

Pace University

DigitalCommons@Pace

---

Honors College Theses

Pforzheimer Honors College

---

12-2020

## From Garlic to Acupuncture: Cultural Models of COVID-19 in Traditional Chinese Medicine

Molly Eaton

Follow this and additional works at: [https://digitalcommons.pace.edu/honorscollege\\_theses](https://digitalcommons.pace.edu/honorscollege_theses)



Part of the [Anthropology Commons](#), and the [Sociology Commons](#)

---

From Garlic to Acupuncture: Cultural Models of COVID-19 in Traditional Chinese Medicine

December 16th, 2020

Molly Eaton

Professor Judith Pajo

**Table of Contents**

Table of Contents	1
Introduction	2
<i>Is Traditional Medicine a Useful Medicine?</i>	3
<i>Basics of Traditional Chinese Medicine</i>	4
<i>TCM Hospitals</i>	7
<i>Choosing TCM as the Primary Medical Treatment</i>	8
Literature Review	9
<i>Traditional Chinese Medicine Treating SARS</i>	9
<i>Traditional Chinese Medicine Treating H1N1 and AIDS</i>	11
<i>TCM Treating COVID-19</i>	12
<i>Medical Anthropology</i>	15
Methodology	19
<i>Interviews</i>	19
<i>Participant-Observation</i>	22
Results and Discussion	23
<i>Research Sample</i>	23
<i>The Body</i>	24
<i>Medicinal Foods</i>	26
<i>Treatment</i>	27
<i>Online Traditional Chinese Medicine Shops</i>	30
<i>SARS versus COVID-19</i>	33
<i>Limitations</i>	35
Conclusion	36
References	37

## Introduction

“Garlic is the best. Because the color is white, and we think the white color means lung. And the garlic has a function to kill the germs. Right. And so, I usually cut them into little pieces and put into a plate, and especially, before I go out and return back, I would smell, smell, that part, try to smell that into your lung going deep. And then, I really think will help me kill the germs.”

Participant Lavender speaks about how garlic is more than useful to help prevent COVID-19. Rather than turning to medicines made from chemicals, she turns to a natural medicine in the form of garlic. Participant Lavender is not just talking about how useful garlic is, but she is referring to how Traditional Chinese Medicine helps her to keep her strong during a pandemic. Meanwhile, Participant Scarlet recalls, “I treated a couple of patients after COVID, who had like post-COVID symptoms and trouble recovering, and I used acupuncture for those in herbs as well.” Another natural method of treatment arises from TCM that does not involve intensive medicines with side effects ranging from migraines to depression to death.

With the coronavirus disease of 2019 (COVID-19) running rampant throughout 2020, people all over the world are having their lives shaken. For me, COVID-19 meant returning home to continue my last two semesters as an undergraduate student at home. Plans were thrown out the window, and all my classmates scattered across the globe. While my student life was upended, experts were, and still are, searching for a vaccine for the virus. This search made me think of how my thesis could investigate the social and cultural effects of COVID-19.

Ever since I studied Traditional Chinese Medicine (TCM) in Yunnan, China, I have been curious about it. The cultural and historical aspect of TCM combined with the medical perspective provides a unique concept that is vastly different from Western Medicine (WM). TCM has been practiced for thousands of years in China and surrounding areas. It has seen the rise and fall of kingdoms. It has fought against all types of injuries and illnesses. With the curiosity of TCM combined with the daunting COVID-19, I opted to research how people

practice TCM during COVID-19. This research project seeks to understand the cultural and medical aspects that people use against COVID-19.

*Is Traditional Medicine a Useful Medicine?*

For many Westerners, the idea of Traditional Chinese Medicine (TCM) can seem less than appealing. People grow up in a society where they place most of their trust in fact-based science. Western medicine is often fast-acting and uses ideas of efficiency and curing. Waldram (2000) discusses the differences between biomedicine (Western Medicine) and traditional medicines, such as Native American types. Waldram states that “[b]iomedical inquiry, erroneously accepting the universality of its model of disease and curing, simply assumes that the model is, or should be, appropriate to all other medical systems” (606). Understanding the differences between how each medicinal practice approaches healing and curing is key to preventing people from putting Western medicine and traditional medicines in the same box. Many people assume that healing illnesses means treating colds or not fully curing a disease while curing means to completely get rid of a disease. However, this is not what healing and curing mean for traditional medicines. Whether it is treating a paralysis or preparing someone for death, healing, for some traditional medicines, means to relieve physical and/or emotional pain and suffering. However, this pits healing against traditional medicine because there is no efficiency rate that can be counted through cures.

However, the issue does not solely lie in whether people expect traditional medicines to only heal while Western medicine only seeks to cure. Rather, many people expect Western medicine terms to be applied to traditional medicine terms. However, traditional medicines may define certain types of diseases or illnesses as something else in their original language rather

than in biomedical terms. This discontinuity makes it difficult to compare the efficiency or success rate of some types of traditional medicine with Western medicine. Waldram (2000) considers psoriasis for one example. The indigenous Cree healer in Canada was told to pick out psoriasis from pictures of skin disorders (609). He picked out several different types of skin disorders, including the designated Western psoriasis and eczema. This shows that depending on the language, different words have different meanings. Overall, traditional medicine is not supposed to be compared against Western medicine because its ideas and concepts of medicinal healing, treatments, and language cannot be transferred into Western medicine terms or rules of efficiency. Traditional medicines must be taken and understood as their own to understand them completely. Expecting a long list of facts and evidence for traditional medicine often sets a person up to dismiss this medicine as a viable option.

Traditional Chinese Medicine (TCM) is an alternative method of medicine that is slowly spreading throughout the world. Originating out of China, TCM has been used throughout history to treat the common cold and headaches to devastating pestilences like the flu. With differing techniques from Western Medicine (WM), TCM offers new types of treatments for COVID-19. To understand why TCM is important for COVID-19, we need to discuss the literature surrounding both TCM and COVID-19. I will examine the basics of Traditional Chinese Medicine, which will provide a foundation for understanding the participants' responses.

### *Basics of Traditional Chinese Medicine*

Traditional Chinese Medicine (TCM) is has a long history of combining different traditions to provide the best medicinal treatment for its people. By using the mindfulness of

Buddhism to prevent unnecessary stress on the body and Daoist elements to create a holistic treatment, TCM has been used throughout history to prevent and treat illnesses. TCM is not only a tradition but a successful method of medicine because it is still relevant today. I will discuss how Daoism influences how people talk about health and medicine when using TCM, treatments of prevention and previous research involving TCM practices.

Daoism teaches the five elements (water, fire, earth, metal, wood), yin-yang, and qi (the life force of the body). Yin-yang are opposites that have characteristics of the other within it. Yin, the black half of the well-known symbol, has a dot of white, which represents that even opposites cannot exist without the other. Similarly, yang, the white half, had a dot of black. Yin-yang and qi connect to and represent the different parts and functions of the body, and they are key in diagnosing the illnesses (Hu 2016; Wu et al. 2013).

In the teachings of Daoism, the entire system is more important than the smaller workings. Hu (2016) elaborates that “TCM holds that the human body is an organic whole in which all constituent parts are structurally inseparable, functionally coordinative and interactive as well as pathologically inter-influencing” (3). Therefore, when one part of the body fails, the rest of the body is affected. As a result, treatments will include parts of the body that do not appear to be connected to the ailment. The holistic body is drastically different from Western medicine (WM). WM considers the parts of the body as separate entities and therefore treats each body when needed rather than the whole body.

Treatments will include unaffected parts of the body on the surface because the body is interconnected. There are various methods of treatment for immediate relief. Tjam and Hirdes (2002) categorize them into eight types: “prescribed oral herbal products, over-the-counter

(OTC) oral herbal products, prescribed herbal topical products, OTC herbal topical products, acupuncture, massage therapy, tai chi, and any other type of traditional medicine (e.g., qigong, cupping, and other forms of unspecified exercise)” (2589). Besides these medicinal methods, moxibustion and herbal teas and soups are even more methods. All these methods are utilized in TCM hospitals and as home treatments.

