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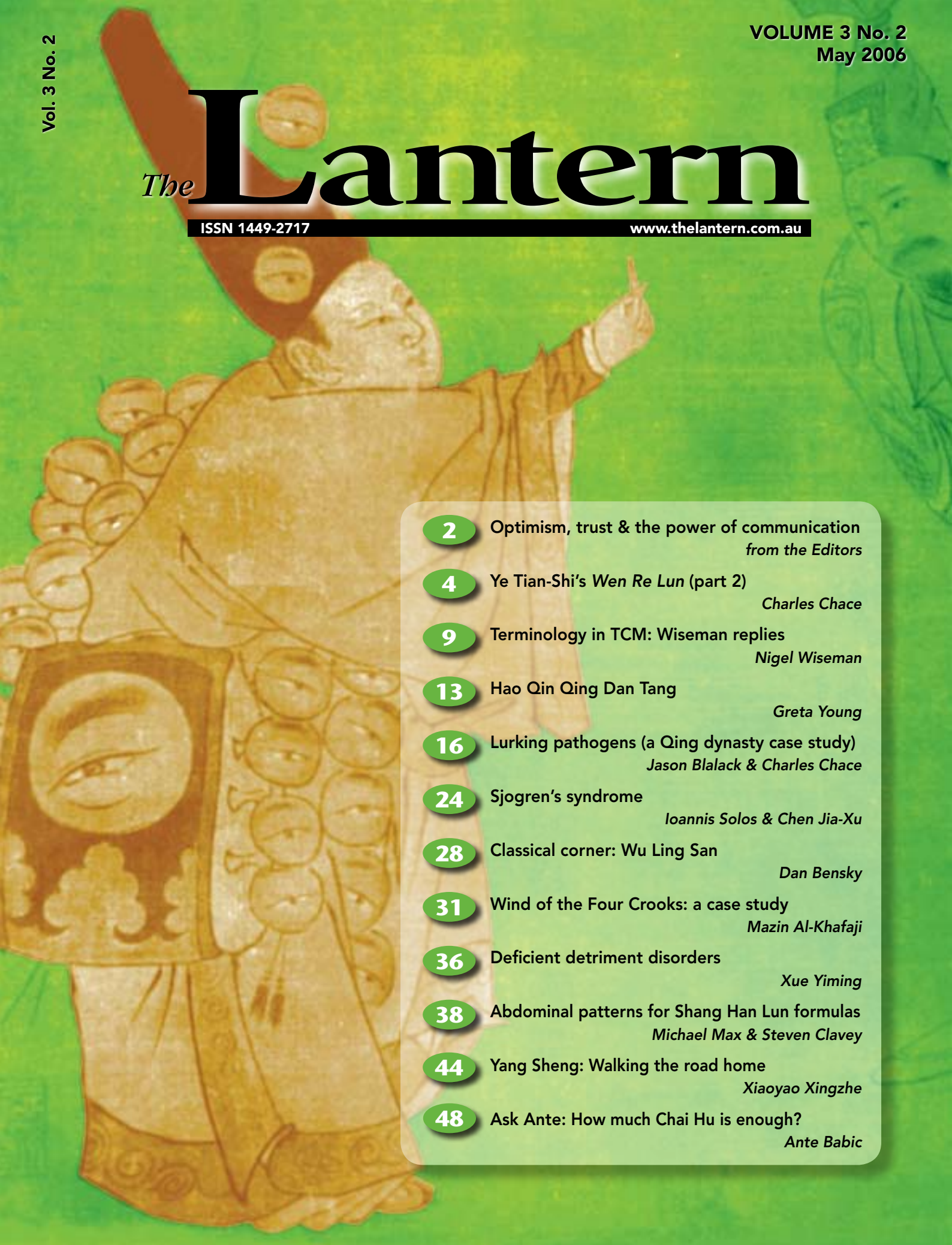

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A journal of traditional Chinese medicine

The Lantern

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Cover
This image is from an anonymous painter of the Song dynasty, and is entitled *Eye Medicine*.

Optimism, trust and the power of communication

IT WAS QUITE A WHILE AGO, but the first time I sat in on a clinic session with my American friend Nick Dent I learned a lot about the therapy of communication.

A patient had just left, exclaiming "Thanks, Doc! The way you explained my symptoms matched exactly how I felt myself – it really made a whole lot of sense."

Nick smiled at me when the patient was gone. "It's not too surprising that it matched how he felt," he said. "Chinese medicine theory is based squarely on the patient's own sensations, plus the observable tongue and palpable pulse, of course. What is interesting is why they should be so surprised that our explanation matches how they feel."

"Well, it must be because they don't get that sort of explanation otherwise," I ventured.

"I think you're right," he said. "It is hard to relate to a series of numbers on a blood test, since we don't sense changes at that level. But TCM works with the same level

The Lantern is a journal of Chinese medicine and its related fields, with an emphasis on the traditional view and its relevance to clinic. Our aim is to encourage access to the vast resources in this tradition of preserving, maintaining and restoring health, whether this be via translations of works of past centuries or observations from our own generation working with these techniques, with their undeniable variability. The techniques are many, but the traditional perspective of the human as an integral part, indeed a reflection, of the social, meteorological and cosmic matrix remains one. We wish to foster that view.

> *A patient who knows what I am doing and why will leave this office with a sense of optimism, and that has important therapeutic implications ...*

patients live at in everyday life. For us, the sun really does circle the earth, so to speak, the moon does rise and set, and these things are meaningful. We live in the same world, and so naturally our explanations make sense, and it is easier to relate to patients."

I related a few anecdotes about poor doctor-patient relationships.

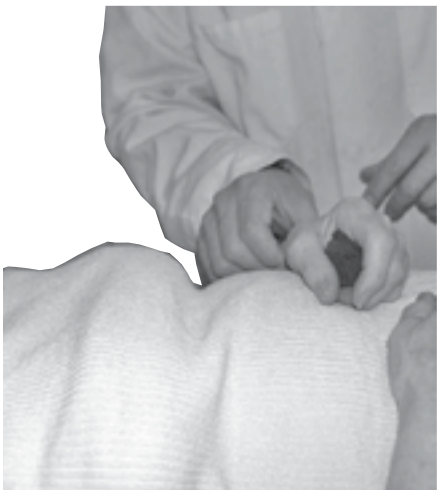
"Tell me about it," he agreed. "Some practitioners have no idea about the effects their words have on the patient; it can be almost criminal sometimes. If the patient isn't strong, it can be devastating. Just the other day a patient told me that her local doctor mused, as he was looking at her blood tests, 'Hmmm, interesting. These results are similar to those of a patient with cancer.'

"'Excuse me,' my patient interrupted. 'Are you saying that I have cancer?!' Her doctor looked surprised and said 'Why, no, not at all.' She demanded 'Well then, why did you say that?' He replied lamely 'Well, it is true – and I just thought it was interesting.'

"Now if this patient had not been strong enough to confront the doctor – who many regard as the giver of life and death, remember – she might have taken this casual statement seriously, with God only knows what effects on her health."

In the clinic with Nick, I noticed that he did not tend to use much TCM jargon when speaking to patients, he would always try to explain Chinese medicine physiology in simple everyday phrases. "Spleen" for example became "the function of absorbing energy from food and distributing it around the body". Something a bit more complicated, such as "Spleen controls blood" might go something like "we have noticed that when the digestion is weak, a person bruises and bleeds more easily. Improving the digestion in turn leads to less bruising and bleeding."

When I asked him about this, he said "Jargon serves many functions; it can be a status indicator and power symbol – 'I know what this means and you don't' – and it can be used to hide ignorance – 'Ah, yes, madam, I can state with great confidence that you have idiopathic borborygmus.' The one thing jargon is not good for is communication, except among a peer group anxious to maintain boundaries. I am trying to give the patient a way of understanding how his body is working, and how I will be going about getting it to work better. Simple clear speech is best for this. You know, terminology that is difficult or unusual is not more accurate just because it is difficult or unusual. A patient who knows what I am doing and why will leave this office with a sense of optimism, and that has important therapeutic implications."



Over the years of using many of his phrases and explanations in my own practice, I think it is the attitude of encouraging optimism that has shown the most profound benefits. Nick emphasised that every word, gesture, and facial expression could either help or harm the patient, and contribute or detract from your therapeutic effectiveness. The professionalism of your demeanour, your clothing, office layout, the lighting, air quality, music and general ambience of the clinical setting should all be therapeutic in aim.

"It's not that you have to wear a suit and tie," Nick said. "That depends on your clientele and what makes them comfortable. But if they trust you, the effects will be better, because they will have the confidence that allows their own healing powers to act at the fullest. And that is an ally you want on your side."

– STEVEN CLAVEY

温热论

Ye Tian-Shi's *Wen Re Lun*

Discourse on **warm-heat disease**

By Charles Chace

THE SECTION IN THE previous issue ended with these words:

Now, in a human body the epigastrium is in the upper abdomen, which is located in the position of the middle [burner]. If it is painful to palpation, if there is spontaneous pain, or there is glomus and distension, one should use bitter draining [medicinals] that will enter the abdominal area.

One must examine [the disease in the context of] the tongue [coat], for instance, whether it is yellow or turbid, [and this condition] can be treated with *Xiao Xian Xiong Tang* (Minor Sinking Into the Chest Decoction) or *Xie Xin Tang* (Drain the Epigastrium Decoction) depending on the symptoms.

论舌黄

On yellow tongue [coats]

LGH, p. 105-111

再前云舌黄或浊，须要有地之黄。
As previously stated, the tongue [coat in above condition] may be either yellow or turbid, but it must have a yellow root [to qualify as a yellow tongue coat].

LGH, p. 125

若光滑者，乃无形湿热，中有虚象，大忌前法。
If [the tongue] is glossy and slimy, even though the damp-heat lacks form, the middle has evidently become deficient and the previously mentioned methods are strongly contraindicated [ie. using bitter draining medicinals].

其脐以上为大腹，或满或胀或痛，此必邪已入里矣，表证必无，或十之存一。
The greater abdomen is above the umbilicus. If there is fullness, distention or pain, this means the pathogen has already entered the interior, and exterior symptoms are either absent or very slight.

亦要验之于舌，或黄甚，
或如沉香色，或如灰黄色，
或老黄色，或中有断纹，皆当下之。
At this point it is likewise essential to [further] examine the tongue [coat] and if it is extremely yellow, or the color of *Chen Xiang* (Aquilariae, aloeswood) or an ashen yellow color, or an old yellow color, or there are lines in the centre, then in all [of these instances] precipitation should be administered.

LGH, p. 111, 162

如小承气汤，用槟榔,青皮,枳实,玄明粉、生首乌等。
One may administer *Xiao Cheng Qi Tang* (Minor Order the Qi Decoction), and/or use [medicinals] such as *Bing Lang* (Arecae Catechu Semen), *Qing Pi* (Citri reticulatae veride Pericarpium), *Zhi Shi* (Aurantii Fructus immaturus), *Xuan Ming Fen* (Miribilitum) and *Sheng [He] Shou Wu* (Polygoni multiflori Radix non-preparata).

LGH, p. 448, 449

若未见此等舌，不宜用此等法，恐其中有湿聚太阴为满，或寒湿错杂为痛，或气壅为胀，又当以别法治之。
If one does not see tongue [presentations] such as these, then methods such as these cannot be used for fear [that the fullness, distention and pain] in the middle [burner] is due to damp accumulation and fullness in the tai yin. Alternatively, there may

■ Charles Chace has been a student of Chinese medicine and its literature for over 25 years. He graduated from the New England School of Acupuncture in 1984. He is the author and translator of a variety of books including *A Qin Bowei Anthology*, translations of the writings of one of the architects of modern Chinese medicine, with Yang Shou-Zhong, a translation of the first textbook of acupuncture from 100 C.E., *The Yellow Emperor's Systematic Classic of Acupuncture and Moxibustion* (*Huang Di Zhen Jiu Jia Yi Jing*), and with Miki Shima, *Channel Divergences, Deeper Pathways of the Web*. Charles maintains a clinic in Boulder, Colorado.

be a mixture of cold and damp producing pain, or an obstruction of qi producing distension. In such cases, one should use alternate methods to treat [the condition].

再黄苔不甚厚而滑者，热未伤津，犹可清热透表。
When a yellow tongue coat is not very thick and is glossy, [this means] the heat has not yet damaged the liquids; one may still clear heat and evict [the pathogen] through the exterior.

LGH, p. 109

若虽薄而干者，邪虽去而津受伤也。
Even though [a yellow tongue coat] is thin yet dry, [this means that] although the pathogen has been eliminated, the liquids have been damaged.

LGH, p. 109, 111

苦重之药当禁，宜甘寒轻剂可也。
[In this case], the use of bitter and heavy medicinals is contraindicated. Sweet, cold and light formulas are appropriate and can be used.

论舌絳
On crimson tongues

再论其热传营，舌色必絳。絳深红色也。
As for [conditions where] heat has been passed to the construction aspect, the tongue color will be crimson. Crimson is a deep red color.

LGH, p. 114-116

初传絳色中兼黄白色，此气分之邪未尽也，泄卫透营，两和可也。
If, in the initial stages of the passage [of a warm pathogen into the construction aspect], a yellow/white colored [tongue coat] appears on a crimson colored [tongue], this means that the pathogen in the qi aspect has not completely departed. By draining the defence and evicting the construction, both [aspects] can be harmonised.

LGH, p. 115, 167

纯絳鲜泽者，包络受病也，宜犀角、鲜生地、连翘、郁金、石菖蒲等。
If [the tongue] is entirely a bright lustrous crimson [color], the Pericardium has become diseased and one should use medicinals such as *Xi Jiao* (Rhinoceri Cornu), *Xian Sheng Di* [*Huang*] (Rehmanniae Radix, fresh), *Lian Qiao* (Forsythiae Fructus), *Yu Jin* (Curcumae Tuber) and *Shi Chang Pu* (Acori tatarinowii Rhizoma).

LGH, p. 172

延 之数日，或平素心虚有痰，外热一陷，里络就闭，非菖蒲、郁金等所能开。
If this [condition] persists for several days, or [the patient] has constitutional Heart deficiency with phlegm, then all the external heat has to do is sink [inward], and it will cause the interior networks to become blocked. Then neither [*Shi*] *Chang Pu* (Acori tatarinowii Rhizoma) nor *Yu Jin* (Curcumae Tuber) will be capable of opening [the phlegm heat in the Pericardium].

Illustrative case histories

Case four: Pao, an elderly [person] with vacuity below, [suffered from] spring warmth contracted in the upper [burner]. [He presented with] phlegm-moisture and confusion. His tongue was red with a yellow coat, and his face was red with slight spasms. First, clear the upper warmer.

