



# History and regulation of traditional Chinese medicine in Hungary

Aján­dék Eőry<sup>1,2^</sup>

<sup>1</sup>Department of Family Medicine, Division of Integrative Medicine, Semmelweis University, Budapest, Hungary; <sup>2</sup>Hungarian Acupuncture and Moxibustion Society, Budapest, Hungary

Correspondence to: Aján­dék Eőry. 7-9 Stáhly u., H-1085, Budapest, Hungary. Email: ajandekeory@gmail.com.

**Abstract:** The first artifact supposedly related to acupuncture in Hungary is dated to the eighth century. This is a bone needle-case with runic inscriptions on the sides about the healing properties of the needles. The next written sources originated in the 19<sup>th</sup> century, an era, when clinical as well as academic medicine strived to enhance the effectiveness of healing in Europe. These sources are the theses of two medical doctors, who gave detailed explanation of the European application of acupuncture and moxibustion in that time. However, traditional Chinese medicine (TCM) with its theoretical concepts has been introduced and gained popularity among Hungarians since the 20<sup>th</sup> century, when morbidity and mortality statistics were led by chronic diseases with poor prognosis and improving quality of life came more into the focus. TCM has been regulated in great detail in Hungary since the 1990s, ordering acupuncture into the hands of specialist medical doctors or specially trained therapists with at least 5 years of education in the field. Other modalities like Chinese massage or physical exercise can be practiced by trained persons with upper secondary education and a special state exam. Chinese herbal medicine is available mainly as food supplements. In this review article the author summarizes the history of TCM in Hungary and gives details about regulation, teaching, practice, and research in the field.

**Keywords:** Traditional Chinese medicine (TCM); history; regulation; Hungary

Received: 01 August 2021; Accepted: 08 October 2021; Published: 30 December 2021.

doi: 10.21037/lcm-21-40

View this article at: <https://dx.doi.org/10.21037/lcm-21-40>

## Introduction

Traditional Chinese medicine (TCM) is the great treasure of China with increasing respect worldwide. The latest evidence of this widening interest is the development of the International Classification of Traditional Medicine (ICTM), an effective classification system of disorders and patterns of TCM which was incorporated into the 11<sup>th</sup> edition of the International Classification of Diseases as a chapter named Traditional Medicine (1). This new chapter makes it possible to record traditional medicine diagnoses in a standardized method worldwide (<https://icd.who.int/en/>). TCM is also a living system of healing practices with the ability to broaden modern medical thinking with its thousands of years of clinical experience and concepts on

health and disease. Hungarians are proud of their Asian origin. Living in the Carpathian Basin of Central Europe, Hungarians consider themselves as the descendants of Huns and their connection with Inner Asian Xiongnu is now supported with genetic evidence (2). In this review article the author aims to summarize the history and current regulation of TCM in Hungary.

## History

### Early times

Stone needles were found in places called “Tűzköves” in Hungary from the Neolithic age (cc. 4,500 years BCE) in Hungary (3).

<sup>^</sup> ORCID: 0000-0002-4434-1339.

A bone needle-case was found in a town called Szarvas, located in the Eastern part of Hungary. The needle case is dated to the Late Avar Period (700–790 AD). The translation of the runic inscriptions from the sides (4,5) into modern Hungarian revealed the following text:

- ❖ “Here is the iron against Üngür demon;
- ❖ Let the needle puncture the demon, needle, needle, puncture, jab, sew (shut)!
- ❖ (You who) cuts me open, stitch[es] me back together;
- ❖ Don’t let Üngür eat (me), exorcise it, consume it, my lord!” (6).

According to the inscription, the two main aim of needle insertion were cutting open and stitching back. The former can be interpreted as dispersing Qi (in case of an excess condition), while the latter as supplementing Qi (in case of a deficiency condition). According to this explanation, the oldest and longest Hungarian runic linguistic record might refer to acupuncture (6).

### *17<sup>th</sup>–19<sup>th</sup> century Europe*

The first mention of acupuncture and moxibustion can be found in the book of a Dutch medical doctor, Dane Jacob de Bont (*Historia Naturalis et Medicina Indiae Orientalis*, 1658). This was followed by the more extensive work of Willem ten Rhinje in 1683, who lived and worked in Japan. He introduced the main acupuncture points and cited original, Asian sources. In Germany, Andreas Cleyer also published a book on Chinese Medicine in 1682 with figures of acupuncture points and original Chinese sources. At the same time an unknown author published Chinese texts in French language. The above-mentioned works made Chinese texts available for Europeans. France was a flourishing centre of acupuncture in the 18<sup>th</sup> Century with the famous medical doctor Sarlandiere, who introduced and published electro-acupuncture in 1825. However, acupuncture was also applied in clinical medicine in Italy, England, North America, and Germany (7).

