Chinese Medicine in Ilula, Tanzania: An Experience in Learning

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Introduction
The main aim of ASF (Agopuntura Senza Frontiere – Acupuncture Without Borders) is to train groups of doctors and healthcare practitioners to use acupuncture, a low cost medical therapeutic intervention that does not require Western medicines. As the Chinese say, 'do not give a fish to those who are hungry, teach them how to fish!'

The training programme is structured according to specific local needs and is based on a practical/clinical approach from the very beginning. The teaching is given by two experienced acupuncturists (in Italy all acupuncturists are MDs) and it includes a theoretical part on the foundations of traditional Chinese medicine (physiology and pathology of the organs/functions, semiotics, differential diagnosis, channel system, main pathologies); a practical part (locating acupuncture points, insertion and stimulation of needles, use of complementary methods such as moxibustion, cupping, ear acupuncture) and a clinical part (observation of patients, discussion of diagnosis, therapeutic principles and treatment according to Chinese medicine).

We have developed a programme of three sessions of two weeks each, which is full-time. It is, of course, definitely more limited than what we do in our schools, but it does not betray Chinese medicine and enables participants to start practising after the first session.

Before starting the course we usually already have a clear idea of the number of participants and their qualifications (e.g. MD, qualified nurses, medical students, etc.), teaching schedule and patients' situation, host health structures and medical material available, specific needs from their side and lodging/accommodation provided for us.

Most of these premises were on the vague side when the acupuncturist Giovanni Giambalvo Dal Ben and myself went to Ilula in Tanzania, invited there by Furaha, an osteopathy non-profit organisation that has run a physiotherapy project for the past two years in Ilula.

As members of ASF we went to start the first phase of our usual programme, whilst keeping in mind that it was also an 'exploratory mission'.

I have worked on two previous occasions with ASF, but this third time turned out actually to be very different, and not only because of the far more 'challenging' conditions of accommodation and general living. The 'exploring' made us rethink the project and adapt it to suit the circumstances we were presented with. And the modified project brought a great 'serendipitous side effect': thoughts about our 'normal' teaching and our relationship to the core of Chinese medicine.

Rather than writing this article as a straight report I'd like to present this more as a story about what happened and what we did, mixed together with our thoughts and impressions. To be closer to the process of events and related considerations, I shall use the format of a journal.

A glossary of *tui na* terminology used in the text appears at the end of the article.

Orientation
We leave our homes in the early morning and arrive at Dar es Salaam airport 24 hours later. Before taking one of the two daily buses we have breakfast in a nice café: we can choose between boiled goat in its broth or roasted goat with chapati. The bus journey takes nine hours but they take good care of us, giving the passengers purified water, a can of a local drink with a straw and a packed biscuit. We stop for comfort breaks – men standing along the road on the left and women squatting on the right, with bright coloured patches of cloth between the bushes.

Our accommodation is quite 'basic', for instance we have mosquito nets, but with holes in them. But, as any 'basic' traveller would have, we also have needle and thread to mend them with. We are given bleach to clean the thick coating on the sink, but we have no luck when looking for a sponge at the market. How silly! People here, of course, use old rags for cleaning.

We are hosted at the main premises of the Mission, where there is also a school for the blind, a carpentry, a machine shop, some gardens, a church, lodging for people who work there and for around 80 children (school-age orphans, and blind and disabled children who can go to school). There is also a dispensary, with two part-time doctors and eight short-trained nurses.

We are meant to give the acupuncture course to these health

professionals but the training conditions we had envisaged are very different from the reality we are confronted with. Normally we teach doctors or medical staff who are fluent in English or French, the course takes place on a full-time basis, over three training periods (we come back three times), in hospitals that, even if small, provide general medical services, and have patients to practise on. In this case their knowledge of English is poor and their time with us limited to an 'African' one-and-a-half hours in the afternoon (less than 90 minutes) and most of the patients need urgent care.

