

Fengli Lan, Friedrich G. Wallner, Gerhard Klünger (eds.)
Lifestyle and Health

LIBRI NIGRI

58

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The *libri nigri* series is edited at the Central-European Institute of Philosophy, Prague.
www.sif-praha.cz

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Verlag Traugott Bautz GmbH

Bibliografische Information der Deutschen Nationalbibliothek

Die deutsche Bibliothek verzeichnet diese Publikation
in der Deutschen Nationalbibliografie.
Detaillierte bibliografische Daten sind im Internet abrufbar über
<http://dnb.ddb.de>

Verlag Traugott Bautz GmbH
D-99734 Nordhausen 2017

Gedruckt auf säurefreiem, alterungsbeständigem Papier
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Printed in Germany

ISBN 978-3-95948-235-6

For my son Christian,
joy of my life!

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Preface

Today it is common knowledge that the lifestyle has an extreme high influence on health. But no one discusses the detailed concept and the conditions of lifestyle.

This book offers both: an analysis of the concept and conditions for a good or bad lifestyle. Western Medicine can by its structure only offer general or definitive advices and general restrictions without regard to the specific patient.

In a total different way a personalized medicine behaves to lifestyle-related diseases. The original Chinese Medicine is a striking example for a personalized medicine. But usually Chinese Medicine is explained and used in the way of Western Medicine because for the right use you need to understand the theoretical structure of Chinese Medicine.

This book refers to our research on the structure of Chinese Medicine and shows its possibilities in respect of lifestyle-related diseases. We do not offer medical advices in the usual sense but try to make clear the fundamentals of Chinese Medicine.

On the beginning we show the constructivist structure of the Chinese Medicine in systematical, intercultural and historical dimensions. After this the backgrounds of lifestyles are discussed by the views of Buddhist and Confucian ideas. From an original perspective is the concept of mind analyzed. A central topic is the in-depth presentation of the concept of "harmony". Relatively unknown is the importance of the "I Ching" (Yi Ying) for the Chinese Medicine; it demonstrates its scientific character. Finally in case-studies the social and ecological conditions as components of lifestyles are shown.

A lot of discussions arose between us. On the end of the book we offer three examples.

Lifestyle Related Diseases

A Challenge for Medical Treatment

Friedrich Wallner (University of Vienna, Sigmund Freud University, Vienna, Austria)

“For the Traditional Chinese Medicine the human being is like a work of poetry. One cannot pick a single word from the composition and expect to understand it without understanding the whole poem.”

Friedrich Wallner

Introduction

From the viewpoint of Western Science lifestyle related health problems pose a special challenge, which however is seldom appreciated or even just recognized as such. When it comes to lifestyle related diseases what I perceive to be the particular strength of Western medicine actually becomes a weakness. A weakness that might however be mitigated by learning from how an almost polar opposite medical system deals with these problems: Traditional Chinese Medicine.

In this talk I'm going to argue that Western medicine should and can learn from Traditional Chinese Medicine. I'm going to explain why and how. In order to fulfil these promises the talk is structured into five parts. First, I will take a look at the concept of lifestyle and try to make visible those of its aspects that make it a way more complex concept than it is usually thought to be. In the second part I will sketch the main features of Western medicine. I will highlight its particular strengths and it will become obvious why, as a theoretical medical paradigm, it has such a difficult time dealing with the phenomenon of lifestyle related diseases. The third part, will thus highlight the essential differences of TCM in contrast to Western Science. I will argue that because of its structure it is predisposed to excel at treating lifestyle related diseases, yet that it would be naïve to believe we could just adopt it one-to-one into our Western culture because it lacks the specific cultural

presuppositions that made it a valid scientific system in classical China. Instead, I will propose that we need to introduce a new paradigm of dynamic thinking to both Western and Chinese medicine that can draw onto the particular strengths of each system without straining the range of validity offered by their respective cultural backgrounds. Therefore, the fourth part, will present Constructive Realism as the method of choice for this endeavor, while the last part is reserved to illustrate exemplarily how I believe it dynamic thinking could be applied to treat lifestyle-related diseases in our culture.

