

Food and Medicine: Qualities and Efficacies in Chinese Ethnic Medicines

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Abstract

Drawing on our research in China's southern mountains about ethnic medicines, and intrigued by the proverbial Chinese view that *Yao Shi Tong Yuan* (food and medicine have the same source), this article traces the eventfulness and powers at play in healing and eating when they are seen as closely related forms of life. Ancient and modern traditional Chinese medicine understandings of flavor are here shown to be a common basis for the healing and harming powers of both food and medicine. The term *Wu Wei*, or five flavors is explored as both experiences of eating and cooking, and some patterns of qi movement that animate and invigorate the body. Following Vivienne Lo's term "potent flavors," practices of harmonizing (*He*, *Tiao He*) flavors in Chinese medicine, as in cooking, express a world of natural powers and expert embodiment that goes far beyond mere taste.

Keywords: Chinese ethnic medicines; *Wu Wei*; *Yao Shi Tong Yuan*

The beauty of a flavorful stew lies in the combining of differences, while the benefit of above and below is in their being able to cross each other.

夫和羹之美，在于合异，上下之益，在能相济。

From *Records of the Three Kingdoms*, "Biography of Xia Hou Xuan"¹

Western Jin, c. 280 C.E.

1 Introduction

This ancient text suggests that the key to making a beautiful stew is the proper mixing of diversities and the masterful management of water (above) and fire (below). The term *He Geng* (和羹), which translates as flavorful stew, is even older than the *Three Kingdoms*. It was first seen in the *Book of Documents* where the king of Shang praised his prime minister: "*Ruo Zuo He Geng, Er Wei Yan Mei* (若作和羹，尔惟盐梅 you are like the salt and the plums for my making of a flavorful stew)."² The salt and plums that provide salty and tart

tastes are compared to the prime minister's personal virtues, revealed in his service to his lord. The social and even political importance of modulating flavors, heat, and water is made explicit in these Chinese classics. Further, there is an argument to be made regarding the importance of culinary and medical domains of practice as they relate to each other.

The word for stew (or thick soup) is *Geng* (羹), a character that combines *Gao* (羔) for lamb with *Mei* (美) for beauty. Roel Sterckx, in his work on food, politics, and sacrifice in Chinese antiquity,³ asserts that "the prime dish was the stew, or *Geng*, a soup consisting of meat, vegetables or cereals, or a mixture of these. The stew was known throughout Chinese antiquity where it also served as an important sacrificial offering." *Geng* is a water-based mixture of diverse foods. It is generally thought as "*Wu Wei Tiao He De Nong Tang*" (五味调和的浓汤 a thick soup with the five flavors harmonized). *Geng* itself is always already flavor-full and to cook *He* (和)-flavorful *Geng*, the key is to harmonize the *Wu Wei* (五味 five flavors), which includes the flavors sour, bitter, sweet, pungent, and salty. All foods can be classified by the five-flavor system, though this system has a far-from simple relationship with the sensible flavors of plants and meats. As the epigraph states eloquently, a simple *He Yi* (合异 combining of different varieties of things) is not yet harmonizing, or *He*. The soup needs to be slowly cooked over a fire, the work of harmonizing involves not only flavors but the heat of fire and the moistening of water. Thought of in yin-yang terms, yin water flows down while yang fire rises upward. The yin-downward water and yang-upward fire, above and below, "cross each other." The No. 63 hexagram, *Ji Ji* (既济), of the *Book of Changes* depicts this image.⁴ A *He Geng*, after water and fire have crossed, and *Yin Yang Xiang He* (阴阳相和 yin and yang have corresponded), is the outcome of this dynamic transforming process.

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Thus, a *Geng* being *He*-flavorful means much more than just tasty. By harmonizing the world's myriad heterogeneities, it gives specific character to human experience. Through cooking and eating it nourishes human beings (Fig. 1).

The “above and below” that “cross” in the opening epigraph certainly refer to the yin-yang interaction of Heaven and Earth and also the gathering and intertwining qi of light and dark, warm and cool. Food has *Xing* (性 character) and *Wei* (味 flavor), and thus has healing or harming powers. Consider the language of a classic exchange on the *Zhong Jiao* (中焦 middle burner)⁵:

“Huang Di said, I want to hear about what comes from the middle burner. Qi Bo replied, the qi of the middle burner emerges from the stomach... The qi received there is secreted [downward] as the dregs of wine and grains, steamed [upward] as the various body fluids, and transformed into essential nutrients, which pour upward to the lung system [the upper burner] where they are transformed into blood which in turn provides life to the body. What could be more precious!”

