



The hybrid globalizations of traditional Chinese medicine. An ethnographic analysis of practitioners in Milan

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HYBRIDNÍ GLOBALIZACE TRADIČNÍ ČÍNSKÉ MEDICÍNY. ETNOGRAFICKÁ ANALÝZA PRAKTIKUJÍCÍCH V MILÁNĚ

ABSTRAKT Podle Světové zdravotnické organizace se dnes tradiční čínskou medicínou (TCM) zabývá více než 300 000 lékařů v přibližně 100 000 klinikách čínské medicíny ve více než stovce zemí světa. Kromě jejího vzkvétajícího uplatnění přitahuje TCM stále větší pozornost antropologů. Zatímco mnohé mezinárodní studie ukázaly, jak v Číně západní biomedicínský model silně ovlivňuje akademickou výuku i praxi TCM, konkrétní studie v rámci Evropy, zejména v Itálii, dnes stále chybí. Cílem článku je na základě analýzy toho, jak se TCM praktikuje ve městě Miláně, podrobně prozkoumat vztah mezi TCM a biomedicínou a obecně mezi modernitou a tradicí. Prostřednictvím etnografické studie prováděné v Miláně mezi listopadem 2020 a květnem 2021 byly zkoumány rozmanité způsoby překlada znalostí a interpretace postupů místními lékaři TCM. Prostřednictvím rozhovorů a pozorování lékařských praktik deseti různých lékařů vedl výzkum k identifikaci tří odlišných kategorií ve vztahu k lékařům TCM v Miláně: „puristé“, „integrátoři“ a „hybridizátoři“. V rámci tohoto příspěvku se zaměřuji na jejich podobnosti a rozdíly a ukazuji, jak TCM nabývá podoby hybridní a lokální praxe.

KLÍČOVÁ SLOVA tradiční čínská medicína; globalizace; hybrid; lékařský pluralismus; etnografie; Milán

ABSTRACT According to the World Health Organization, nowadays, more than 300,000 practitioners in about 100,000 Chinese medicine clinics in over one hundred countries worldwide practice traditional Chinese medicine (TCM). Beyond its flourishing application, TCM attracts the growing attention of anthropologists. If International scholars have shown how, in China, the Western biomedical model highly influences both the academic teaching and the practice of TCM, specific studies within Europe, especially in Italy, are still lacking today. Based on an analysis of how TCM is practiced in the city of Milan, my aim is to scrutinize the relation between TCM and biomedicine and, broadly, between modernity and tradition. Through an ethnography conducted in Milan between November 2020 and May 2021, I explore the diverse ways of translating the knowledges and interpreting the practices by local TCM doctors. By means of interviews and observations of medical practices of ten different practitioners, my research led me to identify three dissimilar categories in relation to TCM practitioners in Milan: the “Purists”, the “Integrators” and the “Hybridizers”. Within this contribution, I focus on their similarities and differences, showing how TCM assumes the shape of a hybrid and localized practice.

KEY WORDS traditional Chinese medicine; globalization; hybrid; medical pluralism; ethnography; Milan.

INTRODUCTION

In the last two decades, the use traditional Chinese medicine (TCM) has grown significantly both in Eastern and Western countries. The World Health Organization (WHO), in fact, has shown a growing interest in TCM since 1979, when it began to focus the attention on acupuncture and moxibustion (Wu – Fischer 1997). In 1998, for the first time, it drew up a list of ailments that traditional Chinese medicine was able

to treat successfully, supported by scientific evidence. Recently, in 2014, it issued the *WHO Traditional Medicine Strategy: 2014-2023*, a document on the strategies to adopt for the integration and regulation of the traditional and complementary medicines¹.

¹ In Italy, acupuncture, together with homeopathy and phytotherapy, belong to what is called complementary or non-conventional medicine.