### *Reform era [1825–1848] in Hungary*

Like the medical society in Europe, Hungary was also open to new movements in medicine. Antal Láner [1830] (7) and Antal Feldmann [1831] defended their medical theses at The Royal University of Pest in acupuncture and in moxibustion. Antal Láner (7), who wrote about acupuncture, summarized the knowledge of his time about the Oriental

origins of acupuncture and moxibustion based on European sources. Then he gave a structured and comprehensive description of the European techniques, effects, and side-effects of acupuncture, as well as indications, possible mechanisms of action and reviewed clinical cases. Moreover, he also summarized information and clinical practice on electroacupuncture. He defined acupuncture as “insertion of a filiform metal needle into a part of the human body affected by disease” (7).

Needles—at that time—were usually made of steel or platinum, but the main prerequisite for the acupuncture needle was to be thin, well-pointed and carefully polished. Medical professionals in Europe as well as in Hungary used one- or two-hand techniques or tube-guided needle insertion into the most painful part(s) of the body, leaving the needle in place shorter or longer time, until the pain disappeared. They applied needles with different lengths with the purpose of reaching the target area even if it was an internal organ (e.g.: the stomach, the liver, or the heart). Europeans used local points (or points near by the affected area or organ) exclusively because they supposed a dynamic connection was formulated between the needle and the affected body part, resulting in a direct reaction. They thought that the nerves (through dynamic affinity to the needle), the vessels and the cellular and interstitial fluid systems of the body mediated the effects. Main indications of acupuncture were pain relief of any kind, paralysis, deafness, inflammation of the eye, neurosis (if there wasn’t a somatic origin), musculoskeletal conditions, and acute and chronic inflammation of the joints. Acupuncture was recommended after other methods (drugs, cupping, leeches) proved to be ineffective. This method was thought to be useless in psychiatric diseases, allergies, or purulent inflammation. Treatment-related symptoms and side effects included cramping pain, fainting, traumatic fever in a minority of patients, light bleeding after needle withdrawal, or occasionally a small haematoma.

### *The present era*

The first book on TCM in Hungarian was published in 1963 (8). Based on extensive Chinese, German, Russian and English sources (altogether 270 references), the author, sinologist István Pálos summarized the general knowledge of TCM for the average Hungarian. The book is divided into two main parts. In the first one the theoretical bases are discussed including the Yin-Yang theory, Five Phases theory and the relationship of human body with climatic

conditions, whereas in the second part the meridian system and its modern scientific interpretation, causes of diseases, pulse diagnosis, traditional diagnoses, and the different traditional therapeutic methods (acupuncture, breathing, massage, physical exercise, and others) were discussed. Besides the two main parts, Pálos provided a summary on the categorization and preparation of Chinese drugs. His work was professionally reviewed by the Head of the Chinese and East-Asian Institute, Dr. Barnabás Csongor, as well as a famous physician and acupuncturist, Dr. Róbert Szilárd, who learnt acupuncture while he was working in Korea (9). This book was the first credible source of TCM in Hungary.

### *Sources and fault lines*

Two divergent directions of the establishment of TCM were formulated in Hungary in the late 1980s. The first one was a research-based approach which closely focused on China as a clear source on every aspect of TCM. This was represented by Dr. Ajándok Eőry, a biologist, mathematician, researcher and later on specialist medical doctor. In 1988, a Chinese acupuncture clinic was opened and run by a Chinese-Hungarian joint venture between INFORT Egyesülés and the Harbin-based Academy of Traditional Chinese Medical Sciences. The Chinese Academy delegated respected Chinese doctors (Professors Jiang Shuming and Zhang Zhongguo as well as Professor Wang Fengyi among others) to offer TCM for Hungarians (6). They were the first Chinese doctors who worked in Hungary. In 1989, Professor István Pálos, Professors Shuming Jiang and Zhongguo Zhang started a 3-year course in TCM for Hungarians which was popular among medical doctors, medical students, and people with qualification outside of medicine even amongst Hungarians outside the borders of Hungary (6).

