

Observational Study

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Localised Communities and Mass Healing Practice: The Case of Guangxi, China

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ABSTRACT

Healing, as a way of maintaining health in human beings, has been derived primarily from social and cultural concepts and events. This article investigates what may be termed as 'mass healing practice' and the way in which this form of healing has been passed down through generations in Guangxi's local communities. It examines the environmental as well as social and cultural elements underlying the localised healthcare tradition and analyses how this form of mass healing practice continues to largely exist on its own in present day Guangxi. This article briefly compares mass healing practice with the practice of modern western medicine and traditional Chinese medicine in other social contexts, and presents the argument that mass healing practice and mass healing education developed in Guangxi's isolated local communities are more elaborately rooted in the social and cultural matrix of such communities relative to the other forms of healthcare practice. This is because indigenous mass healing practices and education in isolated communities are not only related to people's everyday life, but are also understood, in varying degrees, as community-wide social activities.

KEY WORDS: Guangxi; Mass healing; Knowledge transmission; Local communities.

Healing practice is a way of maintaining human health, "embedded in the cultural values and social framework"¹ of a community. Healing practice in this article does not include any form of non-medical healing activities, such as praying to a God, Gods or ancestors, but only implies various therapeutic methods employed to treat people's illness. It therefore constitutes a part of all healing efforts today which, as Unschuld described, "can be considered to be of medical significance."² The social and cultural constitution of healing practices can be directly seen from the mass healing practice and related education in some indigenous communities in the Guangxi Zhuang Autonomous Region in southern China. It has been seen that mass healing practices and education in these communities are not only related to people's everyday lives, but are also seen in varying degrees as a part of community-wide social activities.

Guangxi is a largely mountainous region in the far south of China bordering Vietnam. It is inhabited by large numbers of various state-recognised ethnic groups such as the Zhuang, the largest; Miao; Yao; and others. Many such local communities in Guangxi were historically isolated from other communities due to the mountainous nature of the region. While providing rich medicinal resources that are essential for mass healing activities, the mountainous conditions have also encouraged those communities to function as expanded families which, as we shall see, provide a strong social foundation for the development of community-oriented mass healing practice and community-based mass healing education. This article introduces the concept of mass healing practice in those communities and examines to what extent and in what ways the geographic circumstances and social and cultural traditions contribute to the transmission of this form of mass healing across the generations.

Mass healing, as referred to in this article, denotes the existence of healing knowledge among the general populace, which enables people to treat themselves in an easier and immediate fashion in their everyday lives. More specifically, as Ban Xiuwen, a scholar from the Guangxi College of Traditional Chinese Medicine, points out, in Guangxi, no matter where

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people got sick, whether in agricultural fields or at the foot of a mountain, they could be treated immediately, by ordinary people who were able to use their knowledge of different kinds of indigenous healing therapies.³

MASS HEALING PRACTICE IN GUANGXI

There is little doubt that the knowledge of such healing practices were accumulated through the life experience of local people over a long period of time. One of the earliest detailed records of such practices can be found in an account by the official, Zhou Qufei, who lived during the Southern Song period (1127-1279). Originally from eastern China, Zhou Qufei was posted as an imperial official to Guizhou (an area centred in present-day Guilin) and Qinzhou (an area centred in present-day Qinzhou city and its surrounding areas) in Guangxi from 1174 until 1189. After he had completed his official duties, Zhou Qufei wrote a book entitled *Lingwai daida* (By Way of Answers to Questions about the Region beyond the Passes), in order to inform his friends and people in his hometown about the far south. In this work, Zhou describes how the local people at the time in Guangxi used *tiaocaozi*, a type of bloodletting or needling technique, in conjunction with traditional medicines, to treat 'hot Zhang' (a serious form of malaria). As Zhou described it, this treatment proceeded through the following stages: 1) pressing a needle into a patient's lips and then stimulating the flow of blood by applying manual pressure; 2) wiping a patient's tongue with paper mulberry leaves; 3) releasing a large amount of blood by stabbing the blood-vessel at the back of a patient's ankles; and 4) giving the patient *qinghao* (sweet wormwood) to drink with water. Zhou concluded that the treatment was highly effective.⁴ More recent accounts further highlight the continued indigenous mass healing tradition in Guangxi's local communities. Liu Xifan, who was posted at Guangxi during the 1930s, wrote a monograph study on the people of Guangxi entitled *Lingbiao jiman* (Records of the Barbarians of Lingnan). In this work, Liu writes of the high efficacy of indigenous medicines which local people used to treat injuries like falls and fractures, ulcers, and other miscellaneous illnesses that required surgical treatment.⁵