(Original Chinese translation:

黄帝曰：愿闻中焦之所出。岐伯答曰：中焦亦并胃中... 此所受气者，泌糟粕，蒸津液，化其精微，上注于肺脉，乃化而为血，以奉生身，莫贵于此...”)

All these terms that refer to cooking are reflected in the language of modern traditional Chinese medicine (TCM) texts, perhaps most markedly when they are speaking of the hot and moist kitchen of the middle burner.

The relations of corresponding and harmonizing found both in the natural world and in qi-transforming physiology govern the making of Chinese medical decoctions. The herbal “soup” combines differently flavored herbs and requires cooking, which is considered a proper control of water and fire. Both *Geng* (stew) and *Tang Yao* (汤药 decoction) are orally consumed and interact with processes in bodies. Even the word in modern Chinese

for the soups that are food (*tang* 汤) and the decoctions that are medicine (*tang* 汤) is the same.

In this discussion, the proverbial Chinese view that *Yao Shi Tong Yuan* (药食同源 food and medicine have the same source) is the starting point. The qualities and efficacies of nutritional and medicinal plants are the focus by tracing the eventfulness and powers at play in healing, especially when medicine is thought of as deeply akin to cooking and eating food. In research in the worlds of mainstream TCM and in some minority nationality medical practices, we have encountered the practice of such experts who exhibit these skills, both medical and culinary, and healers who harmonize different flavors and transform patients or diners' bodies and experiences through the mediation of medical cooking (Note 1). And we ask, what is the role of human perception, craft, and generosity in making good mixtures, or making mixtures flavor-full and efficacious?

2 The way of flavor (味道 *Wei Dao*)

Yi Yin (伊尹), a legendary cook of the early Shang dynasty (1649–1550 BCE), is said to have cooked food to cure diseases, and he is considered to be the inventor of medicinal soups for curing diseases. The *Zhou Li* (《周礼》 *Rites of Zhou*) records one kind of *Tian Guan* (天官 heavenly official) specifically in charge of *Shi Yi* (食医 food medicine). The same book states, “the five flavors, five grains and five medicines should be used for nurturing the sick,”⁶ thus already juxtaposing food and medicine. The term *Wu Wei* (the five flavors) found in the even earlier text *Zuo Zhuan* (《左传》 *Zuo Zhuan*) already speaks of the five flavors' power to stimulate and influence the movement of qi animating and invigorating the body (Note 2). Furthermore, as part of the *Wu Xing* (五行 five phases) system of cosmic correspondences, the five flavors were each associated with an organ system: the lungs, spleen, kidneys, liver, and heart. These correspondences are outlined in the medical classic *Huang Di Nei Jing Su Wen* (《黄帝内经素问》 *The Yellow Emperor's Inner Classic: Basic Questions*).

It is foundational to the logic of Chinese herbal medicine, which still draws on these early classics, that natural medicines have properties and characters, and that they have affinities with particular organ systems of *Zang Fu* (脏腑 function) and *Jing Luo* (经络 circulation tracks). Along with the classic notion of *Si Qi* (四气 four characters or qualities), heating, warming, cooling, and chilling, the *Wu Wei* (five flavors, such as sour, bitter, sweet, pungent, and salty) remain central concepts in popular and technical medical discourses on health and well-being. In any TCM materia medica text, every drug listed or explained has a known flavor, sometimes two. Understanding the “five flavors” in Chinese medicine requires seeing them as both classificatory rubrics (gathering, distinguishing, and comparing diverse things with diverse properties, or *He Yi*) and as direct efficacies



Figure 1 Meat stew, field work picture taken by the authors in *Tu Yi* area.

in themselves. Correlated with the five great organ systems of the body and classified with the micro- and macrocosmic five phases, the five flavors have powers that a healer or cook can work with (Table 1). Like the five phases, there are relations of *Sheng Ke* (生克 production and restraint) between things of differing flavors. Sweet replenishes, sour constricts, and so forth (Note 3).

Flavors in European usage, by contrast, are confined mainly to the realm of cooking and eating food. Flavors are weak and epiphenomenal to the nutritional factors that we learn from reading package labels (Note 4). The biomedical magic bullet, moreover, like an antibiotic, is a flavorless pill. Its powers engage pathology outside of our experience. All it has in common with medicinal soups is that it is swallowed.