Tian Zhu Huang	(Bambusae Concretio silicea)
Jin Yin Hua	(Lonicera Flos)
Zhu Ye Xin	(Phyllostachys avicularis Folium)
Lian Qiao	(Forsythia, Fructus)
Zhu Li	(Bambusae Succus)

Comment: In this case the phlegm-moisture and confusion were indicative of a phlegm heat pathogen accumulating in the Pericardium. Mister Ye therefore used *Tian Zhu Huang* (Bambusae Concretio silicea) and *Zhu Li* (Bambusae Succus) to transform phlegm, compounded with *Zhu Ye Xin*, (Phyllostachys avicularis Folium) and *Lian Qiao* (Forsythia, Fructus) to evict pathogens to ensure that the formless heat did not become bound with the substantive phlegm.

须用牛黄丸、至宝丹之类以开其闭，恐其昏厥为痉也。
One must use medicinals such as *Niu Huang Wan* (Cattle Gallstone Pill) and *Zhi Bao Dan* (Greatest Treasure Special Pill) to open these blockages, lest this clouding reversal progress to tetany.

再舌絳而舌中心干者，乃心胃火燔，劫烁津液，即黄连、石膏亦可加入。
If the tongue is crimson and the centre of the tongue is dry, then fire flares up from the Heart and Stomach plundering and torching the fluids. Therefore, *Huang Lian* (Coptidis Rhizoma) and *Shi Gao* (Gypsum) can be added to [the formula].

若烦渴烦热，舌心干，四边色红，中心或黄或白者，此非血分也，乃上焦气热烁津。
If there is vexing thirst and vexing heat, the tongue is dry in the center and red around all four sides with a yellow or white [coat] in the center, this is not a blood aspect [indicator] but a [sign of] qi [aspect] heat in the upper burner torching the liquids.

急用凉膈散，散其无形之热，再看其后转变可也。

If the tongue is glossy and slimy, even though the damp-heat lacks form, the middle has evidently become deficient and the bitter draining medicinals are strongly contraindicated.

Riddle me this!

Answer *The Lantern* riddle and win a year's subscription!

Our elder has twelve sons,
each of whom has
twice thirty daughters;
half of these daughters
are white
and the rest are black;
all are immortal,
and all die.
Who is he?

Be first to answer it correctly and you will win a year's free subscription to *The Lantern*.

■ The answer to the previous issue's riddle was *Dong Chong Xia Cao* (cordyceps). It was answered first by Alasdair Reed, of Greenwich NSW, who has won a year's free subscription to *The Lantern*!

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One should immediately administer *Liang Ge San* (Cool the Diaphragm Powder) to scatter the formless heat. Furthermore, one should look for [and treat the symptoms of] its subsequent transmission and transmutation.

LGH, p. 261-263, 301 (table)

慎勿用血药，以滋腻难散。
Be careful not to use blood [aspect] medicinals that are enriching and cloying because they make it difficult to scatter [the pathogen].

至舌絳，望之若干，手扪之原有津液，此津亏，湿热薰蒸，将成浊痰蒙闭心包也。
Once a tongue has become crimson and looks dry, although there is moisture at the root when the tongue is touched with the hand, this indicates fluid depletion and sweltering of damp-heat that will become turbid phlegm, which clouds and obstructs the Pericardium.

再有热传营血，其人素有瘀伤宿血在胸膈中，挟热而搏，其舌色必紫而暗，扪之湿，当加入散血之品，如琥珀、丹参、桃仁、丹皮等。
Furthermore, once heat passes to the construction and blood [aspects], if the patient has an old injury, or there is blood that has been retained in the chest and diaphragm, [this stagnant blood] mingles with the heat and is transmitted [throughout the body]. [In this case] the tongue color must be purple and dull, and [the tongue coat] will feel damp when stroked. One should include medicinals that scatter the blood such as *Hou Po* (Magnoliae officinalis Cortex), *Dan Shen* (Salviae miltiorrhizae Radix), *Tao Ren* (Persicae Semen) and [*Mu*] *Dan Pi* (Moutan Cortex).

LGH, p. 116, 117

不尔，瘀血与热为伍，阻遏正气，遂变如狂发狂之症。
Otherwise, stagnant blood and heat will combine to obstruct the correct qi, the transmutations of which resemble the crazy manner of manic disease.

若紫而肿大者，乃酒毒冲心。
If [the tongue] is purple and swollen, then alcohol toxins have surged into the Heart.

若紫而干晦者，肾肝色泛也，难治。
If [the tongue] is purple, dry and dark, and is suffused with [the associated] colors of the Liver and Kidney, [the condition] is difficult to treat.

舌色絳而上有粘腻似苔非苔者，中挟秽浊之气，急加芳香逐之。
If the tongue is crimson and has a thick sliminess on it that resembles a tongue coat but is not a tongue coat, the middle harbors dirty turbid qi and one should immediately add aromatic, fragrant [medicinals] to expel [the turbid qi] .

舌絳，欲伸出口而抵齿难骤伸者，痰阻舌根，有内风也。
If the tongue is crimson and is difficult to extend beyond the teeth when one attempts to stick it out of the mouth, then phlegm obstructs the root of the tongue and internal wind is present.

LGH, p. 115-117

若舌絳而光亮，胃阴亡也，急用甘凉濡润之品。
If the tongue is crimson, bright and shiny, the Stomach yin has collapsed. One should immediately administer [medicinals] in the sweet, cool and moistening categories.

若舌絳而干燥者，火邪劫营，凉血清火为要。
If the tongue is crimson and dry, fire pathogens have plundered the construction [aspect, and a treatment strategy] of cooling the blood and clearing fire is essential.

舌絳而有碎点黄白者，当生疳也。
If the tongue is crimson with patches of yellow-white spots, then *gan* is developing.

大红点者，热毒乘心也，用黄连、金汁。
Large red spots [on the tongue] mean that fire toxins overwhelm the Heart. One should use *Huang Lian* (Coptidis Rhizoma) and *Jin Zhi* (golden fluid).[1]

其有虽絳而不鲜，干枯而痿者，此肾阴涸，急以阿胶、鸡子黄、地黄、天冬等救之，缓则恐涸极而无救也。
When the tongue is crimson, but not bright [color] and is instead dry, desiccated and wilted, this means that the Kidney yin has evaporated, and one should immediately administer medicinals such as *E Jiao* (Asini Corii Colla), *Ji Zi Huang* (Egg Yolk), *Di Huang* (Rehmannia Radix) and *Tian Dong* (Asparagi Radix) to rescue it. If one delays, then the fear is that the evaporation will become so extreme that it cannot be rescued.

LGH, p. 176

其有舌独中心絳干者，此胃热，心营受灼也，当于清胃方中加入清心之品。
If the tongue is crimson and dry only in the centre, this is Stomach heat, and the construction [qi] of the Heart has been scorched. One should add medicinals that clear the Heart into formulas that clear the Stomach.
否则，延及于尖，为津干火盛也。

Otherwise, [the dryness and crimson color] will extend to the tip, indicating a drying of the liquids and an exuberance of fire.

舌尖絳独干，此心火上炎，用导赤散泻其腑。
If only the tongue tip is crimson and dry, this means that there is a flaring ascension of Heart fire and one should use *Dao Chi San* (Guide Out the Red Powder) to drain its [associated] bowel [ie. Small Intestine, which separates clear from murky fluids].

论舌苔
On tongue coats

LGH, p. 108–110

再舌苔白厚而干燥者，此胃燥气伤也，滋润药中加甘草，令甘守津还之意。
If a tongue coat is white, thick and dry, this means that there is Stomach dryness and damage to [the Lung] qi. In addition to medicinals that enrich and moisten, one should add *Gan Cao* (Glycyrrhizae Radix). This is based on the idea that *Gan* [*Cao*] (Glycyrrhizae Radix) protects [the Stomach] and restores the liquids.

舌白而薄者，外感风寒也，当疏散之。
If a tongue [coat] is white and thin, there is externally contracted wind-cold, and one should course and dissipate it.

LGH, p. 107

若白干薄者，肺津伤也，加麦冬、花露、芦根 汁等轻清之品，为上者之上也。
If [a tongue coat] is white, dry and thin, the Lung liquids have been damaged. One should add medicinals in the light clearing class — such as *Mai Dong* (Ophiopogonis Radix), *Hua Lu* (Indigo Naturalis) and *Lu Gen* (Phragmitis Rhizoma) juice — that ascend to the upper [part of the body].

若白苔絳底者，湿遏热伏也，当先泄湿透热，防其就干也。
If there is a white tongue coating covering a crimson tongue body, there is suppressed dampness and lurking heat. One should first drain dampness to evict the heat while protecting [the liquids] from desiccation.

勿忧之，再从里透于外，则变润矣。
One should not worry [about the dry tongue]. Once [the pathogen] is evicted from the interior outward, then [the tongue] will change and become moist.

初病舌就干，神不昏者，急养正，微加透邪之药。
If, at the beginning of the disease, the tongue is just dry, but the spirit is not yet clouded, one should immediately nourish the correct [qi] while adding small doses of pathogen evicting medicinals.

若神已昏，此内匮矣，不可救药。
If the spirit is already clouded, this reflects an internal exhaustion, and [the patient] cannot be saved with medicinals.

If the spirit is already clouded, this reflects an internal exhaustion, and [the patient] cannot be saved with medicinals.

又不拘何色，舌上生芒刺者，皆是上焦热极也，当用薄荷水揩之，即去者轻，旋生者险矣。
Regardless of [the tongue's] color, if prickles have developed on it, there is extreme heat in the upper burner. One must rub down the body with a black cloth soaked in cool mint water [to dissipate heat toxins]. If this is effective, then [the condition] is mild. However, if [the prickles] return, then [the condition] is critical.

舌苔不燥，自觉闷极者，属脾湿盛也。
If the tongue coat is not dry, but [the patient] feels extreme [gastric] oppression, this pertains to an exuberance of Spleen dampness.

或有伤痕血迹者，必问曾经搔挖否，不可以有血而便为枯症，仍从湿治可也。
[When the tongue body] exhibits scarring and bloodstains, [the physician] must inquire whether or not [the patient] has scratched at [his tongue] in the recent past. Hence, one cannot simply take the bleeding as a symptom of dessication, and can still treat as dampness.

再有神情清爽，舌胀大不能出口者，此脾湿胃热，郁极化风而毒延口也，用大黄磨入当用药剂内，则舌胀自消矣。
If [the patient's] spirit-affect is alert and relaxed, but the tongue is so enlarged that the patient cannot stick it out of his mouth, this is an indicator of Spleen dampness and Stomach heat causing extreme constraint transforming into wind and toxins extending to the mouth. One should add *Da Huang* (Rhei Radix et Rhizoma) powder into a prescription which otherwise suits the patient and the tongue swelling will disperse on its own.

再舌上白苔粘腻，吐出浊厚涎沫者，口必甜味也，为脾瘅病。
When there is a sticky, slimy, white coat on the tongue with expectoration of thick, turbid spittle, there will be a sweet taste in the mouth. This is a Spleen impediment disease.

乃湿热气聚，与谷气相抟，土有余也，盈满则上泛。当用省头草，芳香辛散以逐之则退。
Therefore, when there is an accumulation of damp-heat qi mingled together with grain qi then there is a surplus of earth, and this [pathological] fullness floods upward [producing the above mentioned symptoms]. One should use aromatic, acrid and dissipating medicinals such as *Xing Tou Cao* aka *Pei Lan Ye* (Eupatorii Folium) to expel [the pathogen], thus causing [these symptoms] to abate.

LGH, p. 108

若舌上苔如碱者，胃中宿滞挟浊秽郁伏，当急急开泄。
If the coat on the tongue is soda-like, there is long-standing stagnation harboring foul turbidity that has become confined and lurks in the Stomach. One should immediately administer opening and draining [methods].

LGH, p. 110

否则，闭结中焦，不能从募原达出矣。
If one fails to do so, and [the pathogen] binds in the middle burner, then it cannot be expelled from the membrane source.

舌有烟煤
On coal-coloured tongues

若舌无苔而有如烟煤隐隐者，不渴，肢寒，知挟阴病。
If the tongue lacks coat but has a faint coal color, and the patient has no thirst and cold extremities, [the condition] is a captive yin [cold] disease.

如口渴烦热，平时胃燥舌也，不可攻之。
If there is thirst and vexing heat and a tongue typical of Stomach dryness, one cannot precipitate [this condition].

若燥者，甘寒益胃；
If [the tongue] is dry, [then administer] sweet cold [medicinals] to boost the Stomach.

若润者，甘温和中。
If [the tongue] is moist, [then administer] sweet warm [medicinals] to harmonise the middle.

此何故，外露而里无也。
Why is this? Despite the appearance [of heat] on the outside, there is none in the interior.

若色黑而滑者，水来克火，为阴症，当温之。
If the colour [of the tongue coat] is black and glossy, water is overcoming fire. This is a yin pattern and one should [administer] warming [methods].

LGH, p. 112

若见短缩，此肾气竭也，为难治。
If [the tongue] appears shortened and shrunken, this means that the Kidney qi is exhausted and [the condition] is difficult to treat.

欲救之，加人参、五味子，勉希万一。
One may make a long shot effort to salvage [the condition] with the addition of *Ren Shen* (Ginseng Radix) and *Wu Wei Zi* (Schisandrae Fructus).

舌黑而干者，津枯火炽，急急泻南补北。
If the tongue [coat] is black and dry, there is liquid desiccation and a flaring of fire; immediately drain the South [ie, Heart] and supplement the North [Kidneys].

LGH, p. 113

若而中心厚者，土燥水竭，急以咸苦下之。
If [the tongue coat] is dry and thick in the middle, earth has dried out and water has become exhausted; immediately [administer] salty and bitter [medicinals] to purge [the turbid heat pathogen].

论舌淡红无色
On colourless pale-red tongues

舌淡红无色者，或干而色不荣者，当是胃津伤而气无化液也。当用炙甘草汤，不可用寒凉药。
If the tongue is pale-red and colourless, or dry with a lustreless hue, it reflects damage to the Stomach liquids and a failure of the qi to transform humours. One should use *Zhi Gan Cao Tang* (Honey Fried Licorice Decoction). Cold or cool medicinals cannot be used.

论舌白如粉
On white powder-like tongues

若色白如粉而滑，四边色紫终者，温疫病初入募原，未归胃腑急急透解。
If the [tongue coat] is white, powder-like and slippery, and all four sides are a purple-crimson color, this means that a warm epidemic disease has begun to penetrate the membrane source and is not returning to the Stomach bowel. One must immediately evict and resolve [the pathogen].

莫待传陷而入，为险恶之病。
Do not wait or it will shift and penetrate [more deeply], becoming an ominous condition.

且见此舌者，病必见凶，须要小心。
Moreover, when one observes this tongue [coat], the disease is inevitably grave, and one must take great care [in administering proper therapy].