Today acupuncture is widespread all over the world. From the reports provided by 129 countries, it emerges that 80% of them make use of it (WHO 2013). Volker Scheid (2002) argues that TCM, in the era of globalization, appears as a global medicine and he explains its implications with the following words:

Such globalization encompasses various processes. Within China, it refers to attempts to infiltrate territory that was once the sole domain of bio-medical power and technology. It refers to the standardization of teachings, practice, and bureaucratic control necessary for such a process to succeed. Globalization also, of course, refers to the dispersion of Chinese medicine throughout the world, where it is now practiced in an increasing number of different settings (Scheid 2002, 269).

Taking the steps from this consideration, my theory, which I will deepen with this research, is that those processes are not only specific to China, but they are also global.

In the era of globalization, several scholars (Jullien 2005; Scheid 2002) question the traditional dichotomy between Western and Chinese philosophy and so between a “correlative thinking mode of Eastern tradition and causal thinking mode of Western tradition” (Lan 2012, 273). This is also what I aim to do with this study by analyzing how medical knowledge is translated (Latour – Woolgar 1986) and transformed in Milan. Different studies (Farquhar 1994; Hsu 1999; Taylor 2005) have shown how the Western biomedical model influenced both the academic teaching and the practice of TCM. Arthur Kleinman has been the promoter of an analytical perspective that aims to investigate medical systems as cultural systems. His model, as “an attempt to understand health, illness, and healing in society as a cultural system, and to compare such systems cross-culturally” (Kleinman 1978, 85), although criticized by theories developed in the field of medical anthropology in recent times, has proved to be a useful theoretical approach for my research.

My hypothesis is that TCM, in Milan, oscillates between a more “standardized” model – the result of continuous assimilation of elements of biomedicine which tends to scientific standards (Unschuld – Andrews 2018) – and a more “traditional” one, characterized by the presence of older practices. Using Taylor (2005) words, between the modern “Chinese medicine” (*zhongyi* 中医), also known as TCM, and the “ancient medicine” (*gudai yixue* 古代医学). This aspect gives rise to a great heterogeneity in the modalities of interpretation of medical practice.

More specifically, the goal of my research is to study how doctors and practitioners in Milan appropriate traditional Chinese medicine. I will focus on investigating the ways of translating and hybridizing TCM by Milanese practitioners, examining the underlying reasons.

The questions that guided my research are: in a global world how does traditional Chinese medicine oscillate between an idea of modernity and tradition? How is it locally translated? In what ways is it appropriated and hybridized?

METHODOLOGY

To grasp the specificities in the diverse ways of translating knowledges and interpreting medical practices, I focused not really on the “comparison of similarities, but rather on the comparison of differences and peculiarity” (Malighetti – Molinari 2016, 141, *translation by the author*). I analyzed how the different educational paths, the formal and informal knowledge, and the choices of the doctors influenced their way of practicing TCM. For this purpose, I conducted a multi-sited ethnography (Marcus 1995) focused on the practice of traditional Chinese medicine by local doctors and practitioners in Milan. To produce a “thick description” (Geertz 1973) of practices at the crossroads between global circulation and processes of local appropriation and transformation, I took semi-structured interviews and “life stories” interviews (Bertaux 1981).

My ethnographic research was conducted in Milan in the period between November 2020 and May 2021. It involved ten practitioners, of which, apart from a TCM operator and a Vietnamese doctor, were all doctors of Italian nationality. They were five men and five women ranging between 36 and 70 years of age. Three of them, doctors Ferri², Colombo and Lombardi, practice their biomedical specialization simultaneously with traditional Chinese medicine: cardiology, dietetics and nutrition, neurology and occupational medicine, respectively. They practice their biomedical specialization either in the same offices, or in different clinics. The doctors Greco, Gentile and Caruso combine the practice of traditional Chinese medicine with different disciplines, of Western origin, belonging to complementary medicine: I am referring specifically to homeopathy and homotoxicology. The rest of them only practice TCM. In general, they all make use of acupuncture and, depending on their choices, one or more TCM technique to a lesser extent.

The ethnography was structured in three phases: the first consisted of an analysis of twenty-five different websites, necessary to map the presence of doctors and operators in the city of Milan and, at the same time, identify their distinctive features. Subsequently, I carried out interviews followed by observations of practices with the ones who accepted my presence.