In the research, we have been doing on ethnic medicines in China's southwest, there are a great many local herbals in use that have not made it into the national or even regional materia medica handbooks. We have wondered how local gatherers and users of natural medicines have determined the flavor classification of the previously unknown things they use in their medical practices. Trained in TCM, we tend to presume that it would be impossible for anyone to *Pei Yao* (配药 combine drugs) without having memorized the "traditional Chinese medicine" classificatory system of the five flavors and the four qi. The technical complexities of the TCM specialty of formulary are well known because there is both an archive of classic formulas which are analyzed and understood partly with reference to the matched flavors they include and there is a logic and techniques for designing tailor-made formulas in ways that can maximize the efficacies of flavors and characters while avoiding clashes and cross-purposes. This is a kind of harmonizing, translated into present-day practice as the Chinese medical subdiscipline of formulary.

As mountain herbalists were sought out in the research, the legendary sage *Shen Nong* (神农 Divine Husbandman), who is said to have "tasted the 100 herbs" comes to mind. We asked many healers in southern China whether they personally tasted the herbs they gathered and used. Most said they did, some of them emphasizing that this way of testing unknown substances with their own bodies was the experiential foundation of their knowledge and practice. Moreover, it takes an informed palate to classify the taste of a natural

substance for medical use. It could be considered easy to say whether a leaf or root has sweet or astringent qualities, but this unknown plant also has a number of other flavors that may or may not be medically powerful. The immediate taste in the mouth of a relatively unfamiliar plant, collected in the forest, is only the first step in understanding how a type of flavor might translate into a predictable therapeutic effect. Some "clinical" experimentation, beginning with the vulnerable body of the healer, is required to characterize local and novel drugs in a way that can lead to more effective, safe, and harmonious combinations.

We suggest there are two moments in the practice of a mountain herbalist that are crucial to the making of good therapeutic soups. One is the tasting of individual herbs, or in the case of already known herbs the experiential understanding of "official" classificatory taste. Two is the rare ability to combine them in an effective decoction or herbal plaster that meets and engages the particular qualities of the disordered body or person being treated. Indeed, many of those in the south mention one key difference between a mere "folk" herbalist and a genuine practitioner of a local system of medicine is the latter's ability to efficaciously combine herbs (Note 5). Healers have special skills both to know medicines with an informed sense of taste gained from the time spent gathering and sampling medicines and how to incorporate these findings into soups and cooking for reliably good results (Note 6).

3 Field note one: Sister Wang tasting herbs

Some researchers studying the development of ethnic medicines say they have found it difficult to persuade ethnic healers to share the theory behind their practices (Note 7). Most of the healers we have seen would rather discuss the natural drugs they collect, expressing considerable respect for the thing itself. Possibly great cooks don't think much about "the five flavors" in theory too. Instead, they know from experience, and from being taught at stoveside, what particular foods work together well and achieve a uniquely flavorful and efficacious unity.

Sister Wang (Fig. 2) is a *Li* (黎) ethnic healer who practices herbal medicine in Hainan Island with her daughter-in-law disciple. Like others we have met, she has traveled around her home province, often with others interested in herbal medicine. She is well-known to locals as a person who *Dong* (懂 understands) herbs. However, this does not mean that she could evoke the theory of the five flavors and five phases to talk about her practice.

Wang's local reputation is formidable. She is known in Hainan as a true healer, a *Yao Wang* (药王 herb king), and a local authority on the field botany of medicinal plants. We found her with the help of two sisters, named

Table 1 Correspondence between five phases and five flavors

Five phases	Five flavors	Five viscera	Five seasons
Wood	Sour	Liver	Spring
Fire	Bitter	Heart	Kidney
Earth	Sweet	Spleen	(Late Summer)
Metal	Pungent/acrid	Lung	Fall
Water	Salty	Kidney	Winter

Yang, who are among the very few educated authorities to have published on the characteristics of *Li* ethnic herbal medicines. The Yang sisters' main book is an illustrated guide to Hainan's medicinal plants and their uses in local *Li* ethnic medicine (Note 8). Like many other local and regional herbal medicine handbooks—a genre that was revived into national importance in the 1970s and 1980s—this handbook, *Anthology of Folk Herbs of the Li People*,¹¹ gathers photographs, names, and identifying information for several hundred Hainan plants, arrayed one or two to a page over 150-plus pages. After several visits to the Yang sisters' clinic in the county town, we began to realize that Sister Wang had been a very important consulting resource for the two textbook-writing sisters.

