

A Conversation with Professor Ted Kaptchuk, a Key Architect of Modern TCM in the West

Ioannis Solos^{1,*}, Charles Buck², Ted Kaptchuk³

Abstract

The interview was conducted on November 20th, 2022 by Ioannis Solos and Charles Buck. Ted Kaptchuk (泰开阳) is a Professor of Medicine and a Professor of Global Health & Social Medicine at Harvard Medical School. In 1975, he graduated from the Macau Institute of Chinese Medicine, Macau, China. After returning to the West, Ted taught Chinese medicine throughout the States, Europe, Latin America, and Australia. Ted's book, *The Web that Has No Weaver: Understanding Chinese Medicine* is a groundbreaking explanation of East Asian medicine that continues to shape the discourse of the Chinese medicine profession in the West and has been translated into 13 languages. In 1990, Ted was recruited in Harvard Medical School to help research Chinese medicine. After encountering high placebo responses in multiple acupuncture clinical trials, Ted decided to switch his career to primarily studying placebo. He has published over 300 peer-reviewed articles. He has been awarded the Lifetime Achievement Award from the Society of Acupuncture Research (2015), the Lifetime Achievement Award from the Society for Interdisciplinary Placebo Studies (2021), and the William Silen Lifetime Achievement Award in Mentoring from Harvard Medical School (2022).

Participants:

TK: Ted Kaptchuk

IS: Ioannis Solos

CB: Charles Buck

The Interview:

CB: Ted, when we first met almost four decades ago, I remember encountering a very inquiring mind. I'm interested to know what it was that captured your imagination in your teens and early years?

TK: My parents were Holocaust survivors, so that colored my childhood and actually everything in my life. Growing up, most of my parents' friends were also Yiddish-speaking traumatized victims who were trying to reconstruct their lives. I was surrounded by these people and also all their family members who were murdered. I lived with the dead. When I was young, I read biographies and everything I could find, because I only knew narratives of destruction and pain. I wanted to see

what other people were like. From the beginning, I never waived my commitment to fight racism and focus on the relief of unnecessary suffering. Later, in college, I was involved in the anti-Vietnam War protests and the Civil Rights Movement, and that was the focus of my entire college career. Then I became a national officer for an organization called "*Students for a Democratic Society*" and I saw myself doing that for the rest of my life. But then, when my friends started becoming terrorists, I said, "*Ted, there's something wrong here.*" As a result, I dropped out like many others at that time, and I moved to a commune in Northern California, keeping goats and that kind of thing. It was then when I realized that I had to pursue a different path, and that I couldn't live in a hippie commune for the rest of my life (Fig. 1).

I heard about Chinese medicine while I was hiding from the FBI in 1970. This happened very soon after I heard about the *Greenwich Village townhouse explosion* of March 6th, 1970. My best friend, Ted Gold, and several other weathermen were killed while constructing bombs. I was in Northern California at the time, but I was told that the FBI had issued a subpoena for me to testify to a grand jury in New York City investigating the event. I was also advised that it be best if I didn't participate. Given the circumstances, I needed to find some place to hide, and I talked to my friends in the *San Francisco Red Guards* who were the equivalent to the *Black Panther Party* for Asians. I told them of my predicament, and asked if I could stay at their commune. At the time it was known that only Asians could enter. And so, I lived there for about three months.

¹ Saint George Clinic and Research Institute, Scottsdale 85251, the United States of America; ² Northern College of Acupuncture, Micklegate YO1 6LJ, the United Kingdom; ³ Harvard Medical School, Boston 02115, the United States of America

* Ioannis Solos, E-mail: ioannis.solos@gmail.com

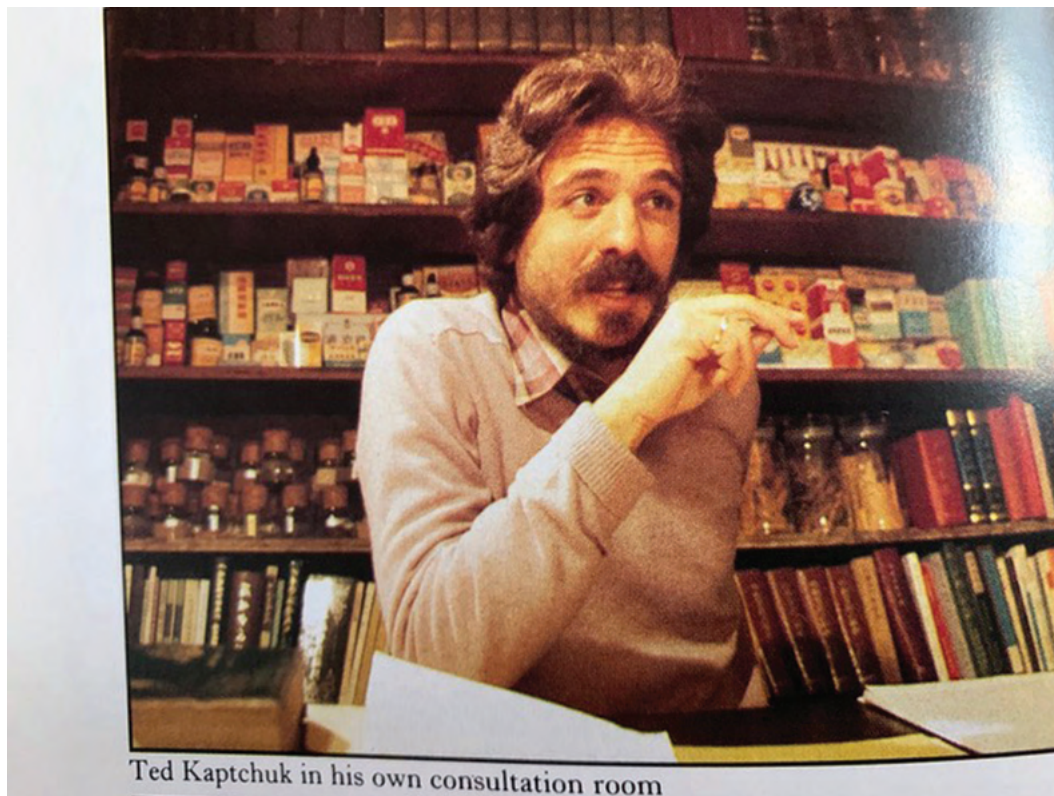
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Ted Kaptchuk in his own consultation room

Figure 1 Professor Ted Kaptchuk in his own consultation room (source from: the authors).

At the commune, I started reading the *Beijing Review* (《北京评论》) magazine which had interesting articles on acupuncture and Chinese herbal medicine. On the top of the pages, it used Chairman Mao's slogan *Chinese medicine is a great treasure*. Then, after the grand jury was over in New York, I decided to pursue Chinese medicine. This became my passion for a long time. I was introduced to old-fashioned Chinese doctors, and soon I found one who would take me as an apprentice. He turned out to be an amazing doctor and healer. However, when he started speaking about Chinese medicine, I was lost. I couldn't understand what he was describing, because he spoke about wind and dampness—and that terminology was out of my league at that time. Eventually I decided that I needed to go and study in China.

IS: What was his name?

TK: His name was Hong Yuan-bain (洪源班). He came from Wuxi (无锡), near Shanghai and he had studied with Cheng Dan'an (承淡安, 1899-1957) whose name I did not know then, but who also lived in Wuxi. Sadly, he was an alcoholic, and this made it very hard to study with him because he would start drinking at two o'clock in the afternoon. But I really loved him, so I ran his practice for him and tried to keep him sober until three or four. When I realized I couldn't understand Dr. Hong, I decided to go to China. I first studied in Taiwan, China for a while and then I went to study in Macau for a much longer time. I studied night and day. When I finished studying in Chinese medicine formally—well,

I never really finished—I returned to Dr. Hong's clinic in California. This is because I thought that he was the best Chinese doctor I ever studied with. Unfortunately, by the time I returned he had already passed away. Dr. Hong gave me a sensibility that lasted through my entire career.

