



The Quadruple Role of Henry C Lu in the International Communication of Traditional Chinese Medicine

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Abstract

Based on the life of Dr. Henry C. Lu as a practitioner of the Traditional Chinese Medicine (TCM hereafter) and his many books on TCM practice and education, this article draws his profile to show his endeavors in the international communication of TCM as a practitioner, scholar, writer, and educator. He earned worldwide fame from A Complete Translation of the Yellow Emperor's Classic of Internal Medicine and the Difficult Classic, one of the representative English translation of Huangdi Neijing. To jump over the gap between TCM and Western medicine summarized with the Acro Diagram or Tai Chi Diagram, Dr. Lu found a clever way to code syndromes and rank them by voting. His comprehensive list of coded syndromes can help TCM practitioners make an objective diagnosis easily. In 1986, Dr. Lu founded the International College of Traditional Chinese Medicine of Vancouver which was renamed as Tzu Chi International College of Traditional Chinese Medicine in 2015. Together with his Canadian-Chinese colleagues, Dr. Lu was one of the pioneers to strive over decades for the legislation of TCM, making British Columbia the first region in North America to recognize TCM as a medical major with four types of registerable titles equivalent to Western medicine.

Keywords: Henry C. Lu; Huangdi Neijing; traditional Chinese medicine; international communication

Introduction

It is with great sadness that we learned of the passing of Dr. Henry C. Lu (吕聪明) on January 18, 2022. As a Canadian-Chinese scholar, Dr. Lu was very diligent and prolific in the field of Traditional Chinese Medicine (TCM hereafter) education and translation. Dr. Lu contributed dozens of publications over decades and played a fundamental role in initiating TCM and Acupuncture legislation in British Columbia, Canada. Thereby he was widely respected in North America, Europe and all over the world. To this end, we feel it is particularly valuable to write an article to explore Dr. Lu's outstanding contribution to the international communication of TCM culture during his life.

Profile of Dr Henry C Lu

Dr. Henry C. Lu is regarded as an outstanding scholar, writer, educator, and also a practitioner in TCM treatment and legislation (Figure 1). He was born on September 3, 1936 in Taiwan. After

spending university life in Taipei, China, he pursued graduate study on education in the University of Hawaii, USA. Then he went to Canada for Ph.D. study also on education in the University of Alberta. After graduation, he taught at the University of Alberta and University of Calgary between 1968 and 1971 [1].

Since high school, Lu had chronic constipation and constant nasal discharge which made him feel tired, which continued until he finished his graduate study. He consulted many Western doctors in Taiwan in vain. American doctors in Honolulu acted just the same as those in Taiwan, the laxatives even cause pain to his intestines. Other suggestions including fruits, diet, and exercises could neither help. Later on, when he went back to Taiwan, one of his relatives introduced a Chinese herbalist to him. The herbalist gave him an herbal formula. After taking the formula for several days, he was deeply impressed to feel energetic again. This personal experience led him to the lifetime devotion to TCM [2] Figure 1.