There does, however, seem to be another place that may use us more fruitfully: the 80 children of San Felice Village, which is seven kilometres from Ilula. It was built two years ago by Father Filippo, with an agronomy school, a dressmaking school, fields, an area for farming, but mainly to host another 80 children, including pre-school orphans and school-age disabled children who cannot go to school. The organisation Furaha has built a special gym here, with chairs and tools to enable them to move and its physiotherapists come in regularly to help.

Twelve carers work here, most of whom live here as well. Some are mothers who could not take care of their children, so they live in, help with the other children and get some money. Two of them are one-year trained nurses and two are physiotherapists. Two of them cannot read or write. One is a biologist, who was helped by 'Baba' Filippo to study in Italy, graduated, worked there for a year and then decided to come back. She speaks perfect Italian. Her name is Fausta Cholo.

The work described below was made possible only thanks to Fausta. She was the pivot for 'translation', not only translating between Swahili and English, but also finding some shared ground from which to work together.

The day after our arrival we go by lorry to San Felice Village, and once we see the children, Fausta and the other women, we realise that a radical modification of the original plan might be a good idea.

Sure, we had brought maps and needles for acupuncture, we had made an effort to work out the best way of teaching in conditions so different from our courses in Italy, and we were so proud of our handouts! On the other hand here at San Felice there are small children and people who take care of them daily: paediatric *tui na* and moxa definitely seemed like a better option. There was, however, another issue to consider, Giovanni is an experienced acupuncturist and knew adult *tui na* but less about paediatric *tui na*. Being however, a long-standing *tai ji quan* practitioner and an intelligent person, he smoothly flowed into a flexible mindset. And we worked really well together.

As a rule, the key elements of a basic course in paediatric *tui na* are: physiology, aetiology, semiotics, pathogenesis in children; location and function of child specific points, lines and areas; specific techniques of paediatric *tui na*; diagnosis of the clinical pattern of the most common disorders and a choice of treatment sequences.

But this is a course that implies a sound knowledge of Chinese medicine. These people had none. Could we skip all references to a Chinese understanding of body, mind, *qi, xue, wu xing, jing luo, zang fu* functioning, etc. (physiology), of how the system gets unbalanced (pathogenesis), why it does so (aetiology), and the signs that manifest it (semiotics)? What about interpreting what we see in relation to this frame of reference (diagnosis) and how do we decide how to proceed (therapeutic principles and treatment)?

An easy way out would be to rely on recipes, formulas and prescriptions. No, please, we don't want to lose the soul. So we choose to make it simple, but not simplify it. We start by considering Chinese medicine as an energetic system, 'universal' at its core, understandable by anyone, even without going into the details of its unfolding.

As practitioners, if we speak to a patient of Spleen or Liver *qi* we go nowhere, but if we say something about energy being too heavy below and too agitated above or about its flow being knotted and blocked, they get the picture. Giovanni and I asked ourselves if we could do this with future 'basic' practitioners, not unlike 'barefoot doctors'.

To frame a case, the Chinese perspective of *ba gang* 八纲 is of great help. Recognising Empty and Full, Cold and Hot, Inside and Outside is almost intuitive. We could start from this pivot in mind and see what they needed for their children.

I know from my previous teaching that learning locations and techniques requires a limited amount of time, no big problem there. The actual challenge is that it becomes true learning, that at the end of the nine days they really know what we went through and can use it.

Day one

Yes, the project we had in mind seemed very nice. The reality when we get there the next morning, is that Fausta, the only one who speaks any language besides Swahili, is busy elsewhere. So there we are Giovanni and I, in the gym, chairs gathered around the two beds, six or seven women chatting softly among themselves, some of them holding babies wrapped in the usual scarves. Okay, we make a start. Using the gesturing that Italians are renowned for, we ask them to sit in pairs and to copy what Giovanni and I do: *tui*-push along the *pi jing*, the paediatric *tui na* Spleen line, on the thumb.

They are incredibly good. I'm used to teaching paediatric *tui na*,

in different European countries, to acupuncturists and to *tui na* practitioners, and I am definitely impressed by their skill. Clean and smooth, soft and forceful at the same time. Perfect.