Dr. Hong also was a Kung Fu teacher. He was also visionary, and could tell patients intimate details of their medical and even personal history, minutes after meeting them. He would diagnose people just by his first impression. But he was also a great performer and might be considered a shaman. For this reason, I also assumed that he was lying to me when he claimed that on Tuesday nights, he was unavailable for teaching/treating because he taught Kung Fu to the San Francisco police. But one day, another student and I needed to see him about something. And as it happens it was a Tuesday night. When we arrived at his house, it was full of policemen learning martial arts. They described him as an amazing teacher, and told us how he once knocked down several of them because they were being racist. They also said that as part of his probation, he had to teach them Kung Fu. In any case, I eventually gave up learning from Dr. Hong and moved to China.

I wanted to study in the People's Republic of China but that was impossible at that time. I had friends in the *Black Panther Party* who had links with China and asked them to facilitate my study there. I asked the first *Black Party delegation* to China in 1970 to take a letter

and give it to the Central Committee of the Chinese Communist Party, asking for permission for me to study in Beijing or Shanghai. Eventually I received a response saying that it was not possible with an American passport. I tried to use my other political connections but that didn't work either. Therefore, I first went to Taiwan, China and studied there for a year, and then enrolled in a newly founded institute in Macao (Fig. 2). It was a patriotic school. Every classroom had a picture of Chairman Mao, and all textbooks were from the Chinese mainland. All the teachers—all of whom were born overseas—had studied in China in the 1960s and had moved to Macau, so that their parents and families could visit them from Indonesia. It was run under the umbrella of the *Federation of Returned Overseas Chinese* (归国华侨联合会) in Macau that was affiliated with *All-China Federation of Returned Overseas Chinese* (中华全国归国华侨联合会) in Beijing. The school was the best I could find, and I hoped my intense concentration and effort made up for its many weaknesses. Classes were in Mandarin. The patients spoke Mandarin, Cantonese, and other dialects. Macau was very much a backwater then.

CB: What did your family and friends think when you took this diversion? Did they think you've gone crazy? It was a strange thing to do at that time.

TK: My parents were really happy I had not become a terrorist. My leftwing friends thought I was being politically correct, and my hippie friends thought it was “*far out*”. But for the most part, this was a singular decision. I had a singular desire to learn Chinese medicine.

IS: Can we go back a step? Do you remember any of the teachers?

TK: I first went to study with Wu Wei-ping (吴惠平), who was somewhat famous. I could tell he was a fraud after a month. He offered me a diploma after a week. Please forgive me if I say that he was dishonest by my standards. Afterwards, I asked around and found two wonderful teachers who were aghast at what happened with Wu Wei-ping. They both took me into their worlds. Regina Ling (凌岭先) studied with her family from the age of five years old. She knew all the classical poems about herbs and acupuncture by the age of eight years, and she was observing from the age of ten years. She was a rare woman practitioner, very dignified, and looked much younger than her age. She had all kinds of techniques that I never saw later. My other teacher in Taiwan, China was a really interesting old physician named Chen Yiqing (陈一清). He was a very old guy who originally trained in Chinese medicine as an apprentice with his family. In the 1920s he became one of the earliest students of the newly founded Shanghai Chinese Medicine School. Later, he studied Western ophthalmology in Japan. It was a really nice experience because he worked with both herbs and acupuncture, and his son would translate for me. My Chinese was still weak.

My Chinese Taiwan experiences, made me realize the immense diversity of medicine in China. In order to obtain a systematic education, I felt I needed to go to Chinese mainland. I also entertained the idea of going to the Chinese medical school in Kaohsiung, Taiwan, China, but I personally wanted to use mainland textbooks which were not available there. Then I looked in

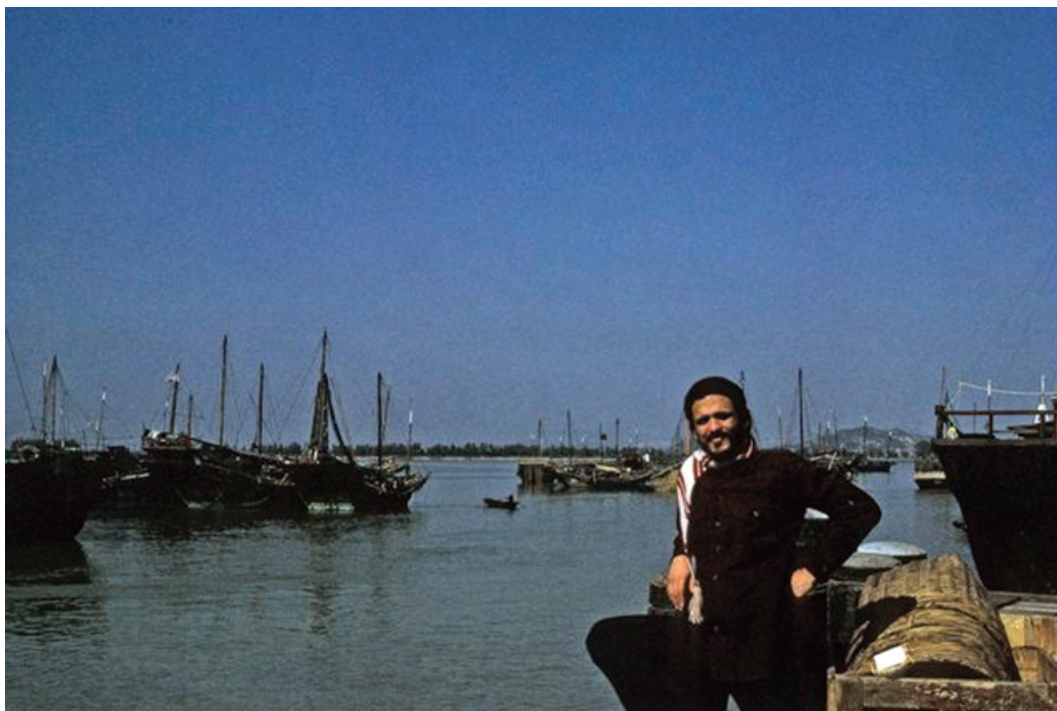


Figure 2 Professor Ted Kaptchuk in Macau, 1973 (source from: Ted Kaptchuk).

Hong Kong and later Macau, and I eventually discovered the school operated by overseas Chinese from Indonesia, who had studied Chinese medicine in the 1960s, in Chinese mainland. When these people “returned” to China from Indonesia, their parents couldn’t visit them because if you were Indonesian and went to China, you could never return to Indonesia. So, the teachers ultimately got permission to settle in Macau and opened the *Macau Institute of Chinese Medicine* under the local auspices of the *Federation of Returned Overseas Chinese* in Macao which was affiliated with the central All-China Federation in Beijing. When I applied to the school, I told them that my father was a member of the proletariat class, so I got 50% off the tuition fee, which was equivalent to \$150 a year. The textbooks were those used in China at that time. That was okay for me, because I was now able to read. I worked hard to learn more than they taught me, studying day and night. When I started school, I was considered weird because my Chinese language skills were terrible. Still, I convinced them to let me take the first year twice. I’d learn the language the first year and then learn the medicine the second year. Also, my teachers and classmates were suspicious about my background. Why was I not allowed to study in the mainland? Was I a CIA agent? I ate vegetarian food and studied in nearby Buddhist temples. Was he a religious person? I had long hair. Was I a hippie? I could quote Chairman Mao. Was I a communist? However, by the end of the first year I was speaking and reading Chinese pretty well, and I caught up with my classmates, and earned everyone’s trust and respect. My teachers in Macau were young, and unlike my teachers in Taiwan, China and California, they had learned in the systematic way that was being developed in the mainland. I appreciated their efforts, especially Drs. Yu Jinniang (余金娘) and Xie Zhangcai (谢长财).