TCM also emphasizes “cultivating” one’s life or maintaining healthy habits to prevent any illnesses. TCM has many positive effects, such as “to promote health, improve immunity, prevent diseases, and enjoy longevity” (Wu et al. 2013, 368). You can maintain your health in daily life through many practices such as physical exercise, healthy eating, and living in a stable environment. Another method of cultivating life is by applying the yin-yang and five elements into diet and exercise routines, which usually follow diagnosis. Doctors aim to prevent the creation of a disease, to prevent the transmission of the disease, and to prevent the recurrence of the disease after recovery (Ni et al. 2020). To prevent the disease, you need to strengthen the qi and reduce any extra yin or yang because the excess of yin-yang and a not strong qi leaves you vulnerable to diseases. This is one reason TCM is about the lifestyle rather than just treating one issue wrong in the body. By maintaining a healthy body, you are less likely to be susceptible to suffering from the disease.

The Daoist elements, treatments, and preventions of TCM will provide further insight into how people speak about TCM. When they talk about COVID-19 being a damp and cold illness, we will know that they are using Daoist principles of TCM to describe the illness. If they talk about strengthening their qi through methods like acupuncture or moxibustion, we will know that they are talking about treatments to maintain a healthy lifestyle. All these key concepts are

integral to providing a foundation for understanding what people mean when they talk about TCM. Without these basics, we would lose what people are implying or nuances of these medical practices and uses.

### *TCM Hospitals*

In China, you can choose to go to a Western medicine hospital or a Traditional Chinese medicine hospital. TCM hospitals are similar to Western medicine hospitals. They are large buildings that treat people. However, TCM hospitals have two different departments: one using TCM and one using WM. Because Chinese policy called for integrative medicine of both TCM and WM, all TCM hospitals (not to be confused with clinics on a village or county level) are required to provide TCM and WM medical services (Wang et. al 2017). This encourages the mixed use of TCM and WM when treating patients. The TCM part of the hospital still primarily treats outpatients, while WM is used for both inpatient and outpatient treatments. However, there are rising instances where WM is used in TCM medical examinations to diagnose rather than treat.

At the TCM part of the TCM hospitals, you can receive all the types of TCM treatments like acupuncture, cupping, moxibustion, and massages. After an appointment with a doctor to confirm the correct method of treatment, patients receive a new prescription for their treatment like acupuncture, when to come for treatment, and how many times the treatment must occur.

Another important facet of TCM hospitals is that there is usually a TCM pharmacy underneath, where patients can go to directly get their medicinal prescriptions following their doctor's appointment. Whether it is an herbal soup that combines many different types of herbs and minerals that need to be boiled together or a topical cream, you can go to the TCM pharmacy

to receive these items. Similarly, there is also a Western pharmacy to accompany the Western medicine treatments at these hospitals.

### *Choosing TCM as the Primary Medical Treatment*

Previous studies have focused on adult British-Chinese (Rochelle and Marks 2011), Chinese-Canadians (Lai and Surood 2009; Tjam and Hirdes 2002; Kobayashi and Preston 2014), and Chinese-Americans (Yang et al. 2009; Wu 2012) on whether they use TCM. Researchers consider many independent factors, such as how long someone has been in the country, whether they are fluent in English or French besides their mother tongue, and their living situation. Do they live with other people, family, or alone? Another key factor considers whether the participants have previously used TCM, Western Medicine, or a mixture of both. Tjam and Hirdes (2002) found many Chinese immigrants only use TCM when they believe it will work.

Contrastingly, people in the United States prefer to only go to TCM after they have exhausted all other methods. In the United States, Traditional Chinese Medicine falls under complementary and alternative medicine (CAM). According to the Mayo Clinic, “Complementary and alternative medicine (CAM) is the popular name for health care practices that traditionally have not been part of conventional medicine” (“Integrative Medicine”). TCM is not seen as primary as WM. This means that if people want to use TCM, they will have to follow certain steps. Depending on someone’s insurance, and if they have it, CAM can be used as a supplemental medicine rather than primary. This definition of CAM shows that the United States considers Western Medicine to be the best method of treatment because it is conventional (for its nation). However, following popular culture events, such as celebrities seeking acupuncture and cupping treatments, the stigma against that TCM is unconventional has lessened.

Understanding why TCM is not a primary medical practice in the United States provides insight into why informants from the Western countries do not initially use it. By categorizing TCM as a complementary and alternative medicine, people may not be able to access TCM affordably. However, in Western countries, people choosing to use TCM show that they are interested in the options and methods that TCM provides.

## **Literature Review**

In the following section, I discuss how TCM is used to treat previous pandemics like SARS, H1N1, and AIDS, which signifies why TCM is useful in these situations, by reviewing medical journals. In the next section, I also review medical journals to present the literature of 2020 researching COVID-19 treatments using TCM in a variety of ways. In the last section, I will discuss medical anthropological theorists and why they are important to this research.

### *Traditional Chinese Medicine Treating SARS*

In 2002, the severe acute respiratory syndrome (SARS) emerged in China. SARS “is a viral respiratory illness caused by a coronavirus called SARS-associated coronavirus (SARS-CoV)” (“SARS” Center for Disease Control and Disease). The virus was not identified until 2003 but it quickly became a pandemic when it affected 26 countries (“SARS (Severe Acute Respiratory Syndrome)” WHO). There were over 8000 cases in 2003. Both SARS and COVID-19 are caused by a coronavirus. Both conditions are portrayed as symptoms of influenza (flu) and the common cold. Symptoms include a cough, fever, shortness of breath, and muscle aches (“SARS” Center for Disease Control and Disease; “SARS (Severe Acute Respiratory Syndrome)” WHO).

Like COVID-19, many scientists searched for treatment for SARS. Western medicine became a popular mode of treatment because the public widely accepts it. Early Western treatment entailed corticosteroid treatment and ventilation masks (McLean et al. 2005, 32). In multiple medical journals relating to SARS and TCM, many Chinese doctors utilized a combination of both WM and TCM. Many studies refer to this combination as integrative medicine, which means that TCM is used to treat the symptoms while WM is used to find and provide a cure. Liu et al. (2004) researched the combination of herbal medicines (TCM) with conventional drugs such as antibiotics, antiviral agents, steroids, and symptomatic treatment (1045-1046). TCM treatments included herbal compounds as pills/tablets, liquid injections intravenously, sprays, decoctions (the boiling of herbal materials to extract the chemicals) (1045-1046). Liu et al. strongly support the combination of TCM and WM in combating SARS because the data reports a “benefit on mortality and on shortening the duration to temperature normalization, symptom relief, and resolution of chest radiography abnormalities” (1048). These doctors and their integrative treatments appear to be a step in the correct direction for treating SARS and other diseases caused by the coronavirus.

In contrast, other medical studies are less willing to put as much support behind the integrated treatment of TCM and WM. Chen et al. (2007) compares its results to Liu et al. (2004) and finds that this treatment does not significantly decrease the mortality rate (6). There was an inconsistent mortality rate. However, the medical study suggested that TCM with WM could be used for reducing the number of corticosteroids, which relieved inflammation but has known adverse side effects like a fungal infection. Other researchers like Zhang et al. (2004) hope that TCM and WM can prove to be a useful treatment. Because SARS happened suddenly and without any specific parameters to make studies congruent like not following up with patients or

having similar or large sample sizes, many results are inconclusive. Zhang et al. found better lung infiltrate absorption with the combined use of TCM and WM, but it could not determine whether the treatment had other effects on SARS or if they were other possible variables (3503-3504). Although some studies did not find a significant benefit to TCM, all studies are optimistic in integrating TCM with WM to combat certain symptoms presented in SARS.