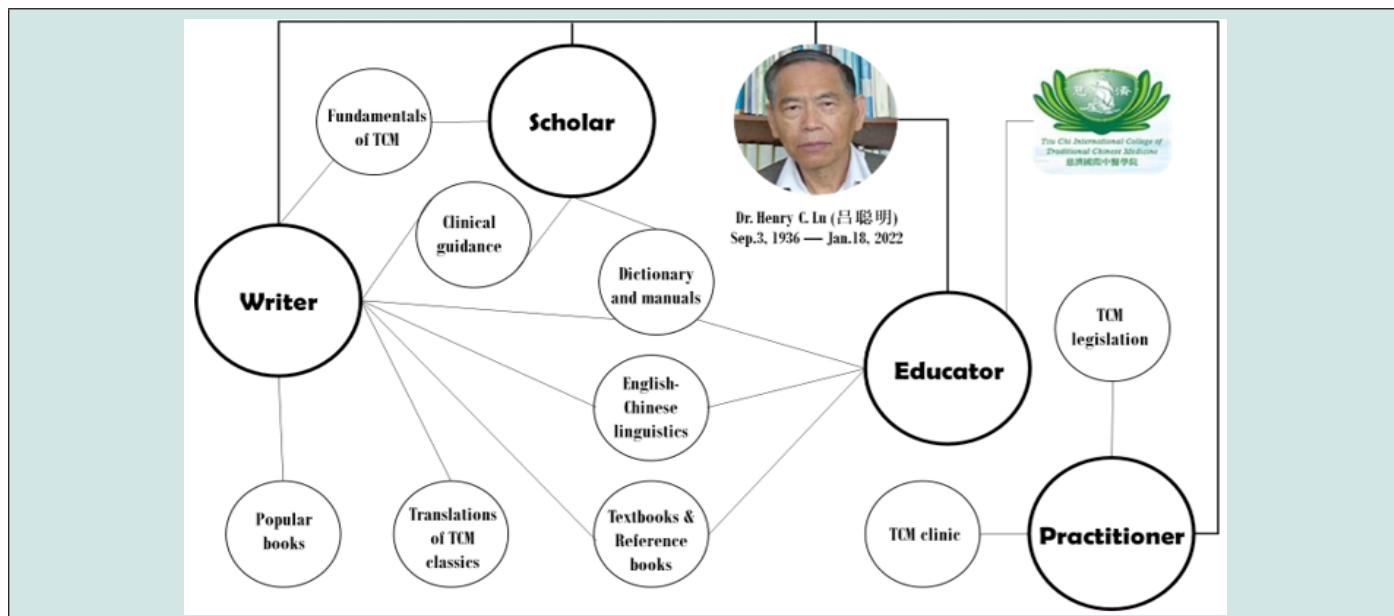


Figure 1: Profile of Dr. Henry C. Lu.

Dr. Lu has practiced Chinese medicine since 1972. After five years, he became a licensed TCM doctor in British Columbia (BC), Canada. Besides, Dr. Lu founded the International College of Traditional Chinese Medicine of Vancouver in 1986, which was donated to Tzu Chi Foundation in December 2015 afterwards renamed to be Tzu Chi International College of Traditional Chinese Medicine. As the founding President, he not only developed its accredited curriculum but also taught TCM actively [1].

Dr. Lu wrote 67 books covering the translation of TCM classics, fundamentals of TCM, clinical guidance, popular books, English-Chinese linguistics, textbooks and reference books, dictionary and manuals. What is impressive is that as a beginner, he bravely translated the complete Yellow Emperor’s Inner Classics and the Difficult Classic in 1978 (retranslated in 1985), which became his best-known achievement [3]. Moreover, Dr. Lu had devoted himself

in the legislation for TCM in British Columbia for decades, and he was elected to be a member of the Federal Board of Natural Health Products in Canada [2]. Pitifully Dr. Lu passed away on January 18, 2022, at the age of 85 years, in Evergreen House, North Vancouver, British Columbia [1].

Dr. Lu’s Writing and Thinking about TCM

Dr. Lu was not only a qualified TCM practitioner, but also a diligent writer and serious educator in the field of TCM. Table 1 lists the books written by Dr. Lu with classification and year of publication from Amazon.com [3]. Among them the most famous is the complete translation of The Yellow Emperor’s Classic of Internal Medicine and the Difficult Classic. which won worldwide fame for him. In the more than 100 papers mentioning about Dr. Lu’s work in Chinese Network of Knowledge Infrastructure (CNKI), 44 papers mention about his translation (Table 1).

Table 1: List of Books by Henry C. Lu.

