superficially, in Fei Boxiong's choice of key terms, the knowledge contained in *Chinese Dietetics* is thereby made to appear timeless and eternal. This effect is further amplified by a number of related rhetorical strategies. These include dating the origins of the practices described back to the distant past (specifically, the third century BC), outlining a history of development that merely adds specifics to a model established already at its moment of creation, and opposing TCM to science and biomedicine while simultaneously emphasizing TCM's own scientific nature.

The discursive strategies that create *Chinese Dietetics* as timeless universal knowledge are by no means unique to the authors of this particular text. One can see them at work in the pages of the eighteenth-century *Golden Mirror of the Orthodox Lineage*, an imperially sponsored attempt to define a medical orthodoxy,³⁸ as much as in the contemporary efforts, strongly supported by the Chinese government, to construct TCM as a global medical system complete with its own World Health Organization–approved International Classification of Diseases categories.³⁹

Likewise, just as authors of late imperial materia medica assimilated foods into their collections or, alternatively, modeled texts in the dietetic tradition on materia medica, the individual monographs by means of which *Chinese Dietetics* presents information on specific food items are clearly modeled on TCM materia medica. Each food is thus described as possessing a distinctive temperature or *qi* (warm, hot, cold, cool, or neutral), flavor (*wei*), affinity to work on one or more of the organ systems of Chinese medicine (*gui jing*), and specific functions and indications. Notwithstanding similarities to traditional materia medica, *Chinese Dietetics* is a distinctly modern TCM text. It defines the functions and indications of foods in relation to the well-known syndromes or patterns (*zheng*) that constitute the core of contemporary TCM practice, and the authors frequently cite evidence from nutritional science to validate their knowledge claims.

For instance, pears are defined as being cool or cold, sweet and slightly sour in taste, to enter the lungs and stomach, to cool heat, generate fluids, moisten dryness and transform phlegm. They are indicated for treating damage to the fluids caused by heat, lung and large intestine heat patterns, and phlegm heat or wind heat in the heart; and they are contraindicated in cases of deficiency cold of the spleen and stomach. Pears are said to be cooling if eaten raw, and yin tonifying if cooked. Pears are also said to include a variety of organic acids, sugars, minerals, and vitamins. Finally, a number of prescriptions for the therapeutic use of pears are provided that include both foods and medicinals.⁴⁰

Following the monographs of individual foods, the second part of *Chinese Dietetics* addresses itself to therapeutics by outlining the dietetic treatment of specific organ and substance dysfunctions as understood by contemporary TCM. For instance, following a brief synopsis of the physiological functions and characteristics of the lungs (*fei*), foods for the treatment of four specific lung patterns are discussed in the same manner that a TCM textbook on internal medicine might do for compound formulas (*fufang*). Chinese medicine dietetics is thereby constituted as a subspecialty of the wider field of TCM in the same manner that dietetics rooted in nutritional science constitutes a subdiscipline of the wider field of biomedicine.

Conclusion

I argued in the introduction that the writings of Fei Boxiong, as much as those of Manfred Porkert and his students, need to be understood as efforts to reconstitute Chinese medicine and dietetics in moments of perceived crisis.

Fei Boxiong believed the unity and foundational principles of Chinese medicine to be threatened by a wider dissolution of culture that most visibly expressed itself in the horrors of the Taiping Rebellion. His remedy was to seek out the true sources of effective action beyond any apparent surface diversity. To this end he advocated a process of self-cultivation that aimed to discover through reading, practice, and self-reflection the quintessential principles underpinning all of Chinese medicine. He argued that this process would lead spontaneously to an emphasis on harmonization and moderation in medical practice as much as in the wider cultivation of

life. Terse and to the point, Fei Boxiong's texts employed apparently simply concepts whose many possible layers of reference exemplified on the level of literary composition the very same principles he demanded physicians master in clinical practice. Readily accessible to an audience of nineteenth-century literati, interpreting these texts requires significant exegetical effort from contemporary readers.

Here I am struck, again and again, by the deep convergences between the writings of Fei Boxiong and those of François Jullien, a contemporary French sinologist who has been engaged for some time in his own project of distilling the essence of Chinese culture for a modern Western audience.⁴¹ There are differences, of course, but the emphasis placed by both authors on concepts such as blandness (*dan*), propensity (*shi*), and the vitalization of life (*yangsheng*) as lying at the very heart of this culture is remarkable. These three terms, therefore, conveniently sum up the value Fei accords to foods in daily life as much as in medical practice. In this view, foods or medicines, just like people, are not intrinsically good or bad, but they do possess more or less potential to be worked with. The bland and everyday is accorded the highest value because its nature is closest to the undifferentiated source of all life. Ultimately, though, it is human agency that, by working with the propensity of things, shapes whether a medicine or food vitalizes or destroys life. In as much as such agency is shaped by the civilizing forces of culture, foods and medicines, too, are thereby brought within the purview of the distinctive civilizing practices that Fei Boxiong speaks from and to.