We were therefore surprised to hear Sister Wang say that she was illiterate. We found this hard to believe, especially as we admired her very orderly and well-labeled shelves full of herbs, both in the restaurant she runs featuring *Yao Shan* (药膳 medicinal meals) and at her home. What kind of knowledge does an unlettered local expert like Sister Wang command? It seemed uniquely tied to her home near one of Hainan's famously unspoiled mountain ranges. As we traveled in the area, we noticed, for example, that local usage in Hainan tended not to refer to medical work as *Kan Bing* (看病 treat illness), in the usual Chinese-language way. Rather, *Li* ethnic experts spoke of *Zhao Yao* (找药 finding medicines) to match the illness situations they must

address. Wang said, “*Bing Ren Lai Wo Jiu Zhao Yao*” (病人来我就找药 When a patient comes, I find the medicine then). This mundane usage replaces a vision-centered contemplation of an illness object, or *Kan Bing*, with an embodied project of searching for apt tools, *Zhao Yao*. This effort to find the specific match to always-specific signs and symptoms departs from modern practice in both Western and Chinese medicine. Sister Wang no doubt felt that we would never understand just what this searching and finding really involved. Indeed, she has little confidence in anybody's ability to “understand” plants and illnesses, flavors and efficacies in her special way. Like other healers we have met, she used the word “understand” to distinguish those who can really find, see, relate to and use natural powers [both the *Xing Wei* (性味 nature and flavor) of herbs and the *Qi Hua* (气化 qi transformation) of physiology and pathology] from those who know chiefly through language and images.

Seeking to get a sense of how Sister Wang had been accumulating and sharing her expertise over many years, our colleague, a TCM herbal medicine specialist, sat down with her to go through the Yang sisters' pharmaco-botany text. Looking at the pictures, Sister Wang confidently rattled off useful information about every pictured item. At times she wanted to argue with the text, pointing out, for example, that a drawing for a certain plant was wrong or misleading. We could easily see what a great resource she must have been to the formally trained and rather scientifically oriented Yang sisters. She spoke of spending many days with them in past years, wandering in the mountains, identifying, photographing, gathering, and discussing plants. Nowadays she spends little time in town at their clinic because her contribution to the province-wide movement to develop *Li* ethnic medicine is long-standing.

But as we have hinted, Wang's understanding of local herbs is of a particular kind and different from what ended up in the textbooks. She was not, for example, interested in identifying or providing a rationale for the *Xing Wei* of the plants (Note 9). These classified properties were supplied with each item, provided by the authors and editors of the handbook. We still want to know by what means the Yang sisters and their editorial colleagues decided on the “proper” functional properties and classifications of all these previously unreported entities.

We do know how Sister Wang comes to understand the character of these local herbs and she accomplishes that through tasting them. She tastes them fresh, while gathering them, and teaches her daughter-in-law as they go to recognize particular types of plants and degrees of efficacy within each type. She compares herbs by taste, classifying together things with the similar qualities and efficacies that she infers in this process. She can then substitute different plants for one another, depending on availability, as she composes prescriptions. And she understands (without explaining to us, or perhaps even



Figure 2 Sister Wang, field work picture taken by the authors.

to her disciple) how certain flavors meet and engage certain disorders and discomforts in human bodies. When we ask her to compare her process of recognizing and classifying drugs with that of the Yang sisters, she says, “when it comes to treatments and recipes, they couldn’t do it without me.”

This is not to say that the Yang sisters are bad doctors when they use local medicines. Visiting the Yangs’ clinic and talking with the older sister (a former barefoot doctor) and people who were waiting, we could see that she is respected as an especially sensitive and even prescient doctor. Moreover, she also tastes the herbs. During one of our visits, she was recovering from gastritis that had resulted from her taste-testing an unfamiliar drug more toxic than she expected. Though she seemed physically fragile, she is, like Sister Wang, proud of her long history of wandering Hainan’s mountains to find medicines.

Sister Wang has had similar experiences of incorporating the powers of medicines, putting her own body and health on the line as she finds herbs for the different manifestations of illnesses that come to her for treatment. Taste for her seems to be literal, having little access to writing, it would seem that she must bypass the standardized classifications of drug properties to keep idiosyncratic classification tables in her head, as it were. When she assembles a medical prescription, she doesn’t weigh or otherwise quantify the amounts. Being at the same time a cook who runs a restaurant specializing in healthful foods, she works with food and medicine in a similar way, she harmonizes them with her own hands and stove.