LGH, p. 109

Endnote

1. Ye Tianshi (葉天士), *Case Histories as a Guide To Clinical Experience* (臨証指南醫案 *Lin Zheng Zhi Nan Yi An*), in *The Complete Case Histories of Ye Tian Shi* (葉天士醫案大全*Ye Tian Shi Yi An Da Quan*), edited by Pan Hua Xin (潘華信) and Zhu Wei Chang (朱偉常) et al., *Shanghai Zhongyiyao Daxue Chubanshu,* Shanghai 1997:232.

■ This is the second of a three part translation of Ye Tian-Shi's *Wen Re Lun*; the third and last section will appear in the next issue of *The Lantern*.

吐法

下法

Wiseman answers Reid on **terminology in TCM**

Last issue Tony Reid argued for standardisation of TCM terminology and was particularly critical of some of the English terms adopted in *A Practical Dictionary of Chinese Medicine* (Wiseman & Feng). Here Dr Wiseman replies.

By Nigel Wiseman
Chang Gung University

I THANK THE LANTERN FOR giving me an opportunity to answer the criticisms of the English terminology of *A Practical Dictionary of Chinese Medicine* (PD terminology) presented by Tony Reid in his article "Terminology in TCM" (Vol 3-1).

Before commenting on Reid's criticisms, I should point out that while he suggests (in paragraph two) that he is criticising PD terminology, quite a few of his examples are not PD terminology. Reid devotes two paragraphs to a discussion about whether we should say "phase" or "element," when he and I agree that "phase" is the better choice. In PD terminology, we do not normally write "the Spleen and Stomach are vacuous and debilitated" for the reasons Reid suggests. We translate *yù* as "depress," "depression," or "depressed," but *not* as "depressive". We do not use "pre-heaven" or "post-heaven," but "earlier heaven" and "later heaven". We changed "wasting thirst" to "dispersion-thirst" nearly 10 years ago. Of course, we cannot possibly ensure that all of the increasing numbers of PD terminology users apply the terminology correctly, but when criticising a terminology, it is only fair to represent those one is criticising accurately.

I understand Reid's sentiments that some Wiseman terms are unusual, but the choice of an unusual term is to alert readers to a "special" concept. I cannot see how Reid disagrees with this since he himself coined the term "preposterisation" to describe our use of unusual terms. Personally, I don't think the coining of "disinhibit" for *lì* is half as preposterous as his coining of "preposterisation".

Reid's comments on general styles of translation deserve some comment. He says that while text written in PD terminology "does not flow and the ideas are clouded by redundancies and misleading usages", Dan Bensky's are written with "clarity and linguistic elegance". The contrast between these two approaches has been debated in translation-theory circles. The approaches are known by different names, but the clearest are "target-oriented translation" and "source-oriented translation". Target-oriented translation uses language that is completely familiar to the reader and reads very smoothly; however, translation theorists agree that this is only achieved by loss of detail. Source-oriented translation, on the other hand, preserves all the details of the original, even if this is not fully intelligible to the culturally uninformed reader. In a Chinese novel, for example, where people "sit down to a meal of stuffed steamed buns and a soup of pig's stomach and pickled mustard leaf", this source-oriented translation might make many readers who have never seen a stuffed steamed bun or pickled mustard leaf wonder what was being eaten. In a target-oriented translation, this might be simply reduced to more generic ideas like "steamed bread and soup" or just "bread and soup". However, in the

It would be somewhat strange if we had natural equivalents of all Chinese medical terms in the English language.

discourse of a sophisticated discipline such as Chinese medicine, we need to have words for all technical concepts. Chinese medicine has evolved for 2000 years or more in a country thousands of miles from the English-speaking world. It would be somewhat strange if we had natural equivalents of all Chinese medical terms in the English language. The approach to translation favoured by Bensky and Reid may achieve clarity and elegance, but it pays a heavy price in accuracy.

I now turn to Reid's criticisms of individual term choices. In the interests of brevity, I would refer readers to *The Practical Dictionary of Chinese Medicine,* which contains explanations of our term choices for many of the terms below.

- Heat effusion: Our current term lists (the latest is *Chinese-English Dictionary of Chinese Medicine*, CD Version 2004) includes heat effusion and fever, leaving the choice to the user. Some people feel that because *fēn rè* includes subjective sensations of heat not reflected in a higher body temperature, "fever" may be misleading.
- Torpid intake: *Nà dài* is a breakdown(of) the stomach's function of "intake" (*shòu nà*); it refers not only to "loss of appetite", but also poor digestion.
- Grain and water: *Shǔi gǔ* is an ancient term, little used in modern texts. We simply translate this literally to reflect the ancient understanding of what food is.
- Sprout and orifice: Reid prefers "signalling sense organ". The mouth is not a sense organ. Most people accept "orifice" as the translation for *qiào*.
- Earlier heaven, later heaven: Our lists include "congenital" and "acquired" as alternatives to "earlier heaven" and "later heaven." "Heaven" is a major concept in Chinese philosophy, and we prefer literal translations that help Westerners to see how widely the term appears in medicine.
- Dispersion-thirst: According to Chinese sources, such as the *Zhōng Yī Dà Cí Diǎn, xiao ke* certainly does not only denote conditions that Western medicine diagnoses as diabetes.
- Binding depression of liver qì: *Gān qì yù jié* is the most commonly used form in Chinese, but *gān qì yù* also appears in the literature. Reid's claim that "the Chinese would never say *gān qì yù*" is not supported by evidence. The term is to be found in the *Zhōng Yī Dà Cí Diǎn*.
- Concretions, conglomerations: *Zhēng* and *jiǎ* are only two of quite a number of terms describing abdominal masses of different kinds, not all of which are synonymous. How can these be referred to simply as abdominal masses without loss of meaning? If one uses paraphrases such as "abdominal masses that are caused by qì stagnation and that are soft and movable" for *jiǎ,* then we have a paraphrase that is unnecessary. Also, this definition might not apply to the intended meaning of the term over the whole of the history of Chinese medicine.
- Depression: The Chinese term *yù* denotes sluggish movement (of qì); it also described emotional and mental depression. Reid seems to suggest that the word "depression" in English only refers to mental depression. We also talk about "depressed economies," which is the opposite of lively, healthy economies. Depressed activity is what is referred to in the physical context of *yù* in Chinese medicine, rather like depressed economic activity. In addition, we translate the character *zhì* as stagnation; the words *zhì* and *yù* have a different nuance of use in Chinese that we believe should be preserved in English. Our goal is to allow English-language readers the opportunity to enjoy the same level of accuracy that Chinese readers have access to. A distinction between the terms depression and stagnation is also advocated by the Chinese scholars of the World Federation of Chinese Medicine Societies.
- Construction: *Yíng* is paired with *wèi,* meaning defense. Western historians generally agree that both terms are originally military metaphors. Many Chinese translators use "nutrient" or "nutritive," but we understand this because most Chinese term translators have a Western medical background, and in accordance with the general intellectual environment in the PRC, are reluctant to reflect the extra-medical influences on the development of Chinese medical theory because they see this is undermining the value of Chinese medicine. The term "construction" might not be acceptable to everyone, but it is intended to capture both a military image and a nutritive image.
- Vacuity: *Xū* (vacuity) and *bù zú* overlap in meaning, but are not entirely synonymous. *Xū* emphasises the state of the whole body as affected by an insufficiency, and therefore reflects the holism of Chinese medicine. In Chinese texts, one often sees explanations such as "Blood vacuity is the pathologic manifestation of blood insufficiency" (Wiseman and Ellis, *Fundamentals of Chinese Medicine,* p. 147), which hints at the fact that the terms are not identical.
- Throughflux diarrhea: The Chinese term *dòng xiè* means diarrhea (*xiè*) like a *dòng,* a cave (with water flowing through it).
- Glomus: The Chinese term *pǐ* connotes fullness, sense of blockage, and in some contexts a physical lump. We solved the problem by choosing an uncommon English term and giving it the definition of *pǐ*. "Focal distention" is a descriptive term; you cannot graft onto any other idea than that stated.
- Rheum: Reid offers "retained fluid" or "thin mucus" as equivalents. Taken at face value,

Ante Babic's
Tips for running a successful clinic ...

Unless you want to be worked to death, don't have your mother-in-law make your appointments.

these terms do not mean the same thing. *Yì yǐn,* which we translate as "spillage rheum," involve edema, so is not thin mucus. "Retained fluid" would theoretically include any water-damp problem, which *yǐn* does not. We chose "rheum" simply because no self-explanatory term could express the Chinese concept. The word rheum is pretty much obsolete in the English language. We resurrected it and gave it a new definition. It is precisely because we wanted to preserve a theoretical concept that is useful in the clinical context that we did not chose a more lay sounding term such as Reid's that might actually confuse the clinician.

- Ejection: "Emesis" and "vomiting" are acceptable in certain contexts. There are places where the term does not refer to expulsion of matter from the stomach, hence our choice.
- Precipitate: Purge is not a bad translation. We chose precipitation simply because it reflects the concept of downward movement, which is important in a system of medicine that describes movements in terms of up, down, in, and out. We are just trying to provide more accurate translations.
- Percolate dampness; disinhibit dampness: Reid claims that *lì shǔi shèn shī,* which we render as "disinhibit water and percolate dampness," means "promote urination and drain dampness." Water means water-damp, not urine. *Shèn* describes a process of causing dampness to seep away from unwanted places. "Drain dampness" in and of itself would be acceptable. However, if (as we and many others do) one chooses "drain" to translate *xiè* (as in "draining fire"), one is suggesting that the actions of *lì* and *xiè* are the same. This is not the case, because the latter is much more powerful than the former.
- Names of channels and vessels: There are very few terms in Chinese medicine that cannot be translated and that therefore have to be rendered with Pinyin. It is fine to use Pinyin, but since Pinyin is meaningless to people unfamiliar with Chinese, we believe that wherever possible there should be translations that make the names meaningful to English readers. Reid should understand that the *chōng* is translated as thoroughfare because in the context of the channel system it meant a road. I hope that no-one is using "flush vessel" because this would be based on a simplified character that has replaced the traditional form.
- Clove sore: In the combination *dīng chuāng*, the character *dīng* is made up a word meaning (a carpenter's) nail with a sickness radical. The "nail" refers to the shape of the sore, the shaft of the nail penetrating deep into the flesh. Un-

We chose "rheum" simply because no self-explanatory term could express the Chinese concept. The word rheum is pretty much obsolete in the English language. We resurrected it and gave it a new definition.

In defence of Wiseman

Dear editors,
I wanted to give you some feedback on the Reid articles "On Terminology". I consider *The Lantern* to be far and away the best and most inspiring Chinese medical journal in the field, bar none. The quality and inspiration of its articles set a new standard for CM journalism. Sadly, the Reid articles do not hold to that standard. There are many mistakes and false assumptions about "Wiseman terminology" in the article that I am surprised that *The Lantern* allowed to slip through.

To quote Eric Brand, who went through the article with a fine tooth comb: "I hate to beat the misrepresentation horse to death, but Reid just goes on and on with criticisms of terms that he falsely attributes to Wiseman. While I am eager to get on to the valid points for debate, it seems my response has already reached the third page before I can even finish getting through Reid's abject mistakes. Reid ascribes the terms "pre-heaven" and "post-heaven" to Wiseman, and argues in favour of "innate" and "acquired". For someone who has invested so much effort into criticising Wiseman, how can Reid totally miss the fact that Wiseman's term list uses the phrases "earlier heaven; congenital; congenital constitution" for *xian tian* and "later heaven; acquired; acquired constitution" for *hou tian*? It is easy to accept criticisms made by informed critics, but how can someone write such an article for *The Lantern* when they are so totally misinformed on the subject that they completely misrepresent the person than they are criticising to this degree?"

I hope the journal will address or retract the many inaccuracies that misrepresent the work of Nigel Wiseman and Feng Ye. While certainly there is ground for disagreement among language scholars, accurate representation and critique of a scholar's work is the prerequisite of an article in an academic journal.

Z'ev Rosenberg, L. Ac.
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fortunately, the English word nail is confusing, because apart from a carpenter's nail, it also (and primarily) denotes a part of the human body, the meaning most likely to spring to mind in the medical context. We simply chose "clove" to recreate the image of the shape. Note that the word "clove" comes from Latin *clavus* meaning a (carpenter's) nail. How is the English term clove sore more preposterous than the Chinese term?

In sum, some of Reid's proposed terms are acceptable. Claims of clumsiness and inelegance tend to be subjective, and ultimately what counts is accuracy. Reid's claims of inaccuracy and misleadingness of PD terminology do not hold water; in fact, in certain cases they reveal poor knowledge of Chinese and a lack of sensitivity in English.

Reid considers it mental laziness to adopt any one "system" by default. It might well be wrong to adopt any one system that were the work of only one person. However, PD terminology has, over the past 25 years, had the input of numerous colleagues (Paul Zmiesky, Andy Ellis, Ken Boss, Feng Ye, Michael Helme, Sabine Wilms, Eric Brand), as well as comments from teachers, practitioners, and students of Chinese medicine. Since Reid has been involved with Chinese medicine as long as I have, I wonder why he did not comment much earlier on term choices that are now, as he says himself, "rapidly gaining in popularity as THE benchmark for translation and transmission of TCM concepts".

PD terminology is gaining in popularity because it represents concepts accurately without blurring distinctions. Most new translators adopt PD terminology because PD terminology is available in bilingual lists, which translators need for their work. Bensky's target-oriented approach until recently has had no bilingual (linguists-list) so no-one could reproduce Bensky's terminology even if they wanted too. PD terminology has grown in popularity largely because of *The Practical Dictionary of Chinese Medicine,* which offers definitions for readers. This enables translators to use any *Practical Dictionary* term without having to gloss it.

Furthermore, there is now so much literature in PD terminology produced by Paradigm Publications and Blue Poppy Press, containing information not available from other sources that any strongly motivated English-speaking student or practitioner of Chinese medicine unfamiliar with the Chinese language cannot do without Wiseman-terminology works. Translators who use PD terminology generally believe in the need for standardisation, and for this reason they tend to adopt PD terminology in toto.

Reid criticises PD terminology, but if he wishes to convince today's translators to use his choices, he has to first of all *to learn to read Chinese* and then produce a 30,000-term list that can compete with PD terminology.

Standardisation is a process that takes place gradually. One terminology becomes dominant when most of the important and useful books use that terminology. This is precisely what is happening with PD terminology at this time. The sales statistics of the largest US distributor of Chinese medical literature, Redwing Books, show that of English-language TCM books published in 2005, 56 per cent use PD terminology. Of the books published in 2005 that were translated or compiled from primary Chinese sources (as opposed to original English writings), 65 per cent use PD terminology; only one title used a Chinese-authored terminology. Of all books sold in 2005, including all books published to date, 32 per cent use PD terminologies. Under these circumstances, it would be difficult to assert that people find terms obscure, especially as our term choices are explained in *A Practical Dictionary of Chinese Medicine.* It would also be difficult to assert that readability of PD-terminology texts is a problem for readers; if it were a major problem, they would not buy our books.