The continued existence and relevance of mass healing traditions in the post-1949 era can be demonstrated more explicitly through peoples life experience. The contemporary Guangxi scholar Meng Yuanyao, who was a native of Mashan County (in the central part of Guangxi), contended in an interview in 1999 that he not only knew an indigenous therapy which had an established history in Mashan County for treating flu and coughs but that he also used it on himself and his family members. According to Meng, the therapy was as follows: first, pulverise a piece of ginger and then place the pulverised ginger on a piece of sandpaper or a towel; secondly, heat the sandpaper or towel and, once the sandpaper or towel is warm, sprinkle it with rice wine; finally, place the heated sandpaper or towel on the patient's back. Coughing should cease the day after this particular therapy is applied.⁶

Also in 1999, I asked a Guangxi anthropologist, Pan Qixu, about a local practitioner, Long Yuqian, who had been well known because of his traditional healing practice, *yaoxian dianju* (point moxibustion therapy with medicinally-infused strings), a secret family therapy which supposedly used to be practised only by the members of his family over generations. Long Yuqian being the most recent carrier of this longstanding family tradition and his practice had drawn particular attention from medical professionals and also from a much broader section of the community. Long's formal medical training, the efficacy of his secret formula for infusing strings as well as his official background, which enabled him to travel more widely and to be followed by his patients from one place to another, might explain his renownedness; however, Pan said that *yaoxian dianju*, was not only unique to Long Yuqian's family, but was in fact practised in various rural communities throughout Guangxi. Pan informed me that he had actually witnessed this treatment being performed by elderly women in a number of places in Guangxi. Depending on which localities these women came from, they used different formulas for producing medicinally-infused strings and they chose different acupoints.

It seems reasonable to say now that *Yaoxian dianju* is a popular form of moxibustion therapy practised in Guangxi. This therapy is noted for its efficacy in freeing impediments, relieving pain, relieving itching, dispelling wind, diminishing inflammation, quickening the blood and dispersing swelling. It can also be used to treat illnesses in internal, external, gynaecological, paediatric, ophthalmologic and ear, nose and throat areas. A practitioner undertakes this particular form of treatment by lighting a medicinally infused string made of *zhuma* (ramie) and then lightly burning, as in quickly touching, specific acupoints on a patient's body. The selection of specific acupoints is dependent upon the kind of illness that the patient is diagnosed with.⁷

Pan had no detailed information on what medicines were used for infusing strings in different places and whether those healing formulas were secretly passed down through the generations in different families. However what is certain, as well as important to this investigation, is that *yaoxian dianju*, as observed by an anthropologist, has continued to be a form of mass healing practice in local communities in Guangxi right up to the present day.⁸

As suggested earlier, the mountainous terrain in Guangxi provides a wide array of traditional medicines. With the wide availability of such resources, local communities developed herbal therapies based on locally-grown medicines as an important form of mass healing practice. Meng Yuanyao contends, for example, that a popular herbal therapy for treating coughs and influenza in his native place in Mashan County is based on the herbal medicines which can be easily collected from nearby roadsides or hill slopes. Another contemporary Guangxi scholar Ling Shudong, who is a native of Jingxi County (in the far south-western corner of Guangxi), also points out that some popular herbal therapies for treating eye problems in his native

place used herbal medicines which could be easily sourced from local areas, or even from local residents' courtyards (such medicines are used with pig livers or goat livers to make soup).⁹