4 Field note two: Master Li's healing magic

With Sister Wang’s story, we have suggested that TCM’s literate systems of herbal medicine, and formula, pharmacology might be irrelevant for some practitioners’ direct understanding of the subtle potencies of herbal medicines. An embodied knowledge of how to combine herbs and how to make a flavor-full therapeutic soup, is not only a feature of “ethnic” or “folk” medicines. All medicines in China, including TCM in the Han nationality, are committed to the principle of *Yin Ren Yin Shi Yin Di Zhi Yi* (因人因时因地制宜 treating in accord with specificities of time, place, and person). Even if the technicalities of flavor classification in Chinese medicine are not much emphasized among southern herbalists, their expert work can still be seen as quite similar to great cooking. Master Li, who when we met him was running a clinic of *Qiang* ethnic (羌族) medicine, did not use a written prescription or scale while assembling herbal prescriptions because according to him, “This is just like cooking. You can feel it in your hands. (Fig. 3)”

After the catastrophic 2008 earthquake in Sichuan, when the mountainside where his family home had perched was



Figure 3 Doctor Li, field work picture taken by the authors.

destroyed by landslides, Li Lao (the local people honored Master Li with the name Li Lao) was invited by the local health authority to run a clinic in the county hospital and this is where we first met him. He regularly goes farther up into the mountains in search of wild herbs and has transplanted and cultivated about 20 different kinds of herbs in the hillside ruins of his large Qiang-style stone house. Along with his transplanted varieties, he finds many different kinds of wild herbs in the partly reforested slopes around and above his mountain home.

His consulting room in the county hospital also housed his personal pharmacy. The walls were lined with dried herbs and powders sorted into plastic bins on large metal shelves. He had more than 200 different kinds. Unlike the usual *Kan Bing* practice in hospital clinics, where the doctor writes a formula on a prescription form for a pharmacy located elsewhere, Master Li exclusively used his own collection of medicines. After examining each patient, he would turn to look at the herbs on his shelves, mentally formulating his prescription in the process of seeing, grasping, and assembling small piles of processed herbs. He gathers what he needs by handfuls from the boxes and bins around the room. Like Sister Wang, he does not use a scale to measure the dosage. After he finishes assembling the herbs for one dose with every ingredient displayed separately on a sheet of newspaper, his youngest son and disciple, Li Junior, studies the “formula,” quietly concentrating on the ingredients arrayed before him in piles. He memorizes the combination, then

proceeds to assemble the herbs for the second and third doses. Although the Li junior is a college graduate and quite literate in Chinese (his father is officially “illiterate”), he also gathers the herbs by hand and by memory without using a scale (Note 10).

Local people in this earthquake-stricken county refer to Master Li as a *Shen Yi* (神医 divine healer), an appellation that refers mostly to the unusual effectiveness of his therapies. Residents of a village near the county town all know how he brought a pancreatitis patient back from the edge of death with his amazingly effective treatments. Li Junior drove us to this patient’s house for a visit, so we could better perceive the quality of Master Li’s healing powers.

This village-dwelling mother and grandmother had stayed for 70 days in the tertiary-care provincial hospital, where her condition had been treated in many very expensive ways. Eventually, however, she was discharged by her doctors, who had decided there was little hope of a cure. Taken home by way of the county hospital, severe vomiting of blood induced circulatory shock. Everyone thought she was dying and her children bought her coffin and made funeral preparations. They brought her home, but three days later she was still struggling tenaciously at the edge of death. Master Li the divine healer was fetched by the families to make a last try at treating her illness.

It is worth noting that *Yi Xian Yan* (胰腺炎 pancreatitis) could have meant little or nothing to Li Lao. Even in mainstream TCM theory, the pancreas barely exists, and such internal organs are not usually thought of as the sole cause of symptoms. The illness that was presented to Li Lao by these *Qiang* villagers was not a diseased anatomical site, rather it was a pattern of severe symptoms involving the whole body, which needed to be engaged and nudged into more wholesome ways. Li Junior, introducing us to this complex case and the patient, explained a bit of his father’s thinking: “when we first arrived at her bedside, her feet were swollen and her abdomen also looked very swollen. On top of this, the most urgent situation was her constant hematemesis, so the pressing matter of the moment was to stop this vomiting of blood. Otherwise, no medicine would work. If we succeeded, we could hope to carry on [and treat the more fundamental disorders].”