Researching TCM use for SARS offers a similar experience to compare with COVID-19. With SARS also being a strain of the coronavirus, the treatment could provide similarities and differences for how doctors and people reacted to the COVID-19. Basing research of COVID-19 on previous studies of SARS gives medical professionals and researchers a basis on how to treat this new disease. In addition, asking participants about their experiences with SARS and TCM can provide another perspective for researching COVID-19.

#### *Traditional Chinese Medicine Treating H1N1 and AIDS*

TCM has been used to treat other diseases such as H1N1 (influenza A virus) and the gained immunodeficiency syndrome (AIDS) epidemic. Doctors used TCM to treat the symptoms of H1N1 such as fever. Using TCM herbs for defervescence has shown “superior potential effects” (Li et al. 2015, 290). Also, TCM has been used to recover the immune system, but some suggest that TCM does not have antiviral effects. In terms of AIDS, medicinal treatment with tablets and injections has been under clinical studies to determine if the medicine is successful (Micollier 2009). One researcher aims to use qigong as one method of treatment, but at the time of the article’s publication did not receive permission to start the research.

### *TCM Treating COVID-19*

In December 2019, the coronavirus disease of 2019 (COVID-19) surfaced in Wuhan, Hubei Province, China. COVID-19 is a disease that originates from the coronavirus. Like SARS, its symptoms are similar to influenza and the common cold. COVID-19 symptoms include fever, cough, shortness of breath, fatigue, muscle aches, and headache (“Coronavirus”). One unique symptom of this disease is a loss of taste or smell. As of September 17th, 2020, there are over 6.5 million confirmed cases and 194,434 deaths in the United States (“United States of America: WHO Coronavirus Disease (COVID-19) Dashboard”). On a global scale, there are over 29 million confirmed cases and 937,398 deaths (“WHO Coronavirus Disease (COVID-19) Dashboard”).

Like any disease, experts searched for treatments for COVID-19. Again, the medical experts turn to TCM and WM for answers. Referring to medical journals revealed that some TCM treatments apply medicine that was used for H1N1 and SARS (Zhang, Yu-liang et al. 2020). As seen in SARS, these decoctions and pills do not cure COVID-19 but reduce the symptoms. This aids in preventing the progression into severe cases. However, these products have side effects such as toxicity, kidney injury, and liver cancer. The article posits that these adverse effects may be the reason that these medicinal products are not accepted by other countries, barring China. Since there are limits on practicing TCM in other countries, the data becomes limited to only Chinese research.

Other medical studies look to TCM to tackle other aspects of COVID-19. Ni et al. (2020) observed the various symptoms presented in COVID-19 patients. They found that some symptoms that WM states are a *must-have* symptom such as fever did not present consistently

among patients (10). The variety shows that the virus has different effects on different people. This variety directly follows the TCM line of thought because each person can display different symptoms for the same disease. WM remains in the hard rule that to diagnose, you must check certain boxes for symptoms. Therefore, TCM has been utilized to identify “herbal active components useful as antiviral drugs [and]... improv[ing] the clinical diagnosis and treatment of infectious diseases” (11). The flexibility of TCM allows the doctors to treat the patients accordingly rather than uniformly. The herbal components refer to medicinal treatments shown to have effects on the symptoms of COVID-19 such as stopping the replication of the virus or reducing the inflammatory factors (8-9).

Erda Luo et al. (2020) research the usability of TCM for preventing COVID-19 from advancing to severe and critical stages. This study is distinctly different from the others because rather than treating COVID-19 as a complement to WM, it uses TCM as a primary. They employ a technique to categorize patients for a specific recovery method as invigorating spleen and removing dampness (ISRSD). ISRSD indicates dampness (yin) that affects the digestive system (spleen, stomach, and intestine), which requires treatment to improve digestive function. The symptom of abnormal digestion supported this concept. The treatment aims to strengthen the digestive system because once it is powerful enough, the qi of the digestive system will forcefully remove the pathogen (COVID-19) (10). The study stresses the importance of early intervention for patients because it helps to remove the pathogen. This intervention and treatment can shorten the time of hospitalization and symptoms, reduces the progression of the cases and mortality rate, and improves the rate of recovery (11). One drawback of this study was the small sample of 54 patients. Although the data is promising, there would need to be further research done to enhance the usability of this treatment.

Unlike the previously mentioned studies, Hui Luo et. al (2020) confronted COVID-19 with TCM from a unique perspective. Instead of treating COVID-19, they look towards the prevention of COVID-19. They want to stop the spread of this highly infectious disease. They look to Chinese herbal medicine “to tonify qi to protect and provide defense from external pathogens, disperse wind and discharge heat, and resolve dampness with aroma” (248). This concept of prevention is a classic TCM idea. Applying the qi, yin (the dampness), yang (the heat), and the five elements help to strengthen the body against the pathogens (COVID-19). If there is dampness in the body, the spleen (earth) is prohibiting the flow of the qi in the liver (wood), which creates a buildup of heat (yang). Having just one issue in the body such as the dampness sets off a chain reaction that ends up throwing off the whole-body system. One obvious symptom expressed in the quotation is the dispersing wind, which refers to an imbalance in the liver (wood) causing headaches. Another factor that Luo et al. consider is the varying climates of the people who will take herbal medicine. Depending on whether you live in a dry climate, you may take a few extra medicines to combat the external dry with wet TCM products. Similarly, if you live in a wet (humid) area, you may take some medicine to combat the external wetness with dry. However, since none of these medicines have finished clinical trials at the time of the publication, there is no concrete evidence whether this is a successful method.

China had set up mobile hospitals in large cities like Wuhan, Xi’an, and Nanning. Originally a sports center, the Jiangxia Hospital in Wuhan was established as a temporary hospital. It was comprised of “[m]edical staff from 20 TCM hospitals of five provinces” (Xinhua 2020, Feb. 27) that treated COVID-19 infected people. It was the first temporary hospital applying TCM and “fully managed by TCM professionals” (Wu Yong 2020). Zhang Boli, a TCM practitioner, headed the treatment of the patients. However, this temporary hospital closed

on March 10, 2020, after the last recovered patients were discharged and the rates of COVID-19 decreased (China Daily 2020). This was marked as a success by several news media sites like China Daily and XinHua News. Although the Jiangxia Hospital was marked as the first TCM temporary hospital, most makeshift hospitals were using Western medicine. Many hospitals had CT scanners, disease testing products, and incinerators for hazardous materials (Xinhua 2020, Mar. 12).

### *Medical Anthropology*

Medical anthropology searches to understand how individuals perceive health and illness given their culture. Many medical anthropologists research how the government or a specific cultural group perceives the health of a society. From everyday health like medical check-ups to devastating health problems from pandemics and natural disasters, medical anthropology studies how cultures and their people respond. This field of anthropology is necessary for researching COVID-19 and TCM because it draws upon medical practices and uses and how people respond to the pandemic. I will now discuss some key anthropological theorists.

Adriana Petryna (2002) studies the Chernobyl nuclear plant explosion's devastating effects on the citizens of Ukraine. Petryna applied medical anthropology by looking at the government's response to the explosion and how people lived their lives after being exposed to such high levels of radiation. She interviewed everyday people struggling with the effects of the explosion, medical professionals that treated the effects, and scientists. She finds that the disaster caused many biological effects and diseases such as Acute Radiation Syndrome (ARS) and created a sense of citizenship among the Ukrainians. ARS caused many people to lose their jobs and claim disability because they were physically incapable. There became a new definition of

what illness and health meant to the affected Ukrainians. “Health” was being left alone by the government to struggle with no social support or money. “Illness” meant receiving government support as a disabled and being jobless (85). This caused many Ukrainians to become aligned through their medical needs, creating biological citizenship. This biological citizenship stems from having “illness,” or to experience the disastrous effects of radiation exposure, such as being unable to work or constantly going to the hospital or being hospitalized. This facet of medical anthropology considers extreme events that affect humans.