I. Making Sense of the Concept of Lifestyle

On a first view, the concept of lifestyle might seem innocuous, easy to understand and little problematic. Lifestyle is a term that we use most ordinarily to describe the repetitive activities of easily surveyable groups of people, which are usually classified around clichés: like the lifestyle of the rich and famous, of the ancient Romans, or the surfer lifestyle.

While this use of the lifestyle concept clearly isn't a very useful guide for medical treatments it already hints at the plethora of possible influences that define the lifestyle of an individual. The lifestyle clichés above are classified around social class and milieu, historical époques, locations, and favorite past times. Individual lifestyles, or better individual conducts of life, get their particularity make up from all these and even more different sources.

So the first point of note is that lifestyle is not exhausted by the ways of living which a specific culture offers us, although it does, of course, set a frame for the possibilities to form an individual lifestyle. The kind of lifestyle available to individuals in the classical period of China is totally different from the one available to us in contemporary Austria. Moving down from the broadest to the most specific sources of lifestyle options¹, we have historical époque, culture, language, religion, education, work, social environment, the visual symbolism of everyday design and media, parents, physical, and psychological makeup of the individual, and more.

An interesting question that often comes up in this context is whether any concrete lifestyle is more of a personal choice or rather mostly purported by a specific culture. Clearly, a totally individual lifestyle is impossible because in this case the performer of this lifestyle would not understand

¹ This list is not meant to be exhaustive.

what he or she is doing. This argument refers to the famous “Privatsprachenargument” of Wittgenstein. The important content of this argument is, that a radical private language – a language just for one person –, is not possible as a language, because the choice of the signs would be arbitrary in every speech act. Lifestyle encompasses more than just language. If I see someone moving in a special way but he is not able to explain the meaning of his movements, then it is not his lifestyle but probably an illness. If something is done what the actor cannot understand himself then it is no lifestyle, although of course, it could be an expression of his lifestyle.

In front of this background, we can see is that we can read about any individual behaviour at least as an expression of his or her lifestyle. If someone crosses the street without respect to traffic lights – that would be the expression of a psychological aspect of his or her lifestyle. His personal choice might be rooted or based in his desire to not disappoint the superiors at his work, which again is fuelled by the puritan work ethic he learned from his parents, or maybe his petty desire to show his defiance for the rules of society because his peer group are punks living in an occupied house.

We can also see it as an expression of a specific lifestyle if a heavy smoker with tongue cancer doesn't/ or can't stop smoking. Of course, we might simply appoint her un-repenting self-destruction to the strength of her addiction. But, it seems plausible to me to say that her addiction supervenes on a larger theme of her overall lifestyle choices that includes a wide range of sources and triggers, all of which give a distinct meaning to her life and thereby her disease.

It is also interesting to see how different religious doctrines factor into the comprehensive lifestyle of a person because they are rarely ever lived out strictly but rather adopted to the private needs and desires of a person. The latter are of course always connected to other lifestyle options, a lot of which are nowadays proliferated through the ubiquitous eclecticism of today's media. What is good, what is right or what is beautiful is increasingly learned from peer groups that might be spread across different places over the whole world.

One take away is that we will rarely find an individual lifestyle that fits squarely into any preconceived notion we have of a specific lifestyle, as, for instance, the fitness lifestyle. That alone might not be all too surprising. Yet, there is something different here at play, that I hope, however, is slowly shining through:

Lifestyle is not only what we do (regularly), but more importantly, why we do it.

And this ‘Why’ does not simply refer to causal explanation, but to an explanation of individual meaningfulness. On a purely descriptive level two persons might be doing the exact same thing, yet they are doing it for completely different reasons. Because of these different reasons one of the persons might be thriving, while the other is degenerating. In fact, I’m inclined to say that despite what meets eye they are indeed doing different things altogether. And if it is repeated behavior they are not having the same lifestyle.