IS: Can you say more about Chinese Taiwan’s Wu Wei-ping? He has been cited as an influence by many in the West.

TK: People came from the West to hang around his clinic for a brief time, and they all left with a certificate—he was so awful. Forgive me, but I have to be frank!

IS: Please be frank!

TK: In California, I owned a book by Wu Wei-ping in English, and I said to Dr. Hong that this person may be worth contacting. So, he wrote a letter in Chinese, saying that I had been studying with him, and asking if he would take me as a student. Wu wrote back, inviting me to come. When I arrived, he asked me how many weeks I could stay. I said, “*What do you mean? I came here to study Chinese medicine.*” Then Wu said, “*I can give you a diploma after you sponsor dinner! You don’t need to study!*” To which I replied, “*No, no! I came here to actually study!*”

He never really taught me a single thing, he only let me pull out needles. I saw medical professionals and lay people coming, never studying anything, and leaving with a

piece of paper. The shorter the stay, the more expensive the diploma. At the time this was possible, because there was no government regulation. After witnessing all that, I left as soon as I could.

IS: Did Wu Wei-ping speak English?

TK: No. I needed a translator then. I had hoped to get away with English, but quickly I realized that I seriously needed to learn Chinese. I wanted to go to a real school and it wasn’t easy to find one in Hong Kong and Macau. At the time Macau was not known as a place for scholarship or medicine. My school passed as a real school only by the skin of its teeth. But it did have a real curriculum—a similar curriculum to what they used in Chinese mainland, and also possessed reasonable clinical facilities.

IS: Any recollections of your experiences in Macau? It was a very different place at that time.

TK: It was just a small fishing village with one or two small casinos! But it was an important place for me, and I loved it. I seriously considered staying in Macau and working as a doctor there after I graduated.

CB: I remember you had a Chinese godmother there.

TK: Yes, I was adopted into a Chinese family in Macau, and gained a godmother. I knew as soon as I got adopted that this was probably one of the reasons I came to China. To be with her was as important to me as being in China and learning Chinese medicine. She was a devoted Buddhist and I learned a lot about religiosity, piety, devotion, and how the invisible becomes visible. I spent lots of time with her and the few relatives she had. Without trying, I even learned to speak her village dialect of Cantonese, besides the standard Cantonese used in Macau (Fig. 3).

CB: When I studied with you, you mentioned that your Macau godmother got in touch when she was about to die, so you could learn the rituals for the dead.

TK: My godmother and godfather had no children. So, I was critical of the ancestor rituals at the funeral and afterwards. I organized the burial for my godfather while in Macau, and later, I returned to bury my godmother. My godfather was paralyzed and bedridden. He could only move his jaw and ate rice congee, but could not speak or get up. One of my teachers told my godmother—his patient—that I could treat my godfather with acupuncture, if she would rent me a room. My school would not let me stay in their dormitory (as mentioned already, at the beginning they were very suspicious of me). When I buried my godfather in 1973, I arranged everything, and I learned how to negotiate with the mortuary and the temple officials. I hired paid mourners which turned out to have been unnecessary, as all my English students and my medical school classmates came *en masse* to the funeral. I paid attention to the rituals my godmother performed for him. I felt deeply part of this slice of the old Chinese world. When my godmother got sicker, she asked me to return to China to receive more instructions on how to arrange



Figure 3 Professor Ted Kaptchuk and his godmother in Macau, 1972 (source from: Ted Kaptchuk).

the worship of ancestors including the order of prayers, bowing, offering, and incense. Although she was a vegetarian, she wanted the offering to be meat (beef, chicken, and pork) as this was her Chinese village ritual which was not only Buddhist. We negotiated and I was able to make her comfortable that I would only use fruit in the States. I buried her in 1982 two weeks before the Lunar New Year, in Macau. I continue to perform the Chinese ritual every year which turns out to be on the same full moon of the minor Jewish holiday of *Tu Bishvat* or the “*New Year of the Trees*” which also requires an extensive display of fruit. The coincidence makes the anniversary of the mother’s death and the holiday very special.

IS: I have had a similar experience in Beijing, but I never hired mourners. In the Chinese mainland, many of these traditions are not always observed anymore.

TK: Yes, I’ll ask you about this offline. In Macau, rituals were observed! The mortuary wanted to know how many mourners we wanted. They suggested I hire 15. I said, “OK!” At the time I was also teaching English, and told them that all of my students would probably also come. My godmother was so honored as we had over 100 people at his funeral. Her own funeral was smaller. I hadn’t been living in Macao for a while, so didn’t have students. Still, it was a moving experience.

CB: I believe that your godmother was a devout Buddhist as well.

TK: Very much so! You have an amazing memory, Charlie! You’ve remembered those stories from my

teaching. My godmother was a deeply devotional Buddhist—she lived it. It was like Maxine Hong Kingston’s book on her experiences of growing up in a Cantonese environment where there are lots of ghosts, spirits, and divinities around. My classmates would visit and they would say, “*Ted, she’s like a museum, she talks like they did hundreds of years ago.*” To my godmother, the world and her home were full of spirits that she would easily communicate with. I didn’t pay close attention because it was really my godmother’s thing, but I did learn a lot about piety, religious service, ritual, kindness, and humility from her. I learned that religion is an embodied experience, not a set of propositions that one endorses. You live it; you don’t believe it. Also, while in Macau I was very close to Heng Jing (恒靜, aka Steve Klarer), a man from the Bronx who had been a Buddhist monk for 13 years in a monastery in Hong Kong. I invited him to my home in Macau to allow for my mother to formally become a Buddhist taking “*refuge in the Buddha*” ceremony. Her husband would never let her do that because the monasteries in Hong Kong and Macau were usually places to steal money from old widowed ladies. They often would take in old ladies, take their money and make them servants. My Buddhist friend said that he would give the ceremony for taking “*refuge in the Buddha*” and other stuff. But yes, she was living in the world of spirits and this made me realize how palpable can a religious life be. The other thing I discovered is that she sometimes used magical and religious

healing besides Chinese medicine and Western medicine, which was something that I had totally ignored. Later, when I came back to the States and studied anthropology, I realized that I was looking at Chinese medicine very narrowly, focusing just on literate medicine. But there is a folk medicine that's all over the place.

CB: When you came back to the United States, what was your experience of practicing in a very different culture?

TK: I wanted to ask Ioannis about this; what was it like when you practiced in China and then came to the US? In my experience, patients would come and say things that had no relationship to anything I learned in China. In China they would say, "I urinate a lot, I feel cold, and I have back pain." It was like they had read the TCM textbooks. In the US they said things like "I'm feeling like I will die! I want to break up with my boyfriend. I can't stand him but I love him and I can't leave him. Can you help me please?" and I didn't know where to begin with that. It took me a long time to get to understand my patients, and they taught me an enormous amount. They forced me to re-read Chinese medical books, looking for anything that I could remotely tie to what I was seeing. I found tons of things in classical texts that are considered irrelevant to contemporary clinicians, that seemed relevant to my patients in the West who were searching for help with psychological, moral and existential problems. I always taught TCM but I added ideas and practices from older texts. Every now and then, I broke away from the TCM framework, and in the second edition of *The Web that Has No Weaver*, I included concepts such as the *Hun* (魂) and the *Po* (魄), ideas that currently the Chinese have started looking into a little bit more. But not much. I've seen some new textbooks that actually have sections on the *Hun* and the *Po*. Starting my clinic was a big experience for me. I didn't charge money because I was earning enough from teaching Chinese medicine. However, the Korean doctors down the block, heard about my free clinic, were threatened and called the health department. They claimed that my place was substandard. Fortunately, someone from the health department alerted me to the fact, and we ended up painting the whole place overnight! But, yes, I had to learn interacting with American patients. Did you also have that experience, Ioannis?