Translations of TCM Classics	
The Yellow Emperor’s Book of Acupuncture	1973
A complete translation of The Yellow Emperor’s Classic of Internal Medicine and the Difficult Classic. (A complete translation of Nei Ching and Nan Ching) Vol 1 2 3 4 5 complete. Chinese Medicine Study series Text 301,302,303,304,305.	1985
Yellow Emperor’s Classics: Inspirational Resources of Acupuncture	2014
Fundamentals of TCM Theory	
Syndromes in Traditional Chinese Medicine by Henry C. Lu (2013-01-22)	2013
Chinese Acupuncture of Stems and Branches with Calendars	2013
The Foundations of Traditional Chinese Medicine	2013
Techniques of Multiple Chinese Acupuncture Therapies with Full Illustrations	2013
Data-Based Shortcut and Key Syndromes Diagnostic Forms in Traditional Chinese Medicine	2013

Chinese Acupuncture Therapy by Specifically Designated Points	2014
The Core of Chinese Herbal Formulae	2014
Meridian Therapy in Chinese Acupuncture	2014
Terminology of traditional Chinese medicine	2014
Modern Strategies of Diagnosis and Treatment in Traditional Chinese Medicine (2)	2015
Modern Strategies of Diagnostics and Treatment in Traditional Chinese Medicine (1)	2016
On Invasive Coldness Classic	2018
Diagnostics and Therapeutics of Modern Diseases in Traditional Chinese Medicine	2018
Family Status of Chinese Herbal Formulae	2018
Clinical Guidance	
Syndromes in Traditional Chinese Medicine	2013
Philosophy and Metaphysics of Traditional Chinese Medicine	2013
110 Prestigious Chinese Herbal Formulas for Traditional Chinese Medicine Clinics	2013
Clinical Cases of Acupuncture	2014
The Theory of Diagnostics in Traditional Chinese Medicine	2014
Principles of Selecting Treatment Points in Chinese Acupuncture	2014
The Guidelines for Differential Diagnosis in Traditional Chinese Medicine	2014
Advanced Diagnosis of Syndromes in Traditional Chinese Medicine	2014
Clinic Data-Based Diagnostics of Body Types and Syndromes with Herbal Therapy	2016
Clinic Data-Based Diagnostics in Traditional Chinese Medicine	2016
Data-Based Diagnostic Charts in Chinese Acupuncture	2017
Data-Based Diagnostic Charts in Traditional Chinese Medicine	2017
Data-Based Shortcut Diagnostic Forms in Chinese Medicine	2017
Classic Wisdom in Clinical Practice of Chinese Herbal Therapy	2017
Data-Based Comprehensive Diagnostic Forms in Traditional Chinese Medicine	2017
Data-Based Constitutional Therapy in Traditional Chinese Medicine (1)	2017
Data-Based Constitutional Therapy in Traditional Chinese Medicine (2)	2017
Single Point Therapy in Chinese Acupuncture	2018
Clinic Data-Based Selection of Treatment Formulas in Traditional Chinese Medicine	2018
Popular Books	
The art of health and healing in traditional Chinese medicine	2012
900 Foods for Health and Healing in Traditional Chinese Medicine	2013
What Foods And Herbs are good for your health?	2013
Food Cures and Manipulative Therapy in Traditional Chinese Medicine	2016
English-Chinese Linguistics	
Rules of English Grammar for the Chinese Learners	2013
Mandarin Chinese grammar	2014
A Bilingual Textbook of Mandarin Chinese As 2nd Language	2014
A complete Guide to Good English for ESL Learners	2014
A Guide to English Translation of Traditional Chinese Medicine	2014
Chinese Characters, Historical Origins, And English Grammar In Traditional Chinese Medicine	2018
Textbooks and Reference Books	
A Standard Textbook of Chinese Herbal Formulae	2013
Selected Readings from Yellow Emperor's Classics	2013