The other line—represented by specialist, western-trained medical doctors, with knowledge mainly from Austrian, German, French and Soviet sources—focused on ensuring the exclusive right of Hungarian specialist medical doctors to practice TCM in Hungary. Their most influential representative is Dr. Gabriella Hegyi. Between 1986 and 1988, the National Institute of Rheumatology and Physiotherapy offered a postgraduate course for specialist medical doctors in TCM. This was followed by the course of the Haynal Imre Postgraduate Medical Training Institute, which consisted of two weeks of theoretical training followed by a 40-hour clinical practice and 25-hour

consultation between 1988 and 2000 (6,9). Then Szeged Medical University took over the teaching of specialist doctors in TCM offering a short postgraduate course. The regulation of TCM was framed in 1997.

### **Regulation of TCM in Hungary**

TCM is considered to be complementary medicine in Hungary and therefore it is regulated among others by the Ministry of Welfare Decree No. 11/1997 (V. 28.) (10). According to the first Appendix of the Decree, TCM can be practiced exclusively by medical doctors. However, a new terminology and the related additional regulation was introduced in 2015: “Traditional Chinese Therapist” refers to those persons, who graduated from at least 5-year upper education in TCM and call the dedicated authority for a license §110, point 4(a) (11) for a limited period of five years which can be extended for a further five years under circumstances defined by the Human Services Ministry Decree No. 42/2015. (IX: 18.) (12). They can apply acupuncture, massage (acupressure-Dian Xue An Mo) and Chinese physical exercise according to their qualification.

However; acupressure, Chinese eye-massage (as part of the eye-training qualification), basic Qi gong and Tai Chi exercises (as part of the alternative exercise and massage specialist qualification) and the formula ear acupuncture programme of the USA National Acupuncture Detoxification Association (NADA), which uses acupuncture in Shen men, Sympathetic, Kidney, Liver and Lung points in the ears to offer complementary treatment for drug addicts (13), are available for training, qualification and practice for those, who are qualified in upper secondary education (10).

### **Teaching of TCM in Hungary**

#### *Postgraduate education for specialist medical doctors*

Currently, the university of Pécs offers a four-semester postgraduate course for interested specialist medical doctors.

#### *Graduate courses for medical students*

Semmelweis University has been offering a one-semester lecture series on TCM in Hungarian and in English languages for medical students since 2007. The English language course is available for pharmacy and dentistry

students as well. In the 2020/2021 academic year 290 English language students and 213 Hungarian students completed this lecture series.

In 2015, a Confucius Institute with a special focus on TCM was opened in Pécs. It has been offering courses on TCM for students at the Health Sciences Faculty of Pécs University.

### *TCM education without the prerequisite of a medical degree*

The Heilongjiang University of Chinese Medicine introduced a 5-year TCM programme for people with an upper-secondary degree at the Faculty of Health Sciences at Semmelweis University in 2010 (14). According to its curriculum, the first eight semesters are completed off-campus at the Health Sciences Faculty at Semmelweis University, while the last two-practical-semester are undertaken at the Heilongjiang University of Chinese Medicine (14). Graduated students are awarded with the Traditional Chinese Therapist title and the training offers a Bachelor degree.

## **Clinical practice of TCM in Hungary**

### *Prevention*

3 1 2 Meridian exercise is a Chinese physical exercise which was introduced by Prof. Zhu Zong Xiang, who developed this special exercise to preserve health and ensure long high-quality life (15). ‘Three’ refers to the massage of three acupoints (Hegu-Large Intestine 4; Nei guan-Pericardium 6 and Zu San Li-Stomach 36). ‘One’ represents abdominal breathing to massage meridians running in the abdominal region and ‘two’ stands for two-leg squatting. Prof Zhu visited Hungary in 1985. In collaboration with Dr. Ajándok Eőry, he started bilateral Chinese-Hungarian teaching of this preventive exercise, which is now practiced as a free-of-charge method, widespread and popular, especially among the elderly. The networking system of volunteer club-leaders are engaged in taking the exam on the meridian exercise related theory of TCM (Yin-Yang, Five Phases, the concept of Qi, the concept of the meridian system, location and indications of the three acupoints, indication, possible side effects and contraindication of physical exercise) and the practical exam on the execution of 3 1 2 Meridian exercise. They are keen to refresh their knowledge yearly and to engage others to practise the meridian exercise

regularly. This is one of the most popular amateur sports activity country-wide for the elderly with health preserving purposes.

Tai chi and Qi gong are also popular amongst Hungarians. They are considered to be recreational and sports activities, therefore they are not regulated as healthcare modalities.

### *Treatment and rehabilitation*

NADA ear acupuncture is the only method covered by social insurance for the rehabilitation of drug addicts. All other TCM modalities are available in private practices. Since 2015 (12), Traditional Chinese Therapists can practise TCM alongside Western-trained specialist medical doctors who have completed TCM postgraduate courses.