In conclusion, book sales statistics show quite objectively that readers like PD-terminology literature. Whatever objection they have to individual term choices, they know that PD-terminology works provide information that other sources do not provide. The fact that translators using PD terminology generally adopt it in toto means that we have adequately justified our term choices to those qualified to judge it. PD terminology has been through many trials of criticism by objectors such as Reid. In general, we have found that people such as Reid who support a target-oriented approach fail to convince us that any of our term choices need revising. By contrast, our terminology has been constantly revised in the light of comments from translators and bilingual scholars who accept our basic source-oriented approach to translation. PD terminology is not the work of one or two people imposing their choices on unwilling recipients. The current PD terminology is the result of a long interaction between highly qualified like-minded people. Given the broad and growing acceptance of PD-terminology and Reid's clear preference for a target-oriented approach to translation, we do not see his critique of a few terms as a useful contribution.

The clinical application of
Hao Qin Qing Dan Tang

Hao Qin Qing Dan Tang
(Artemisia Annua and Scutellaria Decoction to Clear the Gallbladder)

Qing Hao	(Artemesiae Apiaceae, Herba)
Zhu Ru	(Bambusae in Taeniis, Caulis)
Ban Xia	(Pinelliae Ternata Rhizoma)
Chi Fu Ling	(Poriae, Cocos Rubrae, Sclerotium)
Huang Qin	(Scutellariae Baicalensis, Radix)
Zhi Qiao	(Aurantii Fructus)
Chen Pi	(Citri Reticulatae, Pericarpium)
Bi Yu San	(Jasper Powder)

By Greta Young

HAO QIN QING DAN TANG (Artemesia Annua and Scutellaria Decoction to Clear the Gallbladder) was first recorded in the *Tong Su Shang Han Lun*, written by Yu Gen-Chu. Yu Gen-Chu (1734–1799) was a famous Qing dynasty practitioner who, apart from inheriting the treatment strategy of the Cold Disorder School, had developed his own style of treatment based on the geographical and climatic factors of the area where he lived and practised Chinese medicine – the town of Shaoxing in Zhejiang Province. Practitioners of this school of Cold Disorder treatment strategy, known as the *Shao Pai Shang Han* school, specialised in the treatment of phlegm, heat and damp related disorders. In his book, Yu Gen-Chu gave a detailed discussion of the harmonising techniques inspired by Zhang Zhong-Jing along with 14 modified formulae of *Xiao Chai Hu Tang* for the treatment of a wide variety of diseases. *Hao Qin Qing Dan Tang* is one of the most versatile of the harmonising formulae created by Yu Gen-Chu.

This formula is designed for the treatment of *shao yang* Gallbladder channel damp-heat and phlegm obstruction patterns characterised by malaria-like fever and chills, with more heat than cold, a bitter taste in the mouth, an oppressed sensation in the epigastrium, acid reflux or the vomiting of sticky phlegm, rib-side pain and distension.

Qing Hao is aromatic, acrid and cool and can disperse constrained *shao yang* heat; *Huang Qin* is bitter and cold and is very effective in draining Gallbladder fire. *Zhu Ru* and *Ban Xia* can transform phlegm heat; *Chen Pi* and *Zhi Qiao* can loosen the chest and harmonise the Stomach with simultaneous suppression of counterflow Stomach qi. *Chi Fu Ling* and *Bi Yu San* (comprised of Six-to-One Powder plus Indigo Pulverata Levis – *Qing Dai*) can clear damp-heat and induce the heat to exit via urination. This herbal combination can effectively alleviate dampness and clear heat, enabling the qi dynamic to be free of any obstruction. This formula, although designed for treatment of externally contracted febrile disease, can also be used for treatment of internal disease. The author has many case studies to substantiate the efficacy of this formula. The following cases demonstrate its clinical range.

1. Vertigo

Patient: Male, 45 years old
History: The patient has suffered from hypertension for several years and takes Western medicine to regulate his blood pressure. Recently, due to emotional upset, his condition worsened.
Chief complaint: Dizziness, oppressed sensation in the chest, nausea, poor appetite, insomnia, bitter taste in the mouth, yellow, greasy tongue coat and a wiry and slippery pulse.
Diagnosis: Phlegm-heat obstruction, disharmony of Spleen and Stomach.
Treatment principle: Clear Gallbladder heat and transform phlegm

Qing Hao	15g	(Artemesiae Apiaceae, Herba)
Zhu Ru	15g	(Bambusae in Taeniis, Caulis)
Jiang Ban Xia	10g	(Pinelliae Ternata Rhizoma)

■ Greta Young spent eight years in China studying at the Beijing University of Chinese Medicine graduating in 1993. She continued her postgraduate study specialising in Wen Bing under the supervision of Professor Kong Guang Yi at the Beijing University of Chinese Medicine and received a Master degree of Chinese Medicine in 1997. She has almost completed a Ph.D research program (Shang Han Lun) under the supervision of Professor Fu Yanling at the Beijing University of Chinese Medicine. Greta lectures at two Melbourne universities.

Chi Fu Ling	15g	(Poria Rubra)
Huang Qin	10g	(Scutellariae Radix)
Zhi Qiao	10g	(Aurantii Fructus)
Chen Pi	6g	(Citri reticulatae Pericarpium)
Hua Shi	15g	(Talcum)
Ze Xie	30g	(Alismatis Rhizoma)

He was given five doses. After the above medication, his symptoms abated. He was given a further seven doses to consolidate.

Discussion: Vertigo and dizziness can be differentiated as wind, fire, phlegm and deficiency patterns. As a general rule of thumb, it is thought the most prevalent pattern of hypertension is associated with hyperactive Liver yang or Liver yang and phlegm harassment. This case study is exceptional. From the clinical perspective, this is a classic phlegm-heat obstruction pattern, and the indicated treatment is either *Wen Dan Tang* (Warm the Gallbladder decoction) to transform phlegm and damp or *Ban Xia Bai Zhu Tian Ma Tang* (Pinellia, Atractylodes and Gastrodia Decection) to sedate the hyperactive Liver yang coupled with phlegm transformation. The latter is slightly warm and dry with the tendency of scorching the fluid and transforming it into phlegm.

The most appropriate formula for this case is the aromatic *Hao Qin Qing Dan Tang*, which can transform damp and at the same time eliminate phlegm-heat. *Chi Fu Ling* can drain the heat by enabling the heat and dampness to exit via urination.

2. Unresolved low-grade fever

Patient: Female, 45 years old
History: The patient caught a cold in June 2003 and self-medicated with *Yin Qiao San* (Honeysuckle and Forsythia Powder) and *Ban Lan Gen* ((Isatidis seu Baphicadanthi, Radix) granules. Her cold was resolved but since then she suffered from unresolved low-grade fever, which generally worsened in the afternoon.
Other symptoms: Heaviness in the head, fatigue, nausea, poor appetite, glomus in the chest, bitter taste in the mouth and occasional cough. Her body temperature hovered around 37.5 to 38.5 degrees, her pulse was slippery and rapid and her tongue was red with a yellow, greasy tongue coat. It was thought the seasonal factors of summer-heat and damp affected her condition and even though the exterior pathogen had been released, the summer-dampness persisted.
Treatment principle: Use aromatic herbs to clear summer-heat and dampness.

Qing Hao	30g	(Artemesiae annuae Herba)
Zhu Ru	10g	(Bambusae Caulis in taenium)
Jiang Ban Xia	10g	(Pinelliae Rhizoma preparatum)
Chi Fu Ling	12g	(Poria Rubra)
Huang Qin	10g	(Scutellariae Radix)
Zhi Qiao	10g	(Aurantii Fructus)
Chen Pi	10g	(Citri reticulatae Pericarpium)
Bi Yu San	12g	(Jasper Powder), wrapped
Lu Gen	15g	(Phragmitis Rhizoma)
Chai Hu	10g	(Bupleuri Radix)
Qin Jiao	10g	(Gentianae macrophyllae Radix)
He Ye	10g	(Nelumbinis Folium)

She was given three doses. Her condition improved and the bitter taste in the mouth was alleviated. The original formula was continued for a further five doses.

Discussion: The above case study is based on treatment of summer-heat damp. The characteristic of summer-heat is that it can be accompanied by dampness coupled with excessive sweating, causing the yang qi to exit with ensuing deficiency. This is a classic example of persistent low grade fever and the treatment focus should be on out-thrusting dampness and heat. The high dosage of *Qing Hao* can effectively transform dampness due to its aromatic property. *Chai Hu* and *He Ye* can diffuse the summer-heat outwards; *Huang Qin* and *Bi Yu San* can drain summer-heat and are coupled with *Qin Jiao* to resolve deficient heat. For treatment of low-grade fever in the summer, it is essential to focus treatment on damp elimination rather than clearing heat.

3. Irritable bowel syndrome

Patient: Female, 38 years old
History: During the past year she suffered from recurrent attacks of diarrhoea with mucous in the stool. Her condition worsened with stress and fatigue. She was diagnosed with irritable bowel syndrome.
Chief complaints: Abdominal pain and distension, bitter taste in the mouth, pale tongue with slightly greasy tongue coat and moderate pulse.
Diagnosis: Damp obstruction of Spleen earth coupled with constrained Liver qi and disharmony of Liver and Spleen.

Qing Hao	15g	(Artemesiae annua Herba)
Jiang Ban Xia	10g	(Pinelliae Rhizoma prep.)
Chi Fu Ling	10g	(Poria Rubra)
Chao Huang Qin	10g	(Scutellariae Radix, fried)
Zhi Qiao	10g	(Aurantii Fructus)
Chen Pi	6g	(Citri reticulatae Pericarp.ium)
Fang Feng	10g	(Saposhnikoviae Radix)
Chao Bai Zhu	10g	(Atractylodis macro-cephalae Rhizoma, fried)
Chao Bai Shao	10g	(Paeoniae Radix alba, fried)
Chao Yi Ren	10g	(Coicis Semen, fried)
Wu Wei Zi	10g	(Schisandrae Fructus)
Tai Zi Shen	10g	(Pseudostellariae Radix)
Bai Ji	10g	(Bletillae Rhizoma)
Hong Hua	6g	(Carthami Flos)

This is the basic formula with some modifications, often useful in the treatment of irritable bowel syndrome.

If there is severe abdominal pain, increase the dosage of *Bai Shao* to 20g and add *Gan Cao* (Glycyrrhizae Uralensis, Radix) 5g.

If there is mucous discharge in the stool, add *Qin Pi* (Fraxini, Cortex) 10g.

If the diarrhoea is severe, add *Pao Jiang* (Zingiberis Officinalis, Rhizoma) 10g.

If there are signs of qi deficiency, add *Huang Qi* (Astragali, Radix) 15g.

She was treated with the basic formula plus modifications for two months to stabilise her condition. There was no further recurrence.

Discussion: Irritable bowel syndrome is a prevalent disorder in Australia with aetiology and pathogenesis unknown. The disorder can be associated with emotions and irregular diet. Its common symptoms are abdominal pain and altered bowel habits, but these symptoms have no identifiable cause. The author has had effective results by combining modified *Hao Qin Qing Dan Tang* and *Tong Xie Yao Fang* (Important Formula for Painful Diarrhea). There are two key points to bear in mind. Firstly *Qing Hao* and *Huang Qin* plus *Tong Xie Yao Fang* should be the core herbs. *Qing Hao* and *Huang Qin* can clear and eliminate the heat-toxin in the intestines; *Tong Xie Yao Fang* can support the Spleen and disperse constrained Liver qi so as to enable the lifting of Spleen qi to be restored and the free coursing of the Liver qi to resume. Secondly, it is essential to modify the formula to suit the individual, such as using *Shao Yao Gan Cao Tang* (Peony and Licorice Decoction) with high dosage of *Bai Shao* to address abdominal pain; add *Wu Mei* (Pruni Mume, Fructus) and *Wu Wei Zi* for allergic colitis. If the disorder is protracted, add *Bai Ji* and *Hong Hua*. In addition, supplementary therapy such as counselling the patient and dietary therapy can enhance treatment efficacy.

A case study on lurking pathogens from the late Qing dynasty

Second of a two-part series

By Jason Blalack & Charles Chace

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Introduction to Liu Bao-Yi
(highlights from last issue)

Liŭ Bǎo-Yí (柳寶詒) (1842-1901) is best known for his work in understanding lurking pathogens (伏邪 *fú xíe*), a topic he spent his life studying, and that he treated with great success. A warm disease lurking pathogen refers to a pathogen that is contracted, brews, and lurks in the interior, or can be nothing more than an ongoing accumulation of internal heat. In either case a new warm disease pathogen or disrupting factor can pull out the lurking pathogen, creating a complex and sometimes serious eruption. Many times the initial stages will manifest as interior heat, but there are also many similarities to the initial stages of an exterior warm disease. Liŭ established important guidelines in treating such diseases.

Much of Liŭ's thinking can be understood as a development of ideas advanced by Wáng Mèng-Yīng whose work was based in turn on Yè Tiān-Shì. Liŭ made three major contributions to the treatment of lurking pathogens in warm disease.

1) Liŭ believed that even though cold damage (伤寒 *shāng hán*) tends to damage a person's yáng, and warm disease (瘟病 *wēn bìng*) tends to scorch a person's yin, both theories account for the relationship between the body's correct [qì] and the pathogen (邪 *xíe*), and states of deficiency and excess within the body. He was therefore of the opinion that warm disease can be treated in accordance with the methods of the six channels described by cold damage theory even though lurking pathogens in warm disease transmute via different routes than pathogens associated with cold damage. In the case presented here, which began in the last issue of *The Lantern* and concludes in this issue, both the original physician and Liŭ Bǎo-Yí rely on six channel theory as their primary diagnostic paradigm even as they treat in a manner that is entirely consistent with the principles of warm disease. Our commentary on this case draws upon both six channel and four aspect theory as a means for describing the pathodynamics at play.

2) He pioneered the treatment method of assisting the yin to draw out a lodged pathogen when there is warm disease with yin deficiency. This was most likely developed from Wáng Mèng-Yīng's idea that if the stomach fluids are not exhausted, the patient will not die, and the concept of "rescuing the fluids of the yáng míng" to treat warm-heat diseases. This all stemmed from the words of Yù Jiān-Yán, "The qi of true heaven that a person is born with are the fluids in the stomach."

3) Liŭ pointed out that the symptom of "daze"[1] (ie. coma)[1] in warm disease is not from profound excess but from profound deficiency. In patients with purely excess heat, one often purges the bowels to bring someone out of a coma; one cannot do this if the patient's condition is purely deficient.

All of Liŭ essential ideas were based on the theories and interpretations of earlier physicians. His own contributions are part of a continuous flow of information linking one theory to the next. Given the current popularity of the concept of lurking pathogens, and the speculation that is often associated with them, we have found it espe-

cially useful to ground ourselves in the writings of those who have spent their lifetimes developing such theories.