IS: Oh, yes! I had to learn how to speak to American patients. And that's a completely different experience to China. For example, they come to you wanting to tell you more about their personal life and emotional problems. They often view an acupuncturist as a therapist, rather than a medical doctor. An intake that would take three minutes in China can be a very long process in the States. I had to learn how to stop them in a nice way, otherwise, they would carry on saying things forever, and I'd never move on to other patients!

TK: I had more time than you because I had teaching income. You're earning from teaching too, aren't you? I

could sit through it and I'd stop it after maybe half an hour or even an hour. I learned to start correlating what I had learned in China to what they were saying and then I started reading more texts. Then, around 1989, after reading lots of books, I decided that I would practice and teach an expanded version of TCM.

I started writing *The Web that Has No Weaver* around 1980. After I finished the first draft, I thought "Ted why don't you put footnotes in—don't you like footnotes?!" In the *Talmud* it says, "Those who show the source of their knowledge, bring the redemption closer." I thought it wouldn't be that hard to do the footnotes, so I looked at all the footnotes and bibliography in modern Chinese medical books, to check for the original source material. I had acquired a library of maybe 5,000 volumes and I was confident that I could access the source text. That was the point when I realized that sometimes the source article had said something different from what the modern TCM text interpreted! A scholastic tradition with reverence for canonical texts, allows a person to take any sentence out of a canonical text, and make it say whatever you want it to say. That's how you improve on the medicine. Progress is based on new interpretations that contradict old interpretations. That's scholastic thinking. Interpretation is the source of creativity in such traditions. I was following such an old scholastic methodology when I tried to expand my teaching beyond what I learned in China. I looked for new ideas that might even be radical, but I remained conservative because I rooted them in classical texts and acknowledged the source of what I was doing. I was radical in formulating new interpretations but very conservative in findings texts to say what I wanted to say. That is what it means to be part of a scholastic tradition of interpretation that is uninterrupted through the millennia.

For example, a major issue arose when translating for *The Web that Has No Weaver*. I wanted to cite a historical source on the ideas of *Ba Gang Bian Zheng* (八纲辨证 Pattern differentiation by the eight principles) or the *Bian Zheng Lun Zhi* (辨证论治 Treatment based on pattern differentiation) but couldn't footnote it because I couldn't find a classical reference. I'm good at footnoting—I never ever just copied something from another book without investigating the source—I always checked. So, where did the *Bian Zheng Lun Zhi* that was taught as the "essence of Chinese medicine" come from? I couldn't find the source of the phrase or this exact methodology. It took me years after its publication to figure out that the historical sources were absent because I was living in a period when the top Chinese doctors were attempting to make TCM compatible and able to co-exist with biomedicine. They were fashioning a revision of Chinese medicine while still trying to be rooted in the past. They wanted to develop a linear and logical medicine that could be an object of examination and modern licensure. They needed to bypass the contradictions and complexity of the historical tradition.

Bian Zheng Lun Zhi was a bridge created in the post-liberation period. This historical transition was made in the 1950s and continued well into the 1960s and 1970s, whilst I was studying Chinese medicine. I realized that all my textbooks contained a modernist and systematic approach to the training of TCM doctors in a formal academic environment who could not undertake a long-term apprenticeship. I was participating in the transmission of a *new* version of Chinese medicine which, at the time, I had believed was the only version. *Bian Zheng* (辨证 Pattern differentiation) is certainly a major interpretation of Chinese medicine, and is extremely important and useful. I think it's really brilliant, but I couldn't just transmit that. I realized then that I had to take a step back and so when I wrote the second edition of *The Web that Has No Weaver*, I put in some of what I learned from a long period of immersion in classical texts and reflection.

At that time, I was already shifting my career, and I wasn't sure if I should continue teaching. I was in intellectual turmoil. But I never lost my commitment to East Asian medicine. One way I pursued this, was through some Chinese doctor friends from Chinese mainland whom I helped out with obtaining a US Green Card (permanent residency). So, I asked them, "*If I give you classical Chinese texts and a red pencil, will you underline everything you see that's superstitious, psychological, religious or it doesn't make any sense to you?*" Three doctors did this for a long time. I mostly gave them *Ben Cao* (本草 materia medica) texts and some other books and they came back with an incredible number of materials about ghosts, emotions, virtues, and other things, that we never hear about in school or read in modern texts.

These Chinese friends found great things. For example, a beautiful discussion about *Xiang Fu* (香附 Rhizoma Cyperi) describes how it treats *cold anger*. I had no idea that cold anger existed in the tradition, but I did see it in my patients. I had just never encountered this understanding in my studies in China. I said to myself "*Hold it! Things have been left out that are important to me as a clinician in the West that may be less relevant in China. After all, cold anger might be culturally appropriate in China and not a problem...while in the West, it is felt as a very dangerous situation. Weird.*" The red marks in the text brought to light all kinds of amazing things like this. While most of my Chinese medicine teaching, I knew that my education was a preparation to become a disseminator for the official and legitimate medicine of the People's Republic of China, at some point was comfortably expanded as long as I could find citations. I must say: China's medicine would not have survived without TCM, and TCM is a really practical way of learning the medicine without beginning an apprenticeship starting at the age of five. You don't need to memorize songs. Have I drifted from the question?

IS: The question was about your recollections of when you first returned from Macau.

TK: I was in intellectual turmoil at that time. I loved teaching Chinese medicine and this was my main occupation until the late to mid-1990s probably.

CB: It would be interesting to hear about the transition you made from being a teacher and a practitioner of Chinese medicine, towards established academia. Did you take a Ph.D.?

TK: I didn't do a Ph.D., no. I didn't take any other degree; my Chinese medicine degree is my only advanced degree. Never had time. How I got a position at Harvard and then became a professor is almost impossible to understand! I was having a hard time teaching Chinese medicine because I was having intellectual turmoil and I didn't want to be a guru. Today there are lots of people who can push back and say "*That's a little bit wrong!*" and "*You could say it this way.*" and "*Ted, aren't you going a little in the wrong place?*" Today you'd be polite to me, right? And we'd be polite to each other but if I was wrong, you'd say I'm wrong. But in those days, no one was saying I was wrong. Maybe it was there and I didn't hear. I was worried about teaching a historically constructed medicine that is very complicated, something that is going to need many people to reconstruct and make sense in the West. In those early days, I didn't know how to embrace the contradictions between classical texts. I didn't realize that all scholastic medicines have multiple layers of interpretation. Both of you have been involved in the reconstruction of Chinese medicine from the historical tradition, in the sense of "*we're Westerners, how do we re-examine it for ourselves?*" Few people were doing that in the 1980s, some but not many. Giovanni Maciocia is certainly one.

