Proceedings of the 4th International Conference on Social Psychology and Humanity Studies
DOI: 10.54254/2753-7048/2026.31190

The Modernization Process of Traditional Chinese Medicine from the Perspective of the Production of Space—Based on Fieldwork in Sichuan

Keji Chen

Advanced Institute of Confucian Studies, Shandong University, Jinan, China
chenkeji1010@163.com

Abstract. The modernization process of traditional Chinese medicine (TCM) can be understood as a profound practice of the production of space. From "herbal doctors" wandering in mountains and rural areas to TCM practitioners practicing standardizedly in departments of modern hospitals; from family diagnosis and treatment spaces based on kinship and trust to modern medical spaces centered on medical records and institutional contracts. The transformation of practical scenarios clearly marks the trajectory of the reconstruction of TCM's spatial order by modernity. As Henri Lefebvre pointed out, space is a social product. Diachronically, the medical and educational scenarios of TCM have presented a site where traditional relational networks and modern institutional frameworks collide and interweave with each other. The modernization of TCM education particularly embodies this logic: through material carriers such as university buildings, standardized textbooks, laboratories, and clinical teaching spaces, it has reconstructed the spatial topology of knowledge production and inheritance, thereby reshaping the cognitive paths and power relations of the industry in the interaction between materiality and space.

Keywords: production of space, traditional Chinese medicine, medical education, modernization

1. Introduction

Henri Lefebvre's theory of "the production of space" provides a profound critical framework for understanding the modernization of TCM. From a tripartite perspective—spatial practice (daily practice), representations of space (power planning), and representational spaces (meaning reconstruction)—it systematically reveals the dynamic reconstruction of social relations, medical spaces, and educational spaces in the process of TCM modernization and the power games behind them [1].

The transformation of TCM practitioners' social relations presents a characteristic shift from the "pattern of difference and order" to "abstract networks." The social relations of traditional TCM practitioners were rooted in Fei Xiaotong's "pattern of difference and order," centered on teacher-student inheritance, geographical origin, and clan ties. Teacher-student inheritance was one of the main educational models of traditional medicine, forming a close vertical relational network through

© 2026 The Authors. This is an open access article distributed under the terms of the Creative Commons Attribution License 4.0 (https://creativecommons.org/licenses/by/4.0/).

DOI: 10.54254/2753-7048/2026.31190

ritualized practices such as apprenticeship, studying under the teacher, attending clinics, and completing apprenticeship. In addition, taking the Song Dynasty as an example, some TCM practitioners were from the scholar-official class and could participate in local governance as "Confucian doctors," such as gentry doctors managing clan land and mediating disputes, with the accumulation of social capital relying on reciprocal human relations [2]. Under China's traditional social structure, the medical community formed a unique professional value system, in which "Confucian doctors" and "hereditary doctors" constituted the two core orientations. This dual value orientation not only reflects the complex relationship between medical knowledge and cultural power but also maps the special position of medicine in the traditional Chinese social structure of the four occupations (scholars, farmers, artisans, and merchants). The orientation of Confucian doctors is a symbol of the upward mobility of medical knowledge. Since the Northern Song Dynasty, with the formal establishment of the concept of "Confucian doctors," medical practitioners reconstructed medical knowledge through Confucianization [3]. Zhu Zhenheng proposed, "The ancients regarded medicine as a matter of investigating things and extending knowledge in Confucianism, hence the title of my book Geyu Yulun (Extra Discourses on Investigating Things and Extending Knowledge)." [4] He reconstructed the cognitive framework of medicine through the methodology of investigating things in Cheng-Zhu Neo-Confucianism, lifting medical skills out of the category of craftsmanship and upgrading them into a scholarship that "connects heaven and humans."