The *Daxin County Gazetteer* provides yet another concrete example of the continued existence of mass healing knowledge in Guangxi in the post-1949 period. According to a report in this gazetteer, on 26 August 1983, a young woman in a rural area of Daxin County (in the southwest of Guangxi) fell into a deep hole and sustained injuries that required medical treatment. A young man from a local village who happened to be passing by, found the young woman and came to her assistance. The man reportedly collected various forms of medicines from the immediate area and used them to stop her wounds from bleeding. As a result, the woman did not bleed to death, but was later transferred to a hospital and successfully treated for her injuries.¹⁰ This example demonstrates the popular nature of knowledge concerning the types of herbal medicines that could be used to handle medical emergencies in isolated areas, and it also shows, in a broader sense, that people in local communities possess a shared set of healing knowledge and skills.

The possession of such a shared set of healing knowledge and skills can be further illustrated by a statement in the *Wuxuan County Gazetteer* which claims that "most people in Wuxuan County (in the central part of Guangxi) have long been able to treat many of their own illnesses by using locally produced medicines."¹¹ The *Wuxuan County Gazetteer* further intimates that some people were and still are able to utilize more complex indigenous therapies to treat illnesses, such as *guasha* (scraping the patient's neck, chest or back), cupping, and *tangye xunzheng* (treating disease with fumes in the form of moxibustion or with steam generated by boiling medical herbs).¹²

MASS HEALING EDUCATION

There is little doubt, according to the above, that mass healing knowledge and practices have continued to exist in some local communities in the Guangxi region. How have such knowledge and practice been transmitted and disseminated in these local communities? The transmission of the knowledge of these practices can be seen as a process of what can be termed as "mass healing education", which is a particular form and method of transmitting indigenous healing knowledge and healing practices. In an interview, Meng Yuanyao said that many people in present-day Guangxi had learnt basic healing treatments by merely observing and conferring with members of the older generation. For instance, Meng himself learnt the indigenous treatment for coughs and influenza, discussed above, as well as a treatment for parotitis (mumps) in this way.¹³

With regards to the above example reported in the *Daxin County Gazetteer*, according to Meng Yuanyao, the nature of that event resulted in a follow-up investigation designed to ascertain the level of local healing knowledge in certain areas of Guangxi. This investigation revealed the existence of a tradi-

tion, whereby people who were old enough to participate in agricultural production were taught by elder members of the local community how to identify and apply locally available forms of medicines to treat specific injuries. Meng also mentioned that it is a common practice in his native place (i.e., Mashan County) for elder members of the local community to teach their younger co-workers how to recognize the different kinds of plants that grew in the local area, and to know which of these plants could be used to treat specific conditions and illnesses. This kind of teaching, Meng continued, was not conducted in a formal classroom situation, but in daily activities, such as when people were on their way to and from agricultural work. As these examples suggest, the continued existence of mass healing culture in Guangxi derives from a long history of testing and determining the medicinal properties of locally available medicines, as well as the continued practice of actively transmitting knowledge of those medicinal properties to members of the younger generation.¹⁴

In addition to the way in which members of local communities acquired a broad working knowledge of locally available forms of medicines and their uses from older members of the community, mass healing education of this kind has often been transmitted *via* the medium of indigenous rhymes. This point can be illustrated with reference to two rhymes that were published in the *Wuxuan County Gazetteer*. Both of these rhymes set out to explain how one can recognize the utility of certain forms of traditional medicines. According to the first rhyme, herbs that are sweet, bland, or relaxing to taste, contain no poison. Herbs that have a fragrant flavour will stop pain. Herbs that have a bitter taste will purge 'fire-evil' (internal heat) but must be used with care. Herbs that are acrid will clear away 'wetness-evil' (diseases caused by dampness) and herbs with a lubricant effect will discharge pus. As the rhyme concludes, if one grasps this basic formula, then one will be able to perform outstanding services to society. The second rhyme follows a similar pattern to the first but adds that herbs with a downy skin can be used to reduce swelling; herbs that are sour to the taste will clean the blood; and products such as ginger, sugar and *Fangfeng* (saposniko *via* divaricate), can be used to treat dizziness, and to numb swellings of the tongue.¹⁵

