广州中医药大学

Guangzhou University of Chinese Medicine

Doctoral Thesis

Study on the Dissemination and Development of the Traditional Chinese Medicine Culture in Chile in the Context of the “Belt and Road” Initiative

Author:	Rafael Nunez A
Supervisor:	Lan Shao Qing
Major:	Chinese Medicine Management
Date:	June 2026

Abstract

Traditional Chinese Medicine (TCM) constitutes a vital component of traditional Chinese culture. Its history can be traced back over three thousand years, having developed a unique theoretical system centered on the core concepts of Yin-Yang, the Five Elements (Wu Xing), Qi, and blood, as well as the meridians and collaterals. In recent years, the recognition of TCM has been continuously increasing both domestically and internationally. A growing number of patients worldwide are receiving TCM diagnosis and treatment. Acupuncture, for instance, has been adopted in 183 countries and regions. TCM culture is progressively advancing onto the global stage.

As Chinese immigrants have moved overseas, Chinese culture has gradually spread to all corners of the globe. Cultural understanding has been established as a key dimension for deepening international cooperation, particularly since the Chinese government proposed the "Belt and Road" Initiative in 2013. Within this framework, the recognition of Chinese culture in Western societies has significantly increased. Consequently, TCM culture has expanded its international reach and, in some countries, achieved deep-rooted localization.

Although geographically speaking, the Republic of Chile is one of the farthest countries from China, friendly bilateral exchanges span over fifty years. In 1970, under the presidency of Salvador Allende, Chile became the first South American nation to establish diplomatic relations with the People's Republic of China. Since then, bilateral relations have continued to deepen, with areas of cooperation constantly expanding. Currently, China is Chile's largest trading partner, with Chilean products such as wine, fruit, copper, lithium, and fishmeal occupying an important position in the Chinese market. Simultaneously, Chinese electronic products, textiles, steel, and home appliances are also highly favored by Chilean consumers. In 2018, Chile formally signed the memorandum of understanding to join the "Belt and Road" Initiative, opening new avenues for bilateral cooperation.

However, the bilateral relationship should not solely be confined within/to the scope of trade and diplomacy. Cultural understanding and people-to-people exchanges are equally important cornerstones for the sustainable development of bilateral ties. Although the "Belt and Road" Initiative primarily focuses on economic and trade cooperation, its principle of "fostering people-to-people bonds" explicitly incorporates cultural dissemination into its core agenda. As a vital vehicle of traditional Chinese culture, TCM has already gained extensive recognition and achieved institutionalized development in European and American countries. In Chile, TCM is also exhibiting a positive development trend. To date, there are over twenty professional TCM educational institutions within the country, with some higher education institutions also introducing relevant training courses, such as in acupuncture. Within this context, systematically reviewing the history of TCM culture's dissemination in Chile and conducting an in-depth examination of its localization mechanisms and practical challenges will not only contribute to deepening

people-to-people exchanges and mutual trust between China and Chile but will also provide valuable empirical references for promoting the construction of a Global Community of Health for All.