The author's approach to the case that follows is based on the principle that it is often more fruitful to study one thing carefully than to develop a superficial understanding of many disparate ideas, and it has deepened considerably our understanding of the application of warm disease theory.

In this case study, Liǔ Bǎo-Yí comments on a case record by another eminent physician, Wáng Xù-Gāo (王旭高)[2] (1798-1862), providing the reader with two points of view.

Wáng himself did not even consider this a lurking pathogen and it is instructive to consider how each physician approached the case.

The material is presented in both Chinese and in translation. Each visit (from visits 6–14) is followed by our commentary and analysis. (Previous visits appear in Volume 3 No. 1 of *The Lantern*).

> *This balancing act is one of the key lessons in this case. One must include enough yin-nourishing herbs to protect the yin, while not yet attempting to rebuild it. Another key lesson is the opening up of avenues by which a pathogen may be evicted.*

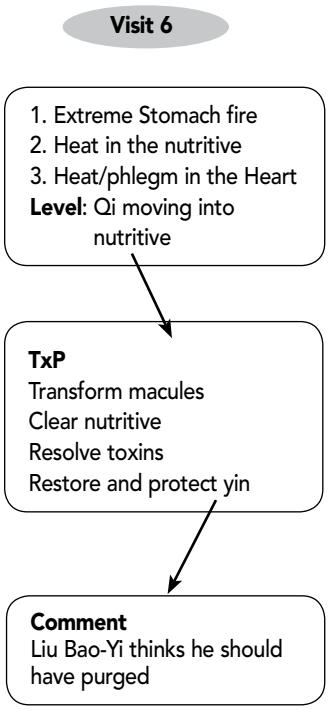
六诊：口臭喷人，胃火极甚；斑疹虽见，透而未足；目赤神糊，脉洪口渴，急速化斑为要。古法化斑以白虎为主，仍参入犀、地清营解毒，再复存阴，又适合玉女煎法，未知能应手否?
鲜地 豆豉同打 石膏 薄荷头同打 犀角 天竺黄 知母 人中黄 麦冬 沙参 洋参 大生地 石菖蒲 芦根
治接：此方与后方如仍加大黄以通胃腑，则伏热得泄，可免后来许多周折。

Visit 6

The patient has foul breath that repels people. This is an expression of extreme Stomach fire. Although the macules and papules are evident, they have not sufficiently erupted. The patient's eyes are red and his spirit muddled. His pulse is flooding and he is thirsty. It is essential to urgently and rapidly transform the macules. The ancient method for transforming macules is to use White Tiger as the guiding [prescription], to which is then added [*Xī*] *Jiāo*, and [*Sheng*] *Dì* to clear the nutritive and resolve toxins. In addition, to restore and protect the yin it is also appropriate to combine this with the method of using *Yù Nü Jiān*[3] (Jade Woman Decoction). Will this be enough to ensure a response?

Xiān Dì (kneaded together with *Dòu Chǐ*)
Shí Gāo (kneaded together with *Bò Hé Tóu*)
Xī Jiāo
Tian Zhú Huáng
Zhī Mǔ
Rén Zhōng Huáng
Mài Dōng
Shā Shēn
Yáng Shēn
Dà Shēng Dì
Shí Chāng Pú
Lú Gēn

Liǔ Bǎo-Yí's comment: If [the physician] had continued to include *Dà Huáng* in this and the subsequent prescriptions to open/purge [heat] via the Stomach-bowel, thus achieving some drainage of the lurking heat, then he could have avoided many of the later twists and turns in the case.



Herb glossary

Bái Sháo (白芍) Paeoniae Lactiflorae, Radix Albus
Bàn Xià (半夏) Pinelliae Ternatae, Rhizoma Praeparata
Běi Shā Shēn (北沙參) Glehniae seu Adenophorae, Radix
Bò Hé (薄荷) Menthae Haplocalysis, Herba
Chái Hú (柴胡) Bupleuri, Radix
Chén Pí (陳皮) Citri Reticulatae, Pericarpium
Chì [Fú] Líng (赤茯苓) Poriae Cocos, Sclerotium Rubrum
Chì Fú Shén (赤茯神) Poriae Cocos, Sclerotium Pararadicis
Chì Sháo [Yào] (赤芍药) Paeoniae Lactiflorae, Radix Rubrus
Chuān Bèi [Mǔ] (川貝母) Fritillariae Cirrhosae, Bulbus
Chuān Lián (川连) Coptidis Rhizoma Sichuanense
Dà Huáng (大黃) Rhei, Radix et Rhizoma
Dà Shēng Dì (大生地) Rehmanniae, Radix
Dàn Dòu Chǐ (淡豆豉) Sojae, Semen Praeparatus
Dàn Zhú Yè (淡竹葉) Lophatheri Gracilis, Herba
Dōng Guā Rén (冬瓜仁) Benincasae Hispidae, Semen
Dòu Chǐ (淡豆豉) Sojae, Semen Praeparatus
Ē Jiāo (阿膠) Asinii, Gelatinum
Fú Líng (茯苓) Poriae Cocos, Sclerotium
Gān Cǎo (甘草) Glycyrrhizae, Radix
Gān Cǎo Shāo (甘草稍) Fine Licorice Root (Glycyrrhizae, Radix)
Gé Gēn (葛根) Puerariae, Radix
Gēng Mǐ Non-glutinous rice
Gǔ Yá (谷芽) Oryzae Sativae, Fructus Germinatus
Guā Lóu Rén (瓜蒌仁) Trichosanthis Kirlowii, Semen
Hǎi Shēn (海參) Stichopus
Hēi Zhī [Zǐ] (黑梔子) Gardeniae Fructus
Huáng Bǎi (黃柏) Phellodenrdri, Cortex
Huáng Lián (黃連) Coptidis Chinensis, Rhizoma
Huáng Qín (黃芩) Scutellariae Baicalensis, Radix
Jī Zǐ Huáng (鸡子黃) Chicken egg yolks
Jié Gěng (桔梗) Platycodi Grandiflori, Radix
Jīn Yín Huā (金銀花) Lonicerae Japonicae, Flos
Jīng Jiè (荊芥) Schizonepetae Tenuifoliae, Herba
Jú Hóng (橘紅) Citri Erythrocarpae, Pars Rubra Epicarpii
Lián Qiào (连翹) Forsythiae Suspensae, Fructus
Lú Gēn (芦根) Phragmitis Communis, Rhizoma
Máng Xiāo (芒硝) Mirabilitum
Mài Dōng (麦冬) Ophiopogonis Japonici, Tuber
Mǔ Dān Pí (牡丹皮) Moutan, Cortex Radicis
Mù Tōng (木通) Clematidis Armandii, Caulis
Niú Huáng (牛黃) Bovis Calculus
Niú Bàng Zǐ (牛蒡子) Arctii Lappae, Fructus
Niú Xī (牛膝) Achyranthis Bidentatae, Radix
Rén Shēn (人參) Ginseng, Radix Panacis
Rén Zhōng Huáng (人中黃) Urinae Hominis
Shā Shēn (沙參) Adenophorae seu Glehniae, Radix
Shān Zhī (山栀) Gardeniae Jasminoidis, Fructus
Shēng Dì Huáng (生地黃) Rehmanniae, Radix
Shēng [Gān] Cǎo (生草) Glycyrrhizae, Radix, raw
Shēng Má (升麻) Cimicifugae, Rhizoma
Shēng Mài Yá (生麦芽) Hordei Fructus germinatus
Shí Chāng Pú (石菖蒲) Rhizoma Acorus Graminei
Shí Gāo (石膏) Gypsum Fibrosum
Shí Hú (石斛) Dendrobii, Herba
Shú Dì [Huáng] (熟地黃) Rehmanniae, Radix Praeparatae
Tián Xìng Rén (甜杏仁) Armeniacae Semen Dulce
Tiān Zhú Huáng (天竹黃) Bambusae, Concretio Silicea
Tōng Cǎo (通草) Tetrapanacis Papyriferi, Medulla
Xī Jiāo (犀角) Rhinocerotis Cornu
Xī Yáng Shēn (西洋參) Panacis Quinquefolii, Radix
Xiān Bò Hé Gēn (鮮薄荷根) Menthae haplocalycis, fresh Radix
Xiān Dì Shēng (鮮地生) Rehmanniae, Fresh Radix
Xiān Dì (鮮地) Rehmanniae, Fresh Radix
Xiān Hú (鮮斛) Dendrobii, Fresh Herba
Xiān Shí Hú (鮮石斛) Dendrobii, Fresh Herba
Xuán Míng Fen (玄明粉) [mang xiao powder] Mirabilitum (powder)
Xuán Shēn (玄參) Scrophulariae Ningpoensis, Radix
Yáng Shēn (洋參) Panacis Quinquefolii, Radix
Yù Jīn (郁金) Curcumae, Tuber
Zǎo Rén (枣仁) Zizphyi spinosae, Semen
Zhè Bèi Mǔ (浙貝母) Fritillariae Thunbergii, Bulbus
Zhè Zhī (蔗汁) Sugar Cane Juice
Zhì Gān Cǎo (炙甘草) Glycyrrhizae Melle Tosta, Radix
Zhī Mǔ (知母) Anemarrhenae Asphodeloidis, Rhizoma
Zhǐ Shí (枳实) Citri Aurantii, Fructus Immaturus
Zhī Zǐ (梔子) Gardeniae Fructus
Zhú Rú (竹茹) Bambusae in Taeniis, Caulis
Zhú Yè (竹叶) Lophatheri Gracilis, Herba.

Translator's interpretation & comments:
Tiān Zhú Huáng & *Shí Chāng Pú* – This combination clears the Heart orifices and prevents the already muddled spirit from giving way to unconsciousness.
Xiān Dì – Clears heat from the nutritive.
Shí Gāo – Clears heat from the Stomach and provides some nourishment to fluids. Providing evidence that there is some qi level involvement.
Xī Jiāo – Resolves macules.
Zhī Mǔ – Clears heat and nourishes yin.
Rén Zhōng Huáng - Sweet, cold, enters the Heart and Stomach. Clears heat and cools the blood, resolves toxins, treats cold-damage febrile disease (heat disease), great heat (effusion), vexation, thirst, heat toxin macular-papular eruptions.
Mài Dōng, *Shā Shēn*, & *Xī Yáng Shēn* – Nourishes yin and qi.
Dà Shēng Dì – Clears heat from the nutritive and nourishes yin.
Lú Gēn – Clears heat and nourishes fluids.

■ With *Zhī Mǔ* and *Shí Gāo*, from *Bái Hu Tāng* (White Tiger Decoction), one would assume that there is some level of qi level heat. *Yù Nü Jiān* (Jade Woman Decoction) is said to clear intense heat from both the qi and nutritive aspects (with yin deficiency).

On purging: During the fifth visit, Wáng added *Dà Huáng* to vent heat through the bowels. According to Liǔ Bǎo-Yí, Wáng erred in removing it on the sixth visit. As mentioned above, purging is appropriate when macules have not fully erupted and constipation is present, however, one should suspend purgation once the bowels begin to move. The status of the bowels during the sixth visit of this case is unclear. All we are told is that *Dà Huáng* was omitted from the prescription, presumably because the bowels had begun to move. Whatever Wáng's reasons for removing *Dà Huáng*, Liǔ Bǎo-Yí believes that this was a strategic blunder. Had Wáng left the *Dà Huáng* in the prescription, it would have more completely cleared the lurking pathogen from the qi aspect, significantly expediting the patient's recovery.

On macules and venting strategies: Wáng's removal of the *Dà Huáng* from this prescription was not the only substantive change he made in his treatment strategy.

Another factor that most likely contributed to the subsequent course of the case was Wáng's removal of most of the venting medicinals as well, a decision that neither Liǔ Bǎo-Yí nor Wáng himself commented on. It may be that Wáng not only failed to continue purging, but he also failed to continue venting.

Wáng based his prescription on a combination of Jade Woman Decoction and a common modification of White Tiger Decoction. Jade Woman is indicated for Stomach heat with yin deficiency with vigorous fire and makes use of the technique of directing fire downwards rather than dispersing it, yet, *Niú Xī*, a key ingredient in the downbearing aspect of this strategy, does not appear in Wáng's formula.[4]

The modification of White Tiger mentioned above is essentially *Huà Bān Tāng* (Transform Macules Decoction),[5] which clears heat from the qi and blood aspects. The fact that the macules had not fully erupted may be a clue that rather than decreasing the venting component in his prescription, Wáng should have increased it by including herbs such as *Shēng Má* or *Gé Gēn*. Furthermore, when heat is lodged as deeply as the nutritive level it is still essential to vent the heat to the qi using medicinals such as *Jīn Yín Huā, Lián Qiào, Dàn Zhú Yè,* and *Dàn Dòu Chǐ*.[6] Once in the qi level, pathogenic heat is less of a threat and is easier to guide outward.[7]

The inclusion of venting medicinals like *Jīn Yín Huā* and *Lián Qiào,* when there is intense heat in the qi and blood aspects, is common in modern warm disease practice, providing evidence that some venting may be appropriate regardless of the aspect involved (Liu Guo-Hui, p. 278). Despite its obvious utility, Wáng nonetheless elected not to include a venting component into his prescription.

Therefore, Wáng may have committed a fundamental error in removing the venting herbs *Lián Qiào* and *Niú Bàng Zǐ* that could have provided an avenue outward for the pathogenic heat. These herbs were probably removed because the previous prescription was ineffective.

As already mentioned, *Huà Bān Tāng* (Transform Macules Decoction) clears heat from the qi and blood aspects. Wáng's stated treatment principle was to clear heat from the nutritive level leaving open the question of which aspects Wáng believed he was actually treating.

In practical terms, however, it makes little difference. Regardless of whether the pathogen was also lodged in the nutritive or blood aspects, or both, it is likely that Wáng should have further vented to the qi aspect.

A final argument for retaining a venting component in this prescription is that it is often necessary to expel deeply entrenched pathogens along more than one pathway.

Similarly, blood stagnation is also central in conditions characterised by heat in the blood. Therefore, blood quickeners such as *Chì Sháo* or *Mǔ Dān Pí* are often included in *Huà Bān Tāng* to enhance its efficacy (Liu Guo-Hui, p. 276). Such an inclusion could have improved the prescription.

Summary: Wáng Xǔ-Gao's treatment strategy would have been more effective had he continued to actively clear heat from the qi aspect via purgation, and possibly venting. The apparently premature addition of overly cloying fluid engendering medicinals, and the exclusion of medicinals to establish an adequate outlet for the pathogen, only further constrained the heat, re-activating the qi aspect heat.