In an article entitled "*Gudai Zhuangyi yaoshankao*" (An Examination of Ancient Zhuang Medicinal Meals), Guangxi scholar Huang Dongling cites two more extant indigenous healing rhymes. The author does not mention the place of origin for the rhymes she cites. Although, I have neither transcribed these rhymes in full nor followed their precise order (in order to avoid excessive repetition), they similarly illustrate that the intended purpose of indigenous healing rhymes is to popularize the medicinal properties and uses of various forms of traditional medicines. As the first rhyme explains, herbs that have an acrid taste can be used to activate vital energy, clean the blood and expel superficial evils, as well as to treat wounds, 'wind-wetness' (rheumatism) and scatter 'cold-evil' (chills). Herbs that have a sour taste can be used to treat excessive loss of life-essence (en-

ergy) and excessive loss of bodily fluids, such as that caused by sweating. Herbs that have a numbing effect can be used to stop pain, as well as to treat carbuncles, snake bites, and to get rid of phlegm. Herbs with an astringent effect can be used to fight bacteria, to stop bleeding, to treat burns, and to reduce inflammation. Herbs with a salty taste can be used both to aid digestion and ease constipation, and also to ease glandular swellings. Herbs with a bland taste can be used to dispel 'wetness-evil', promote the flow of urine, calm the heart, and ensure a restful night's sleep. Last but not the least, the rhyme suggests that herbs with a sweet taste can be used not only to regulate stomach energy and nourish the body, but also to improve the taste of therapies that contain a wide variety of different herbs.¹⁶

The second rhyme quoted by Huang Dongling is somewhat different from the preceding examples, detailing the relationship between the external form of various plants and their medicinal functions. According to this rhyme, herbs with a downy skin can be used to dispel 'wind-evil' (ailments caused by wind-carried pathogens); herbs with a thick liquid sap can be used to draw out pus; herbs with hollow stems have a diuretic effect; herbs with prickles and burs can be used to reduce swelling; trailing plants and vines can be used to treat problems associated with the joints and with circulation; plants with well-balanced or symmetrically organised patterns of branches and leaves can be used to treat wounds and wind-wetness syndrome; and herbs with downy skin on both the leaves and stalks can be used to stop bleeding and treat burns. As this particular rhyme concludes, herbs with a square stem and white flowers possess a cold nature; and herbs with a round stem and red flowers generally have an acrid taste and possess a warm nature.¹⁷

Although, several similar kinds of rhymes were also used to promote the knowledge of traditional Chinese medicine in central China, the intended audiences for indigenous rhymes about traditional medicines and rhymes relating to the uses of traditional Chinese medicine were different. Simply stated, rhymes about traditional Chinese medicine were mostly directed towards students undertaking specialization in traditional Chinese medicine and experienced practitioners. The primary function of indigenous healing rhymes however, clearly was to transmit knowledge of local traditional medicines and healthcare practices to the broadest possible sector of the population.

To elaborate: specialist rhymes designed to aid the students and practitioners of traditional Chinese medicine became an important genre in late imperial China. Probably the most well-known rhyme concerning knowledge of traditional Chinese medicine is the *Yixue sanzijing* or the 'Three Character Medical Classic', which was written by Chen Xiuyuan (1753-1823) in 1804. In a brief introduction to this rhyme, Chen explains that he intended it to function as a guide for those people who had just started studying traditional Chinese medicine. Based on the 'Three Character Classic' (*Sanzijing*) that was used to teach young children how to remember the meanings and forms of Chinese characters when they started primary school, Chen wanted the rhyme to remind practitioners of traditional Chinese