2. Medical space and public life

With the country's march towards modernization, traditional medicine is also undergoing the reconstruction of spatial representation. The state has incorporated the social relations of TCM practitioners into an abstract spatial network through institutional design, which is first reflected in the professional certification system. The National Medical Licensing Examination has replaced the traditional "apprenticeship completion" ceremony, and interpersonal relationships have given way to standardized qualifications. Even those who practice medicine through traditional teacher-student inheritance in modern society need to register with national institutions and pass the professional qualification examination, which constitutes the institutional incorporation of folk doctors. Secondly, there is the state's requirement for "the scientization of TCM." The publication of scientific research papers and the competition for research funds have become new relational bonds, leading to the stratification between laboratory-based TCM practitioners and clinical TCM practitioners. Some doctors with the title of "professor" do not have rich clinical experience; they are more adept at the social roles of scholars and teachers rather than medical practitioners. Representational spaces also show resistance and adaptation, as grassroots TCM practitioners maintain the logic of traditional relations through the production of differentiated spaces. "Online consultation" and online medical case discussions mediated by Douyin and WeChat groups have broken geographical restrictions, reconstructing virtual teacher-student relations and sect-based apprentice circles.

From "wandering doctors" and "barefoot doctors" to medical halls and pharmacies, and further to hospital departments, TCM's medical space has undergone a modern transformation. Sichuan Provincial Chronicles of Medicine and Health mentions that doctors can be divided into sedentary doctors and wandering doctors according to their practice methods. According to the characteristics of medication, TCM practitioners are also divided into official medicine doctors and herbal doctors. Sedentary doctors would open pharmacies, similar to private TCM clinics in modern society, where the pharmacy serves as the workplace. Some TCM practitioners also adopted a combined model of

DOI: 10.54254/2753-7048/2026.31190

"front shop and back residence," where the medical hall overlaps with the living space, and diagnostic and treatment activities are embedded in daily life. Thanks to its natural conditions, Sichuan is endowed with abundant herbal resources. Coupled with the advantages of convenient collection and low cost, herbal therapy has a broad mass base among urban and rural residents. There is a common phenomenon of high awareness of herbal medicines in this region, and many people possess basic local knowledge of herbal application. The group specialized in collecting and selling herbal medicines, commonly known as "herbal masters" among the people, are active in every corner of urban and rural areas, mostly selling their goods along the streets by carrying loads or pushing carts. Herbal practitioners in urban areas usually operate in the form of individual pharmacies, whose medicinal material supply chains mainly rely on the procurement networks of "herbal masters." [5] "Herbal doctors" in rural areas are in a wandering state without fixed diagnostic and treatment spaces, and their medical skills, as well as experience in medicine making and application, are easily lost. In addition, traditional medical space practices also include sacred spaces. Next to some Taoist temples and Buddhist monasteries in Sichuan, medical halls specializing in bone setting are set up. Human acupoint diagrams, acupuncture bronze figures, and portraits of ancestors constitute ritualized fields, intertwining therapeutic behaviors with cultural beliefs.

Traditional TCM diagnosis and treatment centered on the family as the core field, with doctors making "home visits." Therapeutic activities were embedded in daily living spaces such as bedrooms and halls, and the doctor-patient relationship exhibited personalized and emotional characteristics. The coexistence of diverse spaces such as pharmacies, temples, and streets formed a "decentralized" medical network. For example, Beijing Tongrentang was not only a pharmacy but also a node for the dissemination of folk knowledge. The aforementioned medical space of "front shop and back residence" was known as a "medical residence." Folk activities in Guangdong recorded that in the late Qing Dynasty and the early Republic of China, doctors (mainly TCM practitioners) mostly received patients in their residences, hanging signs such as "XX's Medical Residence," "XX's Internal and External Medicine," or "XX's Medical Hall" at the door. After the 1930s, in accordance with the relevant regulations of the government at that time, they were uniformly named "clinics" [6].

Michel Foucault argued that the establishment of modern clinical medicine was essentially an epistemological break between medical cognition and pre-modern traditions in both spatial order and discourse system [7]. The key turning point lies in the institutional embedding of pathological anatomy into clinical practice and its reconstruction as the core paradigm of medical cognition. This process realized the dual discipline of diseases, namely "spatialization" and "discursivization." [8] "Spatialization" is manifested in anchoring diseases in the anatomical body container, making the body a display space for pathological phenomena; "discursivization" is reflected in the construction of a disease classification language system targeting organ lesions. This gave birth to the isomorphism between body order and disease space: the human body was deconstructed into divisible pathological carriers, and the functional divisions of hospitals (internal medicine/surgery/radiology, etc.) became the institutional mirror projection of this spatial order.