We can illustrate this by looking at some of the myriads of possible reasons that people have for being vegetarians. One might be doing it because he has a deep compassion for animals, another because his spouse is a vegetarian and threatened to leave him, the next one does it because he believes its healthier or because he hopes to lose weight, another simply doesn’t like the taste of meat, another does it because of his religious beliefs. Certainly this is just a small sample of what makes people become vegetarians. But I believe, when we put like this, it becomes easy to imagine how different the individual relationships of these people are not only towards their food, but also to their peers or people in general. And despite, that on a superficial look, all of them adhere to the same ostentatiously labelled lifestyle paradigm, their individual diets will differ immensely.

Yet, once again the most interesting question to ponder is whether, – even if they all factually ate the exact same things, – they would all receive the same kind of health benefits or drawbacks?

II. The Challenge for Western Medicine

I believe that the reason for the special challenge Western medicine faces in regards to dealing with lifestyle related diseases becomes obvious by looking at how restricted it is in answering the above questions.

Let me preface my following remarks with a short disclaimer: It is not my intention in any way to claim that Western medicine in general does not work or should be abandoned in favor of alternative medicine. On the contrary, I believe that Western medicine is formidable, yes, downright amazing in its approach to a lot of health issues. I also don’t want to claim that Western physicians are in general unaware or incapable of comprehending the issue at hand. In fact, I believe that there are many great healers among prac-

titioners of Western medicine who are perfectly able in dealing with the lifestyle related diseases. However, what I believe is that when they do, – be it knowingly or unknowingly, – they leave behind the theoretical framework offered by Western medicine. What they do then is something that cannot be taught as part of the framework of Western medicine.

From the standpoint of Western our question above can only be answered by saying that indeed, if they are all eating the same things, we can expect them to get the same benefits or drawbacks. Any differences would have to be explained as consequences of differences in their physical constitutions. However, it is at this point that the explanatory reach of Western will often, though not always, come to an unsatisfying end. In the case of acute sickness that means that although the particulars symptoms are often incredibly well understood, no ultimate cause can be found. Medicines get administered that treat the symptoms; and in many cases they can be treated amazingly well. Or at least, regulated amazingly well. But if the ‘real’ reason for the diseases actually is a lifestyle consequence, it does not receive any medical attention. Of course, there are many exceptions to this rule, but that doesn’t belie its existence.

And this is not by accident. Western medicine excels at treating and curing certain kinds of diseases. These tend to be acute and suggestible to *ad-hoc* counter measures. Infections, broken limbs, and, as I’m fairly confident, rather sooner than later cancer, as well, are highly localized phenomena that can be understood and treated incredibly well with the methodology of Western medicine.

Its methodology is modeled after the methodology ideal of Western science, which means that the whole medical system is predominantly based on three ontological presuppositions, which from the perspective of philosophy of science have long been exposed as fictions. Make no mistake, they are incredibly useful fictions many times, but fictions none-the-less:

First, there is the dualism of mind and body:

Western Science is based on the belief that there is strict division between the world of material things, which are governed by the laws of nature, and the world of the mental, whose relation to the physical is not entirely clear. For our medicine that means its healing efforts are almost solely directed at our bodies that are thought of as bio-mechanical machines that carry our minds around.

Then there is, second, the eradication of the subject or the scientist as a pure observer. Since at least the Vienna Circle the methodological ideal of

mathematical objectivity has been the holy grail of all scientific endeavors. Any science gets measured against this idea. This means we try to purge any sign of human subjectivity out of scientific research. Subjectivity is regarded as the enemy of knowledge. The scientist is supposed to be something like a quality-less receptor of information whose descriptions of the physical world are true descriptions of the world. Thus, at least when speaking strictly theoretically, for Western medicine neither the doctor nor the patient are real as human beings.