medicine of the basic fundamentals of the field.¹⁸

In 1996, Xia Lianbao and Liu Lili published an edited work entitled *Lidai zhongyi gejue quanbian* (The Complete Collection of Historical Rhymes about Traditional Chinese Medicine). The rhymes included in this collection were written during the Song, Ming and Qing dynasties, and the editors grouped them under headings such as 'diagnosis', 'materia medica', 'prescriptions', 'channel points', 'acupuncture' and 'therapy'. Chen Xiuyuan's 'Three Character Medical Classic' is also included in this collection. In their conclusion the editors argue that rhymes about traditional Chinese medicine were produced with an explicit purpose in mind. Apparently, there were so many available resources on traditional Chinese medicine that beginners shied away from learning about the subject, and even reputed medical practitioners who had a theoretical foundation in the subject expressed with regret that it was impossible to memorise all the available texts. Hence, rhymes about traditional Chinese medicine were designed to act as a learning tool for beginners and as a reference guide for more experienced practitioners.¹⁹

Thus, rhymes about traditional Chinese medicine cannot be viewed as general educational materials designed to broaden the medical knowledge of ordinary members of the Chinese population. In contrast, the kinds of indigenous healing rhymes that historically circulated in Guangxi's local communities were recited by ordinary people and have been actively passed on to members of the 'new generation' as an important component of their life-skills.

The preceding comments indicate that mass healing practice and mass healing education were and continue to be viewed as an integral component of everyday life for members of local indigenous communities in the Guangxi region. The value of mass healing practice and the transmission of the mass healing knowledge flows from the understanding that the acquisition of such knowledge comprises an essential life skill rather than a professional skill.

All this suggests that mass healing practice in Guangxi has been characterised largely by both its community-oriented healing activities and its community-based knowledge transmission. This understanding stems from the different social organization of those local non-Han communities *vis-à-vis* Han Chinese communities which were not geographically isolated and where traditional Chinese medicine and modern Western medicine were major healthcare resources. In the following part of this article, therefore, I will outline the general social and cultural framework that contributed to the development of mass healing practice and mass healing education amongst those indigenous communities in the Guangxi region.

THE SOCIAL AND CULTURAL FRAMEWORK FOR MASS HEALING PRACTICE IN GUANGXI

The distinguishing features of mass healing practice in the

Guangxi region are twofold: it is not primarily restricted to specific sites, or rather, it has no recognised workplace and its practitioners (who are also healing educators) are not accorded with a distinct professional identity. Certain similarities may exist between mass healing practice and mass healing education developed in Guangxi and what is called the practice of “learning to heal”²⁰ in Europe for the early modern period in terms of the knowledge transmission and the role of healers in communities. One must realize however, that while significant changes took place in Western medicine during modern times, mass healing practice and education in Guangxi local communities have continued to function even to the present-day.

Let us now look at the contrast between mass healing practice in Guangxi and, on the one hand, modern Western medicine and, on the other, traditional Chinese medicine. This issue is complex and shall be dealt with only for the limited objective of this article. A seemingly major difference between modern Western and a traditional Chinese medical system exists in the form of practice. The former has become increasingly site-based, or rather clinic/hospital-based, since the early nineteenth century²¹ and has been “progressively equipped with the latest diagnostic and therapeutic technologies” from the time of the early twentieth century.²² Traditional Chinese medicine however, may be offered at multiple sites including traditional pharmacies, the homes of patients, or even the street stands of practitioners, with little equipment. This difference aside, both medical systems contain a central cohort of practitioners who are viewed, albeit to varying degrees, as possessing either a professional status or an occupational identity such as “doctor”.