A Comprehensive Textbook of Chinese Acupuncture	2013
A Question Bank of Traditional Chinese Medicine	2014
The Original Chinese Texts of Yellow Emperor's Classics and Difficult Classic	2014
Study Guide for Traditional Chinese Medicine and Acupuncture Students	2014
A Standard Textbook of Chinese Medicinal Herbs	2014
A Standard Textbook of Chinese Herbal Therapy	2014
A Student's Encyclopedia of Chinese Herbology	2014
A Question Bank of Acupuncture	2014
Simulated 3,200 Licensing Examination Questions with Answers in Acupuncture	2017
A Comprehensive Review of Chinese Herbal Therapy for Licensing Examinations	2017
Chinese Acupuncture Based on 33 Resources and 400 Pairs of Points	2018
Herbs and Formulas for 2,191 Diseases in Traditional Chinese Medicine	2018
Dictionary and Manuals	
A Doctor's Manual of Chinese Herbal Therapy	2013
An Acupuncturist's handbook for clinical practice	2013
A comprehensive clinical manual of Chinese acupuncture	2014
Clinic Encyclopedia of Traditional Chinese Medicine	2014
A Pronouncing Dictionary of Chinese Characters	2015
A Doctor's Manual of Chinese Herbal Therapy	2018

From the contents of Dr. Lu's books, it is clear that he had tried his best to spread the knowledge of TCM in western world by overcoming the language and scientific barriers between TCM and Western medicine (WM).

To help learners overcome the language barrier, he wrote books on Chinese-English linguistics, particularly a Pronouncing Dictionary of Chinese Characters. In his opinion, a clinical manual is convenient, accurate, speedy, and selective in diagnosis and treatment for clinical practice, [4] so he wrote five clinical manuals to help TCM practitioners.

From his personal experience, he thought TCM invented 3,000 years ago should not be treated as "obsolete", but there are eternal principles in TCM about the functions of internal organs and their interrelationships, which are as valid in ancient times as they are today [4]. TCM is still and will be in common use because it is truly effective[4]. Treatment effect is the criterion to judge a medical treatment and/or a medical doctor [4]. The patient is the judge of treatment effectiveness but not the practitioner [4]. TCM practices agree with evidence-based medicine in WM, which can be proven by the patient's testimonial but not easy to be achieved. [4] As a result, a friendship relationship is often built between a TCM practitioner and his patient, a TCM doctor is quite like a family doctor in WM [4].

Dr. Lu thought that TCM and WM are different and cannot be merged, but they can be applied together to compensate for poor clinical effects and/or to increase patient satisfaction [2]. He believed that TCM and WM can work together in four interactive ways: [2].

a. Use advanced methods of Western diagnostics to confirm or direct TCM diagnoses [2].

Advanced methods of diagnostics used in WM such as test of blood and urine, perspective by ultrasound, x-ray, computed tomography (CT), and nuclear magnetic resonance (NMR) can help to confirm a TCM doctor's diagnosis or narrow down the pathogeny [2].

b. Use advanced methods of Western diagnostics to evaluate TCM treatment effect [2].

Advanced methods of diagnostics in WM may be used to evaluate the TCM treatment effect. For example, whether the virus or antibody disappear after treatment of hepatitis; whether the blood pressure returns to normal after treatment of hypertension; whether the gallstone is gone after treatment of cholecystitis [2].

c. TCM offers WM opportunities for treatment and research [2].

Western doctors can do scientific research from successful TCM treatments. For many tricky diseases, WM doctors use effective drugs from Chinese medicinal herbs or extractions from herbs, like rhubarb, castor oil, also camphor as an antipruritic, and chaulmoogra oil to treat leprosy [2].

d. TCM and WM benefit from each other to improve clinical effects and patient satisfaction [2].

TCM and WM have different advantages for different disease, so they need to be applied in different sequence depending on the

specific case of disease [2]. For example, WM treatment is preferred for a patient having an accident, stroke, or heart attack, then the patient can be handed over to a TCM doctor for follow-up [2]. On the other hand, TCM treatment may achieve a high degree of success for problems like post-stroke paralysis, chronic muscle and bone injuries, chronic indigestion, and insomnia [2]. Dr. Lu tried to help TCM practitioner to make objective diagnosis, neither by sweeping generalizations, nor by speculations [4]. During diagnoses, a TCM practitioner find the individual syndromes by observing the patient, listening to the patient, questioning the patient, and taking the pulses, etc [4]. Then he has to determine what’s the intrinsic reason for the patient’s disease, as called integrated syndrome or syndromes by Dr. Lu. [4] He tried to build bridges between individual symptoms and integrated syndromes in five objective methods to help a practitioner “cross the bridges” easily [4].