The analysis started from the websites. The first goal was to examine how practitioners perceive traditional Chinese medicine and consequently how they present it to the public. Specifically, my aim was to report the different ways of representing and advertising TCM on websites, highlighting the similarities and the differences.

The observation in the field was a critical point of my research. Although only two out of ten practitioners I interviewed strictly denied me the possibility of attending their treatments, the opportunities for observing practices at the

2 To ensure the privacy of the people I worked with, I decided to use names of fantasy. All the names that follow are therefore invented by me and do not correspond in any way to the real names of my interlocutors. Any references to existing people are purely coincidental.

beginning of my research were scarce, both because of the global pandemic and for reasons that, to summarize, were justified because of the respect for privacy. Only doctor Bianchi always allowed me to observe his patients. They, after a brief introduction from Dr. Bianchi about who I was and why I was there, willingly accepted my presence.

To overcome the lack of data obtained through field observation, I underwent treatments as a patient with three different practitioners, whom I asked to explain step-by-step what they were doing and for what reasons. The specific choice of these three practitioners was due to the reason that, since they use three different approaches, as we will see below, they can be labeled into distinct categories. Respectively, Rossi as a TCM operator is not allowed to practice acupuncture and so she practiced this technique with friends and relatives. Having met her through a common acquaintance, I had the opportunity to undergo her treatments, which consisted of *tuina* massages, cupping, and acupuncture. Dr. Lombardi is one of the very few in Milan to use the *I Ching*³ as a tool in the diagnosis and medical practice, therefore he has proved to be an interesting subject to observe; in addition to diagnosing using the *I Ching*, he practiced acupuncture for me. Dr. Greco, thanks to the heterogeneity of techniques she uses, proved to be a singular physician to observe.

Through an “observation of participation” (Tedlock 1991) as an anthropologist-patient, I tried to be at “the same time an involved actor and a detached observer” (Geertz 2000, 39).

PURISTS, INTEGRATORS AND HYBRIDIZERS: SIMILARITIES AND DIFFERENCES OF TCM

Through interviews and observations of practices, I identified three recurring aspects among the people I worked with. Specifically, the reasons behind the choice to practice traditional Chinese medicine; a hybrid diagnostic mode, which consists of several methods used side by side or overlapping each other, and the definition of what are the limits and areas of action of acupuncture.

Diverse reasons led my interlocutors to choose to practice TCM, but fundamentally, they were all driven by the belief they have found a practice that “works”. According to them TCM, thanks to its holistic view of the patient, can solve “a series of problems that classical Western medicine is unable to deal with⁴” (Dr. Colombo 16/03/2021). In particular, it emerged how “the fate” is the main aspect that acts as a background to this choice. In general, everyone decided to deepen

3 Known also as *I King*, *The Book of Changes* (*Yijing* 易经) is a Chinese classical text fundamental to Chinese thought and philosophy (Cheng 1997; Jullien 1993). Yang Li (1998) argues that the theories underlying *The Yellow Emperor's classic of internal medicine* – one, if not the most important of the TCM texts – are all derived from the *I Ching*.

4 All the interviews were in Italian. The translations from Italian language are my own.

this discipline to make it a profession, since they found biomedicine lacking in some aspects. Dr. Gentile, for example, said that the latter was not enough for her and that after the first energy lesson, in which she was “shocked”, she thought: “I have found my way” (17/02/2021).

Another feature on which everyone agrees is to combine multiple diagnostic methods to make “a global analysis” (Dr. Lombardi 12/02/2021). From their stories and the observation of practices, it emerged that the diagnostic method of traditional Chinese medicine, which includes questions about case history, inspection, auscultation-olfaction, and palpation (Kaptchuk 1983), is combined with Western diagnosis. However, not everyone makes full use of the four Chinese exams. For some, the examination of the wrists, the most important according to the ancient Chinese texts, as explained in *The Yellow Emperor's classic of internal medicine*, is less used because is considered the most difficult one. As regards medical history, it turned out that it is composed of a set of questions of both Western and Eastern anamnesis. For example, the history of family and personal illnesses are explored in the same way – with the possible request to provide Western exams – with a range of information ranging from personal tastes, sleep quality and stool consistency. Although there are differences in the way of using diagnostic methods, based on the diverse modalities of practice and the biomedical specialization, all converged on the fact that the diagnosis must also be biomedical and therefore it is useful, sometimes necessary, to prescribe or base on Western exams.