More women and children come in. We go on to *shen jing* Kidney, *ba gua, san guan* and switch to *kou* for *xiao tian xin*.

Fausta and the last ones come in and we start with some theory. We say that Chinese medicine works on energy, which flows through some special paths called channels and gathers at some points. We can act on them, facilitating their specific functions. Chinese medicine is a very old medicine that uses needles, massage and herbs. Paediatric *tui na* is a special branch of it and can be used for acute and chronic conditions to help the system move back to good physiological functioning. That's it, that's all we say, more or less. They stare at us quietly, no questions.

We go back to practice, ask the pairs to change over, the children get involved, we check and correct and their expressions seem to become more lively. Then we talk about functions, giving simple examples: we can reinforce energy, harmonise disorder, free accumulation, calm agitation, eliminate Heat.

We also show *rou*-kneading, add *zu san li* and *he gu*, tell them their functions, they practise all the locations again and repeat their functions, while we move around, refining their technique. They get so involved that we also show *kan gong, tian men, xin men* and *qing-purify gan-xin-fei-jing*. We go back to functions and ask which location could be used. And vice versa. Again and again.

When we say goodbye we feel that a lot has been achieved in three hours.

Notes:
We also feel that so much was achieved because we really had engaged ourselves, without sparing our energies. Inertia could so easily have engulfed us. In addition we went along with what seemed closer to them: more doing than talking, leaving explanations as secondary. Both these points may be less evident in our classes back home, but they are worth considering.

Day two
The next day we go back to all the locations and functions, back and forth, always asking them questions. For example: 'To tonify?' and they show the locations, or we point at *zu san li* and they say 'tonify'. Some of them are faster, some slower, but in the end they all seem to remember the eleven locations and related functions. We add the location and function of *wu zhi jie, rou fu, qi jie gu, gui wei*. When we get to *ji zhu* we see that the small children are too thin to work on, there is not enough subcutaneous tissue, so we suggest using *rou*-kneading along the spine (*shu*-points).

After the break each of them comes back with a child, in order to practise the '5-locations reinforcing combination', also called 'the basic kit'. Then we ask them to tell any sign that comes to their mind that may point to insufficiency or fullness-Heat. Some comments from our side help to complete the patterns.

We also differentiate between weakness of general energy (middle *jiao qi* insufficiency – 'hana nguvu' in Swahili (no strength/energy) and weakness of the root source (*yuan qi/jing* insufficiency – 'chem chem' = serious, never-ending).

And at this point we become really enthusiastic. We see a light in their eyes, the pleasure of having their minds working, the enjoyment of thinking.

Notes:
They were not merely carrying out a task, they were building their knowledge. Curiosity, using the mind and learning is a characteristic of humans: we appreciate being given tools to look at the world, learning how to read it and maybe having the chance to change it.

Day three
On the third day the twelve of them are in the gym from the very beginning. We go over all the locations and the functions again. The general mood is much more relaxed, we laugh, they say 'change' during the practising when the pairs change and we learned to say 'wisuru sana' (very good).

We ask the group to choose a child to talk about. They agree on Michael, a seven-year-old boy. This is their description: he has a swollen abdomen, frequent loose stools, soft and sticky, and bed-wets at night. He is always sad, has very little energy to play, does not grow, has no appetite, is pale, with hair like a baby, gets ill very often and always has a runny nose. We make no comment, only a question: 'the mucus?' – 'white'. At this point we learn to say 'kingine?' ('more? anything else?'). He changes skin, peels off like the snakes do.

Still with no comment, we ask them to form two groups, to discuss how they consider the signs they have told us, what function could be enhanced and how. In other words, we ask them to make a diagnosis, evaluate therapeutic principles and design a treatment. Both groups say 'chem chem' that is *yuan qi/jing* insufficiency. Right, this is not a simple middle *jiao qi* insufficiency, but a deep deficiency, where *jing* and Kidney are involved.

