Traditional Chinese medicine (TCM) is an important medical system used in health care and treatment of diseases and it is regarded as a treasure for well being by the Chinese nation. This article reviews the basic theory of TCM to promote its use throughout the world.

I have been dedicated to the study of Chinese herbs, focusing especially on their chemical composition. In the last 20 years, I have also studied the material basis and mechanisms of action of compound formulas of Chinese herbs. From this study, I began to understand the essential theory of Chinese herbs and basis for TCM. Actually, the herbs and TCM were not separated until the end of the Qing dynasty. This study only considers the knowledge found in the classic texts on TCM and does not include treatment practices.

Since it was not possible for me to read through all the TCM classics, I have focused here on the textbook TCM Basic Theory used in TCM colleges or universities. I also referred to classic texts for reference. In terms of Chinese herbs, I looked at the theories of Medica in books from different generations. I do not consider Chinese medical theory in the context of Western medicine here.

THE GREAT CONTRIBUTIONS OF TCM

In addition to food, clothing, shelter and transportation, human beings depend on health care and on prevention and treatment of diseases, or in other words, medicine, for survival. Medicine is essential to human survival. TCM theory originated from the practice of the prevention and treatment of diseases over time and then further developed through practice. Like the continuing advance of theories in social science and natural science, TCM theory has to keep pace with the times. The theory of the West is updated constantly, as should the basic theory of TCM be updated.

One of the great contributions of TCM was the population growth. Despite factors that could not be controlled, such as wars, famines and natural disasters that kept the population growth in check, TCM played a role in promoting the population growth through the prevention of diseases. The population of China increased to approximately 60 million from the end of the western Han dynasty to the end of the Ming dynasty, to 402 million at the end of the Qing dynasty, and to 450 million during the early Republic of China.

Another contribution that TCM has made to health care in China is the prevention of contagious diseases. The devastating pandemic diseases that occurred in European history claimed the lives of tens of millions of people. Similar diseases in China have as severe consequences as they did in Europe. The "Shang Han Lun" (伤寒论, Treatise on Febrile Diseases) by ZHANG Zhong-jing was written for the prevention and treatment of epidemic diseases. Since the febrile diseases recorded in the Shang Han Lun were not necessarily all contagious conditions, the "Wen Yi Lun" (瘟疫论, Treatise on Pestilence) by WU
You-ke during the Qing dynasty complemented the *Shang Han Lun* in this regard.

There is a plethora of historical treatises on TCM that provide the foundation for TCM theory. They include the *Huang Di Nei Jing* (黄帝内经, Yellow Emperor's Internal Classic), which was completed at the end of the western Han dynasty, and *Shen Nong Ben Cao Jing* (神农本草经, Shennong's Herbal Classic) at the end of the eastern Han dynasty. Other examples include *Nan Jing* (难经, Classic on Medical Problems), *Shang Han Lun*, *Qian Jin Fang* (千金方, Essential Prescriptions Worth a Thousand Gold Pieces), *Mai Jing* (脉经, The Pulse), *Ben Cao Jing Ji Zhu* (本草经集注, Collective Notes on Herbals), *Zhu Bing Yuan Hou Lun* (诸病源侯论, General Treatise on Causes and Symptoms of Diseases), *Tang-Xin Xiu Ben Cao* (新修本草, The Newly-revised Materia Medica in the Tang dynasty), *Song-Zheng Lei Ben Cao* (证类本草, Classified Materia Medica in the Song dynasty) and *Ming-Ben Cao Gang Mu* (本草纲目, Compendium of Materia Medica in the Ming dynasty).

Thanks to a great effort in sorting out and organizing classical works during the Qing dynasty, many TCM classics have been well preserved.

When discussing the great contribution of TCM, we must admit that China missed the historical opportunity of European Renaissance. The Renaissance started in Italy and then rapidly spread across the Europe, contributing to the prosperous development of natural science in the fifteenth century and the years that followed. The invention of the telescope and the microscope enabled the introduction of medicine-related fields of study, including anatomy, physiology and pathology. At the same time, the Ming dynasty was in decline in China. Kangxi (a Qing emperor) accepted quinine from a missionary for his malaria, but he neglected a treatise on human anatomy after having it translated into Manchu. The government during the Qing dynasty pursued a policy of isolation and rejected the achievements of the European Renaissance. In addition, the study of Confucianism played a part. Starting with DONG Zhong-shu’s idea of “Rejecting all the other academic groups except Confucianism” during the western Han dynasty, the governments of the Sui, Tang, and Qing dynasties depended on the Imperial Examination System. Talented people sought good results in their examinations for fame or high social status. During this long period, those who practiced medicine shared inferior positions with witches and artisans. Some masters collected medical formulas, for instance, *Su Shen Liang Fang* (苏沈良方, Effective Formulas Collected by SU Dong-po and SHEN Kuo). Those with advanced medical skills might be named as imperial doctors or distinguished doctors.

**THE FORMATION OF THE BASIC THEORY OF TCM**

Even before the western Han dynasty, records of the basic theory of TCM had been kept during the Zhou and Qin dynasties, for example, the *Shi Ji* (史记, Historical Records) on BIAN Que-Cang Gong Lie Zhan (扁鹊仓公列传). However, the records included only specific case reports. The *Huang Di Nei Jing* is the earliest existing book on medical theory. Although some chapters have been lost, the general theoretical system of the book had been well preserved. The first sentence of the *Nei Jing* was “Huangdi was born magic and able to speak a little older. He was quick when young, sincere and diligent when grown and thus, became emperor in his adulthood”, was undoubtedly copied from the *Shi ji-Wu Di Ben Ji* (史记·五帝本纪, Historical Records on Wu Di Ben Ji). Consequently, it is now commonly believed that individual chapters of the *Nei Jing* were completed during the late western Han dynasty. It is unlikely that the complete book of *Shi Ji* was copied from the *Nei Jing* (Referred to History of Ancient Chinese Medicine by ZHAO Pu-shan, 1997, Zhonghua Publishing House). The theoretical framework in the *Nei Jing* was based on a summarization of treatment practices before the western Han dynasty. Then, physicians in later generations wrote numerous works to interpret and develop the framework. The challenge we face today is to overcome the limitations and promote the strong points of TCM.

As far as the author of the *Nei Jing* is concerned, the *Huai Nan Zi-Xiu Wu Xun* (淮南子·修务训) states that, “Since the social conventions value ancient people but disvalue people today, the books have to be written in the name of Shennong or Huangdi to be passed down”. The *Nei Jing* was written as a dialogue between Huangdi and Qibo. Who was Qibo I believe that Qibo was not a single person but a group of master physicians living in the Qishan (mountain) region near Chang’an city during the western Han dynasty. Some of them were acting as Huangdi raise questions, and some of them were acting as Qibo.