On that first visit, Master Li only gave the patient an herbal paste, administered externally, for stopping bleeding and told her family members, if there was any improvement, to come to his clinic the following morning for custom-made medicines. Leaving the patient in the early evening, Li Lao and his son went directly to their clinic, where they spent three hours working among their own herbal medicines discussing how to assemble a proper formula. This involved what drugs to choose and how the combination would take effect on what symptoms. The most challenging issue was the combination of swelling and bleeding, which demanded contradictory operations because to relieve swelling (a form of

stasis in a digestive and circulatory system), one needs to promote qi movement. However, to stop bleeding, it is better for qi movement to be moderated. Second, given the patient’s long-standing and excessive loss of blood, there was also a pressing need to replenish blood. Third, the relief of abdominal swelling, and the restoration of a proper downward flow of food and nutrients (Note 11), requires rather potent medicines, but the patient was too weak to survive any strong intervention. “These were all extremely delicate issues as we were wracking our brains,” Li Junior told us.

Luckily, the patient’s vomiting slowed after the herbal plaster was applied. Her family came the next morning for the first formula. Li Junior told us that, in such a severe illness, the first eight formulas are essential. Usually in Li Lao’s practice, patients eat one formula of medicine for 7–10 days, but in this case each formula was used only for three days. Each successive formula was revised after the doctors’ close observation of how the patient’s body was responding. Li Junior told us in detail, for example, of another “delicate” moment:

“After taking the third formula [successfully] for three days, the patient’s condition suddenly became aggravated. She had begun to vomit blood-streaked black-watery stuff, which was a very bad sign. If she suffered this kind of bloody vomiting again, my father would not be able to bring her back to life again. We rushed to her house immediately, inquiring about what she had eaten. The family finally admitted that, in addition to her medicine, she had eaten four fermented soybeans.”

Li Lao revised the third formula, focusing on stopping bleeding and suppressing coughing while addressing pain, dysuria, weak heartbeat, and respiratory problems. These are all signs of disorder in the regular downward flow and upward transformation of qi, blood, and nutrients. Li Junior lamented how hard it had been “to combine and mobilize all the drugs in the formulas to work on those intertwined situations.”

This “intertwining” was taking place as the patient slowly recovered while Master Li and his son monitored interactions between the body, medicine, and food. She confessed to them that she had felt so much better after the first two formulas that, by the time of the third dose, she had really wanted to eat some food with flavor. But just four fermented soybeans, with their complex flavors, triggered a serious bodily reaction. Apparently the efficacies of food and medicine really can be thought about in the same way, they “have the same source.” One principle that governs the intertwining of symptoms and of drug powers is *Wei Dao* (味道 flavor).

5 The potency of flavor

Doctors of ethnic medicines, such as Li Lao and Sister Wang, and practitioners of TCM know their plants’ efficacies even as they continue to experiment with them. The five flavors in TCM are first identified by taste, that is, by

human sensory organs' reaction to contact with drugs. Then, they are abstractly summarized as "the five flavors," classificatory rubrics that guide practitioners as they combine different plants according to the five-phase system. Experts work with principles such as sour constricts, bitter firms, sweet replenishes, pungent disperses, salty softens. These functions make reference to processes of qi transformation. It is suspected that practitioners in ethnic areas follow similar general principles even though both Sister Wang and Master Li lack formal training and are thought of as illiterate. When it comes to making out prescriptions, unlike college-trained Chinese medicine doctors, they do not presume the conventionally assigned flavors of each plant according to the *Xing Wei* found in TCM classics such as *Yao Xing Fu* (《药性赋》 *Poems of Medicinal Propensities*) and *Tang Tou Ge* (《汤头歌》 *Soup Recipe Songs*). Their knowledge comes from bodily practices of collecting, tasting, processing, and combining medicines, as they learn from both their successes and their failures with patients. At the time they are first gathered, the quality and flavor of drugs are not self-evident. "Knowing" them requires not only the doctors' own bodily perceptions but also a considerable period of rather experimental clinical application. To a great degree, the skills of southern ethnic doctors in tasting the flavors of plants require more than just sensory perceptions. Their knowledge is cultivated through long-term and not only individual experiences of gathering, tasting, mixing, and putting drugs to use. This concept is also seen in "traditional" knowledge that is passed down from seniors to disciples is more experiential rather than formal or systematic (Fig. 4). To the doctors who are known as "herbals kings" and "miracle doctors," the efficacy of their healing strategies is related to their skills of combining drugs but also dependent on the quality of the plants (the potency of their flavor) and the qualities inhering in bodies (those of both doctors and patients). This is significantly different from the expertise of an academic TCM expert who memorizes the famous medical classics (Note 12).

