



A Cultural and Linguistic Translation of Warm Factor Epidemics *Wenbing* as Seasonal Viral Influenza Epidemics in Australia

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Abstract:

A new understanding of science as a knowledge system is emerging. In place of universalizing theories, there is recognition of *locatedness* and *situatedness* as characteristics of scientific knowledge. This has a bearing on the relationship between traditional Chinese medicine (TCM) and Western biomedicine. Both are generated in located and situated clinical practices. Clinical space can thus be seen as a platform upon which TCM and Western biomedicine can engage in mutual translation.

Bruno Latour refers to 'translation' as 'the interpretation given by fact-builders of their interests and those of the people they enrol.' This offers the possibility of a *local* and situated interpretation of other knowledge systems including TCM. Using this methodology, I translate into terms of *wenbing* influenza the viral epidemics of Western biomedicine.

Keywords: Translation, Warm factor epidemic, *Wenbing*, viral influenza, Chinese medicine, Western biomedicine

Résumé:

Une nouvelle compréhension de la science comme système de connaissance commence à apparaître. Au lieu des théories universalisantes on reconnaît la

localisation comme une caractéristique des connaissances scientifiques. Cela se rapporte à la relation entre la médecine traditionnelle chinoise et la biomédecine occidentale, étant donné qu'on les engendre également dans les pratiques cliniques localisées. On peut donc voir l'espace clinique comme un moyen de permettre à la médecine traditionnelle chinoise et à la biomédecine de se traduire réciproquement.

Bruno Latour parle de la translation comme l'interprétation rendue par les concepteurs de faits de leurs propres intérêts et des intérêts de ceux qu'ils recrutent. Cela rend possible une interprétation localisée et située des autres systèmes de connaissance, y compris la médecine traditionnelle chinoise. En utilisant cette méthodologie, je traduis les épidémies virales de la biomédecine occidentale sur le plan de la grippe chinoise (wenbing).

Mots clés: Translation, épidémie de facteur chaud, Wenbing, grippe virale, médecine chinoise, biomédecine occidentale

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Introduction

What are 'warm factor epidemics' or *wenbing* 温病? It has been argued that *wenbing* are seen by contemporary practitioners of Chinese medicine as a collective term for disorders that Western biomedicine classifies as acute febrile diseases. These are primarily characterized by high fever and by their infectious nature, as with typhoid and typhus. In premodern China however, *wenbing* were seen as encompassing a range of illnesses from the common colds, to high fevers and epidemic diseases, all of which were characterized by acute fevers and hot sensations in the patient's body. Chinese medical doctrine attributes these disorders to pathogenic heat of varying quality from warm (*wen* 温) to hot (*re* 熱), which is characteristic of the climate in spring and summer respectively (Hanson, 1998, p.512-550).

In the long history of the evolution of the concept of *wenbing* in classical Chinese medicine, the notion of 'injury from cold' or *shang han* and 'warm factor disorders' *wenbing* as well as the distinctions between the two have always been blurry (Fang Yao Zhong & Xu Jia Song, 1986, p.2). In 1956, however, this changed with the re-emergence of a 'lost' Chapter on *wenbing* from a Chinese medical classic: *Treatise on Febrile Diseases Caused by Cold Meteorological Influence (Qi) and Miscellaneous Diseases Shagnhan zabing lun* (Lai Pen-Jeu & Zou Gui Hai, 2009). Using this, two Taiwanese Chinese medicine researchers, Lai Pen-Jeu and Zou Gui Hai, clarified the difference between the two concepts. Below, is a summary of the distinctions they made between *shenghan* and *wenbing*.

'Injury from cold'	'Warm Factor Disorders' <i>Wenbing</i> 温病
1. Injury from Cold Meteorological Qi	1. Injury from cold meteorological Qi
2. One develops symptoms of common cold like runny nose, blocked nose, sneezing, sore throat, chills, cough.	2. Pre-clinical. Asymptomatic. 'Cold meteorological Qi' incubates within the body.
3. Use of materia medica like <i>Ma huang</i> (Herba Ephedrae) (Bensky, Gamble & Kaptchuk, 1986, p.32) to free the the body surface from exogenous cold meteorological pathogenic influence or use of <i>Gui zhi</i> (Ramulus Cinnamomi) (Bensky, Gamble & Kaptchuk, p.34) to warm the body surface.	3. The incubating cold meteorological Qi metamorphoses into a 'very cold Qi' <i>han du</i> 寒毒.
4. Injury from cold is not contagious.	4. When warm Spring season comes, the very cold



	Yin Qi metamorphoses into 'yang-ish" warm factor disorder' and flares up with symptoms of high fever, dry and sore throat
	5. Error in diagnosis and therapy leads to deterioration of patient's condition and the metamorphoses of warm factor disorder into 'warm factor epidemic' and spread of the 'corpse Qi' <i>shi Qi</i> 屍氣 .