Third, the methods of choice for Western science are induction, deduction and thereby reduction. That means we either try to go from the observations of single events to the formulation of abstract laws (induction), or we try to go from an abstract law to determine what must be the case in single instance. In this we create a complex system of sentences that make up the known scientific truths of a time. The sentences describe causal relations between different elements of the material with ever increasing detail. Yet, the physician whose work rests on this system of 'true' sentences this means that anything that he doesn't find in the systematized knowledge of symptoms, causes and cures doesn't exist as a sickness². So how can he cure it?

I think this gives at least some preliminary credibility to the idea that the Western physician has to leave behind the framework of his own medical system, in fact, always already has left it behind, whenever she perceives something as a lifestyle related health problem. It is not the case that Western healers cannot cure or deal with these kinds of health issues, it's only that when they are, they are either 'just' fighting specific lifestyle instances that recognized as the enemy of their patients' health³, or they are recruiting the resources of alternative medical systems or psychotherapeutic methods.

The same methodology that in virtue of great specialization and compartmentalization yields incredible results for Western medicine also severely restricts its applicability for comprehensive health issues that demand an understanding of the patient as a human being embedded in complex context of life. I hope that it becomes obvious that this is a methodological problem

² Once again, I'm merely making a simplified point about the reach of theoretical system that guides Western medicine, not a naive judgement about the healing competences of Western physicians.

³ The smoking, or the soda drinks, for instance. Yet, the question of *why* their patients are actually engaging in these unhealthy lifestyle choices is not going to feature into their treatments.

that cannot be solved satisfyingly by merely exchanging parts of our medical vocabulary. Any changes to the structure of the Western medicine that are radical enough to actually make a difference in this regard, would also destroy the pillars of its success. Thus, we need a different strategy. Before I explain how I believe such a strategy should look, we should have a look how the Traditional Chinese Medicine deals with lifestyle related diseases.

Table 1: Ontological Differences between Western and Chinese Thought

Type of Difference	European Thought	Chinese Thought
Ontology	Unchangeable Basis of the Changing Things (Plato: Being)	Phenomena: unstable, emerging and disappearing
Methodology	Induction and Deduction	Governing Changes: Qu Xiang Bi Lei
Manner of Thought	Linear Reasoning by Reason and Cause	Circular Reasoning: One Point is Explained by All the Others
Theoretical Structure	Separation of Theory and Practice	Unity of Theory and Practice
Experience	A Passive Reception of Information	An Interaction

III. The Advantage of Traditional Chinese Medicine

From the perspective of TCM the kind of problems we have been looking would seem quite peculiar indeed. If there is a medical system that is uniquely suited to dealing with lifestyle related health issues, especially in form of preventive measures it is the TCM. Yet, in order for us Westerners to under-

stand the particular strengths (and, of course, weaknesses as well) of the Chinese medicine we need to set aside our metaphysical fictions for a moment. Because if we judge the medical system of TCM by the standards of Western medicine, we will inevitably come to the conclusion that it is all superstition, snake-oil and cheap make-believe.

If we want to understand the classical Chinese approach to healing we must first accept its most basic idea, 'Heaven and human must be in harmony': *Tian-Ren-He-Yi*.

One of the greatest detriments to understanding the Chinese ontology is to force analogies, where there are actually none. So is, for instance, the suggestive Western interpretation of *Tian-Ren-He-Yi* as 'microcosm and macrocosm should be in harmony' a trivial misunderstanding: for in the classical Chinese thought the concept "harmony" ("He") actually *depicts a simultaneous movement in nature and a movement in language*. This harmony is always explained in form of metaphors, whose complex relations to each other take the place of the Western system of logical and causal relations.

Only if we are in harmony we are able to understand nature as ourselves. Thus, TCM, quite unlike Western medicine is not aiming to fight and eradicate specific causes of illnesses, but rather at bringing a whole system into harmony. As we can see this act of balancing out the universe with the human being, is based on ontology that could hardly be more different from the one we have seen in the background of Western medicine above.