## **Research of TCM in Hungary**

### *The scientific explanation of the existence of acupuncture points*

In 1984, Ajándok Eőry used an instrument to measure skin respiration (CO<sub>2</sub> sensor, invented by Vilmos Frenyó in 1976, US Patent No: 3,961,865) simultaneously with a digital skin temperature and digital skin resistance measuring instrument (16). In a cross-sectional experiment he examined skin temperature and electrical resistance of point Laogong (Pericardium 8) and adjacent skin areas in the left palm of fourteen healthy students (15–17 years). He found increased skin respiration and decreased skin resistance in the acupuncture point in comparison to the adjacent skin areas, while skin temperature did not change significantly. He explained the increased CO<sub>2</sub> exhalation of the acupuncture point with locally increased capillary CO<sub>2</sub> pressure (16).

### *Prevention*

Eye-massage is a daily routine practice to prevent myopia in school-aged children in China. Between 1992 and 1996 two classes of primary school children (22 plus 22 children) participated in longitudinal research, exploring the effect of Chinese eye massage on the short- and long-term including the potential improvement of vision. After measuring initial visual acuity one class practiced eye-massage once every school-day while the students of the other class served as a control group. After three years of practice, visual acuity of

those children who practiced the massage was significantly better than those who did not. After four months of regular massage, 65% of children with impaired vision improved in their visual acuity, 11% regained their complete vision and 7% of children experienced worsening of visual acuity (17).

During the COVID-19 pandemic the everyday life of people changed significantly and health-related anxiety increased worldwide. Ajándék Eőry and her colleagues examined the association of regular practice of 3 1 2 Meridian exercise with mental health and well-being (18). In a cross-sectional study they found, that practicing 3 1 2 meridian exercise, at least 3–5 times weekly was associated with higher level of mental and physical well-being and lower level of allostatic overload (18).

### *Clinical invention*

Based on his previous research and extensive clinical experience Dr. Ajándok Eőry invented the concept of the extracorporeal meridian to enhance the healing effect of acupuncture in humans (Patent No. 4325.: “acupuncture device”). According to the Chinese concept, Qi stagnation within the meridian can be likened to a traffic jam. To bridge the obstruction of the energy paths he connected the needles inserted into different acupuncture points by a copper wire. The basic point combination consisted of Baihui (Gov 20) and Xindaxi Xue (new leg point for cancer) to harmonize Yang and Yin within the body, if Xindaxi Xue point was painful. However, other points – which are related to the patients’ symptoms – can be used as well in connection with Baihui. He summarized his clinical experience and the points he used in different cases in a book published in 2018 (19).

### **Summary**

Hungarians are aware of TCM. The Chinese population is growing in Hungary, and Hungarians are becoming more conscious in taking their health into their own hands. Besides health preservation practices, chronic conditions and the side effects of medications make the application of TCM more popular both among laypeople and the medical society. If Chinese-Hungarian connections remain lively and our stakeholders stay responsible, professional connections will result in flourishing science and clinical practice for the benefit of our societies.

### **Acknowledgments**

I would like to express my gratitude to my father, Dr. Ajándok Eőry who passed away one year ago. He inspired me towards Chinese Medicine, who made me understand that healing is art. His loving kindness, empathy and focus on human beings led me in my way of medicine. I feel privileged that I have had the opportunity to learn from Professor István Pálos, Professor Jiang Shuming and Professor Zhang Zhongguo in theory as well as in practice. I am also grateful to the Rector of Semmelweis University, Professor Béla Merkely, and to the Dean of the Faculty of Medicine, Professor Miklós Kellermayer for their continuous support in my teaching and research activity. I would also like to thank my husband, Endre Németh and my children, Borcsa, Bulcsú and Ajnika for their love and support.

*Funding:* None.

### **Footnote**

*Peer Review File:* Available at <https://dx.doi.org/10.21037/lcm-21-40>

*Conflicts of Interest:* The author has completed the ICMJE uniform disclosure form (available at <https://dx.doi.org/10.21037/lcm-21-40>). The author has no conflicts of interest to declare.