So, I decided that I couldn't teach. I was uncomfortable about teaching Chinese medicine because I had to restrain myself from saying things that were problematic or different from what my teachers in China might say. Also, I wanted to be very careful about teaching materials I was reading from the classical texts that did not fit into the current TCM synthesis. You took my herb course in the early-mid 1980s Charlie, you must remember how I was putting in some intense psycho-spiritual stuff in there. I would run with the things my Chinese doctor friends had underlined, but I was worried about this. Also, I felt unable to teach on Saturdays, because I was also beginning to observe the *Jewish Sabbath*. In the midst of my angst, Harvard invited me to become a researcher. Few at Harvard knew anything about that stuff; I was needed. I thought I'd learn new things and be a reptile in a mammal universe.

This happened because there was funding for alternative medicine, and I got this great job. David Eisenberg asked me to find out everything I could about "*alternative medicine*", and develop a course on alternative medicine for medical students. So, I went on to read every medical journal article on the topic, in all

disciplines, from basic and clinical science, to philosophy and history. I learned to understand the research approach of all kinds of disciplines and journals. Then I started looking at acupuncture research, and I came across an article from 1979, a randomized controlled trial (RCT) comparing acupuncture to sham acupuncture for dental pain. Sham acupuncture was reported as being 100% effective in reducing the pain. Part of my job was to design studies to examine if acupuncture is more than placebo. I looked at other acupuncture placebo-controlled studies, and they were outrageous. Placebo responses were super high, almost as high as you'd see in sham surgery. I thought that placebo effects were too big to show any difference between genuine acupuncture and sham acupuncture. I felt that doing a RCT before we understood placebo effects was going to be a death march. So, I decided to study placebo and for the last 30 years at Harvard almost all of my work was on placebo. Sometimes I helped with acupuncture research. Preparing to research placebo, I read all of the placebo literature twice over, no exaggeration, and I also began to publish relevant articles in top-tier journals like *Lancet* and *JAMA*. At the beginning, my publications were thought pieces.

I gradually realized what academia is about: you publish papers, you get money for research, you publish the data on that research, and then do it all over again and again. I said I could do that! I became a researcher.

Anyway, I finally put my first NIH application for a large randomized controlled trial to examine whether the outcome of being treated with placebo pills is different from being treated by a placebo device (sham acupuncture). This was not an acupuncture study but it was very relevant to acupuncture. It involved a cohort of 260 people, with repetitive strain injury of the arm—with a range of diagnoses involving the tendons, soft tissues and the nerves of the arm—including tendinitis, carpal tunnel, De Quervain tenosynovitis, and lateral epicondylitis. We compared a placebo pill to the Streitberger sham acupuncture needle. This got funded for \$2.5 million in direct cost. It was incredible! My chief called me in and said, “*Ted you must give back that grant money right away.*” I replied “*Why?*”, and he said, “*Ted, you don't know how to do any of that trial stuff. I was just being nice to let you apply.*” I quickly pivoted and said, “*Oh I'm so sorry but I already gave away \$75 thousand on a subcontract and don't have the money.*” I spoke a lie because I knew I could do it. And so, I got this huge grant and just like my chief said, I really didn't know how to do most of the things I put in that proposal. But I learned and had enough money to recruit great collaborators.

Luckily, Harvard has a surplus of intelligent people so I approached a statistician and said, “*Hey, I have this money, maybe you can take part for one day a week and do the stats.*” Then I got this trials methodology scholar and said, “*Listen, I got this money can you do*

this part?” I also asked Rosa Schnyer, a great acupuncturist, to supervise the acupuncture. So, I divvied up the grant. I recruited all the patients myself. I got the data demonstrating that sham acupuncture was superior to placebo pills for pain, and published it in *BMJ*. Different placebo treatments have different placebo effects. This study gave me the feasibility data for my next grants and papers. I repeated the cycle many times. Then Harvard kept asking “*Do you want to get promoted?*” but I said no, which irritated everybody. And I kept telling them that: “*I don't want promotion—I've got a Harvard library card what else do I need in life?*” But they argued that they had to promote me to be fair because I kept publishing and had so much funding. My chief eventually began to frequently acknowledge his pride in my accomplishments.

I believe that I brought in about \$50 million for research at Harvard over my career, and that meant that either Harvard or my hospital (Beth Israel Deaconess Medical Center) received an additional \$43 million in overhead cost for the light bulbs, the secretaries, email accounts, phones, etc. This led to lots of appreciation coming my way. So, I built a team, and then at some point they decided to put me up for full professor. They convened a Blue-Ribbon Commission investigation to my credentials, because maybe I didn't meet the criteria for a professorship at Harvard. They had 12 people examining every documentation I had from China. They even sent an anthropologist to Taiwan, China and Macau to investigate the veracity of my documents. They visited every address. They did a full investigation because I apprenticed in Taiwan, China and then went to a “*patriotic*” school that wasn't registered with the Macau government. My school functioned under the auspices of the local *Returned Overseas Chinese* in Macau, and was not recognized by the local Portuguese colonial government. I was promoted and began to be very successful in academia. Now people would approach me all the time. I knew how to work grant applications. I worked as an advisor for the NIH and FDA. I started to accept some wonderful and amazing postdoc fellows, who knew much more than me, and for example, I would say something like this: “*We don't know anything about the genetics of placebo, let's look into that. If you are a good geneticist and you're interested in saying yes, come on just join in. We'll get money to support your career!*” Many of my fantastic post-doctoral fellows are now professors all over the world. My career was dependent on my post-doctoral fellows and colleagues. I have been a lucky person.

So that's what my career at Harvard was. It was a kind of placebo career but it was fun.

I also heard that when they gave me professorship, the President of Harvard University said that “*Make sure this never happens again!*” I've always been very public about being an acupuncturist. At some point, I stopped using placebo acupuncture in my research because some

of my colleagues in the acupuncture world like Rosa Schnyer would say, “*Ted, stop doing it, you’re making it look like acupuncture is a placebo.*” Instead, I realized that I could pivot to investigating placebo effects in mainstream medicine (Fig. 4).

CB: When you look at the world of Chinese medicine today, how do you feel about the way things are?

TK: I’m really impressed. The situation in the States may be better than elsewhere, I don’t know. There are 15 to 20 good accredited schools that produce well-trained acupuncturists and Chinese herbalists. The education is really good most of the time. I’m really impressed. Acupuncture is available in most major hospitals in the US, and that’s amazing. The level of education is getting higher. Younger people like you Ioannis, and you Charlie, are publishing things that are not just their fantasies, like in those early days. There is great scholarship around. Nonetheless, I think that the profession needs a lot more work to become a more solid body. I am also really impressed, especially by a lot of scholarships coming out. I haven’t kept up with the practitioner/clinical literature but I regularly read academic publications like Volker Scheid’s *Chinese Medicine in Contemporary China*, Kim Taylor’s *Chinese Medicine in Early Communist China, 1945-1963*, Eric Karchmer’s *Prescriptions for Virtuosity: The Post-Colonial Struggle for Chinese Medicine*, Sean Hsiang-Lin Lei’s *Neither Donkey nor Horse*, and Bridie Andrew’s *The Making of Modern Chinese Medicine, 1850-1960* and scholarly translations such as those of Sabine Wilms. These have helped me tremendously to understand what I went

through in China. I don’t keep up with the Chinese clinical literature and I don’t have much time to read classical Chinese medical texts at this time. I am too busy running my placebo lab, but for pleasure and relaxation, I’ll do some reading in Chinese medicine.

I also spend a lot of time trying to get acupuncture in the medical system. I often receive e-mails from clinical directors wanting to know if they should have acupuncture in their hospital. Usually, they ask me if acupuncture works and I say, “*Are you asking if it is more than a placebo or do you mean if it actually helps people?*” “*Both!*” they say. I reply that, “*The evidence is not clear yet, whether it’s more than placebo, but whether acupuncture actually helps people, this is undoubtedly true.*” Or that “*The research evidence suggests that it is better than the usual biomedical care for a lot of illnesses.*” In this way, I feel I’m being helpful to the profession.