- a. Comparison method (identification method): One can identify the patient’s integrated syndrome by comparing his individual symptoms with what is said in TCM classics [4].
- b. Inductive method (democratic method): By comparison in different aspects with TCM classics, the syndrome including the biggest number of symptoms of the patient is chosen to be the integrated syndrome [4].
- c. Deductive method (chief complaint method or textbook method): Trace the syndromes of the chief complaints, then use other indications of these syndromes to determine the most possible one [4].
- d. Counterevidence method: Any syndrome corresponding to only one chief complaint can be excluded for a patient with two chief complaints [4].

e. Determine body type method: TCM treatments are believed to be practiced according to three causes, i.e. time, place, and person, so Dr. Lu divided patients into ABCDEF six kinds by their body constitution. Different body type is liable to result in different integrated syndrome and needs to be treated by different Chinese medicine [4].

He built up a coding system for syndromes from TCM expertise, forming a huge database with over 30,000 data. He tabulated a comprehensive list of syndromes which lists all the important indications for each syndrome. In making diagnosis, a TCM practitioner just needs to fill out the form and comes up with a syndrome with the highest score, thus the diagnosis will be easy, speedy, and accurate. This data-based diagnostics and therapeutics might be comparable to evidence-based medicine in WM. In the future, TCM practitioners only need to increase and modify disease syndromes or formulas in the database to meet different kind of diagnosis requirements [5].

Taking common cold as an example, the Key symptoms include fever, dislike of cold, headache, body ache, sore throat, cough, nasal discharge. There are three patterns (integrated syndromes), namely, wind cold, wind heat, and summer heat and dampness, which are coded as 100c, 100u, and 106e respectively by Dr. Lu. Clinically, A male patient at age 30 had the following symptoms: fever, dislike of cold, headache, no perspiration, nasal congestion & discharge, light cough, white & moist coating, superficial tight pulses. These symptoms are shown in bold in Table 2, then the total number of bold symptoms corresponding to each syndrome can be summed up to be 7, 4, 2 respectively. Thus the final diagnosis is wind cold, the formula can be given to be Jīng Fáng BÀI DÚ SÀN 荆防败毒散 [6].

Table 2 : Data-based diagnostic chart of common cold by Henry C Lu [6].

Common cold	100c wind cold	100u wind heat	106e summer heat and dampness
Formulas	Jing Fang Bai Di San Pi Mtflft	Yin Qiho San wan	Xin Jid Xifing Rd Yin f4]JaNiX
Body			Hot Sensation
Chest, Hypochondrium, Ribs			Congested Chest
Cough	cough		
Dislike of			Wind
Feelings	Colder than fever	More Fever Than cold	Depressed, Nausea
Head	Headache	Swollen & Painful	Heavy With Swollen & Pain
Lmbs	Painful		Heavy & Painful
Mouth		Thirst With Desire for drink	Thirst But Drink Only a Little
Nose	Nasal Congestion, Clear Nasal Discharge	Nasal Congestion & Turbid Discharge	Nasal Congestion & Turbid Discharge
Perspiration	no	slight	Scanty Perspiration That doesn’t relieve fever
Pulse	Superficial or Superficial tight	Superficial Rapid	Soft Rapid
Sputum	Vomiting Thin Sputum	Yellow Sputum	Sticky Sputum

Throat	Itchy Throat	Dry & Sore Throat	
Tongue Color		Red Tip	
Tongue Coating	Thin White	Thin Yellow	Thin Yellow & Greasy
Urination			Short Streams of Red Urine
Voice	Heavy Voice		
Total	7	4	2