By 1500, European physicians could separate themselves from artisanal healers through university education. By the end of 19th century, shifting patterns of medical licensing and more vigorous state intervention into medical practice spurred the evolution, and Europeans were “successfully medicalised to the extent that physicians become their clear first choice as healers”.²³ In modern times, traditional Chinese medicine is often seen as less ‘professional’ than its Western counterpart, but it remains the case that traditional Chinese medicine was developed as a quasi-specialised system with a specialised cohort of practitioners who came mostly from specific social groups. Historically speaking, practitioners of traditional Chinese medicine were, in a broad sense, either intellectuals, the latest carriers of a family tradition, or people who had served an apprenticeship with ‘father-like’ masters. In the post-1949 period, as a result of an upsurge of nationalistic sentiment among the Chinese Communist Party’s leadership about China’s own medical tradition and its achievements, and more specifically, following the development of the college-based traditional Chinese medical training, practitioners of traditional Chinese medicine came to be much more identified in professional terms than in earlier generations.

In contrast to those in modern Western and traditional Chinese medical systems, the mass healing practitioners in those local communities in Guangxi region are not recognised as pos-

sessing a professional status or an occupational identity. Instead, the perceived expertise of such practitioners is more associated with their age or maturity. The trust that local people place in healers in those communities in terms of mass healing practice is, to some extent, related to the acknowledged maturity or greater experience of older members of the community.

The different status ascribed to practitioners within the above mentioned medical systems owes much to the historical and cultural considerations. To summarize, in Western societies, the nineteenth-century pursuit of a highly scientific approach to whatever observations were made, contributed greatly to the current biomedical character of modern Western medicine. Consequentially, modern Western medical services primarily rely on a biomedically trained force of medical personnel, as well as the types of equipment that can be found in hospitals and clinics. The emergence of this biomedical form of medicine cannot be separated from the kinds of cultural, political and economic changes that have occurred in European and North American societies since the nineteenth century. As anthropologists have observed, “Biomedicine achieved its dominant position in the West and beyond with the emergence of industrial capitalism and with abundant assistance from the capitalist class whose interests it commonly serves”.²⁴

In a different manner, the status enjoyed by practitioners of traditional Chinese medicine, on the one hand, transformed in varying degrees from the identification of traditional Chinese medicine with orthodoxy and the ideological superiority of Confucianism. That is to say, since the Song Dynasty (960-1279), intellectuals who practised traditional Chinese medicine could gain legitimacy as ‘Confucian doctors’. On the other hand, traditional Chinese medicine developed in a cultural environment where concepts of family, kinship, and clan, played a significant role in structuring societal relationships. This meant that the transmission of medical knowledge within the broader Han Chinese community was in general restricted in the sense that such knowledge was saved as “a highly individualistic art”²⁵ to only pass on to family members, or else to student-apprentices who were selected by ‘father-like’ masters.

In post-1949 China, the more recognised professional status of traditional Chinese medical practitioners resulted arguably from an increasing emphasis on Chinese economic and cultural self-reliance from the early 1950s onwards, which “began to impinge upon the early emphasis to learn everything from Soviet medical experience”.²⁶ More importantly, during that period, the Chinese Communist Party’s new interest in traditional Chinese medicine was further linked to the issue of ideological correctness.²⁷

Mass healing practice in indigenous communities in Guangxi however evolved in a quite different manner from the systems of modern Western medicine and traditional Chinese medicine. According to Ling Shudong, knowledge of mass healing practice was promoted in local communities on the under-

standing that, with agricultural and building skills, every member of the community should possess some healing knowledge. Most importantly, it was an aspect of communal village life.²⁸ This understanding reflected the traditional solidarity of village society, a solidarity that was based not simply on a shared system of spiritual beliefs, but also on a realistic approach towards matters of everyday survival. In effect, community involvement in agricultural production and other activities were promoted to advance the interests of the community as a whole. These communities are best described as operating in the form of a large expanded family, which is another way of saying that the individual family was not accorded the same historical importance in such communities as it was in the social foundations where modern Western medicines and traditional Chinese medicines were developed.

Although, some local communities in the Guangxi region often possessed a rich resource of traditional medicines, they were historically isolated from other communities due to the mountainous nature of the region. A combination of geographical and cultural conditions thus encouraged these local communities to function as large family-style communities, in which the interests of the community as a whole took priority over the interests of the individual in certain respects.