Regarding the third aspect, my interlocutors believe that traditional Chinese medicine can be useful for treating several diseases and disorders. The list varies from doctor to doctor, but overall aligns with the list provided by the WHO. At my request about which pathologies can be treated by acupuncture and TCM, I was usually given a list of diseases whose cure is ascertained by scientific studies. Doctors, however, focused on the pathologies they treat the most, which are usually in line with their biomedical specialization. More in general, they emphasized that TCM effectiveness, specifically acupuncture, is greater when there are no anatomical modifications. The big limitation of acupuncture appeared to be the treatment of cancer. Dr. Van summed up the general thought when he asserted about cancer: “I think it's the only pathology where surgery is needed. I use acupuncture in oncology for those who undergo chemotherapy and are in pain. Not exactly on the tumor itself but for problems related to it” (11/02/2021).

After underlining the similarities, I focus briefly on the differences that emerged in the interpretation and practice of TCM in Milan. The most important ones, which I will deepen, are related to the diagnosis, the choice of practicing certain techniques rather than others, the preference of the needles to be used and how to insert them, the explanation given about the effectiveness and the possible side effects of acupuncture and finally the correlation with the ancient text *I Ching*. What emerged is substantial heterogeneity of approaches.

Although, as we have seen previously, they all shared the im-

portance of associating multiple diagnostic methods, the ways to do it are different. Dr. Gentile, for example, uses the Western and Eastern anamnesis and the kinesiology test – a method of diagnosing belonging to the homeosynergetic – consequently not using the wrist and tongue examination. Dr. Caruso claimed she hybridized the two diagnostic systems, declaring that the anamnesis method she uses has been defined by her: “I created my own file by putting a bit of what I think brings me closest to the completeness of the diagnosis” (15/03/2021). Besides diagnosis, another difference is in the selection of techniques. In fact, although most doctors are trained in several techniques, the most used is acupuncture. Dr. Van and Dr. Gentile only practice acupuncture. Dr. Pellegrini, TCM practitioner and trainer in Italy and around the world, and Rossi, *tuina* massage operator, told me that they practice all TCM techniques. Dr. Ferri practices acupuncture, dietetics – both Western and Eastern – and the use of medicinal herbs. It emerged during my research that acupuncture is the most used technique because is considered a medical act. The choice of the other techniques instead, oscillates between the different specializations of the doctor and the different interpretations of TCM.

As for acupuncture, one of the biggest differences found during the meeting with my interlocutors concerns the choice and method of needle insertion. In general, an aptitude to use the needles with which one has learned to do acupuncture emerged. The choice of the needle is therefore linked both to the habit of the acupuncturist and, to a lesser extent, to the type of point to puncture. As for the technique, they use a deeper or more superficial insertion, perpendicular or oblique; some stimulate the needle once is inserted into the acupoint and others, once inserted, no longer touch it. Rossi, on the other hand, never leaves the needle during the insertion because she always wants to “stay on the acupoint” (28/01/2021). As Doctor Ferri once, smiling, told me: “Every acupuncturist in the end has his own method and his favorite needle” (12/03/2021). The choice of the needle and the insertion technique used, albeit based on a habit and the doctors’ comfort, are also justified because of the explanation of the effectiveness of acupuncture. I have found three approaches: a biomedical explanation, a Chinese TCM explanation, and a combination of the previous ones. These approaches range from a more classical explanation – linked to the idea of energy balance, using the concept of *qi* 气 and *yin yang* 阴阳⁵ – to a scientific one. Within the latter, however, there are considerable differences: there are explanations given in line with reflexology, neuro-humoral approach or based on the energetics of living systems (ESV), up to the latest studies in the scientific field and therefore to an explanation of efficacy for connective tissue stimulation. It is interesting to note that the choice of the type of needle and the method of insertion

are functional to the explanation given about its effectiveness: different approaches define different methods.

