

The International Association
for the Study of Traditional Asian Medicine



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Asian Medicines and COVID-19: An IASTAM Webinar

Robust responses to the COVID-19 pandemic have not only come from biomedical healthcare workers. Researchers and clinicians in the world's traditional healthcare systems have also mounted large-scale and localised efforts. Despite the racialized and politicised representations of these efforts in Anglophone media, serious professionals have been performing ongoing research, protocols, and clinical treatments, and have met with clinical successes. This webinar will present ongoing and recently published clinical trials of COVID-19 treatments with traditional medicine in China and in Tibetan communities in the US. Each presentation will last half an hour, and then there will be half an hour for wrap-up.

October 22nd 2020

New York 9am

London 2pm

Berlin 3pm

Beijing and Singapore 9pm

Sydney 11pm

Please register here: https://unikiel.zoom.us/meeting/register/tZUqf_u6hpzsoHNXo_9oyH2D2KPy1C3OdKRlx

HOST: *Michael Stanley-Baker*, NTU, Singapore

WELCOME SPEECH: *Angelika C. Messner*, IASTAM-president

SPEAKERS:



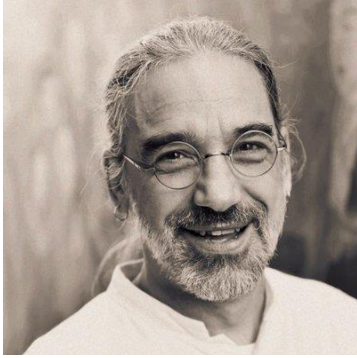
Rhetoric and Reality: The Role of Traditional Chinese Medicine in the COVID-19 Treatment and Prevention Effort in China

Shelley Ochs, Ph.D., Licensed Doctor of Chinese Medicine, Beijing United Family Hospital, Beijing Center for China Studies

Thomas Avery Garran, MTOM, L.Ac.

China Academy of Chinese Medical Sciences:

National Center for Materia Medica Resources and Daodi Herbs



During the COVID-19 epidemic, Chinese medicine physician-researchers from state institutions were summoned by the National Health Commission to organize teams to serve on the frontlines in Wuhan. With almost 5,000 Chinese medicine personnel, Chinese herbal Medicine was a significant component of the national effort to prevent and treat this disease. However, the demarcations between prevention and treatment, between individual and population-level treatment protocols, and even between biomedicine and Chinese medicine, were often blurred in the mist of the urgent imperative to provide whatever measures might be effective for treating

this previously-unknown disease. Consequently, relatively minimal rigorous “scientific evidence” has been produced, though several important studies have been published. This should be understood in light of the characteristics of traditional Chinese medicine itself and in comparison to similar mobilizations during the SARS and Japanese Encephalitis epidemics. Parallels with the latter are striking. Lower rates of infection amongst medical personnel, lower mortality rates, and fewer cases of progression to severe disease can all be attributed to Chinese medicine with statistical evidence, however, more fundamental disagreements often make that contentious.

In many communities of science and scholarship, including some segments of international communities of Chinese medicine practitioners, there is an insistence upon only conceding that CM is effective when it is used “exclusively,” and, in some cases, as the only means of diagnosing patients. An examination of the actual thought and practice of traditionally-trained physicians in China working on the frontlines in the COVID-19 epidemic shows us a way through these disagreements. We see that a nuanced understanding of the role of Chinese medicine in Wuhan and the complex, bi-directional translations between biomedicine and traditional Chinese medicine that took place there contains lessons for future practice and scholarship.



From the Periphery to the Center: Tracking COVID-19 through Tibetan Medicine

Tawni Tidwell, TMD, PhD

Center for Healthy Minds, University of Wisconsin-Madison

This presentation describes the management and treatment of Covid-19 on the Tibetan plateau and its presentation in North America. Though transmission barely penetrated the Tibetan plateau even weeks after the novel coronavirus outbreak in Wuhan, by late February, Tibetan regions had significant transmission—with the greatest concentration in its far eastern counties. As news of containment in Wuhan spread, reports also emerged from the plateau on cases treated successfully with integrated biomedical-Tibetan medical care, making their physicians local cultural heroes. Zhong Nanshan, China’s chief coronavirus expert, announced the national Covid-19 research committee’s interest in Tibetan medicine, and also launched a small-scale clinical trial with forty-subjects using three nationally approved Tibetan formulas. Though data analysis continues, a preliminary auxiliary report recommends adjunct use of Tibetan therapies in China’s biomedical hospitals to reduce mortalities, and Tibetan medical research institutions have received national funds to initiate studies. However, due to national policy that Covid-19 patients be treated exclusively in biomedical hospitals and the limited number of traditional formulas with national permits for biomedical facility use, evaluation of Tibetan medicine as a course of treatment for Covid-19 or neutralizing the virus has been severely limited.

As the health, humanitarian and socioeconomic crisis of the Covid-19 pandemic unfolded in major city centres across the US and Canada, the fault lines of highest impact among immigrant populations and people of colour were clear. In urban metropolises with large Tibetan and Himalayan communities, many of whom serve as nurses, doctors and healthcare workers on Covid-19 wards, Tibetan medicine served as primary therapeutic care for many who were infected with the virus themselves while caring for others. Several examples from an ongoing study tracking cases treated exclusively by Tibetan medicine in the US and Canada will be presented.



From Sick Man of Asia to Sick Uncle Sam: The Case of Traditional Chinese Medicine and COVID-19

Marta Hanson

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For most of the twentieth century, the racist trope “Sick man of Asia” haunted Chinese rulers and people alike; now, the roles have completely reversed with all the healthcare problems in the US that the Covid-19 pandemic has laid bare (such as underlying structural racism contributing to much higher rates of people of colour dying from Covid-19, essential workers forced to choose livelihood over their lives, no universal health coverage to provide a safety net from financial ruin due to illness, and federal-level mismanagement and worse lies about the severity of the pandemic, etc.). “Sick Uncle Sam” is the new focus of the world’s concern over a what appears to be a declining superpower. How did this happen? Why is the new moniker “Sick Uncle Sam” a good thing? The power of the “sick man” label resides in accepting a sick role, opening dialogue on diagnoses, and choosing appropriate therapeutic strategies. The pejorative moniker “Sick Uncle Sam” could have the potential to be powerfully motivating for substantive change in the US healthcare system as was the “Sick Man of Asia” for China for “national salvation” and “saving the country by science.” But will Uncle Sam open himself up to the wider range of treatments available for controlling Covid-19 from East Asian historical experiences, healthcare models, and even traditional medicines? This talk will focus on the current debates over the use of traditional Chinese medicine (TCM) for integrated treatments of Covid-19 patients in mainland China and compare them with those debates over 17 years ago about using TCM for treating SARS. This comparison allows one to examine thematic continuities in medical scepticism and highlight what has changed in terms of clinical practice, Chinese government support, and media coverage of the phenomenon.