Objective

This study adopts Cross-Cultural Localization Theory as its analytical framework, aiming to systematically investigate the dissemination history, contemporary status, and socio-cultural adaptation mechanisms of Traditional Chinese Medicine (TCM) culture in Chile within the context of the "Belt and Road" Initiative. The specific objectives are fourfold: 1) Historical Dimension: To reconstruct the trajectory of TCM culture's dissemination in Chile through a systematic literature review, identifying its key stages, rupture points, and transformation mechanisms. 2) Cognitive and Behavioral Dimension: To systematically describe the level of knowledge, usage behavior, satisfaction, and supportive attitudes towards TCM among TCM practitioners (Group A) and patients (Group B) in Chile through questionnaire surveys, and to test the following four core hypotheses: H1 (Selective Localization): The institutional recognition and social acceptance of acupuncture are significantly higher than those of Chinese herbal medicine, Tuina, and Qigong. H2 (Refunctionalization): Users' motivations for acceptance are primarily pragmatically oriented, rather than based on philosophical identification. H3 (Institutionalization-Cognition Disconnect): While acupuncture has been institutionalized, users' levels of knowledge regarding TCM theory remain low. H4 (Limited Impact): The "Belt and Road" Initiative primarily promotes institutional-level cooperation, with limited impact on the depth of cultural identity. 3) Mechanism Explanation Dimension: To delve deeply into the localization mechanisms, underlining the aforementioned phenomena through semi-structured interviews. This involves investigating how TCM is selected, simplified, refunctionalized, and even consolidated within the Chilean context, and how these strategies are constrained by public policies, the institutional framework, and the cultural context. 4) Practical Application Dimension: Based on the preceding analysis, to synthesize the strengths, weaknesses, opportunities, and threats (SWOT) concerning the dissemination of TCM culture in Chile. Subsequently, the study aims to propose actionable recommendations for optimizing its dissemination, thereby providing empirical references for deepening people-to-people exchanges between China and Chile and promoting the high-quality integration of TCM into the "Belt and Road" Initiative.

Methods

This study employs a mixed-methods research design, combining a literature review, questionnaire surveys, and semi-structured interviews. The research participants include TCM practitioners (Group A, n=106), TCM patients (Group B, n=100), and TCM educational institutions (Group C, n=11). The inclusion criteria for Group A were: legal registration and operation in Chile, possession of a tax code from the Internal Revenue Service, a business license from the corresponding municipal government, and a health permit issued by the respective Regional Ministerial Secretariat of Health. The inclusion criterion for Group B was having received at least one TCM-related treatment (including acupuncture). The inclusion criterion for Group C was being in normal operation for at least one year.

The questionnaire design was based on a systematic literature review and findings from research on Chilean public policy. Content validity was verified using Aiken's V coefficient, yielding a value of V=0.95 for the Group A questionnaire and V=0.94 for the Group B questionnaire. The interview guide employed a semi-structured design, comprising a total of 15 questions.

Quantitative data were analyzed using SPSS 26.0, employing descriptive statistics, Chi-square tests, and Fisher's exact tests. Qualitative data were analyzed using ATLAS.ti 26.0 through a thematic analysis, resulting in 27 codes derived from 339 quotations.

Results

Data from Group A (practitioners) reveal that the service provision rate for acupuncture is 100%, while it is only 19.8% for Chinese herbal medicine, 56.6% for Tuina, and 27.4% for Qigong. Practitioners' motivations are diverse: 58.5% aim to promote TCM culture, 31.1% seek to increase income, and 40.6% value self-employment. A total of 91.5% perceive an increase in demand for their services. However, 53.8% report a monthly income of below USD 1,000, and 63.2% assess the profitability of their practice as negative.

Regarding the "Belt and Road" Initiative (BRI), 75.5% of practitioners are unaware of it, 100% have never received any form of support from it, 78.3% perceive "no change" since Chile joined the BRI, and 84.0% have never participated in cooperation projects with Chinese institutions.

Data from Group B (patients) show that the awareness rate for acupuncture is 98.0%, with a usage rate of 85.0%. In contrast, awareness of Chinese herbal medicine is only 45.0%, of Tuina is 63.0%, and of Qigong is 46.0%. A total of 89.0% of patients report being satisfied with TCM treatment. Regarding regulation, 78.0% hold a critical view; only 22.0% believe there is effective regulation (with 31.0% stating "insufficient regulation," 27.0% stating "need to strengthen management," 13.0% stating "requires revision," and 7.0% stating "unclear"). Concerning the BRI, 89.0% of patients are unaware of it, and 88.0% were unable to answer questions about its impact. However, 98.0% of patients support China-Chile cooperation in TCM.

