

Traditional Chinese Medicine on the Silk Road

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The Silk Road was never a single line on a map but a network of overland routes and maritime paths through which remedies, recipes, and practitioners constantly moved. Together, the 11 articles in this special issue, “Traditional Chinese Medicine on the Silk Road”, demonstrate that traditional Chinese medicine (TCM) abroad was not just exported; it was adapted, debated, standardized, and sometimes transformed through contact with Middle Eastern, Southeast Asian, and African medical traditions. Our contributors trace specific actors and substances, link archives to experiments, and highlight the institutional and cultural factors that enable or hinder therapeutic practices.

We start at a late-Qing maritime crossroads. One study revisits *Bin Lang Yu Zhi Lue* (《檳榔嶼志略》 *The Monograph on Penang*), written by the imperial physician Li Jun (力钧), to examine how TCM was practiced in Singapore and Penang in the 1890s. Amidst labor migration and colonial regulations, Li’s pages capture both diaspora resourcefulness and elite critique, reminding us that overseas TCM was negotiated within new ecological contexts, patient communities, and markets—long before the language of globalization.

From ports to plant routes, a second contribution uses *Rou Gui* (肉桂 Cortex Cinnamomi), etc., to reconstruct a trans-Eurasian commodity history. By mapping names, sources, and uses across South/Southeast Asia, Persian-Arab trade networks, and Western pharmacology, the article demonstrates how ritual, culinary, and medical values stabilized long-distance demand while generating divergent clinical logics. The method—beginning with a single aromatic and integrating braid philology with

historical geography and material culture—offers a template for exploring other materia medica across archives and ecosystems.

Two panoramic essays then widen the scope across Eurasia. A survey of ancient China–Middle East exchanges traces translation networks, dosage-form borrowings, and shared technical vocabularies, while a companion history of Sino-Iranian medicine from the classical Silk Roads to modern times shows how texts, physicians, and pharmacological trade produced durable corridors of knowledge. Both pieces move beyond influence-hunting to model co-production: Chinese *Ben Cao* (本草 materia medica) traditions and Persianate/Arabic compendia meeting on recognizably empirical ground. A study of Sino–Vietnamese exchanges introduces a new dynamic—proximity and long textual memory—resulting in a medical system genealogically linked to, yet distinct from, TCM.

Texts come alive through recipes and diagrams. Our review of Dunhuang (敦煌) medical prescriptions explores over a thousand years of therapeutic imagination, evaluates modern experimental progress, and suggests a three-prong approach for responsible change: maintaining diagnostic logics, investing in mechanisms and quality control, and building institutional links for clinical application. Suppose manuscripts keep us connected to historical practice. In that case, laboratory instruments remind us that pharmacology is also material science: a study of herb-infused, naturally fermented rice wines—especially *Monascus purpureus* red wines—uses FIA and FTIR analyses to show improved antioxidant profiles and potential benefits for delivering herbal bioactives. More than just its specific findings, the paper shows how archives and assays can effectively inform each other.

Institutions and acceptance are as important as decoctions and dosage. A historical and policy analysis of TCM in Indonesia traces early migrant practitioners, the development of training pathways, and the evolution of regulatory frameworks, culminating in current collaboration under the “Health Silk Road”. A complementary, data-driven survey of Malay communities in Shah Alam, Malaysia, highlights a common paradox: limited knowledge alongside cautiously optimistic attitudes and a willingness to try TCM. Here, halal certification appears as a key prerequisite for acceptance, while financial status influences both attitudes and behaviors. The clear implication is that regulatory and religious infrastructures are

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not secondary to efficacy. They are integral parts of the therapeutic process.

Expanding the map to Africa, an overview of TCM in Uganda places acupuncture, *Tui Na* (推拿), and artemisinin within the long history of Sino–African cooperation and community-level adoption. A final essay connects African and Chinese traditions through Morocco’s endemic *Tetraena gaetula*, highlighting opportunities (biocultural synergies, diverse treatment options) alongside ethical imperatives (sustainable sourcing, strong standards of evidence, and fair benefit-sharing).

Across these cases, three cross-cutting lessons emerge.

First, mobility is a method. Following specific substances (cinnamon, *Tetraena gaetula*) and named actors (Li Jun, migrant clinicians) grounds major narratives in verifiable traces—textual, material, and institutional. This approach challenges civilizational essentialism and replaces it with manageable histories of supply chains, substitutions, and clinical reasoning.

Second, evidence is plural and can be compared across different fields. The range of issues extends confidently from codicology and philology (Dunhuang, Sino-Iranian, and Sino-Vietnamese corpora) to chemical analysis (FIA, FTIR) and survey techniques (the Shah Alam study). When combined with transparent protocols—such as stable identifiers for manuscripts, bilingual term lists, validated instruments, and preregistered procedures—plural methods produce results that are meaningful locally and comparable globally.

Third, policy and culture act as pharmacological forces through multiple channels. Halal pathways for herbal products, professional education standards, mutual recognition agreements, and public–private partnerships determine whether proven remedies reach patients safely and fairly. Designing for reception—labels, quality seals, and communication across languages—should be seen as part of translation, not an afterthought.

The goal of this special issue is not to celebrate tradition for its own sake or to reduce diverse practices to a single standard. Instead, it aims to demonstrate, with

historical context and methodological humility, how TCM moves, evolves, and demonstrates its efficacy in new environments—from a Penang dispensary ledger and a Dunhuang recipe page to a rice-wine chromatogram, a Malaysian survey table, and a Ugandan clinic logbook. We thank our authors, reviewers, librarians, conservators, community clinicians, and laboratory teams, whose often invisible work supports each contribution. May the conversations sparked here—between archives and assays, ministries and marketplaces—continue to make the Silk Road’s medical traffic not only clearer but more equitable.

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Author contributions

Ehsan Doostmohammadi drafted and revised the manuscript.

Conflicts of interest

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