Emily Martin (1987) utilizes medical anthropology to “convey a sense of underlying cultural assumptions about [menstruation, birth, menopause, pregnancy]” (12) in the United States. Drawing from previous medical literature and interviewing with women are the key methods Martin draws upon for her research. Reviewing medical literature reveals that medicine used to treat the female body as a machine rather than a biological, living entity. Looking at the process of birth conveys this idea of a product such as an important baby. Similarly, women have also used this machine analogy for their bodies. Wishing they had a button that would just stop the menstruation or feeling like they were at “the end of the line” (79) are some colloquialisms said in passing to describe one’s body processes. Later works of Martin, like *Flexible Bodies*, reveal that capitalism influenced how society viewed women’s bodies. Rather than seeing one strict machine with only one way to treat, the flexible body showed how capitalism is also a flexible type of economy. Both the body and capitalism can be used to signify how dynamic they are. This medical anthropology exemplifies itself through both the literature that has influenced the medical practice and the women who experience their bodies.

Petryna and Martin provide ways anthropologists conduct research. Petryna utilizes all types of people, medical professionals, everyday people, and scientists. For researching COVID-19 and TCM, I will be reaching out to medical professionals and everyday people. This exemplifies how different types of people view TCM and COVID-19. Their reactions vary because they have different backgrounds and experiences. Martin uses previous literature and participants to show how medicine and women view women's bodies. Through previous literature like medical studies, we can see how TCM has been practiced and how TCM has been used to treat diseases. In addition, Martin references the way the body was referred to as a machine. Understanding the language behind talking about TCM or the body are key ideas to consider while researching.

Burton and Kirk (1979) discuss cognitive anthropology to determine how the three linguistic communities, the Maasai (Nilotic ethnic group), the Kikuyu (Bantu ethnic group), and American English (Southern Californians), discuss body parts. They determine how certain body parts are classified. For example, the eye can be classified by its internal parts or external parts. The Maasai classify it in a category of internal body parts like the tongue and mouth. However, the Kikuyu classify the eye in external parts with the hair, head, and eyelashes (387). This type of classification of the eye alludes to the Maasai placing importance on the senses (mouth- taste, eye-sight). On the other hand, the Kikuyu do not place the eye with other similar sense organs but with the previously mentioned external parts (387). Burton and Kirk suggest that the Kikuyu do not place importance on the sensory organs. This idea of the body and how it relates to others is useful for this research because TCM places the body as a whole in terms of importance. The head is equal to the foot because they all interact with one another. This idea of the body can be

utilized to understand the significance of some body parts like the lungs in relation to other body parts.

Vincanne Adams (1992) discusses how Sherpa-Tibetans use Tibetan Buddhism to discuss the body, the self, and medicinal treatment. Sherpa-Tibetans are influenced by their early religious beliefs of demons and Tibetan Buddhism. Illness occurs from demons, both internal and external. Originally, these outer demons were uncontrollable forces like the weather, while internal demons were malpractice of the traditions. The idea of the self was communally based because Sherpa-Tibetans relied on families and peers to prevent a person from committing the malpractice. However, when Tibetan Buddhism gained prominence, it encouraged following rituals of self-checking to achieve nirvana, enlightenment, which is a state existing without illness. The idea of the self transformed from a communal concept to an individual concept.

Ozawa De Silva and Ozawa De Silva (2011) further support Tibetan Buddhist medicinal practice of the self with an enlightened mind. Achieving wellness through the mind means for doctors to focus their work on the mental health of an individual. Rather than focusing on just the body, the Tibetan doctors believe that the mind and body are connected, self-regulating, and self-healing. This idea of self-regulation and self-healing is similar in TCM because TCM believes that the body can heal itself once given the necessary items. Both Adams (1992) and Ozawa De Silva and Ozawa De Silva (2011) provide ways Tibetan Buddhism influence medicinal practices and cultural beliefs. TCM follows similar practices in terms of healing, focusing on the self, and understanding how the body is connected.

Traditional Chinese Medicine can be best understood by reviewing the basics of it and seeing how other diseases have been combated with it. This is essential to researching TCM and

COVID-19 because it provides information that is important for conducting research and comparing the results to previous studies. Drawing upon previous anthropologists' work offers methods of research that are integral in conducting research. Interviewing different types of people and looking at previous literature offers a holistic view of how people are responding to COVID-19 with TCM.

## **Methodology**

### *Interviews*

Anthropology puts people at the center of research. Through interviewing, anthropologists learn what people's beliefs, values, and norms are. For medical anthropology, we are interested in the medical practices used by participants. In times of COVID-19, how people use medicine is integral in how they survive the pandemic. With a threat against both society and cultures, people need to decide what is the best way to approach it. Through interviews, we gain knowledge about why people choose these methods. In this section, I will discuss the research approaches I utilized.

This research applied qualitative data, which is collected through interviews. I selected the participants through snowball sampling. Snowball sampling refers to finding a willing participant and asking them if they know anyone else who would be interested in being interviewed. With these recommended participants, I again asked if they have any possible contacts to interview. This created a snowball effect because the metaphorical snowball of participants will increase in size as I reach out to more people (as the ball rolls down the hill) through the previously contacted people. Snowball sampling was a suitable method for picking

participants because it allowed me to reach out to others that already have a connection. This connection provided a basis of trust that is used for interviewing others.

To begin selecting participants, I contacted fellow peers that use TCM because they were more likely to have relevant experiences. In addition to asking peers, I also sought out discussion boards and groups on online forums or Facebook to post messages asking if people will be participants in this research. Using email and social media platforms like WeChat and Facebook, I directly messaged potential research participants. I explained the purpose of my research and the intention of virtually interviewing them on the topic. If a participant agreed to be interviewed, I scheduled a time to interview on a video conferencing app like Skype or Zoom. Research participants were also required to sign the consent form. The consent form allowed me to use the data I collected from the interview and gives me permission to audibly record the participant. I decided to interview with my camera on during the interviews because it made them more personable and showed the reactions and emotions of the participant during the interview. It was the closest I could get to in-person interviews. However, I did not record any interviews with the camera on.

Interviews were conducted in the semi-structured style. Semi-structured interviews asked open-ended questions that relate to the central topic of Traditional Chinese Medicine and COVID-19. Participants could answer in any way they wish or decline to answer. I had a list of questions and points that may be used to guide the interview in a certain direction. However, most questions are asking for the participants to expand on what they say. Because of the loose structure of the interviews, it is less formal and allows participants to relax while answering.

Semi-structured interviews provide anthropologists with the participants' experiences and what they find to be important.

There are four sections of the interview: Traditional Chinese Medicine basics, TCM and COVID-19, TCM as a medical practice, and TCM and SARS. The TCM section acts as a beginning to get participants comfortable with speaking. Questions asked are: "Do you use TCM?" "How do you use TCM?" "What influenced you to use TCM?" These questions can be easily answered because it is based on their personal experience and does not require much thought. In the TCM and COVID-19 section, I ask the participants if their TCM uses have changed during the pandemic and how these uses have changed. This requires the participants to reflect on their current and previous experiences with both TCM and COVID-19. In the third section, we return to TCM as a medical practice. I ask the participants what the strengths and weaknesses of TCM are and how they feel about TCM spreading around the world. These topics look at TCM both in the world and individual lenses. In the fourth and last section, I ask the participants about their experiences during SARS in the early 2000s. I also ask whether they used TCM during this time. After the four sections, I offer them the opportunity to ask me any questions they have either about myself or the research. Lastly, I ask if they know any people that would be willing to participate. I provide them with my contact information: phone number, email, and WeChat (for those in China).