The *Treatise* differentiates between three types of warm factor epidemics and emphasises the importance of seasonal change: 1) Spring warm factor epidemics (*chun wen*) 2) autumn warm factor epidemics (*qiu wen*) and 3) winter warm factor epidemics (*dong wen*) (Hong-yen Hsu & Preacher, 1981, p.xxix; Zhang Zhong Jing). All these come into being from the 'incubating Qi'.¹

Performing Qi and Performing Technoscience

Together with the concepts of the Yin and Yang, Five Elements, I see Qi as an ontological entity or imaginary. It can be seen as an 'imaging figure, a metaphor or a narrative that has realness achieved in the emergence of gradually clotting and eventually routinized, sets of embodied, in-place actions' (Verran, 2005, p.33-48). Imaginaries, imaging figures and narratives can be seen as similar to "Foucault's epistemes, Kuhn's paradigms, Callon, Law and Latour's actor-networks, Hacking's self-vindicating constellations, Fujimura and Star's standardized packages and boundary objects and Knorr-Certina's reconfiguration" (Turnbull, 1996, p.38), David Turnbull's 'assemblage' (Turnbull, 2000, p.4), and Donna Haraway's 'vision metaphor' (Haraway, 1991, p.195). And an assemblage is a translation medium (Tiquia, 2004, p. 84). Viewed from this perspective, an 'incubating Qi' can be seen as an expression of the natural yin and yang order of the flow and metamorphoses of life embedded in specific time and place i.e. the life of the influenza virus embedded within the human body.

¹ The ancient Chinese word 氣 is transliterated into the alphabet as 'qi', 'chi', 'khi', 'chhi', 'ki' .



Body of Research

At this, threshold of a new epoch (Chan J. & Chan J E. *Medicine*, 2000; Toulmin, 1990, p.182-183), a new understanding of science as a knowledge system is emerging. In place of universalizing theories, there is recognition of *locatedness* and *situatedness* as the fundamental characteristics of scientific knowledge. Situatedness of scientific knowledge is 'feminist objectivity' and 'limited location' which makes us 'become answerable for what we learn how to see' (Haraway, 1991, p. 188 & 190). This recognition comes from several sources: the sociology of knowledge (SSK) as developed in Great Britain, French translation theory, the work of symbolic interactionist group in North America (Verran &Turnbull, 1995, p.115-139).

In his seminal work, *The Structure of Scientific Revolutions*, Thomas S. Kuhn in discussing the normative functions of 'paradigm' as a 'map' which is constitutive of research activity expressed the view that

"Through the theories they embody, paradigms prove to be constitutive of the research activity. They are also, however, constitutive of science in other respects, and that it is now the point. In particular, our most recent examples show that paradigms provide scientists not only with a map but also with some of the directions essential for map-making. In learning a paradigm, the scientist acquires theory, methods and standards together, usually, in an inextricable mixture. Therefore, when paradigms change, there are usually significant shifts in the criteria determining the legitimacy both of problems and of proposed solutions." (Kuhn, 1970, p. 109)

On the other hand, in a critic of the ethnocentric and reductionist epistemology and ontology of the biomedical model of clinical encounters which holds the view that "biomedical processes *alone* constitute 'the real world'", Arthur Kleinman, a medical anthropologist, in his book *Patients and Healers in the Context of Culture*, advocates an alternative view of looking at the clinical space as "a 'map' 'for' and 'of' a special area of human behaviour" i.e. 'instrumental and symbolic activities' which include the 'beliefs and behaviours that constitute those activities' which are in turn influenced by social institutions, social roles, inter-personal relationships, interaction settings, economic and political constraints, available treatment interventions and the type of health problem being attended to and vice-versa. Kleinman refers to these interactive clinical and social variables as the 'health care system' that is constitutive of that 'special portion of the social world'. This clinical microworld² according to Kleinman is the

² In my Masters coursework thesis, I refer to the to the TCM clinic as a 'microworld' that "displace(s) society and decompose(s) it by the very content of what is done inside them (Latour, 1983, p.168)" (Tiquia, 1996, p. 29).