IS: I don’t know if you know, but in Arizona we have just succeeded in getting the law to define acupuncture as a system of medicine—which is great. I was involved in drafting the language for the Senate Bill 1080, and this hopefully will open the gate for more clinical research to be conducted, and for acupuncture education to enter regular universities.

TK: That’s fantastic. It sounds like acupuncture is being viewed in a different way than just the new *Hocus Pocus*. I don’t want to be excessively critical of the *New Age* movement, but I don’t like spirituality that claims to be about healing. Healing is healing, but spirituality is generally about the dimensions beyond time and space, unless you’re a shaman. And shamans need lots



Figure 4 Dean George Daley of Harvard Medical School gave Professor Ted Kaptchuk Harvard’s highest teaching award on November 7th, 2023 (source from: Ted Kaptchuk).

of practice. That's my opinion, and Chinese medicine is not a *New Age* thing. Learning Chinese medicine is hard work. Also saying qi is about life energy or life force is really *New Age* talk. Qi is in the herbs, rocks, mountains and the sky. It's about the transformation capacity of all things. *New Age* makes Chinese medicine fuzzy in the wrong places. Intuition is important in Chinese medicine, but becomes accurate only after years of practice.

CB: Intuition is the system we use for jumping to conclusions.

TK: Yes, I agree, but I also think intuition is very important. All my research comes out of intuition. Generating hypotheses is about what you see out there, that other people are not seeing. That can lead to discovery, innovation and new revelations. Scientists use intuition but they ask for data that can be represented in a statistical manner.

CB: I've been writing a chapter on this for a book, I think it comes down to the difference between good intuition and bad intuition.

TK: What's the book about?

CB: I've been working on this book for over a decade or more. It asks *What is Mastery in Chinese medicine?* Or, for that matter in medical practice more widely. Obviously, it's not me pretending to be a master and teaching people, that's not what I'm about. Instead, it takes the subject of medical mastery as an object of inquiry, asking how was mastery defined historically. It's about masterful cognition of Warring States sages, it's also about the study of mastery in modern medicine—overcoming cognitive biases and that sort of thing.

TK: Great I love it! That's a real lacuna in the literature. Can't wait to read.

TK: Returning to the *Bian Zheng Lun Zhi* question, in my opinion, this is a post-colonialism issue. It's about how those who get colonized reinterpret their world in ways that are compatible with the Western, mostly Christian imperialistic world, even after they are no longer colonies. When I wrote the first edition of *The Web that Has No Weaver*, as I mentioned earlier, I could not find the historical first statements of *Bian Zheng* as the "*essence of Chinese medicine*". You could cite old texts but it was not *Bian Zheng*. It took me many years to figure out that *Bian Zheng* was re-interpretation, a brilliant re-visioning to clarify Chinese medicine's "*essence*" for a renewed life in the mid-twentieth century. *Bian Zheng* was a theory that worked in the environment of academic medical schools. In the days of apprenticeship, it was not around. When I was in China, I was living this transformation.

Let me explain what I mean by post-colonialism. When the British took control of Bengal in the late 1790s they did a demographic survey to find out whom they had conquered. They went to the villages asking: *What's your name? Where were you born? What foods do you grow?* But when they asked about religion, they found there was no word for religion in Bengali or in

any of the Indian languages. The British asked, "*Do you go to that Temple down there?*", "*Of course, I go there every day!*", "*What do you call that?*", "*I worship this deity, this is my Dharma!*" But there was no actual word for *religion* that they could define. Like *Bian Zheng*, "*Hinduism*" was a word created during the British Raj to tame the complexity of India. What we call Hinduism today was very much created by the West with the active participation of Indians who were trained in Christian schools like Vivekananda, Gandhi, Tilak, Ghose, and Aurobindo. For traditional cultures to survive and thrive in modern they had to reduce the complexity they all embodied. Religion had to conform to linear definitions.

The same thing happened when in the early 1800s Westerners started to examine Buddhism in China. There was no word for Buddhism as such so they invented it *Fo Jiao* (佛教). When I asked my Hong Kong Buddhist scholar friends about this, they said that the word "*Jiao*" (教) that was used prior to around 1820 meant *sect*, the idea that Buddhism was a single unitary thing, and religions did not exist.

So, the term Buddhism was brought into being by scholars at Oxford and Cambridge who saw a series of texts and labeled the core of Buddhism. They used the word Buddhism before the Chinese had it. The Chinese took this new word and they now saw it as "*religion*", as a set of beliefs, doctrines and a set of sacred texts as opposed to a set of practices, rituals, and scriptures according to which you lived. A dharma. The Western Christian (mostly Protestant) idea of religion being something you had to believe in or have faith in, or a set of propositions that you endorse, did not exist. Your texts had to be universal. Not so messy. In this way they created the idea of religion which, I think, comes out of modern versions of Christianity. In modernity, thoughts have to be logical, linear, non-contradictory and susceptible for being tested in examinations.

Reading Jewish texts when I was trying to learn about Chinese medicine and culture, I realized that there was also no word for religion in Biblical Hebrew. The closest term in the Bible is *Awe of Heaven*. The word religion, with doctrines, making Judaism a set of beliefs also began around 1820. Here, Jewish people needed to reconstruct their religion to be more like German pietism, like German Protestantism. Then I realized that the Jewish texts had similarities to the Chinese texts. I can read the Talmud much better because I understand Chinese texts. I realized that reading pre-modern Chinese medical texts works like this, "*You take a sentence and you make it mean what you think it means!*" That's what the Talmud is. Chinese medicine "*scholasticism*", as all scholasticism (Christian, Muslim, Indian, Buddhist, Confucianism) share a similar conceptual space. That is what all traditions that are based on canonical texts are: the revered texts have to be interpreted, reinterpreted, debated and explained. Post-colonialism eliminated this process. It makes everything neat. Ultimately, scholars

needed to reveal this interpretative process so we can get a better understanding of how traditions adapt to modernity.

So, I just wanted to point out that the whole question of post-colonialism, which has been a really important question for Bridie Andrews, Sean Lei and the other critics of modern TCM, that perspective was really vital in multiple parts of my life. And so, I feel really blessed to we have learned to triangulate this. I think we're lucky that we have the TCM *Bian Zheng Lun Zhi* as a bridge to early Chinese versions of the medicine. Otherwise, Chinese medicine would be in chaos and could not survive in cultures that give examinations and licenses. You could see this post-colonialism in China from the Republican period onward. That has been an important undercurrent that I rarely discussed in my teaching of Chinese medicine.

CB: Ted, how would you characterize acupuncture training in the 1970s and the 1980s in the US?

TK: Those were the pioneer days. In the 1970s and 1980s it was a passion. It felt like we were rescuing the world, that we were doing something that no one had done. We felt we were pioneers in a huge medical translation from one culture to another. It was a kind of non-violent revolution. The education may have been weak and there were very few textbooks, but the passion may have made up for it. Many of those pioneers became teachers and many are reaching retirement. The exciting thing is that East Asian medicine has finally developed a deep root in the West. It is here to stay.

IS: We also have a question about another aspect of that time, namely all the craziness that existed, about people in the West making up stuff about Chinese medicine.

The question is, besides the French pioneers, a lot of the discussion about Western TCM usually includes the founding acupuncture gurus, such as John Shen (沈鹤峰) and James Tin Yau So (苏天佑) in the US, or Jack Worsley and Van Buren in the UK. Did you meet any of these people? Do you have any anecdotes about them you would like to share with us?