> *The pathogen remained there, lurking, sitting in a pressure-cooker fuelled by the cloying herbs, waiting to unleash itself again!*

七诊：目能识人，舌能出口，证势渐有生机。法以大剂存阴，冀其津回乃吉。
大生地 洋参 麦冬 鲜地 鲜斛 玄参 北沙参 犀角 石膏 生草 蔗汁
治按：至此始有转机，亦险矣哉。

Visit 7

The patient is able to recognise others, and his tongue now can extend out of his mouth, evidence that the circumstances are gradually shifting toward recovery. The [treatment] method is to use a large formula to protect the yin in the hopes of restoring [the patient's] health.

Shēng Dì Huáng *Yáng Shēn* *Mài Dōng*
Xiān Dì *Xiān Hú* *Xuán Shēn*
Bei Shā Shēn *Xī Jiāo* *Shí Gāo*
Shēng [Gān] Cǎo *Zhè Zhī* (Sugar cane juice)

Liǔ Bǎo-Yí's comment: Here we begin to see a shift in the mechanism, but there is still danger!

Translator's interpretation & comments: Despite Liǔ Bǎo-Yí's reservations regarding Wáng's treatment strategy outlined in visit six, he acknowledges that the clearing of the patient's sensorium represented a positive shift in the patient's overall condition. Unfortunately, Wáng began nourishing with cloying medicinals prematurely, which only further constrained the heat. Although *Xī Jiāo* and *Shēng [Gān] Cǎo* provide an avenue outward, they were overshadowed by the cloying medicinals. Again, similar to the last visit, Wáng does not provide enough venting, even though he adequately directly attacks the heat in the qi, nutritive and blood aspects with herbs like *Shí Gāo*, *Shēng Dì*, *Xān Dì*, *Xiān Hú*, *Xuán Shēn*. Why, then, does Liǔ Bǎo-Yí comment that in visit six Wáng should have continued purging when there was no constipation? The patient's sensorium had cleared, and he could now extend his tongue. Given the severity of the patient's condition, Wáng was most likely writing a new formula on a daily basis. A lurking phlegm heat pathogen is, by definition, very entrenched and difficult to resolve. On the previous day this phlegm heat was all too evident. Could it have been expelled so quickly? Probably not, hence, Liǔ is of the opinion that Wáng should have continued to purge. Liǔ's view is substantiated by the subsequent course of the illness. The pathogen remained there, lurking, sitting in a pressure-cooker fuelled by the cloying herbs, waiting to unleash itself again.

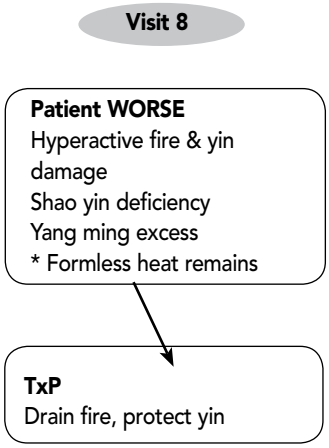
八诊：黑苔剥落，舌质深红，阴津大伤，燥火未退，左脉细小，石脉洪数，是其征也。此际阴伤火旺，少阴不足，阳明有余，惟景岳玉女煎最合。一面泻火，一面存阴，守过三候。其阴当复。
鲜生地 石膏 玄参 洋参 知母 生草 大生地 沙参 黑栀 连翘 芦根
治接：有形之垢已去，无形之热犹存。用药仍宜虚实兼顾， 不敢稍忽也。

Visit 8

[The patient now has] a peeled, black tongue coat while the tongue body is a deep red indicating that the yin fluids are severely injured and the dry fire has not abated. The left pulse is fine and small while the right pulse is flooding and rapid. These are his symptoms, which show yin damage and hyperactive fire, an insufficiency [yin] of the shào yin and a surplus [fire] of the yáng míng. Only Jing-Yue's *Jade Maiden Decoction* is appropriate. One facet [of this prescription] drains fire, while another facet protects the yin. [This strategy should be] maintained for more than 15 days so that his yin can be restored.

Xiān Shēng Dì *Shí Gāo* *Xuán Shēn*
Yáng Shēn *Zhī Mǔ* *Shēng [Gān] Cǎo*
Dà Shēng Dì *Shā Shēn* *Hei Zhī*
Lián Qiào *Lú Gēn*

Liǔ Bǎo-Yí's comment: The substantial filth had already been eliminated, yet the insubstantial heat remained. In prescribing medications it was still appropriate to attend to both the vacuity and the repletion and one mustn't dare let down one's guard.



Translator's interpretation & comments: Liu believed that *Dà Huáng* should still be included in the prescription of visits 7 and 8 (and beyond). This purging would have further kept the avenue open to expel the heat, even though there is no form! In the prescription of visit 7, the venting nature of *Shēng [Gān] Cǎo* (via urine) and *Xī Jiāo* (venting from nutritive to qi level) just was inadequate. Additionally, the prescription had too many cloying medicinals. Even though they were coupled with heat clearing ones like *Shí Gāo*, and it was formless and insubstantial in nature, we can assume that these cloying medicinals clogged up the already weakened qi mechanism creating more stagnant heat, which in turn led to fire creating form.

In visit eight, there was excess, though formless, heat in the yáng míng as evidenced by the flooding pulse. The left pulse was fine and small, which further exemplifies the yin deficiency. As Liǔ points out, one should simultaneously nourish and reduce. This balancing act is one of the key lessons in this case. One cannot prematurely nourish too much, but must include enough yin-nourishing herbs to protect the yin, while not yet attempting to rebuild it. Another key lesson is the opening up of avenues by which the pathogen may be evicted.

* One can purge formless heat, if it provides a needed outlet, dependent upon the history, and the nature of the pathogen past and present.
* Administering cloying medicinals (too early) can easily disrupt the qi mechanism and can lead to more heat.

Herb analysis: The formula clears heat and protects yin. Wáng reduced the medicinals that purely nourished the yin, yet the prescription is still too rich. Notice that he brought *Lián Qiào* back into the prescription. He added *Zhī Mǔ* and *Lú Gēn* to clear heat and nourish fluids. He added *Zhī Zǐ, Lú Gēn* and *Lián Qiào* to clear heat in all three burners, resolve toxicity, and provide an avenue outward for the heat.

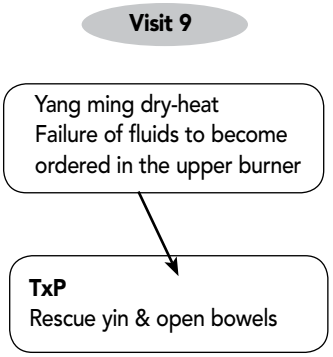
九诊：频转屎气，咽喉干燥，燥则语不出声。此阳明燥火熏蒸，津不上承，重救其阴，兼通其脏，再商。
大生地（一两）鲜生地（一两）沙参（一两）麦冬（三钱） 海参 (二钱) 玄参 (五钱) 大黄（酒浸，三钱）玄明粉（三钱） 生草(四分)
治接：此吴鞠通增液承气法也。因腑中垢热又聚，故用药如此。如前第六七方中，仍兼大黄用之，则无此波折矣。海参腥秽，不堪入口，拟去之。仍加洋参、石斛。

Visit 9

The patient has frequent borborygmus and flatulence, his throat is dry, and because of this dryness, he is unable to make a sound when he attempts to speak. This is a smoking of yáng míng dry fire and a failure of the fluids to ascend. Thus, again rescue the yin while opening the bowels, then plan another treatment.

Dà Shēng Dì	one *liāng*
Xiān Shēng Dì	one *liāng*
Shā Shēn	one *liāng*
Mài Dōng	3 *qián*
Hāi Shēn	2 *liāng*
Xuán Shēn	5 *qián*
Dà Huáng wine soaked	3 *qián*
Xuán Míng Fen	3 *qián*
Sheng [Gan] Cao	4 *fen*

Liǔ Bǎo-Yí's comment: This is Wu Ju-Tong's strategy from *Zēng Yè Chéng Qì Tāng* (Increase the Fluids and Order the Qi Decoction). These medicinals were indicated because the filthy heat had once again accumulated in the bowels. If he had previously used *Dà Huáng* in the sixth and seventh formulas then he would not have had this turn of events.[8] *Hai Shēn* is fishy and rank and patients can't stand the taste so it should be omitted. *Yáng Shēn* and *Shí Hú* should have been added instead.



Translator's interpretation & comments: Heat decocts the fluids, leading to dry-heat. Form returns here (i.e. filthy heat).

Herb analysis: *Shí Gao* and *Lú Gen* were removed. *Sha Shen* and *Mài Dong* were added. This is a remarkable modification in that cloying herbs had previously caused a disruption of qi mechanism leading to more intense heat. Either Wáng is grasping at straws in regard to how much and when to use yin nourishing versus heat clearing medicinals, or he assumes that the inclusion of *Dà Huáng* allows for a more liberal use of cloying herbs because any build up from the cloying medicinals can be eliminated via the bowel. Liǔ does not question

the inclusion of cloying supplementing medicinals. The type of yin and fluid nourishment one prescribes must match the type and amount of fluid damage that is present. Wáng's addition of these two medicinals suggests that there is much more fluid damage in this presentation than in previous visits, and he has adjusted his prescription accordingly. Despite a diagnosis of dry-heat, *Zhī Mǔ* and *Lú Gēn* were removed. Nourishing deep fluids appears to be more important than clearing heat with herbs that also nourish fluids.
• There were no outward/upward venting medicinals included.
• *Tong Cao* remained, venting heat via the urine.

Prescription summary for visits 7-9

VISIT 7	*VISIT 8*	*VISIT 9*
Da Sheng Di	Da Sheng Di	Da Sheng Di
Yang Shen	Yang Shen	
Mai Dong		Mai Dong
Xian Di	Xian Sheng Dì	Xian Sheng Dì
Xian Hu		
Xuan Shen	Xuan Shen	Xuan Shen
Bei Sha Shen	Sha Shen	Sha Shen
Xi Jiao		
Shi Gao	Shi Gao	
Sheng [Gan] Cao	Sheng [Gan] Cao	Sheng [Gan] Cao
Zhe Zhi (Cane juice)		
	Zhi Mu	
	Zhi Zi	
	Lian Qiao	
	Lu Gen	
		Hai Shen
		Da Huang
		Xuan Ming Fen

十诊：下后阴液未回，急当养阴醒胃。
大生地 洋参 茯苓 橘红 麦冬 石斛 北沙参 玄参 谷芽 蔗皮

Visit 10

After purgation, the yin fluids have still not been restored, and it is necessary to urgently nourish the yin and restore the Stomach.

Dà Shēng Dì *Yáng Shēn*
Fú Líng *Jú Hóng*
Shí Hú *Mài Dōng*
Bei Shā Shēn *Xuán Shēn*
Gǔ Yá *Zhè Pí* (sugar cane skin)

Herb analysis: In restoring the Stomach, *Fú Líng*, *Gǔ Yá*, and *Jú Hóng* offset the stagnating nature of the yin nourishing medicinals thereby promoting the qi mechanism. *Gǔ Yá* strengthens the Stomach while gently eliminating any food stagnation. All aid in the digestion of the yin nourishing medicinals. *Hǎi Shēn* is used to nourish yin while sugar cane skin will nourish yin but has less risk of trapping the pathogen.

Visit 10

TxP
Nourish yin and awaken Stomach

十一珍：耳聋无闻，舌干难掉。阴津大伤，用复脉法。
大生地 阿胶（川连未拌炒） 麦冬 洋参 炙甘草 玄参 鸡子黄
治按：热去阴伤，此后可专意养阴矣。然耳聋未聪，则阴经尚有余热未泄也。

Visit 11

The patient has become deaf, his tongue is dry and it is difficult to move his tongue. There is major damage to the yin fluids, therefore the method from *Restoring the Pulse [Decoction]* will be used.

Shēng Dì Huáng
È Jiāo (mix fried with the tips of *Chuān Lián*)
Mài Dōng
Yáng Shēn
Zhì Gān Cǎo
Xuán Shēn
Jī Zi Huáng (chicken egg yolks)

Liǔ Bǎo-Yí's comment: The heat had, for the most part, been eliminated but the yin was damaged. From here on one can focus on nourishing the yin. Nonetheless the deafness and impairment of acute hearing [show that] there was still a surplus of heat in the yin channels that had not been drained.

Translator's interpretation & comments: Liu's comment in this entry concerns the elimination of the previously discussed heat in the yáng míng, then says there is a surplus (余) of heat in the yin channel; the rapid onset of tinnitus and deafness does indeed suggest an excess etiology. Yet, the ingredients of Wáng's prescription suggest there is nevertheless a significant deficiency component that requires supplementation. Instead it strongly nourishes the yin while clearing deficient heat. Hence, the surplus here refers only to the heat component of the overall presentation.

Visit 11

Deafness, dry tongue, and unable to move tongue around.
Damage to yin fluids.

Visit 12

Yin had returned!
Dry-fire still remained

Treatment principle and herbs do not match. Formula fundamentally addresses phlegm. Liu thinks there was still a need to drain heat and nourish yin.

十二诊：送进滋阴大剂，生津则有余，泻火则不足。今交三候。齿垢退而复起，神色已清，非阴之不复，乃燥火未清耳。贤者观过知仁，智者见微知著。今当转笔，法取轻清。
洋参 积壳 川贝 橘红（盐水炒） 枣仁（猪胆汁炒）
赤苓 川连（盐水炒） 竹茹 雪羹煎
治按：此方用意：不甚亲切。缘此时仍宜养阴泄热，两层兼到，方合病机。

Visit 12

After taking strong formulas to enrich the yin, the fluids are greatly restored but the fire not strongly-enough drained. Fifteen days have passed, the tooth scum abated but has returned. The spirit-complexion is clear. It is not that yin has not recovered, but rather that the dry fire has still not cleared. A sage sees a mistake and knows what to do;[9] wisdom can tell the future from one small clue.[10] It is time to change the approach and so I select a light clearing method.

Yáng Shēn
Chuān Bèi
Zǎo Rén [fried in pig's bile]
Chuān Lián [fried in salt water]
[with] Xǔe Gēng Jiān[11]
Zhǐ Shí
Jú Hóng [fried in salt water]
Chì [Fú] Líng
Zhú Rú

Liǔ Bǎo-Yí's comment: This prescription and the strategy it is based on are inappropriate for the situation. At this time it is still appropriate to be nourishing the yin and draining heat so that both aspects can be addressed concurrently and the prescription is in accord with the pathomechanism.

Translator's interpretation & comments: Now we have a mention of dry-fire, the exact meaning of which is unclear. It is stated, though, that the yin had returned. Curiously, the prescription also addressed phlegm. Liǔ objects to Wáng's switch, and it is indeed difficult to understand Wang's thinking.

Visit 13

Fluids and nutritive qi were sufficient and properly circulating. Difficulty urinating shows surplus fire in Bladder.

TxP: clear and transform.