The representation of modern medical space in China was established under colonial discourse. Western missionary hospitals introduced spatial technologies such as "departmental separation" and "hospital bed numbering," and incorporated patients' bodies into standardized management through architectural layouts, including the division of waiting areas, consulting rooms, and wards. Hospitals became symbolic spaces of "scientific rationality," and a system of signs such as white coats, the smell of disinfectant, and the display of medical equipment constructed the authority and professionalism of Western medicine [9]. The establishment of contemporary TCM hospitals also

DOI: 10.54254/2753-7048/2026.31190

intuitively shows the hospitalization transformation of TCM, where TCM departments are incorporated into standardized floors of general hospitals, and the spatial layout follows the functional division of Western medicine.

Changes in health administration can be observed through spatial governance. During the Republic of China, the Ministry of Health implemented the "public medical system," embedding clinics and epidemic prevention stations into the urban and rural administrative system, and medical spaces became the tentacles of national grass-roots governance. After the founding of New China, the "barefoot doctor" system and medical training courses transformed fields and villages into primary medical spaces, realizing the capillary extension of national medical power through education and training. Since the 1950s, the Patriotic Health Campaign has linked the health and hygiene of individual citizens with "national" sentiment, making it a distinctive medical and health practice.

Since the 1950s, the Patriotic Health Campaign has been a core mechanism for the penetration of national power into private living spaces. This campaign not only transformed the urban and rural health landscape but also implanted national will into families, communities, and even individual bodies through the technical discourse of "hygiene," constructing an interlocking system of hygiene governance and political loyalty. Its spatial-political logic can be elaborated from three characteristics.

Firstly, spatial collectivization under political mobilization. The Patriotic Health Campaign achieved effective social mobilization and attracted extensive mass participation. In the 1950s and 1960s, the state disseminated and popularized knowledge related to public health such as rat and fly eradication to the daily life of the people through exhibitions, newspapers, films, slogans, leaflets, and radio broadcasts [10]. This promoted the people's cognitive recognition of hygiene and cleaning work, making them cooperate with the state's hygiene work and accept inspections in practice. Health workers guided "the elimination of the four pests" (rats, flies, mosquitoes, and cockroaches) in family living spaces, breaking the privacy boundary of family spaces. Family hygiene conditions were quantitatively scored and posted publicly, and advanced health units in various regions were awarded signs such as "Hygiene Glory" and "Hygiene Qualified" as models [11]. Both private and public spaces became objects of supervision by the discourse of "hygiene," and Foucault's "disciplinary power" was manifested here. Through continuous inspections, standardized scoring, and visibility control, the state internalized hygiene habits into citizens' self-censorship mechanisms.

In the 1950s, TCM was regarded as a "traditional weapon" of mass movements, supplementing the deficiencies of Western medicine through resource substitution and grass-roots coverage [12]. In the early days of the founding of New China when medical resources were scarce, TCM was incorporated into the Patriotic Health system due to its characteristics of being "simple, convenient, economical, and effective" [13] to meet the huge medical and health needs of the people. Traditional epidemic prevention practices such as mosquito repellent with moxa smoke and room disinfection with atractylodes rhizome smoke were promoted to make up for the shortage of chemical disinfectants [14]. Abstracts of Clinical Experience in Traditional Chinese Medicine (Volume 1), published by the China Academy of Traditional Chinese Medicine in 1959, recorded the successful diagnosis and treatment of various diseases by traditional medicine represented by TCM, acupuncture, and bone setting. In the category of "internal medicine," records on the treatment of infectious diseases accounted for more than half, including acupuncture for malaria, capillary wormwood for infectious hepatitis, and the use of the traditional Chinese medicine omphalia to treat hookworm disease [15].

DOI: 10.54254/2753-7048/2026.31190

Secondly, spatial technicalization under scientific discourse. The initial focus of the Patriotic Health Campaign was on epidemic prevention, including various local diseases, infectious diseases, and epidemic diseases. Starting from the 1960s, the state implemented the "Two Controls and Five Improvements" (controlling water and feces; improving wells, toilets, livestock pens, stoves, and the environment) in rural areas, incorporating the location of cesspools and the layout of kitchens into unified planning, reshaping traditional agricultural spaces, and integrating private land into the national biological monitoring network [16]. From epidemic prevention to the transformation of people's living environments, the implementation of the "toilet revolution" in rural areas is a typical case of the extension of national power to grass-roots spatial governance. From the 1950s to the 1970s, the state promoted the improvement of toilets in local societies through measures such as "eliminating the four pests," blocking schistosomiasis, implementing the "Two Controls and Five Improvements," and encouraging the development of biogas [17].