Confidentiality of data and privacy of participants are most important in ethnographic research because it would compromise both the research and the participant. This would be the data collected not usable, and the participant could be identified. To maintain the anonymity of the participants, I assigned each participant a color, which is how I refer to them in the paper.

Following the interview, the audio recorded will be transcribed using the Otter.io service. After the audio has finished transcribing, I transferred the transcription onto an external, encrypted hard drive and delete the transcription on Otter.io. This maintains the privacy and confidentiality of the participants' information. Any notes taken during or after the interview will also be saved in the external hard drive.

Using the notes and interview transcripts, I utilized text and content analysis to find common themes or differences among the data collected. I first wrote a basic summary paragraph to discuss what the key points that each participant talked about. The paragraphs, notes, and transcripts were compared to look for key ideas and terms central to TCM elements or mention medical practices. Using discourse analysis, I interpreted the meanings and intentions behind the data the participants provided. Discourse analysis is an appropriate method for analyzing interviews in-depth because they offer the social and cultural contexts to supplement the data and explain the reasoning behind what participants say.

### *Participant-Observation*

Participant-observation is another method of researching that anthropologists utilize to gain information on how participants act and experience what it is like for them. Participant-observation is a suitable method for researching TCM and COVID-19 because I can see how online TCM shops operate during COVID-19. At these shops, people buy TCM materials to use at home. Due to COVID-19, I cannot go to these shops in-person as previously intended.

This type of data collection combines both quantitative and qualitative data, which aims to support the interviews rather than being the primary focus of the data. Since I am observing the products that the stores offer, you can see what they consider important items compared to

others. Also, many shops have reviews of their products, which will provide another aspect of data. These opinions provide insight into what people have thought about these products.

Tracking the frequency of reviews also supplies the beliefs and thoughts on TCM products. More reviews indicate a popular item among many people. Another aspect of looking at online shops is to determine the layout of the website. By looking at what catches your eye or what you must search hard to find, you can see how the shop caters to certain needs above others.

By applying content analysis, I determined what things are most important to the shop. Looking at their COVID-19 protocols, where they ship their products to, and how they market their products was another focus. By reviewing these factors, I applied how they relate to the interview data. The interview data provided a personal and individual perspective while the TCM online shops provide a nation or world lens depending on who they cater their services to. By utilizing both a macro and minor lens, you can see how TCM and COVID-19 affect people on two different levels of culture and society.

## **Results and Discussion**

Traditional Chinese Medicine has provided individuals with the resources to protect themselves and fight against COVID-19. In a time of such uncertainties, people struggle with employment and finances. Using TCM offers a way for individuals to trust that they are doing the best they can to stay healthy. The increasing numbers of infected and dead individuals are increasingly alarming, and people are coping and surviving in several ways with TCM. In this section, I will discuss the ways the participants use TCM to talk about the body. Then, I will discuss the ways TCM is used for both everyday life and during COVID-19. Afterward, I will review how the online shops bolster the uses of TCM for people and how they are affected by

COVID-19. Lastly, I will discuss how the participants' experiences with COVID-19 differed from SARS.

### *Research Sample*

The research sample is small and not applicable to a certain population because the aim of the research was to find representative data and determine the different cultural models people apply to TCM during COVID-19. The participants of this research varied by age and ethnicity. Five out of six participants were ethnically Chinese. Out of the five participants, three were Mainland Chinese living in China, one was an Ex-Patriate Chinese living in the United States, and one was a Mainland Chinese international student living in the United States. One participant was an American living on the United States East Coast.

Three of the participants were in their 30s-40s. One participant was in their 20s. Two participants were in their 60s to 70s. Five out of the six participants had university degrees. Two of the five participants had higher education degrees, not in the TCM field. One participant had a degree in the field of TCM.

Participant Emerald was a college student. Participants Plum and Rose were unemployed due to COVID-19. Participant Lavender was retired. Participant Indigo had a job in business marketing. Participant Scarlet was an acupuncturist.

### *The Body*

As previously mentioned, in WM, people talk about the body in separate, unrelated parts. However, the participants talked about the body in terms of connected and related parts. Participant Lavender described the body as functioning together in one unit. They describe that illnesses like diarrhea or tiredness are related to other parts of the body like the spleen. The body

is one whole unit that functions like a machine with different parts. When one part breaks, it affects how the whole body functions. Comparatively, many Western doctors may assume that diarrhea is a problem of the digestive system, which is linked.

Like Barton and Kirk (1979), TCM pervades the language of how people talk about the body. Although I did not conduct a cognitive language test to determine how people ranked the body parts, things people deem as most important because mentioned most often. For example, the lungs and spleen are two of the five main body systems in TCM. These terms repeatedly come up in conversation of the body. Participant Plum recognizes how certain medicines are used to treat lung problems or cleanse the body of bad qi. In addition, because the body as a whole comes up as most important in conversations, it can be suggested that this is the most important part of the body. Instead of certain body parts as the most essential, the whole body becomes the center of the conversation.

Similarly, Participant Rose talks about the body function as a whole in terms of the goal of TCM. Rather than hoping to improve one part of the body like the heart, TCM works to make the body function well. Using terms like strong body and weak body, Participant Rose considers how TCM works for all types of people. There are treatments designed for people with strong bodies (healthy, young) and people with weak bodies (frail, old). However, by not mentioning terms separating the body like strong heart or weak heart, Participant Rose assumes that TCM must assume the body works not in parts but as a system. This differing thought shows that TCM is a holistic model rather than individual parts.

### *Medicinal Foods*

As mentioned, one aspect of Traditional Chinese Medicine is prevention. Participants indicated using foods to prevent illness was one way they applied TCM. TCM foods entail all types of foods, but herbs, fruits, and vegetables are the most common. Participant Lavender encourages using plants as a medicinal function, “We are just one part of nature, so we are bound to react.” By using natural elements to treat and prevent symptoms, we bring ourselves back to the natural order. Similarly, Participants Indigo and Emerald state that using herbs is not dangerous. However, Participant Indigo cautions that depending on certain herbs that have strong effects, people should not use them regularly. Similarly, Participant Scarlet says that those powerful herbs “can be either dangerous or life-saving.” However, the most common herbs used every day do not have any strong effects and need to be taken over a long period of time.

Using fresh foods provides a way in which Participant Lavender stated that she uses garlic regularly. Garlic is used to improve lung function and kill germs. According to TCM principles, garlic is colored white, and white represents the lungs. Therefore, garlic strengthens the lungs, which helps to fight against the COVID-19 symptoms of coughing and shortness of breath. Participant Lavender inhales the scent of the garlic every time they leave and enter their home to clear out any germs and strengthen their lungs. Because the nose is physically connected to the lungs, they are able to directly strengthen their lungs against COVID-19 symptoms, which encourages prevention of the disease. COVID-19 is a disease that greatly affects the lungs, therefore, any product that boosts the healthy qi in the lungs will provide a stronger defense about the poisonous qi (the virus).

Boiling TCM foods into a soup or a tea provides people with increased protection against certain illnesses. Boiling food allows for the natural effects to become more potent. Many

participants indicated they use tea to prevent common colds or symptoms of COVID-19. These medicinal teas and soups may be found with ingredients like 黄芪 (huang2qi2, an herb), 玉竹 (yu4zhu2, an herb), 白朮(bai2zhu2 root), and 杜仲(du4zhong4 tree bark). After all the ingredients are cooked correctly, you drink the soup or tea. Most prescribed teas and soups must be drunk multiple times, and they often taste bitter. The color of the soup or tea depends on the ingredients of the medicine. Participant Indigo remarks that they drink tea when they think they are about to get a cold to cool their blood down. The blood heats up making an individual susceptible to contracting the cold or other illnesses. However, by strengthening the body with tea, the individual is less likely to get the cold. Participant Lavender mentions how drinking hot water that has dried orange peel soaking in it helps prevent cough. Again, cough is one symptom of COVID-19 can be easily combated with TCM prevention methods.