For Porkert and his students, on the other hand, the essence of Chinese medicine and dietetics lies in its very difference to the cultures and practices of the West, specifically reductionist science and medicine. Defining these values also requires a quintessentialization—although one that in its emphasis on cultural difference and in its location of effects in the stable essence of things reveals itself to be distinctively modern.

Chinese Dietetics thus values traditional Chinese medicine and dietetics above all else for its distinctive knowledge of the “energetic” nature of foods and medicines. To that end, the authors equate the Chinese term *qi* with the Western concept of “vital force” (*Lebenskraft*) that they describe as underpinning all energetic functions within the human organism. Chinese medicine and dietetics are characterized as focusing on “regulative and functional aspects” in contradistinction to biomedicine's concern for structure and mechanical causation.⁴² Foods and medicines possess “*qi* force”

(*Qi-Kraft*) that can be used therapeutically. This force exists independently of human agency, not unlike the proteins, sugars, minerals, and vitamins of which foods and medicines are structurally composed. Chinese dietetics thus can work in tandem with biomedicine, even if its vision is depicted as ultimately more complete.

All of these are standard terms and concepts in the vocabulary of contemporary alternative health care in the West, which has deep roots in the holistic and vitalist philosophies of the late nineteenth and early twentieth centuries. Critical of hegemonic reductionist science, these philosophies nevertheless share with it distinctly modern perceptions about the nature of life as well as the goal of ultimate control over it. Neither holism nor vitalism is therefore antiscience. On the contrary, their proponents frequently imagine them as better ways of doing science but also as spiritually superior modes of engaging with the world.⁴³

Chinese medicine is commonly constituted today in precisely this manner. Its own value and that of the things with which it works—including foods—have attained a stable form. Fei Boxiong might wonder why so little and yet so much appears to have changed between what he was writing against and what goes under the label of Chinese medicine and dietetics today.

Notes

This chapter developed out of a long-term research project into the *Menghe* current (*Menghe xuepai*) in Chinese medicine on which I embarked in 1999 with the support of a Wellcome Trust postdoctoral research fellowship (Award 056302/Z/98). I was able to conduct the research for this chapter as a Wellcome Trust Senior Investigator in the Medical Humanities (Award 097918/Z/11/Z) within a larger project entitled *Styles of Knowing and Ways of Practice in East Asian Medicine, 1100 to the Present*. I am grateful to the participants of the two workshops organized by Prof. Angela Leung at the Hong Kong Institute for the Humanities and Social Sciences in 2014 and 2015 for their critical feedback on earlier drafts. I owe a special debt to Prof. Leung herself for encouraging me to develop the ideas presented here and for guiding me in the development of my argument. I am thankful to Dr. Ute Engelhardt for her comments and suggestions.

1. These reflections by The Unofficial Historian of the Orchid Hall now constitute the foreword to the *Materia Medica of Appraised Foods* by Fei Boxiong 2006, 218. Throughout this chapter I refer to the edition of this text contained in *Menghe sijia yij* (Collected medical writings from four *Menghe* families), edited by Zhu Xionghua et al. This text consists of three parts that are not distinguished by any title. Apparently, these three parts, whose original names were *Materia Medica of Appraised Foods*

(*Shijian bencao*), *Recipes of Drinks and Foods from the Materia Medica* (*Bencao yinshipu*), and *Nutritional Therapeutics* (*Shiliang liaofa*), were compiled into a single text in 1936 by Xu Xiangren, the son-in-law of one of Fei Boxiong's grandsons.

