

12-1-2017

## Shinno, Reiko. The Politics of Chinese Medicine under Mongol Rule. London: Routledge, 2016.

Tarique Niazi Ph.D.

University of Wisconsin - Eau Claire, niazit@uwec.edu

Follow this and additional works at: <https://digitalcommons.lindenwood.edu/jigs>



Part of the [Anthropology Commons](#), [Critical and Cultural Studies Commons](#), [Environmental Studies Commons](#), and the [Sociology Commons](#)

---

### Recommended Citation

Niazi, Tarique Ph.D. (2017) "Shinno, Reiko. The Politics of Chinese Medicine under Mongol Rule. London: Routledge, 2016.," *Journal of International and Global Studies*: Vol. 9: No. 1, Article 33.

DOI: 10.62608/2158-0669.1398

Available at: <https://digitalcommons.lindenwood.edu/jigs/vol9/iss1/33>

This Book Review is brought to you for free and open access by the Journals at Digital Commons@Lindenwood University. It has been accepted for inclusion in Journal of International and Global Studies by an authorized editor of Digital Commons@Lindenwood University. For more information, please contact [phuffman@lindenwood.edu](mailto:phuffman@lindenwood.edu).

**Shinno, Reiko. *The Politics of Chinese Medicine under Mongol Rule.*  
London: Routledge, 2016.**

To curb soaring healthcare costs, the Chinese government, and especially its incumbent leader President Xi Jinping, is fast turning to Traditional Chinese Medicine (TCM) as an alternative therapeutic system. TCM is the most inexpensive means of medicine. It is organic and holistic in structure and aims at preventing and curing illnesses, not just treating them. For these reasons, TCM spanned thousands of years of Chinese history. With the mounting aging population, it is only rational for China to introduce alternative systems of medicine that are least costly but most effective. Under government patronage, TCM is set to parallel the modern healthcare system in the country. As it can be delivered at a fraction of the latter's cost, it is likely to surpass it in popularity.

The introduction of TCM, however, has its share of criticism, even contempt. The latter is no better exhibited than in *The Economist* (2017), a British magazine, which, in its September 2nd-8th issue, blasted TCM as “State-sponsored quackery” (p.12). No medical care system is immune to quacks or quackery. So is TCM. But rejecting it as nothing but quackery betrays the otherwise learned *Economist's* lack of familiarity with its historical evolution. TCM existed in China for millennia. Its roots extended from “Islamic civilization” to Chinese society. Part of TCM originated in Central and Western Asian Muslim states that once settled the northern edge of China, which Stanford-trained historian and Sinologist Reiko Shinno calls “Mongol China.” In her fascinating historical account of *The Politics of Chinese Medicine under Mongol Rule*, Shinno has captured TCM, its evolution, operation, efficacy and intertwining with politics of the epoch in meticulous details, which are marked by her sharpest observations and profoundest insights into Chinese society since the 1100s. She credits Mongols for “tearing down the ‘Iron Curtain’ between North and South China, and promoting dialogues between Central and Western Asian and Chinese medicines” (p. 138).

Chinese traders imported pharmaceuticals from Central and Western Asia via the fabled Silk Road, and maritime routes. “As a result, Chinese people were . . . knowledgeable about the foreign drugs and treatments” (p. 138), Shinno writes. Isa (Chinese name, Aixue), a Semu (Central and West Asian) official in Mongol China, built the Office of Broad Grace (Guanghui si) in 1270, which took upon itself to prepare “Islamic medicine for the emperor and to treat imperial guards as well as the lonely and poor in the capital” (p. 138). Twenty-two years after, two Islamic Pharmaceutical Bureaus were built in 1297, one each in Daidu and Shangdu, two Yuan capitals. “Isa’s funerary inscription suggests that he had a close relationship with” the Yuan dynast Kublai Khan (p. 29). Chinese “called a learned physician ru or ruyi in the . . . Yuan periods” (p. 7). Shinno, however, questions the nomenclature of “Islamic medicine” as Isa, she argues, was a Nestorian Christian. Yet, she concedes, the presence of West Asian medicine in China in the late 1200s and early 1300s was indubitable. Emilie Savage-Smith (1996) concurred with Shinno, who reported building of hospitals “throughout Islamic lands” at the intersection of the eighth and ninth centuries, which doubled as pharmacies. Baghdad, long the seat of Islamic learning and science, hosted the first of such hospitals.

Shinno documents that Islamic Pharmaceutical Bureaus in Yuan capitals compiled *Islamic Pharmacology* (Huihui yaofang) that listed more than 400 pharmaceuticals. Islamic pharmacology had fused what Shinno calls “Chinese and Islamic medical traditions” by writing the names of pharma in both Chinese characters and West Asian script. In Yuan China, drugs were more valued than gold. The Mongol ruler Kublai Khan is reported to have dispatched

envoys with a large stash of gold to buy drugs from Ceylon (modern Sri Lanka). TCM was not just concerned with pharmacopeia; it also placed pronounced emphasis on food as medicine. A Semu palace dietician, Hu Sihui, penned a book on dietary medicine, *The Correct Essence of Drinking and Eating* (Yinshan Zhengyao), which recorded food preparation traditions in China, Mongolia and Eurasia. Aromatics were also harnessed for medicine. This is why maritime trade in aromatics grew around the port city of Quanzhou, the present-day Fujian province.