十三诊：诸恙向安。每啜稀粥必汗出沾濡，非虚也，乃津液复而营气敷布周流也。小便涩痛，余火未清。惟宜清化而已。
冬瓜仁 甜杏仁 鲜石斛 黑栀 甘草梢 生麦芽 通草
治按：小便涩痛，宜参导赤各半法，加生地、木通、连、柏。

Visit 13

The illness is calming down. With every sip of porridge there is a moistening sweat. This is not due to vacuity but [a sign] that the fluids have recovered and nutritive qi is [once again] circulating [through the body]. Urine is rough and painful and there is surplus fire that has yet not been cleared. It is appropriate to clear and transform and that should be all.

Dōng Guā Rén
Tián Xìng Rén
Xiān Shí Hú
Hei Zhī
Gān Cǎo Shao (rootlets)
Shēng Mái Yá
Tōng Cǎo

Liǔ Bǎo-Yí's comment: Due to the rough and painful urination it would have been appropriate to use the Guide Out the Red (formula)[12] strategy, adding *Shēng Dì*, *Mù Tong*, *Huáng Lián* and *Huáng Bǎi* [to Wáng's original prescription.] [13]

Translator's interpretation & comments: Knowing the outcome of this prescription, Liǔ recommends a more aggressive stance on the heat accumulating in the Bladder (and Small Intestine) with *Huáng Lián* and *Huáng Bǎi*.
Herb analysis: *Tōng Cǎo* and *Hei Zhī* promote urination and clear heat. *Dōng Guā Rén* clears heat and drains damp via the urine. *Shí Hú* nourishes (protects) fluids and clears heat. *Gān Cǎo Shao* serves as an envoy for treating the urination. *Shēng Mài Yá* and *Tōng Cǎo* protect and soothe the Stomach.

十四诊：病退之余，日间安静，至夜发热神糊，乃余热留于营分也。小便热痛，心火下趋小肠。访病后遗热例，用百合知母滑石场合导赤散。
鲜生地 木通 甘草梢 竹叶心 川百合 知母 滑石 泉水煮汤煎药。
治按：病后余波，亦题中应有之义，方亦轻清会度。

Visit 14

The disease has abated, leaving residual symptoms. During the day [the patient] is fine, but at night he develops a fever and becomes muddled indicating that there is remnant heat remaining in the nutritive aspect. His urination is hot and painful indicating that Heart fire has fallen into the Small Intestine. This would seem to be a case of remnant heat in the aftermath of an illness, hence one should use: *Bǎi Hé Zhī Mǔ Huá Shí Tāng* (Lily Bulb, Anemarrhena and Talc Decoction) combined with *Dǎo Chì San* (Powder for Guiding Out The Red).

Xiān Shēng Dì *Mù Tōng*
Gān Cǎo *Zhú Yè Xin*
Chuān Bai Hé *Zhī Mǔ*
Huá Shí
Decoct the medicinals in spring water

Liǔ Bǎo-Yí's comment: There are always residual complications in the aftermath of [warm] disease; this formula is light and clearing in due measure.

Translator's interpretation & comments: The patient is substantially improved, but by no means well. Liǔ appears to agree with the overall execution of the final treatment strategy. It is necessary to continue clearing heat, although excessively bitter medicinals are not indicated. Similarly, some yin enrichment is indicated as well, but not so much that it will again lock in the remaining pathogenic factor.

Conclusion

The foregoing case study demonstrates some of the ideas fundamental to understanding lurking pathogens. It not only exemplifies many of the fundamental principles of warm disease theory, it also presents a number of other concepts less commonly discussed in the literature. These include the ideas that lurking pathogens present as multiple pathogens occurring on multiple layers, and that clearing one layer may uncover a pathogen on a deeper layer, so that the deeper one goes, the more severe the presentation may be. Furthermore, the pathogenic expression of these deeper levels is sensitive to lifestyle factors, particularly dietary indiscretions. We hope that our presentation and analysis has proven interesting and clinically valuable to those readers who have taken the time to follow the line of thought in the case, and perhaps it may provide an illustration of why detailed studies of case histories are considered an essential part of Chinese medicine training.

Bibliography

1. Bensky and Barolet (1990). *Formulas and Strategies*. Seattle, WA: Eastland Press.
2. 柳宝诒 (清), 柳选四家医案.
3. Liu, Guo-Hui (2001), *Warm Disease – A Clinical Guide*. Seattle: Eastland Press.
4. Liu, Guo-Hui (2005), Personal inquiry.
5. 葉桂, 葉天士 (1667) 温热论.

Endnotes

1. 昏沉 (*hūn chén*)
2. His given name was Wáng Tài-Lín (王泰林).
3. *Shí Gāo, Shú Dì [Huáng], Mài Dōng, Zhī Mǔ, Niú Xī.*
4. *Formulas and Strategies*: p. 94
5. Created by Wu Tang (1798) – *Shí Gāo*, *Zhī Mǔ*, *Gān Cǎo*, *Xuán Shēn*, *Xī Jiāo*, *Geng Mi.*
6. Originally introduced by Ye Gui in the *Discussion of Warm-Heat Disorders.*
7. For a slightly different perspective on venting the pathogen from the nutritive aspect by Zhao Shao-Qin, cf. Liu Guo-Hui's *Warm Diseases: a clinical guide:* p. 168.
8. One may assume he is also including Visit 8.
9. This phrase can be "knows what is wrong and what is right" according to Liu Guo-Hui.
10. This phrase can be "knows the prelude before full presentation of a piece of music" according to Liu Guo-Hui. This literary diversion basically means the wise person is always able to see the significances from tiny signs – the point is to justify his method of tonifying yin.
11. This is Snow Soup Decoction made up of four large water chestnuts (大荸荠) and jellyfish (海蜇) 30g. It has the functioning of draining heat and stopping pain. It is indicated for Liver channel heat reversal with lesser abdominal pain.
12. *Shēng Dì, Mù Tōng, Dàn Zhú Yè, Gān Cǎo Shāo.*
13. There is possibly a printing error here, but another possibility is that 参导赤各半法 is in reference to using the method of *Dǎo Chì Gè Bàn [Tāng]*. There are a few formulas with this name, but one that makes sense is below. Alternate names are: *Dǎo Chì Xiè Xīn Tāng, Dǎo Chì Xiè Xīn Gè Bàn Tāng.* Originally from *Shāng Hán Liù Shū* (Six Books on Cold Damage) chapter three.
Ingredients: *Huáng Lián, Huáng Qín, Gān Cǎo, Xī Jiāo, Mài Dōng, Huá Shí, Shān Zhī, Fú Shén, Zhī Mǔ, Rén Shēn*.
Indications: Cold-damage channel pattern where the region below the heart is not hard, there is no abdominal fullness, urination and bowel movements are normal, there are no chills or fever, but there is heat that has passed to the shao-yin Heart. Heart fire ascends forcing the Lungs, gradually shifting to produce unconsciousness and loss of speech, or talking in one's sleep. The eyes are red and burnt looking, the tongue is dry with no desire to drink. The patient is able to swallow only thin gruel but has no appetite, and behaves as if drunk.

Sjogren's syndrome and Chinese medicine

By Ioannis Solos and Chen Jia-Xu

THIS ARTICLE AIMS TO PRESENT the most common Chinese medicine syndromes usually associated with Sjogren's syndrome. It uses parts of the existing Chinese literature not readily available in the West as its main bibliography. We present a small account of Sjogren's in Western medicine terms, and the methods it employs to reach a diagnosis. The Chinese medicine syndromes are presented, along with their common clinical manifestations, tongue and pulse states. With every syndrome we also present a TCM formula (classic or modern) or a combination of herbs that can be used to manage the disease. The last syndrome is explained by a case study.

Introduction

Sjogren's syndrome is a severe and distressing disease for which conventional medicine has very little understanding in terms of pathogenesis or etiology and therefore provides no definitive cure. Speculation about the pathogenesis of the disease include environmental factors, genetic predisposition and viral infection. Unfortunately, none of these has been validated by research, and therefore even the definition of the disease in Western terms is very basic. In simple terms, conventional medicine defines Sjogren's as "a group of symptoms that appear together and have as a common feature the complete lack of moisture in one or more orifices". Western treatment can provide management for this disease only by mechanical means such as eye drops, drinks, moisturisers, lubricant jelly, and so on.

Chinese medicine, even though also unable to provide a definite cure for the syndrome, is nevertheless capable of differentiating the syndromes associated with Sjogren's, thus gaining a more thorough insight into a modern disease than Western medicine. Hopefully, correct diagnosis and syndrome differentiation, in combination with appropriate use of the Chinese medicine formulary, can provide a better quality of life and partial management for this condition.

For unknown reasons, Sjogren's is very little dealt with in Chinese medicine literature, either in China or the West, so hopefully this article can assist in filling a gap in this respect.

The case history is given as an example of how the theory can be applied in practice, and provides some insight into what the Chinese medicine practitioner is likely to encounter in their clinic.

Sjogren's in conventional terms

Sjogren's syndrome is a pathological autoimmune disorder of unknown etiology in which an autoimmune response attacks the normal cells of the body's moistening glands, such as the salivary and lachrymal glands (chronic autoimmune exocrinopathy). The mechanism of this is not understood and diagnosis is based on the clinical symptoms that the syndrome produces. Common symptoms include dry eyes, or uncomfortable sensation of the eyes, dry mouth and throat, sometimes with difficulty in chewing or swallowing, bad breath with easy dental decay, vaginal

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dryness, fatigue, burning pain in the joints, dry nose, and dry skin.

Primary Sjogren's occurs on its own, while secondary Sjogren's occurs together with another disease. For reasons also not understood, nine out of 10 patients are female.

Western diagnostic methods: There is absolutely no way Sjogren's as defined in conventional medicine can be diagnosed with traditional Chinese medicine methods and therefore its correct diagnosis should follow the Western methodology. According to Manthorpe, to commonly diagnose Sjogren's: "The Schirmer-I eye test should be performed with standardised paper strips in unanæsthetised and closed eyes. It is also recommended that the equivalent oral test, unstimulated whole sialometry, should be performed during a 15-minute period without subjects having eaten or smoked in the two preceding hours as a minimum." (Manthorpe, 2002)

In some cases, though, due to the variation of symptoms in different patients, a variety of other tests should be performed, in order to assess special features present in the disease. These should include a combination of eye tests, blood tests and dental tests.

Medical tests: Main eye tests include the Schimer lacrimation test mentioned above and the slit lamp test that indicates the volume of tears. Blood tests are used to test the presence of certain antibodies, such as the anti-nuclear antibody ANA (present in 70 per cent of Sjogren's sufferers), the SSA (in 70 per cent of patients) and SSB (in 40 per cent of patients), and rheumatoid factor (in 60 per cent of patients). Other blood tests are used to measure inflammation, which is also present in a great proportion of patients. Dental tests are used to assess the salivary gland function or the salivary scintigraphy (using radioisotopes). In some cases sialography (a small x-ray of the salivary duct) is also used.

Misdiagnosis is quite common, because the onset period of the disease can be very lengthy. For this reason, many medical practitioners fail to see the disease and simply treat individual symptoms as they occur.

As an important reminder, it is vital to note that the rheumatological symptoms carry equal or greater value than the symptoms of dryness because, as Manthorpe remarks: "Epidemiological studies show us that the most common disease within the systemic rheumatic diseases is primary Sjogren's syndrome (SS), *followed by* rheumatoid arthritis" (our emphasis).

In short, the physician should be aware of the changing clinical picture of the patient over the months and years of their presentation in order to register the possibility of Sjogren's syndrome.

Chinese syndrome differentiation

Sjogren's can be divided into internal and external syndromes.

External syndromes

1. External attack of pathogenic dryness and toxin, accompanied by wind heat.
Symptoms: Fever, aversion to wind, dry mouth, dry nose, cough but no sputum, swollen ears or jaw, painful joints. After the external symptoms reside, the joint pain and the eye and mouth dryness persist.
Tongue picture: Red, thin coating, no moisture.
Pulse: Floating and rapid.
Treatment strategy: Clear wind heat and resolve toxicity.
Formula: *Shu Feng Jie Du Yin Qiao Tang* (Lonicera and Forsythia Decoction to Dispel Wind and Resolve Toxicity)
Herbs: *Chan Yi* (Periostracum Cicadae), *Bai Jiang Can* (Bombyx Batryticatus), *Lian Qiao* (Fructus Forsynthiae), *Fang Feng* (Radix Saposhnikoviae), *Sang Zhi* (Ramulus Mori Albae), *Gan Cao* (Radix Glycyrrhizae), *Qiang Huo* (Radix Notopterygiri), *Yin Hua* (Flos Lonicerae), *Lu Gen* (Rhizoma Phragmitis), *Yuan Shen* (Radix Scrophulariae), *Niu Bang Zi* (Fructus Arctii), *Sang Ye* (Folium Mori Albae), *Ban Lan Gen* (Radix Isatidis), *Ge Gen* (Radix Puerariae), *Bo He* (Herba Menthae).
Instructions: At the beginning try to generate water, and use *Lu Gen* and *Li Pi* (the skin of the pear). Avoid greasy herbs or those with thick strong taste.

2. Wind-cold-damp bi-syndrome transforming into pathogenic dryness that damages yin fluids.
Symptoms: Joint pain, dry mouth, dry eyes, stiff joints, difficulty in moving, dry stools, dry and painful vagina.
Tongue picture: Red or purple tongue, dry coating or sometimes no coating.

Common medical tests for Sjogren's syndrome

EYE TESTS	BLOOD TESTS	MOUTH CAVITY TESTS
Schimer lacrimation test	anti-nuclear antibody (ANA)	salivary scintigraphy
slit lamp test	SSA and SSB test	sialography
	rheumatoid factor	parotid gland flow

Speculation about the pathogenesis of the disease include environmental factors, genetic predisposition and viral infection. Unfortunately, none of these has been validated by research.

Pulse: Wiry, thin and rapid.
Treatment strategy: Clear the wind-cold-dampness, tonify the fluids and remove the dryness.
Formula: *Chu Bi Run Zao Tang* (Expel Bi and Moisten Dryness Decoction)
Herbs: *Sang Zhi* (Ramulus Mori Albae), *Gui Zhi* Ramulus Cinnamomi), *Wei Ling Xian* (Radix Clematidis), *Gan Cao* (Radix Glycyrrhizae), *Xi Xin* (Herba Asari), *Fang Feng* (Radix Saposhnikoviae), *Chuan Xiong* (Rhizoma Chuanxiong), *Ren Dong Teng* (Caulis Lonicerae), *Pian Jiang Huang* (Rhizoma Curcumae Longae), *Ge Gen* (Radix Puerariae), *Dang Gui* (Radix Angelicae Sinensis), *Gou Qi Zi* (Fructus Lycii Barbari), *Sang Ye* (Folium Mori Albae), *Shi Hu* (Herba Dendrobii), *Huai Niu Xi* (Radix Achyranthis Bidentatae), *Sheng Shi Gao* (Gypsum Fibrosum).