“nexus of adoptive responses to human problems created by sickness, and, as such the issue of ‘efficacy’ is central to it”. (Kleinman, 1980, p. 25-27)

Thomas S. Kuhn and Arthur Kleinman’s notion of ‘maps’ and ‘paradigms’ has a bearing on the relationship between traditional Chinese medicine (TCM) and Western biomedicine, both unique in their respective ontologies, epistemologies, history, methodology and notions of evidence, yet both, generated in located and situated clinical practices.

Differentiating clinical patterns and associating *yao (bian zheng lun yao)*³ constitutes the TCM knowledge space which involves the mapping of Qi in the TCM microworld i.e. the TCM clinical practice space; while Western biomedical knowledge comes from the clinical mapping of the virus, enzymes, genes etc. in a laboratory microworld. Clinical practice which is an embodied, embedded expression of a medical tradition in place, can thus be seen as a platform upon which TCM and Western biomedicine can engage in mutual translation i.e. the clinical practice space can be viewed as a ‘network’ through which the facticity (the social construction of ‘facts’ [Latour & Woolgar, 1979, pp. 174-183]) of both TCM and Western biomedicine may be constructed in tandem.

Translating TCM to Western Biomedicine

Bruno Latour, an authority in science and technology studies (STS) refers to ‘translation’ as ‘the interpretation given by fact-builders of their interests and those of the people they enrol.’ In his seminal work *Science in Action: How to follow scientists and engineers through society*, he writes:

³ Deploying a syncretic ‘double insider’ methodology of standing outside both the analytic tradition of contemporary science studies and inside contemporary TCM practice and analysis, I connect with the *theory* of local and situated knowledge developed by contemporary philosophers of science such as Donna Haraway, Susan Leigh Star, Joseph Rouse, Bruno Latour, Helen Verran and David Turnbull. From this perspective, I have reconstituted the practice of TCM known as *bian zheng lun zhi* in the Australian local. By linking the disembodied segments of the practice of *bian zheng lun zhi* from its past and present locales, I have developed the notion of ‘Differentiating clinical patterns and associating *yao*. I have linked the practice of the ‘Four Examination Techniques or *Si zhen* 四诊 with the practice of ‘differentiating clinical patterns’ *bian zheng* 辨证, which is the first stage in the execution of the practice of *bian zheng lun zhi*. Subsequently, I have developed the second stage of ‘choosing treatment principles’ *lun zhi* 论治. Between these two stages, I developed the practice of ‘differentiating clinical patterns’ by linking it with notion of ‘conceptual templates.’ In this sense, we can say that the *theory* of TCM is a product of connecting those disconnected ‘bits’ of TCM (Tiquia, 2008).



"It should be clear why I used the word *translation*. In addition to its linguistic meaning (relating versions in one language to versions in another one) it has also a geometric meaning (moving from one place to another). Translating interests means at once offering new interpretations of these interests and channelling people in different directions." (Latour, 1987, p.108-117)

This offers the possibility of a local and situated interpretation of other knowledge systems including TCM. Using this methodology, I translate into terms of *wenbing* influenza the viral epidemics of Western biomedicine as they emerge and proliferate in the Southern Hemispherical locale of Australia.

In Western biomedicine and the tradition of Chinese medicine, the ebb and flow of *wenbing*/influenza is seasonally-mediated. Dr. R. Edgar Hope Simpson, a British General practitioner and self-trained epidemiologist and China's Hippocrates, Zhang Zhong Jing (A.D. 142-220) see both phenomena in a similar light. As Hope-Simpson pointed out in his book *The Transmission of Epidemic Influenza*:

"The seasonally mediated influence must operate by recalling the virus to brief infectiousness in the carrier usually without renewing his illness. His non-immune companions, however are then at risk, and If infected, promptly develop an attack of influenza, whereupon, they in their turn become carriers. The seasonal influence appears to be mediating its stimulus at a variable time around the winter solstice in the temperate zones. The timing explains why the transequatorial swing of epidemic influenza follows the path across the globe taken by vertical solar radiation about six months earlier." (Hope-Simpson, 1992, p. 91)

Zhang Zhong Jing wrote as follows in his classical work:

"When the subseasonal Qi *jie Qi* of Spring Begins [(Chen Ding San, Jiang Ersun,1986, p.2) which corresponds to August 7th 2009 in the Chinese Medical and Agricultural Calendar, Southern Hemisphere] arrives, there is no sudden and extreme cold weather and no icy snow as well. But, there are people falling ill from high fever. This is the spring season Yang Qi whose influence has been growing and developing from the time of previous winter season. It is the 'incubating cold Qi' metamorphosing into warm factor disorder." (Zhang Zhong Jing, 217 AD, p.20)



Taiwan TCM researchers Lai Pen-Jeu and Zou Gui Hai identified the Subseasonal Qi *jie Qi* as constituting the mechanism that mediates the onset of viral Influenza outbreaks. They contended that:

“Different viruses incubating within the body break out as infections in line with a specific subseasonal Qi *Jie Qi*. For example, the influenza virus and the corona virus break out in most cases during the winter season.” (Lai Pen-Jeu & Zou Gui Hai, 2009)

According to the Australian Aboriginal Brambuk calendar (Australian Government. Bureau of Meteorology, 2009), the winter season starts in the State of Victoria on the month of May and then runs up to the month of June and July to reach the season of ‘Pre-Spring’. From the ‘Pre-Spring Season’ it runs up till the month of September to reach the spring season and then proceeds to the month November to reach the season of ‘Early Summer’.

On the first day of June 2009, there were 212 confirmed swine flu cases and the state government in Victoria, Australia shifted to a ‘sustain phase’ in its efforts in dealing with the epidemic (Doherty, 2009, p.1). This date occurred five days before the onset of the Subseasonal Qi of ‘Heavy Snow’ *Da Xue* (Bush, 2007)⁴ of the 2009 Chinese calendar as calibrated to the flow of the seasons in the Southern Hemisphere. It was also at the beginning of the month of May that I began seeing patients suffering from high fever, sore throat and coughing. From May 2009 till November 2009, I saw twelve patients suffering from these clinical conditions in my private practice located in the north-eastern suburb of Melbourne. This was a time when Melbourne was reeling from the effects of the initial stage of A H1N1 epidemic (Cox & Subbaro, 2000, p.407-421; CDC Update, 2009, p.585-589).

From the perspective of doing translation within a TCM microworld in Australia, I looked at the illness experiences of this small group of Melburnians as they battle the onslaught of the viral epidemic. And within this TCM microworld, I encountered assemblages of “places, bodies, voices, skills, practices, technical devices, theories, social strategies, and collective work’ translating and interacting with each other” (Tiquia, 2004, p. 83). Of the twelve patients that I have looked after, five were male and the rest were female. They range from six years of age to fifty two and most of them are residents of the north-eastern suburbs of Melbourne. Most have visited my clinic before for other clinical conditions for which they also simultaneously consulted other biomedical and complementary and alternative medical (CAM) practitioners.

⁴ In the construction of the ancient Chinese calendar for the Southern Hemisphere, Mr. Bush Martin from the Melbourne Planetarium referred me to a computer facility of the WISE Observatory which enabled me to calculate the exact dates when the twenty four Subseasonal Phases *er shi si ge jie qi* occur in the Southern Hemisphere by converting the solar longitude to Julian dates.



Some were taking antibiotics while others had vaccination against the swine flu virus. These biomedical agents were prescribed by Western biomedical practitioners while other patients were then self-medicating with Echinaecea, Panadol, Japanese Miso noodle soups etc. Below I present a translational case study of the youngest male patient afflicted by 'winter warm factor disorder' or *dong wen* that I have looked after. From the account below, one can see the actions and interactions of the various material and social actants within the TCM microworld.

A translational case study of a child afflicted with A H1N1 whose condition was diagnosed as Winter Warm factor Disorder *dong wen* in Melbourne, Australia

A. Differentiating Clinical Patterns Bian zheng

Name: Edgar

Gender: Male

Age: 6 years old

Place of Origin: Australia

Occupation: Primary School Student

Season: June 4, 2009, winter (A day before the beginning of subseasonal Qi *Jie Qi* of 'Heavy Snow' *Da Xue* (Chen Dingsan, Jiang Ersun, 1986, p.2) in the Southern Hemisphere.

Main Complaint: For the past four days, the patient has been suffering from high fever, vomiting, nausea, coughing and difficulty in the passing of urine (he felt hot according to the parent).

Observation *wang*: The patient was carried into the clinic by his father and looked very tired. He complained of soreness on both sides of his neck. His tongue is reddish in colour and its coating was thick and white. Using an ear thermometer, I ascertained that Edgar's temperature reached 38°C.