The enthusiasm is now clearly perceived by everybody. And we design together the therapeutic protocol …

After the break we show them locations and functions of *erma, yong chuan, jian jia gu, fei jing, xie lei* – which allows us to introduce the patterns and treatments for Lung insufficiency and accumulation of Phlegm. But more importantly, we introduce a working structure in relation to the future: one of them plus an assistant will treat him every day, for three months. And we stress

the significance of evaluation: after a month they will report on whether he eats more, has grown a bit, how his stools, abdomen, continence, interaction with his friends and runny nose are.

Notes:
Since they have 80 kids to look after, the present commitment of coming to the course and the future engagement of applying *tui na* are for them quite burdensome, and of course we cannot be totally sure of the results: evaluation of the effectiveness/efficacy is essential to decide if the effort is worthwhile.

I do not know if it is different in other countries, but in Italy we definitely do not consider often enough the value of evaluation in the assessment of our work. I have become quite aware of this because I run projects at the children's centre Xiaoxiao in Rome which are free, where perhaps we are more concerned about whether these projects are really helpful, although this must be a major consideration in any event. Evaluation is essential not only to avoid wasting time, money, hope, the energy of the patient, but also to increase our knowledge. Looking carefully at results (good and bad) allows a better understanding of what works, when and how it functions.

Day four and five
Over the next two days we keep repeating techniques, locations, functions. Now the impression is that everybody is into it. They take notes more steadily. The two who cannot write are very attentive and remember everything.

We discuss four more children. They keep doing it in two groups, writing down their observations, considerations, decisions and doubts and now they are also designing the treatment. Then each group speaks and we write on a blackboard. We start arranging the information always in a similar format, which includes 'simple' information such as name, age and gender, as well as the description of the actual pathology, medical history and general conditions.

While leading the conversation we keep in mind the following crucial issues: what general data can be useful? What do we know is the actual problem? What else is fundamental in relation to children? What else is important to know? How can we give a meaning to all this? What do we need to keep track of? What can be helpful for the working group?

At the end the answers provide the following headings: date, name, age, gender; main problem; basic points for children (appetite, stools, behaviour/interaction, tongue); other possible general manifestations (complexion, abdomen, sleep, skin, recurrent illnesses, thirst, urine, other signs); diagnostic hypothesis; treatment (date, actual condition, *tui na* sequence and moxa points applied); person in charge, number of the chart. It is the concept of a clinical chart. We build it together. We share its meaning and significance.

Notes:
All along in this training process, one of the key points is this 'building together'. This going back and forth gives a meaning to what we learn, reinforces our knowledge and allows for planning and action.

Day six
We see Suliman, a baby less than a month old, brought here when he was three days old. He cries a lot and shows all the signs of infant colic pain. The most probable Chinese diagnosis is food accumulation *shi ji* 食积. We know that in our society this pattern is often seen, 'the root of a hundred illnesses', as Julian Scott says, and it is generally due to too frequent breast-feeding and, later on, junk food and 'wrong' food. We know very well that excess may be due to quantity, frequency, or quality. In all cases Spleen and Stomach are overcome in their function of transforming and transporting. The same can happen in societies where food is scarce. That is why the points *si feng* are indicated for malnutrition-*gao* 疳. In this case Suliman is given diluted cow's milk from the first weeks of his life, any time he cried. Their goat had no milk. When we ask about the light brown shade we see in the bottle, we are told that the baby was crying, some milk with tea had just been made, so he was given it.

Exactly as happens in Europe, changing habits is the main issue in cases of food accumulation. And exactly as in Europe, if *tui na* succeeds somehow in freeing the *qi*, the child cries less and it is easier not to feed him every half an hour. We introduce a combination to free food accumulation: *fu yin yang, si feng, ban men*.

The same day they bring Sebastian, a very weak child, with retarded development (five years old, eleven kilos, does not speak, laughs by himself, soft stools) and who provides a good starting point for introducing moxa. We make it basic: we say that moxa is a very useful tool when the child needs reinforcing. We talk about the two main conditions: weakness of general energy (middle *jiao qi* insufficiency) and weakness of the root source (insufficiency of *yuan qi*/*jing*).