Traders in Quanzhou with Arabian, Persian, and Indian ancestry assumed leadership roles under Mongol rule. The Chinese, Shinno writes, were curious and eager to acquire knowledge about West Asian physicians and the ways they practiced medicine. She recounts a case of highly complex brain surgery to illustrate how advanced was the profession of medicine at the time. Quoting Tao Zongyi, she writes that an “Islamic medical official” (huihui yiguan) “opened up the forehead of a child who had a severe headache,” and extracted “what was possibly a tumor” (p. 139). Immediately after telling the tale of this critical surgery, she mentioned the trade in aromatics, which one speculates could have been used as anesthetics, given that hemp has been a native plant of Central Asia for millennia.

Additionally, Shinno documents, aromatics were used for healing ophthalmological illnesses, and Semu vendors would peddle them as West Asian efficacious eye medicine. In their search for medicinal benefits in human food, West Asians popularized several syrups (Sherbets) in China. *The Canon of Medicine* by Ibn Sina (a.k.a. Avicenna in Europe), who was born in today’s Uzbekistan in Central Asia, listed more than 50 classes of syrups that were administered as medicine. The Mongol royal family founded a special department that was tasked to manufacture such sherbets. A physician in charge of this department is reported to have cured Genghis Khan’s ailing son with a drink of sherbet. Hu Sihui, the palace dietician in the Yuan court, listed 10 such syrups in *The Correct Essence of Drinking and Eating*.

Medical research and science got a further boost from the Yuan conquest of South China, which allowed Chinese physicians to freely travel between North and South China. The Yuan government adopted *The Comprehensive Record of Sagely Benefaction* as the primary textbook for medical schools, and supported publication of other medical texts. *The Comprehensive Record* was commissioned by Emperor Huizong of the Northern Song dynasty, and designated as a textbook for the Yuan medical schools. It was reprinted in 1300 to meet the rising demand. In parallel, institutionalization of medical education was on the fast track in Mongol China. The Yuan Imperial Academy of Medicine had already been established, and an evaluation system was instituted in 1307 for the academy’s aspirant students. It was mandatory for students entering the academy to demonstrate some knowledge of a select set of classics on medicine, especially *The Comprehensive Record of Sagely Benefaction*. Commercial presses found publishing medical texts a lucrative business that further bolstered medical science in China. The explosion of medical publications widened the therapeutic knowledge of Yuan physicians that they could apply to their patients.

Shinno discovered a 14<sup>th</sup> century major figure in Chinese medicine, Zhu Zhenheng, who had vast knowledge of a wide variety of medical theories and therapies that were developed during the Mongol Empire. Zhu, who was born in present-day Zhejiang province, was self-taught in medicine. He devoted five years of his life to reading *Basic Questions*, a tome on medical therapies, until he found a cure for his mother’s chronic affliction. He also studied the *Formulary for the Charitable Pharmacies*. He was, however, dissatisfied with “theories without formulae and formulae without theories,” a dissatisfaction that forced him into the orbit of medical professionals from Northern China. He later apprenticed with a renowned Northern Chinese

physician named Luo Zhiti in Hangzhou in 1325, and augmented his knowledge of medicine. In his 70s, Zhu wrote seven books, three of which are still preserved and highly regarded: *Further Views on Extending Knowledge* (Gezhi yulun), *Expanding the Formulary for the Charitable Pharmacies* (Jufang fahui) and *Supplement to Extending the Meanings for Materia Medica* (Bencao yanyi buyi).

Drawing upon two giant medical theorists of their time, Liu Wansu and Li Gao, Zhu developed a synthetic theory of healing. Liu considered that Fire in the cosmos directly affects the human body, and thus advised patients to take medicine with cooling effects. On the other hand, Li Gao had thought illness occurred when the *Original Qi* was depleted, allowing the Fire in the human body to flare up. Li advised physicians to give such medicines to patients that replenish the *qi*. Fusing the two, Zhu argued that Heaven, which created the *yang qi*, was larger than Earth, the producer of *yin qi*. Thus, *yang qi* is found in abundance and *yin qi* is scarce in supply. Cosmological *yang qi* created the *qi* in the human body, and cosmological *yin* created *Blood*, of which the young and the old had less, while mature adults with the ability to reproduce had more. “While Liu’s aggressive strategy might work for adults who did not suffer from the depletion of yin qi, Li’s strategy to replenish the Original Qi needed to be adopted in other cases” (p. 143), Zhu concluded. In the 16<sup>th</sup> century China, Zhu Zhenheng was consecrated in the pantheon of “twenty-eight doctors in history to be worshipped” (p. 158), i.e., literally worshipped.

Reiko Shinno’s *The Politics of Chinese Medicine under Mongol Rule* condenses the wisdom of sages and ages past in a highly readable account. The evolutionary trajectory of Chinese medicine that she unearths is full of lessons that are all too relevant to the contemporary crisis of modern medicine that faces every nation on the planet. The sad reality is that healthcare systems—from the state-sponsored NHS (National Health Service) in Britain to the commodified healthcare in the United States—have grown unsustainable, and are in urgent need of effective but inexpensive alternatives. No wonder that TCM, such as acupuncture, is already gaining wider acceptance in the West, while India is becoming a favorite destination of low-income medical tourists from Europe and North America. In this context, *The Politics of Chinese Medicine* could not have been better timed for leaders and scholars who are unafraid to look to the preceding generations for solutions to the intractable challenges of our time.

Tarique Niazi PhD  
University of Wisconsin-Eau Claire  
[NIAZIT@uwec.edu](mailto:NIAZIT@uwec.edu)

## References

- Economist, The. 2017. ‘State-sponsored quackery.’ London: *The Economist*, September 2<sup>nd</sup>-8<sup>th</sup>, 2017, p. 12.
- Savage-Smith, Emilie. (1996). Medicine. In Roshdi Rashed (Ed.), *An Encyclopedia of the history of Arabic Science* (pp. 903-62). New York: Routledge.