TK: I met John Shen when I came back to the States. His medical supervisor—you needed one in those days—was a classmate of mine from college. I'm sorry to say that I wouldn't have sent my mother to him! He played games with me, and he was lying to my face. He immediately tried to play the guru game. The M.D. supervisor said when I observed Dr. Shen, Shen used acupuncture points he had never used before. I was sure he was trying to impress me with "mystical" or "secret" knowledge. I had met people like him in Taiwan, China and Hong Kong. He was allegedly the youngest son of a very wealthy Shanghai family. He apparently learned herbal medicine in Shanghai but studied acupuncture when he moved to America.

I tried to meet with Jack Worsley several times when I was teaching in the UK but it was difficult, because he kept cancelling our appointments. Putting it positively,

I would say that he was a shaman and a charismatic healer. He didn't want to talk to me, because he was always too busy. I have patience but after the sixth time he canceled I said, "Maybe I can just watch you work?" What I saw, was a shaman at work. But I also felt that he had no ethical standards. He was saying things that were power trips over patients. He would say to a patient: "You are so lucky you came to see me today; I will cure you of a lethal illness." But was he a healer? Yes! I also believe that he and his many students have played a major role in the development of Chinese medicine in the West. He helped a sense of sensitivity, careful attention to emotions, and acupuncture that was sensitive to psychodynamic processes. Many of his students became paradigms of developing acupuncture that is sensitive to the "whole" person.

CB: I think Worsley and some others at that time, were afraid of being exposed. His students were told that they should not read any books on acupuncture or on TCM. Your book *The Web that Has No Weaver* was banned from their college. Like Van Buren, he seemed afraid that people might prick his guru bubble.

TK: Worsley and Van Buren were obviously into power, enhancing their guru status, and creating dependence, but I connected to Worsley at some level, and as I watched him work, he was able to do things shamans do with patients. After watching his treatment, I told him I was impressed at what I saw he could show me in 10 minutes of his time between patients. I praised his work profusely; I could tell he was very anxious to be with me. I remember he said he always treated the deepest problem a person had which was psychological. With hesitation, I said sometimes I only treat the superficial problems, like a twisted ankle or a sprained back with Ah Shi points. He responded that that was counterproductive. I said I would think about his idea. And he went off to treat another patient. I watched some more and I was genuinely impressed.

CB: Studying with Van Buren in 1981, I heard that a delegation of TCM doctors from China had visited the UK, and had asked to visit an acupuncture college. They went to Worsley's college and saw the Five Element style he taught. The doctors were very polite and said how this was different from the style taught in China. But they had apparently been unable to contain their mirth when they came to his office and read Wu Wei-ping's calligraphy certificate, which granted him "a license to sell fish". I saw that Van Buren also had one of those calligraphy certificates on his clinic wall, so I asked the Chinese student in my cohort to tell me what his certificate said, but he was too polite and refused to give me a translation. "OK," I said, "but does it say anything about fish?" Eventually he nodded a "yes".

TK: I also heard of this story, but I never saw the certificate. So, I can't verify or deny its validity. But Worsley certainly had real power. Many of the people who studied with him are really amazing in the way they attend

to their patients. Overall, I think Worsley made a major contribution to the profession. These early people were desperate to learn and to teach, and they shook up the soil but it's hard to sift out the good things and bad things. They were all mixed up.

Did you study with any of the old school pioneers Ioannis?

IS: No, my teachers were all from China, so I was fully schooled in modern TCM. We didn't learn any of the European styles but I did meet many Five Elements (五行) practitioners later. You could see that there was a big difference of opinion in the way they did things. It was different, but I never had any negative thoughts about the way they worked. They do interesting work and I think they give an important counter-balance to TCM which we still do need.

CB: I attended quite a few of Dr. Shen's lectures when he came to Britain, but struggled to understand what he said. He had his own terminology. He would say things like "This patient has *qi-wild!*" which meant nothing to me. And he didn't give the Chinese characters which would have helped. Eventually I worked out that *qi-wild* was *Qi Luan* (气乱) and so, later on, I gradually was able to make sense of what he was trying to teach. He seemed to me like someone skilled in cold reading. His diagnostic approach was like cold reading, like a stage mind-reader.

TK: I could see you seeing him as a mind-reader. He always acted with great gravitas, seriousness and importance. Maybe he was doing cold reading, intuitive reading. As I mentioned earlier, when I visited him in the Boston area, he was doing a performance with acupuncture needles to impress me. He had no ability to meet me as another practitioner or even another person. Felt bad for him. The doctor who sponsored Dr. Shen in the US was a good friend of mine, and of course, Leon Hammer did a lot to make Dr. Shen's work more available.

CB: I'm wondering who you admired most in your early days in Chinese medicine. Long ago you mentioned somebody that you held in high regard in the US.

TK: Yes, that was a Buddhist monk born in the Bronx. When I met him in Hong Kong, he had 13 years of being a monk and lived in a monastery on Lantau Island. Besides being fluent in Tang dynasty Chinese language, he was trained in acupuncture. I might have mentioned earlier that he also had good skills in the Sanskrit language. He really changed my life to the point where I realized that I had to do something different. He lived in Boston for a long time after returning to the States. At one point he called me on the phone and said: "Ted, I have to come over to your house right away." And then, when he came, he started reading these things and I was like "Crazy! This is all about patients ghosts and the color of their eyes, and how to treat these patients". And it was a text by Sun Simiao (孙思邈). Sun Simiao also talked about herbs

for different levels of *samadhi*, and he listened to celestial voices. Of course, he cited ancient sources, but his interpretation of early Chinese texts was unique and challenging. He said things about herbs and formulas that I would never talk about, in order to preserve my rational veneer. I read so much of his stuff, but I mostly never taught it because I didn't know what Westerners would do with it. In my experience, my Asian colleagues praise Sun Simiao but prefer to ignore him. Sun Simiao had a big impact on me, and it broke the doors around the very rational framework of modernity that I had learned with TCM.

I want to say very clearly that Chinese medicine could not have survived without TCM. I think TCM is the only way we have to approach Chinese medicine in modernity. My teachers in Taiwan, China knew how to practice Chinese medicine by the age often by apprenticeship with their families. When they were six years old, they could chant the entire formulary in the lovely Qing dynasty *Tang Tou Ge Jue* (《汤头歌诀》 *Versified Prescriptions*) or recite Chen Xiuyuan's (陈修园) *Yi Xue San Zi Jing* (《医学三字经》 *Three-Character Classic of Medicine*) and other similar texts. They had an embodied sense of the medicine; they didn't need a framework. Later on, my old teachers would have read more, studied more and apprenticed with other teachers. That's what Chinese medicine was until the Chinese medical books were published in the 1950s and the 1960s when Chinese medicine needed to be integrated into a nation committed to being modern. Not knowing, I watched as TCM developed and refined itself. I used the 1956 new textbooks for teaching TCM but could see it evolving in subsequent official teaching material.

IS: I know those books. I looked into them as part of my master's degree in TCM diagnosis. The diagnosis volume merely covers the four diagnostic methods. You get TCM observation including the tongue, palpation including the pulse, auscultation, interrogation, and so on. It's quite odd, but they didn't include syndrome differentiation because that would be part of internal medicine. Then, in the second edition they started adding syndrome differentiation. Before that they didn't do this.