In order to understand their ontology it is important to know that they believe imagination and image are the same. The classical Chinese ontology doesn't make a difference between our perceptions of the world and the world itself. This is very tough thought for us Westerners to understand. Not because it is conceptually difficult, but simply because it runs against the grain of the dualist ontology that we have been taught to take for granted since our birth. To say it with Wittgenstein: against the background of our language games⁴ this must seem nonsensical to us.

Because of the unity of image and imagination, of perception and perceived the TCM also does not distinguish between the mental and the physical. There is no mental without the physical in the TCM, nor vice versa. This is, of course, no more or no less a metaphysical fiction than our Western

⁴ Unless, of course, we learn to suspend this background for a while, as I invited you to do today.

dualism. But it is necessary to know about these presuppositions of traditional Chinese medicine to understand the importance of *Harmony*.

One central consequence of this metaphysic that seems so alien to Westerners is that most of the major philosophical questions that have plagued our culture in the last three hundred years, especially those related to the mind-body-problem are completely suspended from a classical Chinese point of view. If for you there is no division between the mental and the physical, you also don't have to wonder about how the mental could actually cause physical changes.

More important yet for today's question, this also means that from a TCM point of view the division of labor that we take for granted between physicians who, quite true to their name, only focus on the physical wellbeing of their patients and psychotherapists who only deal with the aspects of mental health must seem quite peculiar.

The assumption of a unity of image and imagination also made need for a different system of medical diagnosis. Trying to eradicate the observer in order to generate an objective description of the world that is completely free of subjectivity obviously doesn't make much sense if you don't believe that your perceptions are any different from the world you are describing. There is no escaping subjectivity according to this philosophy so you don't have to try so hard. Because there is no question of how our perceptions are caused the Chinese focus instead on how they are connected to each other, resulting in a "world". The relations between different perceptions or imaginations, thus, aren't described in terms of causality or logic but rather expressed in form of metaphors that are interwoven in complex ways. Instead of induction and deduction the Chinese use a circular way of *reasoning with metaphors*, whose manifold layers 'guarantee', the reality-character of our imaginations.

Unlike Western medicine this means that for the versed TCM practitioner almost everything about his patient and his lifestyle can be relevant for his diagnosis. This is huge advantage over Western medicine when it comes to preventing lifestyle related diseases. Whereas the Western physician can only treat what he can put into descriptive terms and reduce to its smallest causal units, the TCM master will be hugely interested why someone conducts his life the way he does. We could say, with TCM the intentionality doesn't get lost. It is in fact paramount to facilitate harmony.

We can illustrate why this might in many ways be more effective than the approach of Western medicine, by looking at how different the health

advice of two stereotypical representatives of each medical system might look for a heavy smoker:

For the Western physician things might be quite clear. Quite correctly he would advise the patient to stop smoking, unless he is prepared to face a rather unpleasant, early but slow demise. His advice is informed by unassailable statistics correlating smoking with lung cancer and dramatically lowered life expectancies, and backed up by alarmingly elevated vital signs of his patient. Without doubt that's solid advice⁵.

Prima facie, the TCM master might actually suggest the same lifestyle change to his smoking patient. Yet, unlike the Western physician his advice is not aimed at warding off a terrible future ill, but rather at restoring harmony and balance in the life of his patient. So, if we imagine that in both cases the patient are fully confiding into their doctors' abilities and decide to actually follow their advice, it seems quite clear to me that they would still be doing two different things. One will be acting out of fear of a ghastly end; the other will strive to be harmonious.

Will this *affect* their health? I'm certain of that, though I doubt that it will completely *determine* their health. And if I had to speculate I'd say that he who smokes without regret or fear would, at least, reduce his risk of lung cancer⁶.

Let's assume that by now I had you convinced that in regards to lifestyle related diseases the ontology and methodology of TCM might actually be superior to Western medicine. How could we best profit from its strengths without compromising the strength of Western medicine? Does it make sense to just use it as a parallel system and recruit its knowledge resources according to need?

The latter proposal seems reasonable enough, yet, once again, matters are not that easy.

IV. The Problem rehearsed

The TCM, its ontology and methodology are a product of classical China. China, at that time was clearly a closed society, with a very specific culture

⁵ Although some might wonder how pressing the need for a doctor's might have been to get this advice.