In southern ethnic areas, there are many doctors who, like Sister Wang and Master Li, do not rely heavily on written materials. Their medical expertise tends to be passed on in verbal form and remembered through habituated practices. Seeking to understand this local difference, we asked a number of those we interviewed how they knew what "flavor" any of their special wild medicines "belonged to." Though many of these interviewees considered themselves to be primarily *Cao Yi* (草医 herbalists), and though many of them do consult a few published materia medica sources, most were uninterested in telling us how they classify their drugs according to flavor and other standard characteristics. Was this a matter of "keeping secrets" from outside researchers, as some of our local research partners suspected? As researchers, we tried to respect herbalists' confidentiality and appreciate their sense of the hard-earned value of their formulas and ideas.



Figure 4 A rice noodle soup, field work picture taken by the authors.

However, we gradually realized that doctors' silence is often not about confidentiality, privacy, or secrets, but rather a function of our own research questions, which had come from rather different knowledge systems than southern ethnic knowing practices. Consider Sister Wang: she insists on tasting all her medicines, but the flavors she tastes might not accord with the "four qi and five flavors" written in Hainan's official materia medica handbook. As she pointed out to us, the book's explanations are too general to be practical, and so are the suggested flavors and dosages. For instance, when one drug displays flavors both bitter and pungent, how should you decide which flavor is to be taken into primary consideration in making the prescription? When we ask these local healers to describe their own system for assigning flavor properties, they have to remain reticent: their work is all about doing instead of saying. While college-educated researchers suspect the ethnic doctors of "keeping secrets," the doctors wonder if we can really *Dong* what they do. Our willingness to communicate with them symmetrically and on an equal footing is beside the point.

In Chinese medicine pharmacology at present, the emphasis is on the laboratory analysis of chemical components of medicinal plants. This is remote from the understanding of local herbs that is enjoyed by southern herbalists. These ethnic medicine doctors have gone far beyond the dichotomies of nature/culture, body/mind, object/subject, and knowledge/practice on which scientific pharmacology is founded. Since their knowing practice is beyond being explained in language, they appear to be unwilling to reveal the "secret." But neither Sister Wang's daughter-in-law nor Li Junior would consider their mentors' relative silence to be "keeping secrets." They understand perfectly that learning the qualities and efficacies of drugs is a long-term process of immersion and comprehensive training. Sister Wang as she talked with us always asked, "Do you understand?" She did not seem to have much hope that we researchers, who visited her only a few times, would be able to truly understand anything.

In our conversations with herbalists, we found that “flavor” was being used in several different ways. Some healers insisted that every natural drug had its own unique flavor – not just one of five possible flavors, or types—and that combining herbals into soups was a personal skill quite like cooking, pushing beyond all classifications, formularies, and recipe books. We are attracted to this “food and medicine have the same source” approach. After all, even in TCM, “five flavors” is only a suggested guide that can inform practitioners’ efforts to combine drugs in accord with organ systems correlations and all manner of other (fivefold) expressions of organic process. But there is no substitute for experience: “This is like cooking; you can feel it in your hands.”

6 Conclusion

Flavor, as Vivienne Lo points out, has been associated with potencies from a very early time in China. The manipulation of flavors links to a history of nourishment ideas that echoes today through everyday life across the country.¹⁴ The shared sources of food and medicine invite practitioners to cook with flavor, to achieve an inspired mixture, a wise and skilled *Pei* (配 combination) and *He* (和 harmonization). Both healer and cook are able to combine flavors to directly address, and, through the human faculty of taste, share our hungry or uncomfortable embodiment. Further, the five flavors are not a mere sensation confined to the mouth. They are forces that bring about physiological results. Flavor both expresses the healer’s hard-won experience and wisdom and addresses the patient’s particular needs and situation. And it is not the flavor of each drug itself that really counts. Rather, it is the mixing of several that is truly, brilliantly efficacious. A miraculously effective drug formula developed by a local healer, once cooked up in a soup at home, cares for the patient’s whole body of intertwined flows.