There are also conflicting opinions regarding the side effects of TCM, in particular acupuncture. These vary from those who claim that acupuncture has no side effects to those who believe that there are and can even be serious. In general, they argued that, if doctors practice acupuncture the risk profile is extremely low. Specifically, Dr. Van, Dr. Caruso, Dr. Bianchi, and Dr. Lombardi believe there are no side effects. In this regard, Dr. Bianchi affirmed: “There are no side effects if those who perform acupuncture know what they are doing (...) If you do it badly, it may not help or worsen a symptom” (25/02/2021). The opposite is the opinion of Dr. Gentile, who used a Chinese metaphor to deepen her point of view: “For the ancient Chinese doing acupuncture is like holding a tiger’s whisker or tail in one’s hand. It is not something that is either good or does not do anything to you” (23/02/2021). As side effects, she said that it could make a person feel bad, with an increase in pain or by enhancing the symptom, or with an effect on the emotional side, as happened to one of her patients. Rossi also argued that there could be important side effects with the practice of traditional Chinese medicine, as well as with all medical practices.

From the meetings with the practitioners, it emerged the importance of studying ancient classical texts to fully comprehend traditional Chinese medicine. The importance given to these texts, however, varies greatly from subject to subject. In fact, there are those who studied these texts because they were part of the classes of traditional Chinese medicine they attended to and those who examined them later. In general, all my interlocutors studied on the handouts or texts provided by the schools they enrolled in. The texts were mainly in Italian and sometimes in English. Among all the classical texts, which have been more or less studied, I focused on the *I Ching*. Concerning it, some say they studied it, such as Dr. Pellegrini, and others did not, such as Dr. Van or Rossi. The remainings, for example Dr. Colombo, said that they appreciated it on a theoretical level but: “However it requires a specific analysis that I followed only on a cultural level” (16/03/2021). There is also who studied it but stated: “For my scientific soul, think of throwing coins to having an answer seems like a bit of an answer book, I can’t take it that much. I do not use it in practice, I do not throw coins to choose points” (Dr. Ferri 12/03/2021). On the other hand, some use it during medical practice, as happens to Dr. Greco and Dr. Lombardi. The first explained to me that sometimes she uses it, but it remains only on the conversational level and, after having focused on a theme, the acupuncture session begins; other times, however, when a particular theme emerges, it “can be brought back into the needles” (Dr. Greco 02/02/2021). The second doctor, who confessed to me that he has been studying this text since 1993, stated: “I always say that using the *I Ching* for divination purposes only is like asking a nuclear engineer to do the addition of elementary school children: you do not exploit all his capacity” (Dr. Lombardi 12/02/2021).

5 The *qi* is the vital energy that flows through the body. It is composed of two complementary forces, *yin* and *yang*. For a general presentation of the key concepts of TCM, see Cheng 1997, Lan 2012, Veith 1966.

Based on the differences and similarities between the ways of interpreting and practicing TCM that emerged during this ethnographic study, I defined three heterogeneous categories to classify the practitioners of traditional Chinese medicine in Milan: the “Purists”, the “Integrators” and the “Hybridizers”. With the term “Purists”, I identify the practitioners who studied TCM mainly with experts coming from or trained in, the East: in my case study, in particular, Vietnam and Taiwan. They practice, following the teachings of their masters, a more “traditional” form of TCM, as they affirm, where the traditional term means a practice “that has not changed over time” (Dr. Van 11/02/2021) or that has been defined as “the true Chinese medicine, as it was practiced before its modernization” (Rossi 01/22/2021). Another characteristic of the purists is that they do not prescribe or recommend Western drugs. In this regard, Dr. Van states: “I know acupuncturists who prescribe painkillers, anti-inflammatories, sleeping pills: it is no longer acupuncture” (Dr. Van 11/02/2021). The purists, composed of Rossi and Dr. Van, represent the minority among the others.