2. Guo Wei, Guo Yangzhi, and Du Juan 2011, 661–662.
3. For an initial analysis of this process, see Scheid 2016.
4. For a detailed biography of Fei Boxiong, Menghe medicine, and its influence on Chinese medicine in late imperial and modern China, see Guo Wei, Guo Yangzhi, and Du Juan 2011. All of these works are included in the semiofficial *Anthology of the Medicine of Four Menghe Families* (*Menghe sijia yiji*), a compilation that also contains the *Materia Medica of Appraised Foods*. See Zhu Xionghua et al. 2006.
5. Zhao Erxun 1976, *juan* 502, p. 13883.
6. I analyze the development and attributes of Fei Boxiong's medical style in detail in Guo Wei, Guo Yangzhi, and Du Juan 2011, 153–72. For a Fei family perspective, see Xu Xiangren 1933.
7. The most important of these are *Refined Medicine Remembered* (*Yichun shengyi*) and *Treatise on Medical Formulas* (*Yifang lun*).
8. The original title of the book was simply “Refined Medicine” (*Yi chun*). However, the printing blocks were destroyed during the Taiping's occupation of Menghe in 1860 before the book had been printed. Fei Boxiong later published an abbreviated text under the title “Refined Medicine Remembered” (*Yichun shengyi*), a title that might be more literally translated as “Leftover Meanings from Refined Medicine.”
9. For a discussion of these problematics in late imperial Chinese medicine, see Hanson 1998 and 2011.
10. Elman 2001.
11. For a detailed account of this emergence, see Hanson 2011.
12. Lu Jinsui and Lu Chengyi 1928, 3b.
13. Fei Boxiong's *Refined Medicine Remembered* is clearly modelled on Yu Chang's *Precepts for Physicians* (*Yimen falü*) from 1658. He also made extensive annotations to Cheng Guopeng's *Awakening of the Mind in Medicine* (*Yixue xinwu*) for use by his students.
14. Simonis 2010.
15. de Vries 2012.
16. Hanson 1998.
17. For an overview of the composition, indications, and clinical history of the licorice, wheat, and jujube decoction, see Scheid et al. 2009, 471–473.
18. Guo Aichun 1989, 955–956. My translation follows Unschuld (1986, 206) rather than Unschuld, Tessenow, and Zheng (2011, 2:353–354).
19. Unschuld 1973, 18–20.
20. Fei Boxiong 2006, 6.
21. Guo Aichun, 1989, 955–956.
22. Unschuld 1986, 206.
23. *Ibid.*, 205–228.
24. The *National Union Catalogue of Chinese Medical Books* (*Quanguo zhongyi tushu lianhe mulu*) lists three different texts under this title; Xue Qinglu, ed., *Quanguo zhongyi tushu lianhe mulu* (*National union catalogue of chinese medical books*) (Beijing: Zhongguo guji chubanshe, 1991), 196–198. The first is a Ming dynasty text by Ning Yuan first published in 1592. A text by the name of *Appraised Foods* (*Shi jian*) attributed to Ning Yuan is also cited three times by Li Shizhen in the section on foods in his

Bencao gangmu. The second is a Qing dynasty text by Chai Yi dated 1740. And the third is the Fei family version dated 1883.

25. *Materia Medica of Appraised Foods* was later included in a booklet published in 1938 by Fei Zibin (1890–1981), a scholar turned physician practicing in Shanghai and Hong Kong. Based on its first sentence, I translate this booklet as *The Use of Food for Nourishing Vitality in the Fei Family in Three Volumes (Feishi yi yang san zhong)*. These texts were used in editing the *Materia Medica of Appraised Foods* that was included in the first edition of *Collection of Medical Texts from Four Menghe Families* published in 1985 by the Wujian County Medicine and Pharmacology Institute under the editorship of Zhang Yuankai. It was reprinted in the revised edition of 2006 (Zhu Xionghua et al. 2006) that is today considered the authoritative edition to which I refer throughout the present chapter. An online version is available at <http://ctext.org>.

26. Jia Ming 1985. See also the discussion by Mote 1977, 227–234.

27. Fei Boxiong 2006, 227.

28. *Ibid.*, 225.

29. *Ibid.*, 227, 228, 229, 225, 230.

30. *Ibid.*, 225.

31. *Ibid.*, 230.

32. Fei Boxiong 1863 [2006], 6.

33. Mao Zedong's famous maxim "Chinese medicine is a treasure house. We must vigorously explore it and elevate it" was delivered in a speech on October 11, 1958, to celebrate the success of the program of having doctors of Western medicine study Chinese medicine. For a detailed account, see Taylor 2004a, 118–123.

34. "Youyou Tu—Facts," Nobelprize.org, accessed December 9, 2015, <http://www.nobelprize.org>.

35. A more precise term for this type of distillation would perhaps be "mining." Porkert 1982, 569, for instance, refers to this practice when he remarks that in modern China the treasure house has been turned into a "quarry."

36. Ge Hong (340 CE) in *Emergency Recipes in One's Sleeve (Zhou houbei jifang)*, chapter 3.16, cited in Hsu 2015, 82.

37. Lei 2014, 221.

38. The editors of the *Golden Mirror* create the impression of a unitary tradition by pasting comments by different authors on a given subject next to each other without providing context, thereby hiding the often viscerally felt differences of opinion that actually separated them.

39. The eleventh edition of the *International Classification of Disease* produced by the World Health Organisation, currently at beta draft stage, contains a section for TCM conditions; available at <http://apps.who.int>.

40. Engelhardt and Hempen 1997, 187.

41. This vision is worked out in a series of books that include Jullien 1997; Jullien and Hawkes 2000; Jullien 2004a; Jullien, 2004b; Jullien 2007.

42. Engelhardt and Hempen 1997, 2.

43. Scheid 2016.