Data suggests that using medicinal food is most common for combatting symptoms and common illnesses rather than the whole disease. In previous medical journals, both SARS and COVID-19 utilized TCM to treat symptoms of the diseases rather than the disease as a whole. Rather than relying solely on just TCM or WM, creating integrative medicine has shown how you can combine two styles of medicine for the most positive outcome.

### *Treatment*

Treating illnesses and symptoms is another way TCM becomes a medicinal practice rather than just a tradition. Formally treating people entails receiving prescription medicine in the forms of pills/capsules, soups, massages, acupuncture, or cupping have been common responses by the informants. Throughout history, people have turned to medicinal soups and teas, acupuncture, massages, and cupping for healing. Therefore, TCM is both a medicinal practice and a tradition that people continue today.

One traditional method of treatment is drinking medicinal soups. These soups are usually prescribed by doctors for specific treatments. However, general types of medicinal soups used for strengthening qi are available in many TCM stores. Some participants have experienced drinking medicinal soups. Both Participants Indigo and Lavender state that you can acquire prescriptions for medicinal soups in the hospitals, and within the hospitals, you need only go to the TCM pharmacy to receive the soup already made in a bag or the ingredients with instructions to make the soup. Participant Indigo remembers the bitterness of drinking the soup, and now, he no longer drinks it unless absolutely necessary. Although he prefers not to drink it, he has his daughter drink the soup for her ailments. He drank it once and told me that it is difficult to take because of its bitterness. Participant Lavender did not mention anything about the bitterness of the soup when taking it. Rather, she emphasized how useful it is to take. The medicinal soup clears up the lungs and removes the poisoned qi (of COVID-19) from the body. The medicinal effects of the food are imbued into the soup, which boosts the potency of removing the bad qi and strengthening the healthy qi.

For many people, using pills has become popular because they are easy to take and do not taste bitter like the medicinal soups people drink. Participants Indigo and Emerald mention the ease of taking pills. Taking one pill a day relieves the apprehension of spending a lot of time in hospitals or dreading having to drink the soup. Participant Emerald says that it feels no different than taking Western Medicine pills, both types work. Participant Indigo remarks that he finds the value in taking pills because it is one concentrated batch of TCM ingredients. However, there are no warnings on the packaging saying there are known side-effects. He thinks that either the manufacturers do not want to tell people of the side-effects or they truly do not know if there are

any. He cautions against old people using the pills because they are strong, and old people may need to drink the medicinal soup, which is a less concentrated form of the pills.

Participant Emerald uses TCM pills named 莲花清瘟胶囊 (lian2hua1qing1wen1 jiao1nang2 literally meaning “lotus (flower) - purge/clear up - acute communicable diseases - capsules”). The Chinese Embassy in New York City asked if any Chinese international students needed help. They mailed those who answered this medicine. Participant Emerald says she has been feeling better, and it works. This medicine was strongly propagated by the Chinese government because it can be used to reduce the symptoms of COVID-19. However, the firm recognition and support behind this product has made others wary of it. Participant Indigo states that he does not take it unless he needs to. Contrastingly, Participant Emerald has already used one package and did not mention if it was because she had COVID-19.

Returning to the traditional route, acupuncture has been utilized by all the participants. Acupuncture involves placing needles in meridian points on the body (places where the qi is most prominent) to help encourage and increase the qi in the body. Participants Emerald and Scarlet used acupuncture to treat previous illnesses. Participant Emerald notes that she must return often to maintain the effects the acupuncture treatment offers. Participant Scarlet started using acupuncture as a last resort for their medical problem, and he has kept using it ever since. As an acupuncturist, Participant Scarlet says that acupuncture has been used to treat the after-effects of COVID-19. Although not useful in treating the disease while symptomatic, the touch-based TCM treatments like acupuncture or massages prove useful after the people are no longer contagious (14 days). Massages are similar to acupuncture because both rely on meridian points. However, massages involve the rubbing and pressure on certain meridian points to relieve excess

qi. Medicinal soups, pills, and acupuncture have provided alternative ways to treat the symptoms and after-effects of COVID-19.

### *Online Traditional Chinese Medicine Shops*

Traditional Chinese Medicine products can be bought at shops and pharmacies as either over the counter (OTC) medicine or prescription medicine. These shops have pills, herbals teas, topical creams, tinctures, oils, and herbs/medicinal plants. Although COVID-19 caused most stores to physically close down, stores with websites received orders online instead. I reviewed four different TCM websites with stores: Traditional Chinese Medicine (TCM) World Foundation, Kamwo Meridian Herbs, Chinese Herbal Medicine Store, and New York TongRenTang (同仁堂). I will first discuss the categories of the products. Then, I will assess the accessibility of the stores through shipping. Lastly, I will examine the stores' response to COVID-19.

Many stores provide categories for how to narrow down the products to your needs. For Kamwo, there was no designated shop tab; instead, there were seven main tabs further broken down into more subtabs. The seven main tabs were brands, by symptom, aromatherapy, herbs, personal care, recovery, and tea and culinary. The brands and by symptoms tabs had a massive number of subtabs. Specific brands like Tooth from the Tiger's Mouth are broken up into the type of product of the brand such as capsules. The extensive categories could prove helpful for people who know specifically what they want, either by brand or by treatment type. As a newcomer to TCM, I was overwhelmed by the categories I can choose.

Contrastingly, TCM World Foundation's online shop had a lot more products because this organization is both informative, a place to learn TCM methods and practices, and a place to

buy TCM products. Because of the vast functions of the organization, the *Shop* section included apparel, books, meditation, qigong, teas and herbs, Dragon's Way qigong, women's health, and events. These broad categories show that this online shop was not looking for people to treat themselves with TCM rather buy certain apparel or videos that support their foundation. The teas were mostly preventative and helped keep strong qi rather than treat symptoms. This online store would normally not be able to fulfill certain needs like specific targeted treatments. It appeared to emphasize qigong over everything.

Between the vast amount of options to choose from for categories are the two stores with a moderate number of tabs. For TongRenTang, all categories are found under the *Shop* tab. The categories are herbs, cold care, energy and vitality, aches and pains, where the symptoms are coming from in the body (eyes, nose, ears, or liver, kidney gallbladder, urinary system, or stomach and digestion), personal care, vitamins and supplements, first aid, women's health, ginseng, tea, and specialty foods. I think that the distinct categories under one tab made it easy to find the product you want because they all are in one place. You could either choose by ailment, medicinal plants/foods, or health and care needs.

Similarly, Chinese Herbal Medicine Store also was categorized under the *Shop By Category* tab. The tabs had more specific categories like aging, beauty and hair, or cold, cough and flu, or pet care (dogs, cats, horses), or stress relief. The long list of categories allowed the viewer/shopper to find directly what they needed. With more categories than TongRenTang, people could get even more specific. This middle ground between supplying a few categories to supplying a vast number of categories lets the participant look at different products while maintaining a direct connection to their needs. Extremely specific categories like Kamwo require

the user to know what exactly they are looking for. Limited categories may provide people with dissatisfaction because of the lack of specificity.

Only Kamwo and Chinese Herbal Medicine Store have specific shipping policies on their website. Both ship both domestically within the United States and internationally. Kamwo states that people can shop “from over 50 countries in the world including Israel, EU, Switzerland, Turkey, Australia and many others” (“Shipping Policy”). Chinese Herbal Medicine Store does not have any specific countries or instructions for how to ship globally. This makes these online stores accessible to people all over the world. They can shop in the United States, even if they are abroad. However, TCM World Foundation and TongRenTang do not have any listed policies. When you go to the checkout screen, you can choose different countries, but I did not find out if they were able to actually ship to countries outside the United States.