The “Integrators” are doctors who studied traditional Chinese medicine in Europe and China. They trained with various masters from Italy, France, and China. Even if many have been to China, none of them studied the Chinese language. They integrate TCM with biomedicine, both in diagnosis and in practice. There are various levels between them: there is a range that varies from those who say, for the choice of the acupoints: “I rely on international scientific literature” (Dr. Ferri 12/03/2021), to those who declare: “When I cannot come to the head of a diagnosis, or it seems to me correct but the therapy does not work, also to know if perhaps we need to completely change the therapy, stop doing acupuncture and send the patient to others, then I use the I Ching” (Dr. Lombardi 12/02/2021). They prescribe Western medicines and refer patients to the emergency room or other medical facilities as needed. Most of the practitioners involved in this study (i.e., Dr. Bianchi, Colombo, Ferri, Lombardi, and Pellegrini) belong to the category of the integrators. The reason behind it, it can maybe be found in the general push to integrate biomedicine and TCM. This approach, promoted by Mao Zedong and the Communist party in the late 1950s (Croizier 1968; Liu *et al.* 2018; Taylor 2005) continued until recently, in China as well as in the Western countries, as it emerges from the *WHO Traditional Medicine Strategy: 2014-2023*.

The doctors, who have studied TCM in Italy with Italian heads and on Italian texts, compose the last category, the “Hybridizers”. Their medical training is very heterogeneous and ranges from TCM, biomedicine, psychology, to a whole series of techniques that fall within alternative and complementary medicine: homotoxicology, homeopathy, reiki, applied kinesiology, and mesotherapy. They have a personal method of practice, based on the hybridization of different disciplines. It emerged during the observations and from the interviews, for example in the case in which I was told: “I integrate homeosinergetic medicine with acupuncture (...) finally, I evaluate the acupoints to use with the kinesiology test” (Dr. Gentile

17/02/2021). They prescribe and use mainly natural or homeopathic drugs. Dr. Caruso, Greco and Gentile belong to this group.

The labels of the categories were chosen accordingly to my interlocutors’ self-representation. Within these categories, there are two different approaches: one more “conservative” and one more “innovative”. By the first term, I mean an approach aimed at using the classic techniques of TCM, namely acupuncture, *moxibustion*, cupping, *tuina* massage, exercise therapy (including *qigong* and *taijiquan*), diet therapy and pharmacopeia, or better Chinese herbal medicine. With the term innovator, I identify those who use, within the TCM, a series of “new” techniques, or the classic techniques by applying them in diverse ways. An example of innovation is provided by Dr. Van, who uses acupuncture on racehorses, or by Dr. Colombo, who uses tuning forks on the acupoints. Dr. Greco, on the other hand, practices, among the various techniques, acutaping, that is a reinterpretation of taping – a patch used for injuries or muscle pain – on the TCM meridians, while Dr. Bianchi practices aculifting, or rather, the use of “very thin Japanese needles all placed in the acupoints of the face to stimulate collagen” (11/02/2021). From this ethnographic study it emerges how today in Milan, TCM, and specifically acupuncture, oscillates between modernity and tradition, and consequently the extent to which this involves syncretic, hybrid and localized practices.

CONCLUSION

With my case study in the city of Milan, I provided an example of the continuous transformations that TCM experiences in relation to biomedicine and the local context. Although half of the doctors I met trained in the same TCM Centre, the So-Wen school, the different choices they made and the different specializations they undertook influenced their way of practice. The importance of the agency in defining TCM practices, as underlined by Farquhar (1994), helps us to understand the emergence of different approaches: “conservative”, “innovative”, “scientific”, or “traditionalist”. The pluralism of TCM, and specifically of acupuncture, is not a new aspect in the Western countries, as emerged from the study of Linda Barnes (2003) about the acupuncturist in Massachusetts. The fact of considering acupuncture a medical act, however, filters the possibility of its interpretation and defines its limits.

Broadly, the relationship between biomedicine and traditional Chinese medicine reflects the relationship between modernity and tradition and between local and global. Giovanni Pizza to show the complex cultural heterogeneity and differentiation of biomedicine suggests using the term “cultural practices of biomedicine”. He argues that “the acquisition of knowledge in medical training aims to transform the body of learners, producing a new *habitus*” (Pizza 2017, 172, *translation by the author*).