The spatial setting of "boiled water rooms" and the formation of the new Chinese folk custom of "drinking boiled water" are also related to the promotion of the Patriotic Health Campaign. As the rural grass-roots epidemic prevention system was gradually established during the campaign, and health science knowledge such as bacteriology and epidemiology was slowly popularized in various regions, the drinking habit of not drinking raw water but boiled water truly penetrated into the vast rural areas. The spatial setting of "boiled water rooms" is a microcosm of China's public drinking water service system. Since the 1950s and 1960s, public boiled water rooms, as people's livelihood infrastructure, have spread rapidly across the country, gradually building a free drinking water network covering the whole people from urban communities to various units and institutions. This phenomenon is not only reflected in the continuous provision of convenient services in public places such as factory workshops, schools, and government agencies, as well as means of transportation such as trains but also has a profound impact on the transformation of people's daily lifestyles. It is worth noting that in a specific historical context, hot water containers were endowed with cultural symbolic significance beyond practical value. During the 1960s and 1970s, painted iron thermos bottles were often used as essential dowries or gifts for marriages among urban and rural young people. At model worker commendation ceremonies, thermal insulation utensils became typical awards symbolizing honor [18]. Over time, this initial drinking method with collective supply characteristics has gradually evolved into a new public life model with Chinese characteristics, and ultimately made thermal water heating equipment an indispensable daily item for thousands of families, transcending regional and class divisions.

In the 1970s and 1980s, TCM also showed the characteristics of being technically transformed. Under the call of "integrating traditional Chinese and Western medicine" and "Western doctors learning traditional Chinese medicine," the state incorporated TCM into health technology standards through scientific discourse. In various disease fields, modern scientific experiments were used to provide "scientific endorsement" for the innovation of TCM pharmaceutical production and the verification of pharmacology [19].

The 1970s was also a historical period when barefoot doctors flourished. A short poetry collection titled Songs of Barefoot Doctors, published in 1975, described a medical space called a "local pharmacy." The opening introduces its geographical location and main functions: "Next to the health room, a local pharmacy is built; though small in scale, don't underestimate it—it's our 'arsenal'." Then it describes the operation mode of the "local pharmacy": "Materials are collected from high mountains, local methods are put into action immediately; barefoot doctors act as 'technicians', and medicine grinders and molds are 'machine tools'." [20] The "local pharmacy" was a product of the rural cooperative medical system, characterized by the "Three Locals" (local doctors, local

DOI: 10.54254/2753-7048/2026.31190

medicines, local pharmacies) and "Four Selfs" (self-cultivation, self-collection, self-production, self-use) of production teams to reserve Chinese herbal medicines, solving the problem of people's difficulty in accessing medical treatment and medicine, and reducing dependence on urban medical resources [21].

Thirdly, in contemporary times, the Patriotic Health Campaign has presented the commercialization of space intertwined with marketization and administration. The selection of "hygienic cities" and the disposal of garbage classification reflect the state's establishment of governance standards for urban and community public spaces. Community health publicity boards, anti-smoking posters in elevators, and health-preserving rhymes played by square dance audio constitute an all-pervasive national health discourse network. The "family doctor contract system" extends medical services to individuals' family spaces, and equipment such as blood pressure monitors and blood glucose meters medicalize family spaces. The concept of consumption space has also penetrated into the field of TCM. Commercial health centers and wellness clubs package massage services as business cards of lifestyle, placing moxibustion beds alongside health-preserving tea drinks. Community TCM clinics, embedded in public areas such as vegetable markets and senior activity centers, present the public nature of diagnosis and treatment. TCM clinics in various places like to hold mobile "free consultation" activities for community residents, which is the reconstruction of the meaning of medical space by grass-roots practitioners.

The state's material and spatial control over medical and health care has achieved positive results, the most intuitive manifestation of which is the increase in life expectancy. In addition, the effective control of infectious diseases such as schistosomiasis and malaria, the coverage of public health infrastructure in urban and rural areas, and the continuous popularization of the concept of cleanliness among the people. With the implementation of TCM protection policies and more than 70 years of practice of the Patriotic Health Campaign, China's national power has successfully transformed health governance into a governance technique for establishing political identity through continuous spatial intervention. This intervention not only reflects the state's strong social mobilization capacity but also presents the eternal tension between individual freedom and public power in the process of modernity.