The importance of the characteristically community-style approach of those local communities is highlighted in an interview that I conducted with a senior research fellow at the Guangxi Museum, Zheng Chaoxiong, in 1999. During this interview, Zheng told me about the fieldwork research he had undertaken in a mountainous village during 1998. As Zheng explained, this village has a particular tradition: after a woman has given birth to two children, she requests the acting headman and headwoman of the village to give her three herbs. These medicinal herbs act as a contraceptive, and prevent further pregnancies. Members of the village maintained that, flowing from a long history of limited land and food resources, they had adopted this particular practice in order to maintain a viable balance between the rate of births and deaths in the village.

Traditionally, only two people—the headman and the headwoman of the village—knew the exact identity of these three herbs. Shortly before his or her death, the headman would reveal the identity of these herbs to the new headman, as would the old headwoman to the new headwoman. In circumstances where a village head died suddenly, the surviving head would disclose the identity of the three herbs to the newly elected headman or woman. The reason for electing two village heads was to ensure that information about these particular forms of medicinal herbs could be passed onto the next generation, with the practice of electing two heads being referred to as ‘double insurance.’

Apparently, other members of the village have never tried to ascertain the identity of these three locally produced forms of medicinal herbs. The complicity of village members in keeping the identity of these herbs a secret can be attributed

to concerns over what might happen if such information became generally available. The villagers were reputedly afraid that if the identity of such locally produced forms of medicinal herbs were disclosed to the outside world, then the wild resources or natural availability of these herbs to members of the village would be threatened. As a consequence, during the 1980s, the members of the village refused the government's request for information about these herbs.

In short, the reluctance of village members to disclose the precise identity of these three locally produced forms of traditional medicines stemmed from a concern to protect the interests of the entire village community.²⁹ In a second meeting with Zheng Chaoxiong in January 2012 he re-confirmed the above information which he had provided to me in 1999. Hence, although this particular example may appear to contradict my preceding argument concerning the popularization of knowledge about traditional medicines and their uses in communities, it indicates that the identity of these three herbs was kept a secret for the explicit purpose of guaranteeing rather than limiting the general well-being of all village members. In other words, the practice of limiting access to information about the three herbs in question was not intended to limit the number of local consumers, rather to guarantee the most effective use within the specific village community.

THE COMMUNITY BASIS OF MASS HEALING PRACTICE

It can be seen from the above that mass healing practice in Guangxi developed within a social and cultural framework that, in a broad sense, resulted from “*the adaptation of human needs and capacities to... diverse ecological circumstances*”.³⁰ More specifically, this practice owed much to the isolated nature of local communities. These are communities in which solidarity was taken as the key link, and skills in producing food and undertaking certain healing treatments were deemed crucial to the knowledge of every member of the community. It can also be seen that the geographic circumstances of these communities, together with their social and cultural conditions moulded the way in which knowledge of the medicinal properties of locally grown plants and indigenous therapeutic treatments came to be transmitted across generations.

The community rootedness of mass healing practice can be also seen in the connection between health services and local geographic communities in modernised societies. Such modern communities, similar to Guangxi's local communities, can be defined as “group[s] of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings”³¹ and there can be no doubt that local communities in both Guangxi's isolated areas and modernised societies play an important role in promoting the coverage of healthcare services for the members in their communities. While identifying such a commonality, however, there is also an essential difference between these two types of communities in the promotion of healthcare.

According to Galarneau, in the United States, community hospitals were established in the mid-1800s to care for local residents as well as to train physicians and nurses; and by the late 1960s and early 1970s, hundreds of local communities had established neighbourhood health centres in response to the healthcare needs of low-income persons as well as the desire for community governance. Today, community-based safety net providers, including community health centres and local non-profit hospitals, care for many uninsured persons.³² Communities and healthcare services in a modernised society such as the United States; however, seem to be two separate entities which are mainly connected in administrative terms. The local geographic community in the US “has responsibility for the provision of healthcare to its members”³³ but healthcare is outsourced to professional healthcare “providers”³⁴ and the essential role of the community is to ensure that the healthcare providers, healthcare centres or hospitals efficiently serve local people. The result of this is that the transmission of healthcare knowledge or “substantial medical training”, as Galarneau terms it, only “take(s) place in academic medical centers”.³⁵