The points taken into consideration are the usual 'main' ones: St 36 *zu san li*, Ren 12 *zhong wan*, Ren 6 *qi hai*, Bl 20 *pi shu*, Bl 23 *shen shu*, Du 4 *ming men*.

Later on we shall add Bl 13 *fei shu*, but Lung *qi* insufficiency does not seem to be a major problem. They call the moxa 'sindano yamoto', 'fire needle'.

At this point we decide together a common name for the 25 locations they have learned. This procedure of course gives a chance to go over them again, see their functions, group them in combinations according to functions.

A nice bonus is that we start to babble in Swahili, making the effort to try and remember their words, so that they can laugh

heartily, but also appreciate our effort and get more and more involved.

Notes:
The essential meaning of a defining process is recognising what we are talking about, facilitating communication and smoothing the recording process. As scholars, we always have great discussions about how to translate a Chinese term. Sometimes the importance of words and of their translation may not be that clear when we teach, as if we take them for granted. In the case of Ilula it was through actual work that we came to see the significance of a shared language.

Day seven
They come presenting six children, whom they have all discussed by themselves the previous afternoon. They have used the chart outline, including the energetic diagnosis and the treatment. It gives us a starting point to go again over the main patterns and the related treatment combinations. Finally we decide together who is going to be in charge for each child.

Notes:
The notion of responsibility is essential. You are the one who will take care of that child, keep records, be addressed in case of need. Of course you can have help, but you are the anchor for that case, for that piece of reality. This is also a very useful concept when we train our students in clinical practice. Beside the absolute importance of responsibility in general and in therapeutic practice, the more directly students are involved, the more they study and learn.

Day eight
We see again in practice the use of moxa and again we go through its functions.

Then we introduce *gua sha* on the back (*tai yang* area) for fever, which they find extremely amusing. We also give each of them a printed copy of the clinical chart. We get the impression they treasure it: it is something that somehow comes from them, goes back to them, and is in the form of a 'precious' white sheet of paper.

After the break we discuss the names in Swahili for the main patterns and for the functions (weakness of general energy, weakness of the root source, food accumulation, Lung deficiency and Phlegm, fever and full Heat, Internal Heat).

Notes:
Again we find it very interesting that even if we have not explained concepts such as Spleen, Kidney, *jiao*, *jing*, at a first level most of the diagnosis and treatment could be done knowing nothing of Chinese medicine, which implies that Chinese traditional medical models truly match reality and its pathological conditions.

Day nine
The last day we integrate some *tui na* with the mobilisations that the two [local] physiotherapists have learned with the Furaha practitioners, one of whom, David, is still here, so that we can happily work together.

After the break 'Baba' Filippo comes and we give certificates to the 12 participants, stating that they have attended a 'Basic Course in Paediatric *Tui na* and Moxa'. Each of them has her name printed in nice flowered characters. They seem to appreciate both the formality of a piece of paper and the personal care we have put into doing them: it is an acknowledgement of their work and a recognition of them as individuals.

Whatever the reason, they look excited. We all have cakes and drinks. They launch into singing, clapping hands, stamping feet, wild dancing. Both Giovanni and I are very moved.

Conclusions
We found this active exploration inside the core of Chinese medicine through an 'alien' reality extraordinarily rich.

In Ilula our training time was very short (nine mornings) and their need to learn something that could be used immediately was a priority. At the same time participants knew nothing of Chinese medicine and the habit of studying was generally very limited (most of them had no school certificate, two of them could not write or read).

We faced a question: could Chinese medicine be taught in such conditions without it being betrayed from excessive simplification? Yes, true, acupuncture, *tui na*, herbs need three years, four years, a lifetime to be learned, but what is equally true is that generating knowledge is more a concentric than a linear process. We had a genuine experience that the nitty-gritty of Chinese medicine is like a kernel, very small, but so concentrated, so powerful, that the ten thousand things [horrible term!] can unfold and flow from it.

The above 'journal' shows how this group of students got to recognise the basic/main pathological patterns without any previous knowledge of the *wu xing, jing luo, zang fu*. It was somehow deeply reassuring: it meant that Chinese medicine is so close to reality that a theoretical model is not strictly necessary to be able to use it, at least in the first steps of the learning process.