3. Materiality and spatiality of traditional Chinese medicine education

In the "ontological turn" of anthropological research, materiality and spatiality are closely related core concepts, which together constitute an important dimension for understanding human cultural practices, social relations, and meaning production. At the level of the social construction of materiality and spatiality, materiality serves as the carrier of space, and space serves as the practical field of materiality. Matter is not only a constituent element of space but also a medium for the generation of spatial meaning. "Materiality is not just the nature of things, but also the nature of relations." The structure of family houses has material characteristics, defining the social hierarchy within the family through the size of rooms and the separation of gender spaces; the material layout of religious sites further distinguishes the sacred from the secular. Humans endow space with social meaning through material practices. Taking land in agricultural societies as an example, it is not only a material resource but also a symbolic space of ancestral memory and community identity [22].

The modernization of TCM education is a complex process involving the dynamic mutual construction of materiality (such as school environments, herbal gardens, and medical tools) and spatiality (such as classrooms, hospitals, and laboratories). The transformation and contradictions of materiality in medical practice are reflected in the changes in material forms and the hybridity of tool technologies. In terms of material forms, traditional TCM relies on the collection and

DOI: 10.54254/2753-7048/2026.31190

processing of natural medicinal materials, and its materiality is directly related to natural spaces (such as the origin attributes of authentic medicinal materials). In the process of modernization, medicinal materials have been standardized into granules or capsules. The industrialization of their material forms has cut off the direct connection with natural spaces, but it has also aroused controversies. For example, has the "medicinal property" of artificially cultivated medicinal materials weakened? Does the chemical purification of a certain active ingredient of medicinal materials destroy the characteristic of TCM's "holistic" theory [23]? The transnational procurement of TCM raw materials (such as frankincense from Africa and agarwood from Southeast Asia) makes their material flow affected by international political and ecological policies (such as restrictions on the trade of endangered species), forcing TCM to renegotiate the relationship between local and global spaces.

In terms of tool technologies, TCM diagnosis and treatment also need to use blood pressure monitors and modern medical test reports for comprehensive analysis of illnesses. These material innovations have improved scientific standards and efficiency, but they may also weaken the embodied practice tradition of TCM that relies on "doctors' senses" (such as observation, listening, asking, and pulse-taking). However, with the intervention of technology, space has become mobile. Internet consultation platforms have enabled TCM to break geographical restrictions. TCM practitioners judge illnesses through online consultations and observing tongue coating photos, which requires accuracy in patients' descriptions and doctors' medical skills.

The transformation of educational space and the enhancement of educational practice embody power discourse and various social relations [24]. Since modern times, the educational space of TCM has presented three transformations. Firstly, the traditional educational model characterized by body inheritance, with academies and pharmacies as typical spaces. Sichuan Provincial Chronicles of Medicine and Health records that teachers and apprentices lived and ate together, completing embodied learning through preparing medicines in pharmacies and making home visits, which is a manifestation of spatial practice. The authority of medical schools controlled the circulation of knowledge through "the single transmission of secret prescriptions," which is a representation of the teacher's power. Their experiential secret prescriptions, as cultural capital, were only open to recognized disciples. Consulting rooms and pharmacies constituted sacred spaces, where apprentices completed professional identity rituals by reciting prescriptions, reviewing medical cases, and organizing pharmacy utensils every day. Judith Farquhar pointed out that traditional TCM education embedded knowledge into the shared living space of teachers and apprentices through "hand-in-hand teaching and heart-to-heart transmission," forming "embodied knowledge" [25].