Inquiry *Wen*: The patient had high fever for the past four days. The mother previously had similar condition. He was taken by the parents to the local Western medical practitioner who prescribed Amoxicillin. The parents took the axilla temperature which came to 38° C. Edgar had no appetite to eat and later developed nausea and vomiting. According to the patient Edgar lost a lot of weight.

Listening: *Wen* Using the stethoscope, I heard no moist rales coming from the patient's lungs. I



heard the patient cough several times during the consultation.

Palpation *Qie*: Both radial pulses were rapid and agitated.

Diagnosis: Winter warm factor disorder (epidemic) *dong wen* which is seen as seasonal influenza in Western biomedicine. No antibody test was undertaken by the Western physician who looked after this boy to confirm whether the patient is a carrier of the A H1N1 virus (swine flu).

Therapeutic Approach Used: Cool down the heat/fever, put a stop to the cough by promoting the ventilating functions of the lungs and bolstering the patient's spleen Qi.

B. Associating Yao Lun Yao

Formula, Remedy, Operational Technique

4/6/09 - Chinese infant massage (Shanghai TCM College, 1980) was administered on acutricks/acupoints *Ying Xiang* 迎香, *Tai Yang* 太阳, *Shan Zhong* 膻中, *Fei Shu* 肺腧, *Ba Gua* 八, *Pi Jing* 脾经, *Tian He Shui* 天河水, *Zu San Li* 足三里, *Yong Quan* 涌泉.

After administering the infant massage, I punctured the Lung acupoint 11 (Regional Working Group On the Standardization of Acupuncture Nomenclature, 1984, p. 6) *Shao shangg* 少商 (located at inner lower corner of his left thumb nail) using a disposable acupuncture needle which is 13mm long and 0.22 gauge. After the acupuncture needle was pulled out of the Lung Acupoint 11, a small quantity of blood was squeezed out of the punctured acupoint.

I prescribed and provided to the patient's parents a bottle of Minor Bupleurum Formula 小柴胡汤 (Reid, 2007, p.134; Xu Hong Yuan & Xu Zhao Xin, 1984, p.57-59) which should be taken 4 pills three times a day.

RESULTS

C. Clinically Evaluating the Efficacy of the Yao (Bian zheng ping yao)

6/6/09 - (a day after the subseasonal Qi of 'Heavy Snow' *Da xue* (Chen Dingsan & Jiang Ersun,



1986, p 2.) in the southern hemisphere (Bush, 2009)

The patient came for the next consultation and therapy. To verify the efficacy of the treatment modalities administered, I used the Four Examination Techniques *of wang wen wen qie* as a clinical evaluation template, observing *wang*, listening/smelling *wen*, inquiring *wen* and palpating *qie*. The Four Examination Techniques (*Si zhen*) undergoes transformation into the Four Evaluation Techniques (*Si ping*) i.e. to observe, palpate, listen/smell and interrogate clinical symptoms to evaluate the efficacy of the administered therapy. The data is then verified and compared with data recorded in the clinical case record during the previous visit. Using the Four Examination Techniques, the clinical pattern is 'revisited' to evaluate whether the therapy achieved the aim of bringing about balance or harmony in the patient's physiological condition.

First of all, I **observed** that the patient walked into my clinic without being carried by his dad. He also seemed to be in better spirits

Upon **inquiry** (from the parents), the patient's high fever went down on the night of the last treatment. I took his temperature using the ear thermometer and the patient's temperature registered at 36.3°C (which is normal). But the parents said that he is coughing a fair bit. Using a tongue depressor and a torch I inspected his throat. The throat and both tonsils are red and swollen. Edgar said that he is also suffering from frontal headache pointing to the area between the inner ends of his eyebrows. The vomiting also stopped on the day of the last treatment. Upon palpating his radial pulses, I found that they are still rapid but not as tense. Using the stethoscope, I also checked if there are any rale coming from his lungs. I did not hear any.

Conclusion

Using a cultural and linguistic translation of Warm Factor Epidemic (*Wenbing*) as seasonal viral influenza, treatment was given to patients who appeared to suffer from swine flu infection. The patient's condition was diagnosed as winter warm factor disorder (*dong wen*) in accordance with the tradition of Chinese medicine in Australia. This required a counter translation or interpretation of *wenbing* as A H1N1 viral infection in accordance with the tradition of Western biomedicine. In the process, a non-hegemonic and interactive translation space between traditional Chinese medicine and Western biomedical traditions was constructed in a Southern Hemispherical country, Australia.



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