Contributions of Dr. Lu to the Worldwide Spread of TCM

It is well known that there exists a large gap between TCM and WM. To have a clear overall overview, we can summarize the barriers for the international communication of TCM by comparison with WM in Figure 2. [7] TCM is based upon the concept of yin-yang and Pentacy, while WM rests on the foundation of atomism. Therefore, WM is straightforward, strict, precise, and easy to be repeated; but TCM appears to be obscure, broad, rough, and hard to be repeated. There also exists the difference in treatment principle. WM aims at curing the disease of a person, while TCM aims at treating the

person prior to disease. Because of the convincing clinical effect of TCM, we should recognize that TCM is a kind of dialectic system science full of arts [8].

These characteristics keep TCM being questioned and negated for more than a hundred of years. Today, during this COVID-19 pandemic, TCM has been playing a significant role in China to successfully cure the corona virus infected people, [8] but TCM is still regarded as a kind of metaphysics, even pseudoscience [9]. It seems to be a mission impossible to articulate the scientific connotation of TCM clearly either by logic or by words¹.

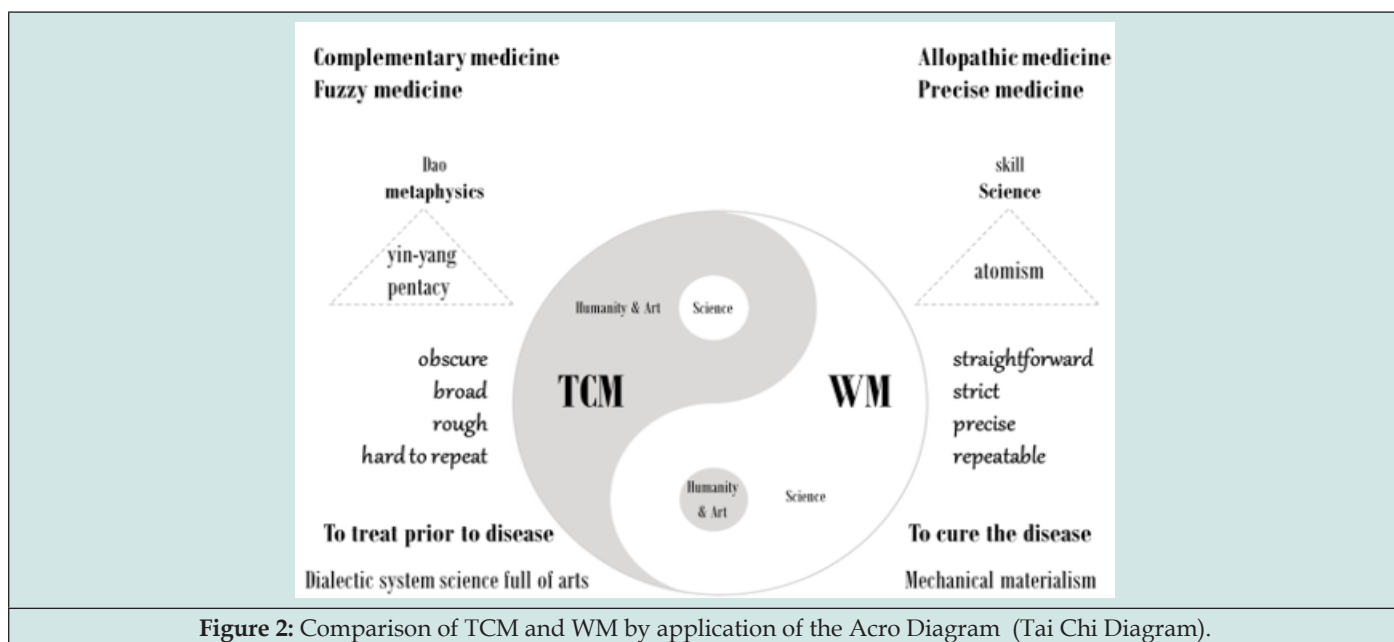


Figure 2: Comparison of TCM and WM by application of the Acro Diagram (Tai Chi Diagram).