The *habitus*, defined by Pierre Bourdieu as “systems of durable, transposable dispositions, structured structures pre-

disposed to function as structuring structures” (Bourdieu 1977, 72), is useful to underline how the individual behavior is modeled, and at the same time models, social reality. Since the way of being in the world is necessarily conditioned by external structures, although physicians may present diversifications and therefore, they can be classified within the category of purists, integrators or hybridizers, the *habitus* is an essential component in defining the way of practicing TCM. All of them to make a diagnosis always consider biomedical exams. They claim and write on their websites that they are, above all, “bio-doctors”.

For future research, it is important to consider the relationship between biomedical discourse and local production. Pizza suggests using the concept of biomedical field and thus replacing it with the closed concept of biomedical system. To define the biomedical field, Pizza recalls Bourdieu’s definition of the field: “a social space within which specific institutions (for example the religious, scientific, health fields) operate” (Pizza 2017, 145, *translation by the author*). I suggest applying the concept of field to traditional Chinese medicine, to study the interaction between biomedical and TCM fields and, hence, the relation between global and local within a globalized and globalizing world. Within the biomedical field, Kleinman (1995) identifies three general features: the process of bureaucratization, professionalization, and medicalization. From my study emerged how the first two aspects increasingly influence, becoming its characteristics, also the way of practicing traditional Chinese medicine in Milan. The practice of acupuncture, for example, has been institutionalized in Italy, with a sentence from the Court of Cassation in 1982. Its spread throughout the world has not made it exempt from bureaucratization processes also in the West. If we dwell on the data collected by the World Health Organization about the world expenditure for traditional Chinese medicine products, we can see how TCM is increasingly linked to industrial capitalism.

The output of Chinese materia medica was estimated to amount to US\$83.1 billion in 2012, an increase of more than 20% from the previous year. In the Republic of Korea, annual expenditures on TM [traditional medicine] were US\$4.4 billion in 2004, rising to US\$7.4 billion in 2009. Out-of-pocket spending for natural products in the United States was US\$14.8 billion in 2008. (WHO 2013, 27)

The professionalization process that TCM undergoes in Italy is visible from the fact that since the institutionalization of acupuncture, it is only possible to practice it after earning a medical degree. Even if the complementary and alternative medicine (CAM) regulation in Europe is diverse, acupuncture is regulated as a treatment in 24 European countries, where it is practiced with increasingly standardized procedures. In about half of them, only doctors can practice acupuncture (Wiesener *et al.* 2012). It is not difficult to imagine this aspect in a scenario in which the WHO (2013) defines traditional Chinese medicine as an “international industry”.

New starting points emerged from this work. “Following” (Marcus 1995) the practice and the biographies of doctors in Milan allowed me to produce data, which, albeit limited, brought out new research questions. What does modernity mean? What does tradition mean? What are the hybrid cultural forms that are emerging in the globalized world? How to study them?

From a broader theoretical point of view, it is a question of questioning, or re-questioning, through the case of traditional Chinese medicine, the modernity-tradition dualism and its relationship with globalization and the circulation of practices, especially considering the fact that, citing Bruno Latour (1991), we have never been modern.

Scheid pointed out the importance of TCM localization processes in China. He argues that:

It is crucial, therefore, to define Chinese medicine in contemporary China from the outset as something locally constructed and capable of assimilating many different elements (Chinese and non-Chinese, ancient and contemporary, medical and non-medical), yet also as a global reference that makes local agency possible (Scheid 2002, 20).

Being able to understand these dynamics in the local can prove to be significant for future studies about traditional Chinese medicine in a globalized context. I believe my study can contribute to the anthropological reflection concerning this issue in the Western countries and, broadly, in having brought out new research questions for future research. It can represent a starting point for an ethnographic study from local to global and vice versa, which can compare these same dynamics in the places of origin of TCM: Mainland China and Taiwan.

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