COVID-19 has caused some stores to create new policies or emphasize how they are tackling the pandemic. TongRenTang provides only a short statement from March 22, 2020, that they closed until April 1, 2020 (Chuang 2020). However, there is no update for when they reopened. Other shops like Chinese Herbal Medicine Shop have a short insert about COVID-19 being a wind-heat disease and two formulas for it (Staversky 2020). The remaining two online stores TCM World Foundation and Kamwo do not have any statements about COVID-19. However, Kamwo offers an herbal formula that has been used by Hubei Provincial Hospital in China for COVID-19. Kamwo warns that this is not meant to be used for the disease (“Hubei Provincial Hospital Formula #1”). However, there are no other products that I found specifically relating to COVID-19. According to the online TCM shops, business has not changed much during COVID-19. With the exception of TongRenTang, most stores did not mention their

closing or any other news updates. Unless they provide methods of treatment like Kamwo or Chinese Herbal Medicine Shop, there is an absence of information regarding COVID-19.

### *SARS versus COVID-19*

SARS is the most similar virus to COVID-19 that has emerged in the 21<sup>st</sup> century. All of my participants remembered living during SARS. Participant Lavender is the only one that remembers using TCM during this time. She was living in Southwest China during the SARS outbreak. Like COVID-19, she was scared and prepared for the outbreak to spread to her area. Although it ended up not spreading to her, she remembers taking a medicinal soup made from 金银花 (jin1yin2hua1 meaning “gold silver flower” or honeysuckle) to protect herself against the symptoms of SARS. Similar to COVID-19, people were taking pills and medicinal foods to protect themselves and strengthen their qi. People were looking for positive ways to stay healthy rather than remaining in the fear of uncertainty.

Participant Emerald remembers attending primary school in China during the SARS outbreak. There was a heavy emphasis on washing hands and the school taking the temperatures of the children when they arrive and leave. However, she remarks, “We didn’t suffer that much. We didn’t even wear masks, or even know that SARS was going on.” This unawareness of SARS shows how people did not know what was happening during this time. There was a pandemic, but no one knew the causes. They only knew that people in Beijing were being checked for something. For those far away from the situation, the SARS seemed to be something on the media rather than a devastatingly real problem.

Participant Indigo had a similar response that no one knew what was happening with the SARS outbreak, but instead of Participant Emerald’s casual statement of obliviousness, he was

very nervous. During SARS, he was still in college in China and was locked in the dorms. “We didn’t know what was happening, just that people got sick and it’s infectious... People got nervous, more than nervous. If they coughed, they were terrified.” Although the government had knowledge of how to treat infected people, Participant Indigo and others felt very unprepared. There was no internet, and phones were not common. Any knowledge was kept to intellectuals. People were unsure if they ever had the disease, but they saw people being taken away by ambulances. The terror of being uninformed caused more terror than comfort.

Participant Scarlet remarks that SARS changed the way people practiced TCM. He mentions two herbs that were heavily used to treat SARS, 感冒灵 (gan3mao4ling4), a common cold remedy, and 板蓝根 (ban3lang2gen1), woad or isatis root. Because SARS is a heat illness, rather than a dampness illness like SARS, medicines for treating heat like 板蓝根 and for treating the flu/cold-like symptoms like 感冒灵 became famous because of their efficacy. More practitioners used these medicines. The idea of heat and dampness refers back to the Daoist principles that there is a categorization of illness. Therefore, depending on the type of illness, medicine will be prescribed to combat either the wet or hot illness.

Unlike SARS, Participants Emerald and Indigo observed that the Chinese officials reacted much faster and more successfully with COVID-19. Although some say that the officials did not react fast enough, Participant Emerald says that it was much faster than with SARS. They announced the virus quicker and told people what to do. Participant Indigo says that people know how to prevent getting sick and what to do if they get sick. They are told by the government to social distance, wash their hands, and wear masks. If they have the disease, then they should go to the hospital. With SARS, people were just terrified and did not know how to handle the

situation. There was ambiguity and ignorance regarding the virus. People did not know what to think.

With COVID-19, both Western Medicine and TCM doctors came together to quickly treat the problems. Participant Lavender mentioned the cooperation by many provinces to help Wuhan. The Yunnan province sent out three groups of doctors to help. Through the use of integrative medicine (TCM with WM), people are recovering faster and have fewer side-effects. Without a doubt, the stark differences from SARS to COVID-19 are more positive than negative. More knowledge being shared, faster government responses, and combined medicinal treatment are bringing positive results.

### *Limitations*

There were many limitations to this study. I initially planned to conduct in-person interviews and visit the Traditional Chinese Medicine shops in person. However, due to COVID-19, all my research was moved online. Through video chats, I only see people from the neck up. I do not see full body language, which will provide how someone feels about what they are speaking about. I also originally intended to review the comments of products on the online stores. However, only one of the stores had customer ratings and comments. The ratings on all the products were all 5-stars and positive reviews. I did not include these in my data because I was not able to find other websites with customer reviews. I also planned to reach out to many discussion boards and groups on the internet like Reddit and Facebook. After reaching out, I received no response, even after asking again. This limited my sample of research participants.

## Conclusion

People all over the world are shaken with COVID-19. With many TCM practices from medicinal foods to shopping online to receiving prescriptions, they feel they survived and stayed strong against the virus. People mention how much more efficient the Chinese government is responding to COVID-19 than SARS. This research project provided data regarding the cultural and medical aspects of TCM that people used for COVID-19. Without this research, we would still only be looking at how medical professionals and experts have been fighting against the virus. The whole world is still fighting. We need to also put light on the everyday people that live under the new rules of COVID-19. Social distancing, wearing masks, and continually washing hands are just some of the rules we all abide by. Yet with all these drastic changes, the research provides a hopeful outlook that people have not just succumbed to the exhausting and daunting task of living under COVID-19. They continue their daily lives and use TCM to maintain strength. People are resilient and will remain this way to fight through the current pandemic.

Medical anthropology is just as important as biomedical researchers and practitioners because they provide a unique analysis of how people are responding to medicine, health, and diseases. As medical doctors develop a cure and treatment for diseases, medical anthropologists provide a new angle for how people view the cure, treatment, prevention, and disease. Findings from medical anthropology provide a platform for doctors and researchers to understand how using their medical practices affects the people and how to adjust the practices accordingly. With the COVID-19 pandemic still running rampant, the medical research community needs research on people (doctors, practitioners, patients, and bystanders) pertaining to devastating viruses. In addition, the pandemic provides an unfortunately ideal situation for anthropologists begin research. As the pandemic cuts across all cultures and societies, the universality provided me

with a way to study COVID-19 in a cross-cultural lens, between the United States and China. It will also provide other anthropologists to study similar phenomena like health and illnesses over many cultures. With a world connected both online and in-person, anthropology also becomes interconnected and overlapping of many cultures. It offers new avenues of research that looks beyond the hard science to how people feel, react, and act in response to phenomena such as a pandemic.