In modernised societies like the US, communities provide supportive administrative conditions for healthcare institutions to offer their services, and the mechanisms at work are based upon administrative duties and medical professionalism rather than collective knowledge; this logically narrows the connection between the local community and healthcare service in general. In Guangxi however, what local communities provide are environmental and cultural conditions for mass healing practice to be created and for the knowledge of mass healing practice to be collectively owned, to nurture the connection between communities and healing practices. Additionally, we can see that, rather than being associated with the local community as both healers and transmitters of healing knowledge, healthcare centres and hospitals in modernised communities generally maintain only a one-way communication with the community—the undertaking of medical activities on individual patients. This further attenuated connection with the local community in general arguably reduces the communal nature of healthcare service in modernised communities. It can be said then that mass healing practice and mass healing education in Guangxi’s local communities are much more socially and culturally embedded and elaborated.

There is little doubt that the development of healthcare services in modernised communities is primarily the result of increased specialization in modern societies. Hence, it is certainly true that, with economic reforms, the rapid modernization process in China over the past decades has also brought about the further development of health centres and hospitals in Guangxi’s local communities. It must be noted however that whilst such modernization in healthcare service are welcomed by those communities, traditional mass healing practices are still existent in today’s local communities in Guangxi.

My interview with Ling Shudong in January 2011 confirmed that in Jingxi County, localised healing therapies were

still conducted by local community members. Ling particularly mentioned such cases as how bloodletting using hedgehogs’ quills was conducted by local residents to treat tonsillitis in older patients and how locally grown herbs were used to treat bone injuries such as dislocation in old local villagers. According to Ling Shudong, hedgehogs’ quills are used not only because they are hard and can be thus more easily exercised for bloodletting, but also because the *cold* nature of the hedgehog in traditional medical terms is believed to be able to bring down the level of the patients’ internal heat which are considered the main reason causing tonsillitis.

Meng Yuanyao’s story, as described below, shows on the other hand, that while developed in the social and cultural framework which is primarily shaped by local environmental conditions, certain forms of localised mass healing practice which do not require locally produced herbs could break through the geographic boundaries of their birthplaces and stay alive in a modern and commercialised urban area. Meng, as stated earlier, learnt certain indigenous healing therapies in his native place, Mashan County. After moving to Nanning, the capital city of Guangxi, however, Meng still prefers to use the indigenous therapy on himself and his family members for treating flu whenever possible, although he and his family members could easily gain access to a system of public doctors, public hospitals and public health insurance there. The personal health practices of Meng Yuanyao, in varying degrees, attests to not only the perceived efficacy, but also the continued popularity of indigenous mass healing practices in Guangxi today. Meng’s story demonstrates not only how strong this local tradition is, but also, at a more specific level, how a well-rooted mass healing culture could shape individuals’ healthcare behaviours and beliefs.

It can be argued in view of the above that, despite increased specialization in healthcare service, societal and cultural frameworks in those local communities still remain largely in place. All this results, arguably, from the fact that the geographical features of those local communities cannot be fundamentally altered by such modernizing changes as the construction of new healthcare centres and roadways. The local geographic environments have continued to provide growing conditions for a wide range of medicinal plants and, as Meng Yuanyao’s case shows, the social impact of such environmental features has continued to shape daily living traditions of the local people.

All the above suggests that the expanded family structured environment of mass healing practice and education in Guangxi’s local communities is rooted in social and cultural construction and the geographically isolated nature of these communities. It can also be argued that, along with distinguishing environmental features and people’s strong community-centred concern for their localised healing traditions as well as the highly practical nature of these traditions in people’s everyday life, various forms of mass healing practice could continue to exist, for the foreseeable future, even in the face of ever-increasing modernization and commercial development in today’s China.

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