¹ Pentacy, 五行(wǔ xíng), formerly mistranslated as “five elements” or “five phases”. In fact, 五行(wǔ xíng) refers to the five attributions of movements represented by five substances, namely, upward warming of fire, downward wetting of water, outward bendability of wood, inward deformability of metal, and intrinsic vitality of earth to nourish life. There exist the interrelationships of “pro and de” for the five attributes in 五行(wǔ xíng), specifically, one can promote another in the circular sequence of metal→water→wood→fire→earth→metal, while one can demote/inhibit another in the circular sequence of metal*wood*earth□water□fire□metal. According to English etymology, “penta-” means “five” (such as pentagon, pentad, pentagram, etc.), “-cy” means attribution (such as accuracy, policy, democracy, adequacy, etc.), thus Pentacy is coined to precisely interpret the original meaning of 五行 (wǔ xíng) in a very concise form.

However, Dr. Lu found a clever way for TCM due to his western education background, not only his fluent English but also his good logic reasoning ability. This way is to bridge up individual syndromes and integrated syndromes by coding [6].

This can be expressed by set theory as Figure 3, a general

sickness can include a series of integrated syndromes (usually termed as syndrome patterns) S_1, S_2, \dots, S_n . Each pattern has many symptoms $S_{n1}, S_{n2}, \dots, S_{nk}$. By comparing the actual symptoms S_p with S_1, S_2, \dots, S_n , it can be differentiated the most possible syndrome S_m by the equation 2²

$$|S_m| = \max\{|S_1 \cap S_p|, |S_2 \cap S_p|, \dots, |S_n \cap S_p|\}$$

where $|S_n|$ represents the number of symptoms of syndrome pattern S_n

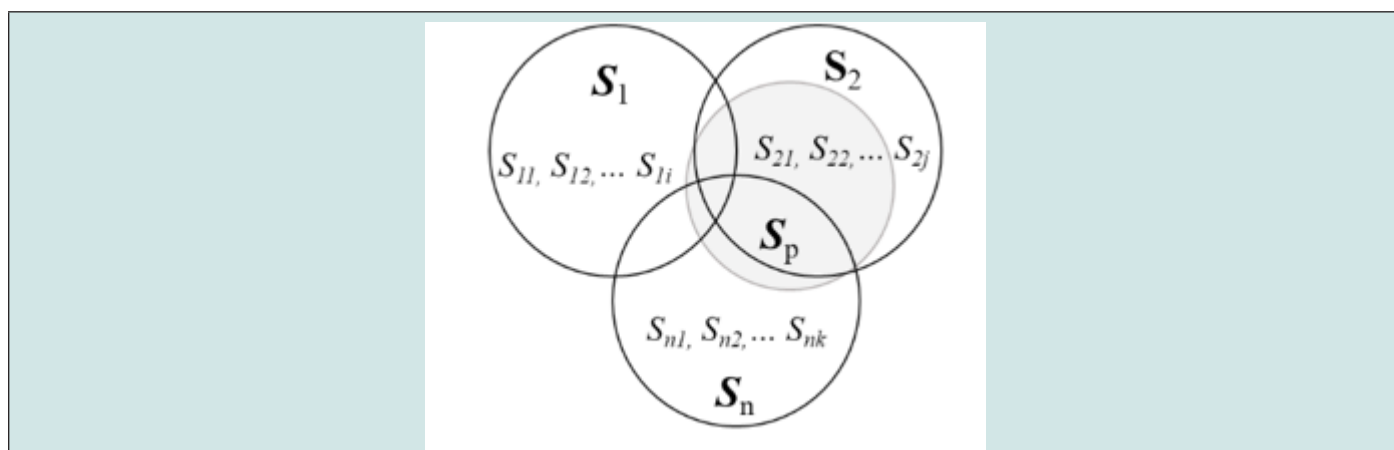


Figure 3: Illustration of data-based diagnostic chart of Dr. Lu by set theory.