The system called Chinese medicine is a result of direct observation, personal experience, and theoretical systematisation. Any learning process refers to acquiring familiarity with something that has been seen, lived, thought through by others before us. And the knowledge takes shape through a similar logic for Chinese thought: it builds up by resonance, similarities, references.

Sometimes we risk teaching in a 'dead' way: we give information, describe patterns, list functions, but do not really try to pass

on to students the heart of the Chinese perspective and of its action. At times our classes may overlook that learning is also a very active process (have a look at the cognitive psychology discussions about problem-based learning and problem solving approaches). Now and then the practice of gestures (using needles or hands) is dropped in favour of excessive intellectualisation. Our own being there may fade a bit. In Ilula our teaching had to be intense.

As mentioned in the above 'journal', the adventure started showing them some *fa*-methods: that is, from the use of hands, from the body, from acting/doing. It went on through repeating again and again locations and functions: in this way they actually transformed information into knowledge. What may have been theoretical and superficial, hopefully was integrated, becoming part of them. At this point they could use what they had learned to acquire information from what they saw, that is, make a diagnosis looking at signs.

Another essential feature has been to have them work by themselves: when the two groups discussed a case by themselves they were considering the signs and symptoms and giving them a meaning (diagnosis). At this stage the next process of recognising the treatment principles and what to do came easily. The following discussion held much more meaning: they could place our questions, comments, suggestions, additions, corrections in a previous active framing and make a deeper use of them.

Seeing their pleasure in putting things together, giving them a shape and deciding how to act, has been a delight. In this whole experience, their joy in discovering how to use their minds has been the greatest reward.

Tui Na Glossary

Techniques:

Tui fa 推法 Pushing: rubbing along a line, sliding over the skin

Rou fa 揉法 Kneading: this action, on points or areas, produces a sort of internal wave

Kou fa 叩法 Tapping with the fingertip

Nie fa 捏法 Pinching

***Tui na* terminology in the order it appears in the text:**

Pi jing: paediatric *tui na* Spleen line, on the thumb

Shen jing: paediatric *tui na* Kidney, palmar aspect of the little finger

Ba gua (Eight Trigrams): on the palm, on the circumference of a circle centred on P 8 *lao gong* with a diameter equal to two-thirds of distance between the sides of the palm

Xiao tian xin (Small Heavenly Heart): at the base of the palm between the thenar and hypothenar eminences

Kan gong (Water Palace): on the forehead, one *cun* above the line of the eyebrows

Tian men (Heaven Gate): on the forehead between the eyebrows, starting from EX-HN-3 *yin tang*

Xin men (Heart Gate): on the midline of the head, starting from the anterior hairline

Qing-purify *gan-xin-fei jing*: tips of second, third and fourth finger

Wu zhi jie (Five Finger Joints): on the dorsum of the hand, one each on the proximal interphalangeal joint of the second to fifth fingers and one on the interphalangeal joint on the thumb (five points in total)

Rou fu (Knead the Abdomen): deep in the abdomen

Qi jie gu (Seven Bones): on the midline of back, from L4 (fourth lumbar vertebra) to the coccyx

Gui wei (Tortoise Tail): at the tip of the coccyx

Ji zhu (Spinal Column): on the back, the thoracic and lumbosacral vertebrae

Erma or *erren shang ma* (Two Men Mounting Horses): on the dorsum of the hand, between the fourth and fifth metacarpal bones

Jian jia gu (Scapula): on the back, along the inferior border of the scapula

Fei jing (Lung): palmar aspect of the fourth finger

Xie lei (Rib Side): on the flanks, from the axillae to a point level with the umbilicus

Si feng wen (Four Wind Creases): on the palm, four points at the centre of the proximal interphalangeal joint creases (EX-UE-10)

Fu yin yang (Abdominal *Yin Yang*): on the abdomen, just below the ribs

Ban men (Thick Gate): thenar eminence