Secondly, the modern educational model characterized by knowledge standardization, with universities and laboratories as typical spaces. TCM universities in various regions divide departments according to Western medical disciplines, and laboratories have become core teaching venues. For example, formulaology is divided into the School of Basic Medical Sciences, acupuncture and moxibustion into the School of Acupuncture-Moxibustion and Tuina, and the training of students majoring in Chinese materia medica in the School of Chinese Materia Medica has deviated from the path of traditional TCM, focusing on modern pharmaceutical production. National and local universities also adjust the proportion of traditional TCM classic courses, and the state reconstructs the distribution of educational resources through the "Double First-Class" discipline evaluation. Taking the course "Formulaology" at Chengdu University of Traditional Chinese Medicine as an example, as a core basic part of the TCM major, its class hour ratio has been gradually reduced. Standardized examinations (such as the National Medical Licensing Examination for TCM) compress syndrome differentiation thinking into multiple-choice question banks, and

DOI: 10.54254/2753-7048/2026.31190

students internalize the exam-oriented logic through "question-brushing spaces" (study rooms and question bank apps). Modern university education decomposes Huangdi Neijing (Yellow Emperor's Internal Classic) into "examination points," separating the holistic philosophical context of classic texts, which also reflects the interaction between the evolution of TCM theory and the medical and political systems of successive dynasties. Paul U. Unschuld proposed that TCM is not only a medical system but also a tool for political power to discipline the body. The official revision and interpretation of medical books and the regulation of examination scopes are also monopolizing the definition and discourse interpretation rights of medicine [26].

Thirdly, the digital educational model dominated by cyberspace and virtual simulation. In the fieldwork, students repeatedly mentioned the intervention of modern science and technology in TCM learning, such as VR training systems for acupuncture replacing human models, and AI tongue diagnosis programs providing "real-time feedback" [27]. Technology companies grasp students' learning behavior data and progress through the data interfaces of educational software, and algorithm recommendations reshape the path of knowledge acquisition. Online course discussion areas have formed "academic fan circles," where students recommend "famous teachers'" courses to each other, reconstructing the interpretation methods of classic theories through memes and bullet screens [28].

The construction of the modern legitimacy of TCM presents multi-dimensional characteristics, and its institutional development trajectory reflects the complex interaction between national governance and the inheritance of traditional culture. In the early days of the founding of New China (1949-1956), the TCM education system faced a structural crisis. There were no professional institutions of higher education nationwide, and the traditional teacher-student inheritance model was difficult to meet the needs of the modern medical system. With the adjustment of national health strategies, the establishment of the first batch of TCM institutions of higher education in 1956 marked an institutional turning point. By incorporating traditional medical knowledge into the modern educational framework, it not only realized the standardized reconstruction of knowledge production but also reflected the interaction between power allocation and resource distribution. This institutional support extended to the scientific research system, and the systematic establishment of TCM research institutes further strengthened the knowledge production mechanism of the discipline.

From the perspective of the production of space, the spatial exclusivity constructed by traditional educational institutions through material boundaries (such as walls) presents a deconstructive characteristic in medical colleges and universities. Physical boundaries are not barriers to knowledge transmission but rather turning points for the formation of cognitive expansion structures [29]. The differentiation between on-campus theoretical teaching and off-campus clinical practice essentially constitutes different phases of a cognitive-practical continuum. Classroom teaching completes the knowledge output of classic theories, while affiliated hospitals provide a practical field for embodied diagnostic and treatment experience. This educational philosophy of a "wall-less university" is essentially the creative transformation of the traditional TCM practice of "teacher leading apprentice" into a modern clinical teaching system, realizing the modern transformation of the knowledge transmission model in the reconstruction of space.

The modernization process of TCM education has concentratedly demonstrated the cultural practice logic of the dynamic interweaving of materiality and spatiality. At the institutional construction level, the state has reconstructed the knowledge production space of traditional medicine through the physical building complexes of TCM institutions of higher education (material carriers). Their location layout and functional division not only reflect the modern disciplinary

DOI: 10.54254/2753-7048/2026.31190

classification system but also realize the visual translation of traditional knowledge through new material devices such as laboratories and medicinal material specimen halls. This process of spatial reconstruction is accompanied by the reconstruction of power relations. The materialized presentation of curriculum standards issued by the Ministry of Education (textbooks and teaching aids) has solidified the fluid experience of teacher-student inheritance into replicable educational modules. At the practical level, the spatial topology of the "wall-less university" breaks through the limitations of physical boundaries, forming a radial teaching network centered on affiliated hospitals. The bed configuration in acupuncture rooms (material arrangements) disciplines the cognitive path of clinical observation, and the display of utensils in Chinese pharmacies constructs the perceptual framework for medicinal material identification. This mutual construction mechanism between materiality and space has ultimately re-endowed traditional material symbols such as acupuncture bronze figures and sliced medicinal cabinets with meaning in modern educational scenarios, not only continuing the value symbol of "medicine as a benevolent art" but also carrying the technical rationality of standardized certification, completing the symbiotic transformation of traditional cultural attributes and modern educational systems.