## References

- Adams, Vincanne. 1992. "Production of self and body in Sherpa-Tibetan society." In *Anthropological Approaches to the Study of Ethnomedicine*, edited by Mark Nichter, 149-189. Philadelphia, PA: Gordon and Breach Science Publishers S.A.
- Burton, Michael L., and Lorraine Kirk. 1979. "Ethnoclassification of Body Parts: A Three-Culture Study." *Anthropological Linguistics* 21, no. 8: 379-399.  
<http://www.jstor.org/stable/30027745>.
- "Coronavirus." 2020. *Center for Disease Control and Prevention*, May 13.  
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Chen, Yan, Jeff J. Guo, Daniel P. Healy, and Siyan Zhan. 2007. "Effect of integrated traditional Chinese medicine and western medicine on the treatment of severe acute respiratory syndrome: A meta-analysis." *Pharmacy Practice* 5, no. 1: 1-9.
- "Chinese Herbal Medicine Store," September 30, 2020. Retrieved October 12, 2020, from <https://bestchinesemedicines.com/>

- Chuang, Andrew. 2020. "Response to COVID-19." New York Tung Ren Tang 紐約同仁堂, March 22. [https://nytrt.com/blogs/news/response-to-covid-19?\\_pos=1](https://nytrt.com/blogs/news/response-to-covid-19?_pos=1).
- Hou, Jianying. 2003. "Traditional Chinese Medicine Tried and True." *China Today*. 52, no. 8 (Aug): 38-41.
- Hu, Dongpei. 2016. *Traditional Chinese Medicine: Theory and Principles*. Beijing, China: De Gruyter.
- "Hubei Provincial Hospital Formula #1." N.d. TCM, Chinese Herbs, Remedies, and Acupuncture Supplies: Kamwo Meridian Herbs. <https://www.kamwostore.com/product-p/hbphf00001.htm>.
- "Integrative Medicine," June 19, 2020. <https://www.mayoclinic.org/tests-procedures/complementary-alternative-medicine/about/pac-20393581>.
- Kobayashi, Audrey, and Valerie Preston. 2014. "Being CBC: The Ambivalent Identities of Belonging of Canadian-Born Children of Immigrants." *Annals of the Association of American Geographers* 104, no.2: 234-242. doi: 10.1080/00045608.2013.862133
- Lai, David W., and Shireen Surood. 2019. "Chinese Health Beliefs of Older Chinese in Canada." *Journal of Aging and Health* 21, no. 1: 38-62. doi:10.1177/0898264308328636
- Li, Jiang-Hong, Re-Qin Wang, Wen-Jie Guo, and Juan-Sheng Li. 2016. "Efficacy and safety of traditional Chinese medicine for the treatment of influenza A (H1N1): A meta-analysis." *Journal of the Chinese Medical Association* 79: 281-291.

- Liu, Jianping, Eric Manheimer, Yi Shi, and Christian Gluud. 2004. "Chinese Herbal Medicine for Severe Acute Respiratory Syndrome: A Systematic Review and Meta-Analysis." *The Journal of Alternative and Complementary Medicine* 10, no. 6: 1041-1051.
- Luo, Erdan, Daiyan Zhang, Hua Luo, Bowen Liu, Keming Zhao, Yonghua Zhao, Ying Bian, and Yitao Wang. 2020. "Treatment efficacy analysis of traditional Chinese medicine for novel coronavirus pneumonia (COVID-19): an empirical study from Wuhan, Hubei Province, China." *Chinese Medicine* 15, no. 34. <https://doi.org/10.1186/s13020-020-00317-x>
- Luo, Hui, Qiao-ling Tang, Ya-xi Shang, Shi-bing Liang, Ming Yang, Nicola Robinson, and Jianping Liu. 2020. "Can Chinese Medicine Be Used for Prevention of Corona Virus Disease 2019 (COVID-19)? A Review of Historical Classics, Research Evidence and Current Prevention Programs." *Chinese Journal of Integrative Medicine* 26, no. 4: 243-250. <https://doi.org/10.1007/s11655-020-3192-6>
- Martin, Emily. 1987. *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston, MA: Beacon Press.
- McLean, Angela R., Robert M. May, John Pattison, and Robin A. Weiss, editors. 2005. *SARS: A Case Study in Emerging Infections*. Oxford, UK: Oxford University Press.
- Micollier, Evelyne. 2009. "Management of the AIDS Epidemic and Local/Global Use of Chinese Medicine." *China Perspectives* 2009: 67-78.
- "New York Tong Ren Tang." N.d. Accessed October 23, 2020. <https://nytrt.com/>.

- Ni, Liqiang, Lili Chen, Xia Huang, Chouping Han, Jianrong Xu, Hong Zhang, Xin Luan, Yongfang Zhao, Jianguang Xu, Weian Yuan, and Hongzhuan Chen. 2020. "Combating COVID-19 with integrated traditional Chinese and Western medicine in China." *Acta Pharmaceutica Sinica B* 10, no. 7: 1149-1162.  
<https://doi.org/10.1016/j.apsb.2020.06.009>
- Ozawa De Silva, Chikako, and Brendan Richard Ozawa-De Silva. 2011. "Mind/Body Theory and Practice in Tibetan Medicine and Buddhism." *Body & Society* 17, no. 1: 95–119.  
<https://doi.org/10.1177/1357034X10383883>.
- Petryna, Adriana. 2002. *Life Exposed: Biological Citizens after Chernobyl*. Princeton, NJ: Princeton University Press.
- Rochelle, Tina L., and David F. Marks. 2011. "Health Behaviors and Use of Traditional Chinese Medicine Among the British Chinese." *Journal of Cross-Cultural Psychology* 42, no. 3: 390-405. doi: 10.1177/0022022110362745
2017. "SARS." *Center for Disease Control and Prevention*. December 6.  
<https://www.cdc.gov/sars/index.html>.
2012. "SARS (Severe Acute Respiratory Syndrome)." *World Health Organization*, April 26.  
<https://www.who.int/ith/diseases/sars/en/>.
- "Shipping Policy." N.d. Kamwo Meridian Herbs. Accessed October 11, 2020.  
<https://www.kamwostore.com/category-s/1708.htm>.

Staversky, John. 2020. “Get Ready for Cold & Flu Season with Chinese Herbal Medicines.”

Chinese Herbal Medicine Store, August 28. <https://bestchinesemedicines.com/blog/cold-flu-chinese-herbal-medicine/>.

TCM World. TCM World Foundation, October 5, 2020. <https://www.tcmworld.org/>.

N.d. CM, Chinese Herbs, Remedies, and Acupuncture Supplies: Kamwo Meridian Herbs.

Accessed October 12, 2020. <https://www.kamwostore.com/>.

Tjam, Erin Yuet, and John P. Hirdes. 2002. “Health, Psycho-social and Cultural Determinants of

Medication Use by Chinese-Canadian Older Persons.” *Canadian Journal on Aging* 21, no. 1: 2588–2595. doi: 10.1017/S0714980800000647

“United States of America: WHO Coronavirus Disease (COVID-19) Dashboard.” *World Health Organization*, <https://covid19.who.int/region/amro/country/us>

Waldran, James B. 2000. “The Efficacy of Traditional Medicine: Current Theoretical and Methodological Issues.” *Medical Anthropology Quarterly* 14, no. 4: 603-625.

Wang, Liang, Sizhuo Suo, Jian Li, Yuanjia Hu, Peng Li, Yitao Wang, and Hao Hu. 2017. “An investigation Into Traditional Chinese Medicine Hospitals in China: Development Trend and Medical Service Innovation.” *International Journal of Health Policy and Management* 6, no. 1: 19-25. doi: 10.15171/ijhpm.2016.72

“WHO Coronavirus Disease (COVID-19) Dashboard.” *World Health Organization*, <https://covid19.who.int/>

Wu, Hong-Zhou, Zhao-Qin Fang, Pan-Ji Chen. 2013. *Fundamentals of Traditional Chinese Medicine: Fundamentals of Traditional Chinese Medicine*. Translated by Ye-Bo He, World Century Publishing Corporation.

Zhang MM, Liu XM, He L. 2004. "Effect of integrated traditional Chinese and Western medicine on SARS: A review of clinical evidence." *World J Gastroenterol* 10, no. 23: 3500-3505 <http://www.wjgnet.com/1007-9327/10/3500.asp>

Zhang, Yu-Liang, Wan-Ying Zhang, Xin-Zhe Zhao, Jia-Ming Xiong, and Guo-Wei Zhang. 2020. "Treating COVID-19 by traditional Chinese medicine: a charming strategy?" *Traditional Medicine Research*, 5, no. 4: 178-181.