TK: I used some of those texts when I was working in China (Fig. 5). At the time, the newer textbooks represented a clear synthesis, so I preferred them. The texts I used the most, the ones I easily understood, were written in 1970, 1971, and 1972. Their text was very simple and really clear. They were written so that you didn't have to know anything about Chinese medicine to understand them. The people who put those books together were very famous practitioners, they were really great, the elite of the elite. Also, in China, I started buying every single book I found on Chinese medicine, mostly classical texts, and brought them back home. I've already donated all of them to the Harvard Library, which will



Figure 5 Photo of Professor Ted Kaptchuk's lecture at China Academy of Chinese Medical Sciences in Beijing, 2015 (source from: the authors).

maintain as an intact collection and keep open to the public.

Qin Bowei (秦伯未) was my favorite author. I remember that he proposed 18 categories of medicines and other ways of systematizing the tradition in around 1953. It was rejected. They had to compromise by making it simpler and simpler than they actually believed it needed to be. I want to say very clearly that without this work of making everything clear, Chinese medicine would be in a total chaos, and not have survived into modernity. In a peculiar way, I think we may need Western scholars to go into this pre-modern chaos to see what we find.

Today, an important thing in Chinese medicine is the WHO's ICD-11 (International Classification of Diseases) project. That work is unbelievable. I was pleased to see Charlie involved in that initiative. TCM is part of the international standard of disease classification.

Yet, there were also some issues, China was invited to the meetings and they also invited Korea, Japan, Malaysia and Indonesia. China had a delegation of a hundred people but the Koreans and the Japanese each had just three professors in attendance who said that each country should have one vote. In the end, the final version that Charlie and I were involved in, included only Chinese people. There were no Koreans or Japanese—it wasn't inclusive enough or fair for other interpretations of the tradition. Still, for Chinese medicine, the ICD-11 is a significant achievement.

IS: Ted, in the 1980s you gave many lectures in the UK, Holland, Germany, Australia and other places, and your work strongly influenced many of the early pioneers

such as Peter Deadman, Giovanni Maciocia, Charlie Buck and many others. What can you tell us about these lectures? Is there any record of them?

TK: In the UK, Giovanni mostly organized the lectures. So, I just came and taught. What did I think about them? I loved them because I learned so much!

IS: What did you teach? Have you kept a record?

TK: When I first taught in the UK, around 1982, I was teaching an introduction to Chinese medicine. Essentially just the materials from the forthcoming *The Web that Has No Weaver*. Later, I started teaching Chinese herbs, and this matched an herbal formula to a diagnosis. Towards the end of the two-year series, we would have patients coming in and the whole class would diagnose them. Not sure if you remember this Charlie, but everyone could quiz the patient, and then everyone would write down the diagnosis and formula they would prescribe. People would reach all kinds of different diagnoses. My personal diagnosis usually coincided with the majority, but there were also other diagnoses. There was always at least one diagnosis in the room that I felt was better than mine. And I really enjoyed watching multiple ideas emerge at the same time. It gave me a sense of the intuitive processes involved, and that was also very important for me.

Then, of course, there were also people that were making up things, and didn't see the actual patient. It was like they had missed the patient totally. Maybe they were saying things that no one else could see, who knows, but I accepted that too. The herb class was about herbs and not diagnosis. Mostly I was teaching the basic material from *The Web that Has No Weaver* in its formative stage. Later, for the herb courses I used, Dan Bensky's *Ben Cao* translation, alongside my own reading of various texts from China on the treatment of disease. Towards the end of my herb teaching, I incorporated information garnered from pre-modern texts.

IS: We spoke with Peter Deadman a few months ago, and he mentioned that the materials from your lectures in the early 1980s started circulating and attracting the attention of practitioners who had trained with Van Buren or Worsley.

TK: Yes, when I first started teaching these materials it was at the New England School of Acupuncture, in Boston. Copies of the notes from there reached the UK quickly. Everyone wanted more knowledge. Giovanni and others really liked the notes. Giovanni's partner at the time, Man Xing, helped him bring me over to the UK to teach TCM. Then, some people who took the course in the UK, who came from countries such as Holland, Germany, Italy, Greece and Australia invited me to teach in their countries after that. Everyone was deeply passionate about this medicine. This was not learning a medical skill; this was a passion to make the world a better place. People did not seem to worry if they would make a living from Chinese medicine. They were just

going to transform the world. People really wanted to learn, and I was so lucky to be in a position to help out.

TK: Charlie, how are the professional licensing procedures in the UK?

CB: The schools and universities offering TCM degrees in the UK are accredited to a good level, and we have good formal self-regulation processes in place. We wanted to be well-placed for state regulation. However, three decades of lobbying the government for statutory regulation have been resisted, and so poor training and weak regulation exist alongside the serious players which is unhelpful. Also, a megalithic state health service dominates things. The NHS, protects its own interests which also impedes the advance of the serious acupuncture and TCM professions. We are held back more than those countries that have insurance-led healthcare which creates more of a free market. I would say that the standard of our professional practitioners is generally very good.

TK: Yeah, we don't have much resistance to acupuncture anymore in the States.

CB: Is retirement on the horizon for you now?

TK: Yes, I'm pulling back. I'm doing one last big placebo project, which is not related to acupuncture or Chinese medicine, and after that I'll pull back more. I already stopped accepting any new post-doctoral fellows and I stopped writing my own grants. But I am still helping out the people that I've trained and lending a hand to grant applications when colleagues think I would be helpful. I probably will help on some acupuncture research projects. I just have this one project to complete, and then I'm going back to hopefully more work on my memoirs, studying Jewish texts and maybe reading Chinese medicine for pleasure. Right now, I'm still very active.

IS: How would you summarize the last 50 years of TCM in the West? What do you think went right what went wrong?

TK: I think East Asian medicine has just had an incredible and unbelievable ride in the last 50 years. When I left for China in 1970, Chinese medicine was non-existent except for Chinatowns. When I returned in 1976, lots of pioneers were already established. Then it just started taking off with Westerners. Now, we have developed a professional infrastructure of institutions and of clinical practice. Acupuncture has become part of standard healthcare, in the States at least. Many insurance pay for acupuncture. It has become institutionalized into hospitals, and has a really burgeoning intellectual community of practitioners. It would be nice if the academic world could give our schools more support in terms of research and writing. But there's not much money in for the Chinese medicine education establishment, beyond training practitioners. I think we've had a really great start and I think we'll keep growing. The main thing is that we help patients and reduce unnecessary suffering.

IS: Many scholars have followed in your footsteps, first people like Dan Bensky, Bob Flaws, Giovanni

Maciocia, Charles Chace and many more. And now we have a bright younger generation such as Arnold Versluys, Eran Even, Sabine Wilms, Lorraine Wilcox, and so many others. People who have elevated TCM scholarship to a high standard. Yet still, most of our scholars operate outside the established academia. How would you describe their impact on medicine and in the established academia?

TK: Academics only ever consider seriously the ideas of other academics. If you're not an academic, your ideas are not meant to be studied and explained. Needham, Porkert, and Unschuld were academics. People paid attention to them, at least some did. Young Turks like Hsu, Volker, Lei, and Bridie are being read in the Faculty of Arts and Sciences because they publish in academic presses.

I hope that, as our profession gains more influence, scholars like Versluys, Even, Wilms, and Wilcox will also be studied in academia. This may be a long time off. In the meantime, our own schools and colleges need to begin to support the emerging scholarship as foundational to our profession. Schools need to support scholarships. If I hadn't switched to placebo studies, I would never have reached the top tier of academia. I think we have to continue to publish for the sake of a deeper understanding of China. Ultimately, it is an issue of power. Asian medicine has some power in China, but less in Korea, Japan and Vietnam. In the West we have even less power. If we continue to grow as we have in the last 50 years, we'll gain much influence and recognition. And our scholars will gain more space, influence and recognition in academia. I hope so. We are trying to change the world; we should temper our expectations but always aspire to exceed them.

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