4. Conclusion

The modern reconstruction of TCM is a multi-dimensional civilizational adaptation. At the power level, the local authority of traditional doctors based on experience and ethics is being incorporated by institutionalized professional power. The national medical insurance payment rules (limiting the amount and dosage of drugs) cut the flexibility of syndrome differentiation and treatment with instrumental rationality, while the bureaucratic management of TCM colleges and universities reshapes the ethical bonds of teacher-student inheritance. The dominance of knowledge production has shifted from local rural doctors to university laboratory researchers, the inheritance of proven prescriptions and secret prescriptions has shifted from family blood ties to the patent system, and the legitimacy of TCM has increasingly relied on the certification of modern medical power networks rather than the accumulation of community trust.

At the spatial level, the physical field of TCM practice has undergone significant restructuring. Traditional composite spaces, such as "medical residences" that integrate living, diagnosis, and medicine making functions, have been gradually replaced by modern hospital departments following the principle of functional division. Medicinal herb collection activities have shifted from mountains and forests that follow the rhythm of natural landscapes to medicinal material planting bases that meet national standardization requirements. The ancestral hall pharmacy spaces carrying rituals and human-divine communication have given way to sterile Chinese medicinal granule production lines. This process of spatial standardization has essentially deconstructed the complex relational networks on which traditional TCM practice relies. Spatial restructuring is also accompanied by cognitive conflicts. The juxtaposition of pulse-taking platforms and precision medical equipment in consulting rooms, and the replacement of handwritten classic prescriptions by electronic prescription systems, are not only symbols of technological iteration but also intuitive manifestations of the intersection and collision of different medical cognitive systems in spatial practice. When the TCM cosmological space based on the holistic view of "the interaction between heaven and humans" is forced to be embedded in the anatomical spatial coordinate system dominated by biomedicine, the philosophical and practical foundations on which it survives encounter structural compression and marginalization.

At the temporal level, the collision of multiple time perspectives is particularly intense. The cyclical time of seasonal health preservation and the individualized treatment courses of syndrome

DOI: 10.54254/2753-7048/2026.31190

differentiation and treatment in TCM practice have been forced to be incorporated into the homogeneous modern medical timetable. Time-limited outpatient consultations interrupt the immersive rhythm of "observation, listening, asking, and pulse-taking," Chinese medicinal granules eliminate the healing ritual of slow decoction over low heat, and the immediate efficacy required by evidence-based medicine forms a tension with the long-term conditioning concept of "preventing diseases before they occur." At the same time, globalization has accelerated the reinvention of tradition. "Solar term health preservation" has been packaged as a consumerist temporal symbol, and "millennium-old prescriptions" have been divorced from their historical context in industrialization. TCM's temporality has been domesticated by modernity, but it has also become a cultural resource to resist technological alienation.

The essence of this reconstruction is that TCM seeks dialectical transformation in the gap between power discipline, spatial restructuring, and temporal colonization. TCM is proving through the "invention of tradition" that its vitality does not lie in clinging to forms, but in transforming relational ontology into creative practice under modern conditions.