This method provides a feasible way to apply the techniques of pattern recognition in artificial intelligence. After build-up of the data-bank of syndrome pattern and symptoms, computer aided diagnosis (CAD) can be applied to make a quick and accurate decision, which can help the international acceptance of TCM meaningfully.

Beside the modernization of TCM clinical practice, Dr. Lu believed that if TCM is to take root in the Western world, it must not only be practiced but also be spread by means of education, since most western medical students have little to no knowledge regarding TCM and its diverse practices.

Therefore, he founded the International College of Traditional Chinese Medicine of Vancouver in 1986 in Vancouver, British Columbia, Canada [2]. Other than some colleges which gave

students diploma only after 6-month and offer a 2-year study certificate to earn more money, Dr. Lu insisted that all the students admitted should first finish two-year university study and then transfer to his college to continue study for 3 years. After that, they should accumulate enough working experience, finally become a qualified TCM practitioner. Dr. Lu and his colleagues decided to put Vancouver International TCM College into National private Career School system so that the college can be supervised, managed and all the resources are optimized. Several decades passed, some TCM colleges quit, some of them failed in the education market. Vancouver International TCM College has become one of the most outstanding colleges in the TCM industry and is widely praised by colleagues [5].

² Acro Diagram, 太极图(tài jí tú). 太极 (Tai Chi) means “to the extremities”, both to the biggest and the tiniest, as it is said “there’s neither exterior as for the bigness nor interior as for the tininess of Tai Chi.” “Acro” is the Latinized form of Greek akro- “pertaining to an end, extreme,” which agrees with the connotation of Tai Chi, thus it’s a better choice to translate Tai Chi to be Acro.

The visit of US president Nixon to China in 1972 triggered worldwide concern about acupuncture anesthesia, which spread to Canada as well. Nevertheless, acupuncture and TCM were illegal at that time in Canada. Since 1974, together with the Acupuncture Association of British Columbia (AABC), Dr. Lu and five colleagues asked help from the government to make regulations of TCM to make TCM practitioner a respected career. After their decades of struggle, the government of BC established the College of Acupuncturists of British Columbia (CABC) in 1996, which was the first province in north America to recognize TCM as a medical major. Subsequently, in 1999 CABC was expanded by the government of BC to amalgamate Traditional Chinese Medicine and Acupuncture as a whole in a unified college, i.e., the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC (CTCMA). In 2001, the government of BC issued the Traditional Chinese Medicine Practitioners And Acupuncturists Regulation, which was not only the pioneer in TCM legislation in Canada, but also kept the name of Chinese medicine instead of Oriental medicine. According to the law, a TCM practitioner can be entitled as doctor which is the same as a western doctor, this indicates that TCM and WM have equal position in BC. Now there are four types of TCM practitioners are allowed to be registered: [10,11]

- a) Registered Acupuncturist (R.Ac.) – Acupuncture only- 3 yr program
- b) Registered Traditional Chinese Medicine Practitioner (R.TCM.P) – combined acupuncture and herbology with restrictions -4 yr program
- c) Registered Traditional Chinese Medicine Herbalist (R.TCM.H)- herb medicine only
- d) Doctor of TCM (Dr. TCM) – combined acupuncture and herbology without restrictions – 5 yr program

Currently, in the ten provinces in Canada, British Columbia and Ontario regulate both TCM Practitioners and Acupuncturists. Alberta, Quebec, Newfoundland and Labrador regulate Acupuncturists only [10]. Dr. Lu had devoted himself to TCM's development overseas with his talents and wisdom. He was one of those who have contributed a lot to the aforementioned achievements in the international communication of TCM in Canada.

May Dr. Henry C Lu's soul rest in peace, Amen!

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Conflicts of interest

There are no conflicts of interest.

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