*Ethical Statement:* The author is accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

*Open Access Statement:* This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

### **References**

1. Xu W, Zhu L, Zu L, et al. Formulation and consideration

- of World Health Organization international classification of traditional medicine. *J Tradit Chin Med* 2020;40:157-61.
2. Neparáczki E, Maróti Z, Kalmár T, et al. Y-chromosome haplogroups from Hun, Avar and conquering Hungarian period nomadic people of the Carpathian Basin. *Sci Rep* 2019;9:16569.
  3. Seleanu M. A Szegvár-tűzkövesi neolithikus telepen 1978-ban végzett ásátás leletei és tanulságai [dissertation]. MA, 1981. [Selenau M.: 1978 Szegvár-Tűzköves neolithic yard archeological excavation's finds and conclusions [dissertation]. Budapest: ELTE, 1981] [cited 2021 Jul 31]. Available online: [https://www.researchgate.net/publication/328556276\\_Seleanu\\_Magdolna\\_A\\_Szegvar-tuzkovesi\\_neolithikus\\_telepen\\_1978-ban\\_vegzett\\_asatas\\_leletei\\_es\\_tanulsagai\\_MA\\_1981](https://www.researchgate.net/publication/328556276_Seleanu_Magdolna_A_Szegvar-tuzkovesi_neolithikus_telepen_1978-ban_vegzett_asatas_leletei_es_tanulsagai_MA_1981)
  4. Wikipedia [Internet]. Needle-case made of bone from the 8th century [cited 2021 Jul 31]. Available online: <http://mek.niif.hu/01900/01992/html/index1121.html>, <https://commons.wikimedia.org/w/index.php?curid=15673368>
  5. Wikipedia [Internet]. Old Hungarian runas on the four sides of the case [cited 2021 Jul 31]. Available online: <https://commons.wikimedia.org/w/index.php?curid=15548106>
  6. Eöry A. The History of Acupuncture in Hungary. Budapest: Traditional Chinese Medicine Ltd., 2016.
  7. Lánér A. *Dissertatio De Acupunctura*. Budapest: Akadémiai Kiadó, 1988.
  8. Pálos I. *A Hagymányos Kínai Orvoslás [Traditional Chinese Medicine]*. Budapest: Gondolat, 1963.
  9. Hegyi G. *A Hagymányos Kínai Orvoslás (HKO) Magyarországon [The History of Traditional Chinese Medicine in Hungary]*. *Kaleidoscope* 2018;9:490-508.
  10. Ministry of Welfare Decree No. 11/1997 (V. 28.). *A természetgyógyászati tevékenység gyakorlásának egyes kérdéseiről [about issues of practicing complementary and alternative medicine]* (May 28, 1997).
  11. CLIV. törvény az egészségügyről [Act No. CLIV. about healthcare]. (1997). [cited: 2021 Jul 31].
  12. Az emberi erőforrások minisztere 42/2015. (IX. 18.) EMMI rendelete a hagyományos kínai gyógyászat területén oklevéllel rendelkező személy által végezhető egészségügyi tevékenység engedélyezésére vonatkozó szabályokról [Human Services Ministry Decree No. 42/2015. (IX. 18) about regulations of healthcare services provided by persons with a degree in traditional Chinese therapy] (Sept 18, 2015).
  13. Landgren K. *Ear Acupuncture: A Practical Guide*. Churchill Livingstone; 2008.
  14. Semmelweis University [Internet]. Semmelweis University to Participate in the Establishment of a Traditional Chinese Medicine Centre [cited 2021 Jul 31]. Available online: <https://semmelweis.hu/english/2014/10/semmelweis-university-to-participate-in-the-establishment-of-a-traditional-chinese-medicine-centre/>
  15. Zhu ZX. *The "3-1-2" Acupuncture Meridian Exercise Programme. A Chinese Way to Good Health and Longevity*. Budapest: Egészség Biztonság Alapítvány, 2011.
  16. Eöry A. In-vivo skin respiration (CO<sub>2</sub>) measurements in the acupuncture loci. *Acupunct Electrother Res* 1984;9:217-23.
  17. Eöry A. *A kínai masszázis hatása az iskoláskori rövidlátásra [The effect of Chinese eye-massage on the myopia of school-aged children]*. Budapest: Health Safety Foundation, 1996.
  18. Eöry A, Békési D, Eöry A, et al. Physical Exercise as a Resilience Factor to Mitigate COVID-Related Allostatic Overload. *Psychother Psychosom* 2021;90:200-6.
  19. Eöry A. *Új Utak az Akupunktúrás Gyógyításban [Novel Ways in Acupuncture Treatment]*. Budapest: Kairosz, 2018.

doi: 10.21037/lcm-21-40

**Cite this article as:** Eöry A. History and regulation of traditional Chinese medicine in Hungary. *Longhua Chin Med* 2021;4:39.