References

[1] Lefebvre, H. (2021). The Production of Space (Liu Huaiyu, et al., Trans.). The Commercial Press. (pp. 58-59)
[2] SUN, M., & LIAO, L. T. (2024). Scholar-Officials Practicing Medicine in the Song Dynasty and the Formation of the Confucian Doctor Pattern. Journal of Guangxi University for Nationalities (Natural Science Edition), (4), 23.
[3] XIE, H. J. (2024). On the Confucianization Turn of Medicine in the Song Dynasty. Journal of Lanzhou University (Social Sciences Edition), (5), 98.
[4] ZHU, Z. H. (2021). Geyu Yulun (Extra Discourses on Investigating Things and Extending Knowledge) (Shi Renchao & Yu Kai, Eds.). China Press of Traditional Chinese Medicine. (Preface)
[5] Compilation Committee of Sichuan Provincial Chronicles of Medicine and Health. (1991). Sichuan Provincial Chronicles of Medicine and Health. Sichuan Science and Technology Press.
[6] YE, C. S., & SHI, A. D. (Eds.). (2010). Guangdong Folk Custom Encyclopedia (2nd Edition). Guangdong Higher Education Press. (p. 76)
[7] ZHANG, X. (2025). Foucault's Medical Archaeology—An Archaeological Study of Body Space, Medical Discourse, and Life and Death. Journal of East China Normal University (Philosophy and Social Sciences Edition), (3), 10.
[8] Foucault, M. (2022). The Birth of the Clinic (Liu Beicheng, Trans.). Yilin Press. (Preface, pp. 3-4)
[9] YANG, N. Q. (2006). Reinventing "Patients": The Spatial Politics Under the Conflict Between Traditional Chinese and Western Medicine (1832-1985). Renmin University of China Press.
[10] GAO, Z. W., & ZENG, J. (2021). Mass Mobilization in the Patriotic Health Campaign in the Early Days of New China. Journal of Hubei University (Philosophy and Social Sciences Edition), (6), 131.
[11] WANG, Y. T., & DUAN, W. J. (2022). The Reconstruction of Health: The Communist Party of China's Social Mobilization for the Patriotic Health Campaign in the Early Days of New China. Lanzhou Academic Journal, (8), 32.
[12] FAN, X. Q. (2013). Zhou Enlai's Thoughts and Practices on Uniting Traditional Chinese and Western Medicine After the Founding of New China. Party Literature, (5), 65.
[13] Croizier, R. C. (1968). Traditional Medicine in Modern China: Science, Nationalism and the Tensions of Cultural Change. Harvard University Press. (p. 178)
[14] HAN, J. K. (2017). History of Malaria Prevention and Control in Huzhou City. Fudan University Press. (p. 179)
[15] China Academy of Traditional Chinese Medicine. (1959). Abstracts of Clinical Experience in Traditional Chinese Medicine (Volume 1). People's Medical Publishing House.
[16] Compilation Committee of Shandong Provincial Chronicles. (1995). Shandong Provincial Chronicles·Health Chronicles. Shandong People's Publishing House. (p. 216)
[17] ZHOU, X. (2019). Tao Is in Excrement and Urine. The Commercial Press. (p. 58)
[18] ZHOU, X. (2020). The Toilet Revolution in Contemporary China. The Commercial Press. (p. 61)
[19] ZHANG, X. Q. (2020). Drawing on the Strengths of Nationality and Science: Research on the Integration of Traditional Chinese and Western Medicine in Tumor Prevention and Treatment in Shanghai (1949-1985) (Master's Thesis). Shanghai Normal University. (p. 49)

DOI: 10.54254/2753-7048/2026.31190

[20] MA, S. H. (1975). Songs of Barefoot Doctors. Shanxi People's Publishing House. (p. 47)
[21] FANG, C. (2023). Hubei's Footprints in the Centennial Party History. Hubei People's Publishing House. (p. 105)
[22] QI, H. P. (2019). Memory Activities, Memory History, and the Materiality of Memory. People's Tribune·Academic Frontiers, (17), 118.
[23] WEI, M., & CAI, Z. (2014). The Dilemma of Modern Scientific Identity Certification for Chinese Medicinal Granules—From the Perspective of Actor-Network Theory. Science and Society, (3), 116.
[24] YAN, C. G., & SUN, F. (2017). The Capitalization of Educational Space Production and Its Reflection on Justice. Research in Educational Development, (3), 70.
[25] Farquhar, J. (1994). Knowing Practice: The Clinical Encounter of Chinese Medicine. Westview Press.
[26] Unschuld, P. U. (1985). Medicine in China: A History of Ideas. University of California Press.
[27] Interviewee: XIONG Peiyu, born in 1995; Interviewer: CHEN Keji; Interview date: May 19, 2025; Interview location: Guoyi Hall, Chengdu University of Traditional Chinese Medicine.
[28] Interviewees: CHEN Yinghua, JIANG Suyin; Interviewer: CHEN Keji; Interview date: February 12, 2025; Interview location: Jin'olin TCM Clinic, Chengdu City.
[29] LIU, X. D. (2025). Building a High-Quality Education System: Promoting the Production of Educational Space Through Practical Transformation. Educational Research, (3), 55.