⁶ Which is of course not an endorsement for smoking. People have been dying of smoking-related lung cancer long before any connection between the two has been known or public.

that gave hold and meaning to the idea of creating a harmony of heaven and men.

Simply using the same formulations as an objective for Western science will distort its original meaning in our contemporary world far beyond any point that it could still be effective. This holds true actually as well in contemporary China whose culture is also part of the increasingly fast-paced exchange of meanings, cultures and lifestyle possibilities.

For example, in our world, we could only understand this formulation as an imperative. From the different possibilities we have in regards to nature, we must make the choice to create harmony.

In contrast, for the classical Chinese, nature offers by itself the possibility of harmony. Therefore, men and nature are always together. This means “harmony” (example: the Chinese Garden). Harmony is not a goal, not something that *needs* to be accomplished, it is not an individual act of choice between good or bad, but something that comes to appearance naturally. This is for the classical Chinese the perfect idea of nature. In a closed culture a harmonious lifestyle will emerge by itself. Everything is a balancing act of heaven and nature which, as we had seen, can only be understood and have the necessary meaning if the reflective method of choice of your culture was circular reasoning with metaphors.

These conditions of meaningfulness, which govern in many ways the effectiveness of treatment, are almost diametrically opposed to the conditions that govern contemporary western thought. Here nature offers choices. And it is our individual responsibility to make the right choices. There is no naturally emerging balancing act that the master of TCM might help along to create harmony. This means that we cannot just take the teachings of Traditional Chinese Medicine and integrate it as a parallel system for treating lifestyle related diseases besides Western medicine. We need to find a way to adapt it to the shared ontological fundamentals of the contemporary world if we want to take full advantage of its merits.

Therefore, we need a methodology which allows us to reconstruct the Chinese approach to nature for multidimensional thinking. The offer of the Chinese medicine is the idea of “harmony”, and “harmony” is constituted in Chinese medicine by the connections of metaphors. Whereas in western thought, harmony can only be constituted between intentionalities. This calls for a special method, which I believe is found in Constructive Realism (CR).

V. Constructing a Realistic Solution: What is Strangification?

The method that I'm talking about is called strangification. It is the central method of the philosophy of science that I have developed, though I will restrict myself here to a brief introduction of the method alone. You will see that it is actually quite intuitive, and, without doubt, you have already been using it in your own life. The main difference being that I have adopted it for systematic approach to understanding science.

Strangification is a hermeneutical method. Basically, you take what is a meaningful sentence in one system of beliefs, which, by the way, I like to call 'micro worlds', and introduce it to a different micro world. Then you try to understand what happened to the meaning of the sentence. What will happen is that it loses its meaning, or that at the least its meaning gets heavily distorted. This is actually a good thing. Because now you can try to find out what are the assumptions that govern the meaning of the original micro world the sentence came from. There are often quite surprising presuppositions necessary to give meaning to the sentences of individual microworlds. And as the persons that are involved in the day to day dealings of all these different microworlds we are rarely ever aware of all the presuppositions we are making, whether it is as a biologist, a physicist or as a practitioner of TCM.

Let me give you a quick example that is near to our topic which will also illustrate what strangification *is not*:

One topic of endless fascination for Westerners when it comes to TCM is the meridian system. It is quite a big temptation for us to think of it as a primitive ancestor of what we call the nervous system. Thus, we try to test it with the methods of empirical science and find that we find nothing; concluding that it must be bogus, that it doesn't really exist. This is not (yet) strangification. This is forcing a similarity, where actually is none.

We could also say that it is the experience of dissimilarity that could prompt doing a real strangification. Rather than just taking the negative result as a proof that Chinese Medicine is not to be taken seriously, it could lead to the question of what are the necessary structural presuppositions that made the meridian system real enough to create a more than 2000 year long success story. It could also prompt the question of what are the structural presuppositions that we have to be making in order for us to find nervous system?