This article attempts an anthropology of the concrete that treats Chinese pharmacy as “an elaborate science of tangible qualities.”⁵ Flavors with their concrete qualities both classify medicinal and nutritional substances and name their concrete sensory, material characteristics. Both healer and cook understand and use flavor more with their hands, eyes, and mouths than with their minds and books and notes. Healing and cooking are simultaneous understanding and action that unite knowledge and experience, power and knowledge.

Notes

Note 1: In this article, there is a liberal understanding of “Yao Shi Tong Yuan” that is somewhat different from the existing medical texts, especially our attention to the cooking metaphor which is inspired both by ethnographic experiences and the early texts of the Shang and Zhou dynasties which go beyond medicine per se.

Note 2: Lo also indicates that medical historians prefer to translate Wei as “savors” to emphasize the medical rather than culinary denotations of the term.⁷ For the purpose of this paper, we use “flavors” is used to emphasize the blurred boundaries between food and medicine in Chinese cosmology.

Note 3: Judith Farquhar has discussed the flavor terms extensively in an earlier publication.⁸

Note 4: One need only look at Europe’s foundational text of gastronomy, Jean Anthelme Brillat-Savarin’s *The Physiology of Taste*, and his translator M. F. K. Fischer’s worshipful extensions of his insights, to see the fundamental dualisms of nutrition vs. flavor, substance vs. appearance, which underpin the modern European experience of flavor.⁹

Note 5: Other kinds of combining expertise are also valued, such as the coordination of needling and massage techniques, or rituals and herbals, achieved by healers with excellent reputations. But for this paper we will explore only the herbal medicine versions of the combining of flavors is explored.

Note 6: The skill of combining drugs is not just acquired from experience of “gathering medicines in the mountains.” These abilities tend to be developed over years, through apprenticeship relations with mentors and through personal experimentation with healers’ own bodies and with the stubborn illnesses that seek out a “folk healer.”

Note 7: See our discussion of this problem of “theory” in *Gathering Medicines*.¹⁰ We thank Ma Kejian for wise tutelage on this issue.

Note 8: Both of the Yang sisters were on the editing committee of this volume, and they are generally credited with being the chief authors of its content.¹¹

Note 9: In keeping with the argument of this chapter, we would be inclined, following Jullien, to translate *Xing* as propensities. Joseph Needham translates the term for ancient Chinese science as “inherent nature,” in a context where he emphasizes the *Shi* (勢 propensities) of each of the myriad things to seek out a certain place and show affinities and antipathies with certain things. This is a vision of the active specificity of all things that Needham draws on (and extends into his own vision of “organicism”) from his reading of Zhuangzi and his contemporaries, the “Daoist school.”¹² Further, A.C. Graham in a discussion of the word *Xing* (*hsing*) as it appears in the same early sources ends up translating the word as “nature.” From the Zhuangzi, he defines it as “the course of *Sheng* (生 life) proper to a thing.”¹³

Note 10: Among the more than 40 herbalists we met and interviewed at length in field research between 2005 and 2010 in southern and southwestern China, Sister Wang and Master Li were the only two who were officially classified as *Wen Mang* (文盲 illiterate). They were not, however, the only such healers who had a very organic and direct relationship with plants. Their practice holds lessons for all herbal medicine, however “educated” or mainstream it might be.

Note 11: For Chinese medicine physiology, *Yin Shi* (饮食 food) is not *Jing Wei* (精微 nutrients) until it is transformed by the digestive system ruled by the spleen/stomach system and *San Jiao* (三焦 three burner) processes. This transformation impresses us as a further cooking process that extends the work that is done in kitchens and pharmacies to produce flavorful soups.

Note 12: We recognize that the world of TCM offers many opportunities to doctors both young and old to learn from experience. There are probably very few practitioners above a certain age who operate a “textbook” TCM practice, and every respected doctor we know in TCM clinics, hospitals, and classrooms is explicit about being on a path of lifelong learning from their many encounters with illnesses and patients, drugs and food.

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Ethical approval

This study does not contain any studies with human or animal subjects performed by any of the authors.

Author contributions

LAI Lili drafted the manuscript. Judith Farquhar revised the manuscript. Both authors contributed to the conception and design of the article and interpreting the relevant literature, reviewed the manuscript.

Conflicts of Interest

The authors declare no financial or other conflicts of interest.

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