Interviews with Group C (institutions) reveal widespread institutional barriers. The certification requirements for clinical practice sites have reportedly increased from "six documents" to "twenty documents," with significant variation in implementation standards across different regions of Chile. Educational policies are seen as insufficient in covering TCM training. The driving force for development is perceived to come from "individual effort" rather than from a supportive institutional framework.

Cross-analysis of the data shows that the years of practice are significantly correlated with perceptions of profitability (χ^2=17.205, df=9, P=0.046), with a Cramer's V value of 0.233, indicating a weak to moderate association. No statistically significant correlation was found between years of practice and awareness of the BRI (χ^2=3.319, df=3, P=0.345); therefore, the effect size was not calculated. The level of TCM knowledge is strongly correlated with the use of acupuncture (V=0.522, P<0.001, χ^2=27.275, df=3), and moderately correlated with the use of Tuina (V=0.423, P<0.001, χ^2=17.859, df=3) and Qigong (V=0.397, P=0.001, χ^2=15.783, df=3). Patient satisfaction is significantly correlated with support for the integration of TCM into the healthcare system (Fisher's exact test, P=0.023; effect size was not calculated due to 66.7% of cells having expected frequencies below 5). Consequently, hypotheses H1, H2, H3, and H4 were all verified, providing empirical support for Cross-Cultural Localization Theory through the Chilean case.

Conclusion

H1 (Selective Localization) is highly supported: Acupuncture, due to its compatibility with biomedicine, holds a dominant position on the supply side (100% service provision), demand side (98.0% awareness), and within the educational sphere. In contrast, Chinese herbal medicine and Qigong remain marginalized.

H2 (Refunctionalization) is supported: Patients' primary motivations for choosing TCM are its perceived efficacy (61.0%) and therapeutic cost (55.0%). Consultations are concentrated on chronic pain (72.6%) and psychological issues (51.9%), demonstrating a clear pragmatic orientation.

H3 (Institutionalization-Cognition Disconnect) is highly supported: Although Decree Law No. 123 has been established, 78.0% of patients are critical of the regulatory framework, and 70.8% of practitioners advocate for the inclusion of TCM in the public health system. Furthermore, while 92.0% of individuals associate TCM with Chinese philosophy, their understanding of its theoretical underpinnings remains limited, revealing a pattern characterized by "policy precedence, cognitive lag."

H4 (Limited Impact) is highly supported: A significant majority of practitioners (75.5%) and patients (89.0%) are unaware of the "Belt and Road" Initiative. Development impetus stems primarily from the market and individual effort. However, 98.0% of respondents support China-Chile cooperation in TCM, creating a notable contrast of "low awareness, high expectations."

This study introduces the concept of "soft infrastructure" (encompassing educational exchanges, professional networks, and market flows) in contrast to "hard infrastructure" (institutions, laws, and policies), offering a novel perspective for understanding the relationship between macro-level policies and micro-level practices.

The SWOT analysis reveals the following: Strengths include a high degree of social acceptance (89.0% satisfaction) and the preliminary establishment of an institutional foundation. Weaknesses include fragile economic sustainability (53.8% of practitioners earning less than USD 1,000 per month) and a lack of quality control in education. Opportunities lie in the institutional potential of the "Belt and Road" Initiative and the expandability of the existing policy framework. Threats include geopolitical uncertainties and intensifying market competition.

Based on the analysis, the study proposes the following recommendations: The Chilean government should refine the institutional framework for TCM, promote legislation for the importation of Chinese herbal medicines, and strengthen quality supervision of TCM education. TCM institutions should consolidate the advantages of acupuncture while expanding diversified services such as Chinese herbal medicine and Qigong. Practitioners should enhance their professional skills and actively participate in industry organizations. Finally, academia should conduct cross-national comparative research to deepen the theoretical construction of TCM's globalization.

Key words： Chinese medicine; Chinese medicine culture; Chile; Belt and Road Initiative