Internal syndromes

1. Yin and blood deficiency
Symptoms: Dry eyes, aversion to light, no tears or very little tears, dizziness, tiredness, vexation, insomnia, abundance of dreams, dry mouth, dry stools, scanty period.
Tongue picture: Red with little coating.
Pulse: Thin and rapid
Treatment strategy: Tonify yin and blood
Herbs: *Chao Shan Yao* (Rhizoma Dioscoreae Oppositae, baked), *Zhi Huang Qi* (Radix Astragali, prepared), *Chao Bai Shao* (Radix Paeoniae Alba, baked), *Shan Yu Rou* (Fructus Corni), *Gou Qi Zi* (Fructus Lycii Barbari), *Nu Zhen Zi* (Fructus Ligustri Lucidi), *Han Lian Cao* (Eclipta Prostrata Herba), *Sheng Shu Di* (Radix Rehmanniae Preparata), *Gan Cao*, (Radix Glycyrrhizae), *Mu Dan Pi* (Cortex Moutan), *Dang Gui* (Radix Angelicae Sinensis), *Zhi Mu* (Rhizoma Anamarrhenae).
Instructions: If after the administration of the formula there is diarrhoea or upset stomach, remove the *Shu Di* (Radix Rehmanniae Preparata) and replace it with *Sha Ren* (Fructus Amomi).

2. Spleen and Stomach deficiency
Symptoms: Dry eyes and aversion to light, little or no tears, pale face, dizziness, shortness of breath, especially after activity, tiredness, frequent colds and 'flu, poor digestion, loose stools.
Tongue picture: frail, thin and white coat.
Pulse: deep and thin pulse and very weak.
Treatment strategy: tonify the Stomach and Spleen
Herbs: *Zhi Huang Qi* (Radix Astragali, prepared), *Dang Gui* (Radix Angelicae Sinensis), *Sha Ren* (Fructus Amomi), *Jie Geng* (Radix Platycodi), *Bai Zhu* (Rhizoma Atractylodis Macrocephalae), *Chen Pi* (Pericarpium Citri Reticulatae), *Chai Hu* (Radix Bupleuri), *Sheng Ma* (Rhizoma Cimicifugae), *Mu Xiang* (Radix Aucklandiae), *Gan Cao* (Radix Glycyrrhizae), *Fu Ling* (Poria).

3. Accumulation of damp heat
Symptoms: Dry eyes with blurred vision, accumulation of eye wax around the eyes, sticky mouth with bitter taste, dry mouth but patient does not want to drink water, tiredness, abdominal distention, difficult urination with yellow urine. Patients may be overweight and like to drink alcohol.
Tongue picture: red with yellow and greasy coating
Pulse: slippery and rapid
Treatment strategy: Clear the damp heat and generate fluids
Herbs: *Huang Qin* (Radix Scutellariae Baicalensis), *Lian Qiao* (Fructus Forsythiae), *Yi Yi Ren* (Semen Coicis), *Huo Xiang* (Herba Agastaches), *Kou Ren* (Fructus Amomi Rotundus), *Sha Ren*, (Fructus Amomi), *Zhu Ye* (Folium Phyllostachydis Henonis), *Hou Po* (Cortex Magnoliae Officinalis), *Mu Tong* (Caulis Akebiae), *Hua Shi* (Talcum), *Che Qian Zi* (Semen Plantaginis), *Ban Xia* (Rhizoma Pinelliae Ternatae).

4. Qi stagnation and blood stasis
Symptoms: Dry eyes, aversion to light, headache, dark face, severe abdominal pain before period, scanty period, very dark menstrual blood often with clots.
Tongue picture: Purple and dark with spots.
Pulse: Uneven
Treatment strategy: Move qi and blood.
Herbs: *Tao Ren* (Semen Amygdalus Persicae), *Zhi Ke* (Fructus Aurantii), *Jie Geng* (Radix Platycodi), *Pian Jiang Huang* (Rhizoma Curcumae Longae), *Hong Hua* (Flos Carthami), *Dang Gui* (Radix Angelicae Sinensis), *Chi Bai Shao* (Radix Paeoniae Alba et Rubra), *Chuang Xiong* (Rhizoma Chuanxiong), *Chai Hu* (Radix Bupleuri).

5. Vaporisation of the body fluid, resulting in failure of the fluid being distributed to the limbs
Symptoms: Dry eyes, painful and very sore, aversion to light, dry mouth, difficulty in swallowing, dryness of the nose and throat, difficulty in breathing. Drinking water does not quench the thirst, and may cause stomach pain or distention, dry mouth with no wish to drink. Dry skin and no sweat, or body feels cold with an aversion to cold and lack of sweat. Efforts to tonify the yin fluids and clear heat have no effect.
Treatment principle: Regulate the body fluids and promote fluid metabolism so that fluids may circulate properly
Formulas: *Wu Ling San* (Five Poria Decoction), *Ban Xia Xie Xin Tang* (Drain the Heart Decoction with Pinellia), *Dao Shui Fu Ling Tang* (Guide Out the Water Decoction with Poria).

6. Liver and Kidney yin deficiency
See case study.

Case study

Male, 71
Main complaint: Severe dryness of the mouth and eyes.
Western medicine diagnosis: Primary Sjogren's syndrome
Presentation and history: The patient was first diagnosed with Sjogren's syndrome 35 years previously. He has been suffering from extreme and severe dryness of the mouth and the eyes, and brittle hair. Being thirsty he consumes large amounts of hot/warm drinks that quench his thirst and moisten the mouth. The patient feels hot after movement and reports slightly blurred vision although he does not suffer from headaches or dizziness. He complains of soreness of the lower back, as well as tinnitus in the right ear that he describes as high pitched. He needs to urinate two or three times at night, and the urine volume is proportional to his water intake, even though the colour of the urine is dark. In addition, he reports slight sweat during the day but not during the night. His diet is normal and appetite good. His sleeping patterns, blood pressure and bowel movements are also normal.
Tongue observation: Tongue body is dark purple, scanty white coating, shaky tongue body.
Pulse: On the left side, fast, slippery and feeble. On the right, fast, feeble and thready.
Chinese medicine diagnosis: Liver yin deficiency, Kidney yin and qi deficiency.
Western medicine investigations: Suggested lung interstitial tissue disease and external secretion glands malfunction. Blood tests show a wide range of auto-antibodies.

Discussion: The patient feels severe thirst and dryness of the mouth and eyes and therefore consumes large amounts of water. He also suffers from soreness of the lower back. Taking into account the blurred vision and the high-pitched tinnitus, this case strongly suggests a deficiency of both Liver and Kidney yin. In Chinese medicine theory, when the Kidney is weak, it will not be able to nourish the bones effectively, and therefore this will affect the area most closely related to it, the lower back. Due to these reasons, the patient presents with uncomfortable feelings in the lower back. Due to the Liver and Kidney Yin deficiency, the essence and blood fail to nourish the upper orifices, which manifests in two ways — the blood not nourishing the eyes, causing blurred vision, and the Kidney failing to nourish the ears, leading to tinnitus or hearing impairment.

Treatment strategy: Tonify the Liver and Kidney yin (root) and tonify the Lung (branch) yin, generate fluid to moist the orifices. Depletion of fluids together with yin deficiency usually affects two groups of organs.

> *When the disorder is relatively superficial, it is regarded as dryness of the Lungs and Stomach. Deeper or more chronic disorders affect the Liver and Kidney. The therapeutic strategies for this disorder focus on nourishing and enriching the yin as a means of tonification.*
>
> (Bensky & Barolet, 1990)

The Liver and Kidney are regarded as the source of the true yin. In many cases, lifestyle, sexual activities, unhealthy diet, dry environmental conditions or diseases lead to the exhaustion of the true yin, and the depletion of Kidney and Liver. The formulas used in these situations should have the function of nourishing the yin, but it is also useful to include herbs that will help the circulation of qi and fluid, in order to prevent stagnation. The most suitable formula for this sort of case should be *Liu Wei Di Huang Wan*.

Liu Wei Di Huang Wan

(Rehmania Pill with Six Herbs)

Shu Di Huang	xg	Radix Rehmanniae Preparata)
Shan Zhu Yu	xg	(Fructus Corni)
Shan Yao	xg	(Rhizoma Dioscoreae Oppositae)
Fu Ling	xg	(Poria)
Mu Dan Pi	xg	(Cortex Moutan)
Ze Xie	xg	(Rhizoma Alismatis)

Brief analysis: This balanced formula has two groups of herbs. The first three herbs have the function of tonifying: *Shu Di Huang*, *Shan Yao* and *Shan Zhu Yu*. *Shu Di Huang* nourishes the blood and yin of the Kidney, and it enters the Kidney and Liver channels. *Shan Zhu Yu* nourishes the Liver and Kidney. *Shan Yao* tonifies Lung, Spleen and Kidney and nourishes the yin. The second three herbs have the function of draining. *Ze Xie* clears and drains the overabundance of Kidney fire, but it is also used to offset the cloying tendency of *Shu Di Huang*. *Fu Ling* is used to drain the dampness from the Spleen, and when is used together with *Shan Yao*, it can be used to strengthen the functions of the Spleen.
Prognosis and treatment: The prognosis for this patient is very poor, due to the length and severity of the case. The treatment in such cases should focus more on improving the quality of life, rather than aiming at a root cure strategy. His case, although quite clear in its differentiation according to Chinese medicine, is very serious, and its mechanism is not understood in Western medicine.

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Bibliography, references

English
1. Ballinger A., Patchett S., 2000, *Clinical medicine*, 2nd edition. W.B. Saunders
2. Bensky, D., Barolet, R., 1990, *Formulas and Strategies*. Eastland Press.
3. Haslet et al, 1999, *Davidson's principles and practice of medicine*. 18th edition, Churchill Livingstone.
4. Hou Jing-Lun, 1995, *Traditional Chinese treatment for cardiovascular diseases*. Academy Press.
5. Liu Gong-Wang, 2001, *Chinese Herbal Medicine*. Hua Xia Publishing House.
6. Liu Gong-Wang, 2002, *Fundamentals of Formulas of Chinese Medicine*. Hua Xia Publishing House.
7. Manthorpe R., 2002, "Sjögren's syndrome criteria", *Annals of the Rheumatic Diseases*. 2002; 61:482-484
8. Peng Bo, 2000, *Traditional Chinese Internal Medicine*. People's Medical Publishing House.

Chinese
9. 骆仙芳，刘小菊，1994，辨证治疗干燥综合症8例
Luo Xian-Fang, Liu Xiao-Ju, 1994, Chinese medicine syndrome differentiation for Sjogren's, eight cases. (location indicator missing in library records).
10. 李社莉，周秦,2004，辨证治疗眼干燥综合症31例，陕西中医2004年25卷第12期.
Li She-Li, Zhou Qin, 2004, Chinese medicine syndrome differentiation for eye dryness in Sjogren's, 31 cases., Shaan Xi Zhong Yi, 2004, 25:12
11. 王鹏宇，王静，1996，辨证治疗干燥综合症73例，浙江中医杂志.
Wang Peng-Yu, Wang Jing, 1996, Chinese medicine syndrome differentiation for Sjogren's, 73 cases, Zhe Jiang Zhong Yi Za Zhi.

Five-Ingredient Powder with Poria

Wu Ling San

by Dan Bensky

Introduction

CLASSIC FORMULAS HAVE AN INTERESTING yin-yang aspect. In some ways they are the most hidebound of all formulas, as their understanding and usage is tied to a couple of specific books that are approximately 1800 years old. On the other hand, they can be adapted and used in as wide a variety of situations and in as creative a manner as any group of formulas in our tradition. One reason for this is that the formulas themselves are masterful combinations of herbs that are quite focused in their effects, but once the pathodynamic they address is understood, their usage can be modified while still retaining good efficacy. I will use one common formula as an example of this.

Background

Five-Ingredient Powder with Poria (*Wǔ Líng Sǎn*) was first found in the *Discussion of Cold Damage* (*Shang Han Lun*). Some of the more important passages dealing with this formula are:

Paragraph #71 —"Cases of greater yang disease where there is profuse sweating after inducing sweating, the Stomach is dry and there is irritability and restlessness with inability to sleep along with a desire to drink. If you bit by bit give them drink, allowing the Stomach qi to be harmonised, they will get better. If there is a floating pulse, urinary difficulty, slight fever, and unquenchable thirst, Five-Ingredient Powder with Poria (*Wǔ Líng Sǎn*) masters it."

Comment: This paragraph distinguishes two types of thirst: one from lack of fluids, the other from stopped fluids. In the first type, too much sweating can injure the Stomach fluids leading to dryness and possible injury to yin. This can lead to Stomach dryness with irritability and insomnia. Sometimes small frequent doses of a small amount of fluids can be restorative without putting undue stress on the Stomach. When this happens the patient will get better. If too many fluids are given at one time, not only will the body fluids not be generated, but the water given will stop in the Stomach.

If a pathogen enters the Bladder and disrupts that organ's qi-trans-

forming functions (which can also be thought of as the transforming functions of the Triple Burner), fluids will become stopped in the lower burner leading to problems with urination, but also to problems related to the fluids not being spread throughout the body, such as thirst that is not slackened by drinking. This is one reason this problem has become known as build-up of water (蓄水 *xù shuǐ*).

Paragraph #72— "If the pulse is floating and rapid and there is irritability and thirst immediately after inducing sweating, Five-Ingredient Powder with Poria (*Wǔ Líng Sǎn*) masters it."

Comment: Here are some additional possible aspects of this formula's presentation. Sometimes sweating does not work, the exterior pathogen is not released and the pulse becomes floating and rapid. Here it is understood that the pulse is rapid because water and heat have clumped in the lower burner such that the water has become stopped and the heat collects. This can be thought of as another form of heat from constraint and so is treated by Five-Ingredient Powder with Poria (*Wǔ Líng Sǎn*) that transforms the qi and moves the water. When the water moves, the heat will dissipate and the thirst disappear. It is a mistake in these situations to use formulas that clear heat, as they can make things worse.

Paragraph #74 —"[A patient] has wind-attack and fever that has not been released after six or seven days with irritability. If those with [both] exterior and interior signs are thirsty and have a [desire to] drink, but vomit immediately after drinking, it is called water rebellion. Five-Ingredient Powder with Poria (*Wǔ Líng Sǎn*) masters it."

Comment: This is another form of water stopping in the Bladder. The basic dynamic is the same with thirst being due to the Bladder qi not transforming such that the fluids are not raised and dispersed. Here there is the further assailing of the Stomach by water leading to upward rebellion of Stomach qi. This causes the vomiting of fluids after drinking.

Discussion: It is pretty clear from the above that the original use of this formula was in cases where there were at least remnants of an exterior condition, as manifested by sweating and/or a floating pulse. I have found this presentation fairly commonly in urinary tract infections (or even more commonly in acute cases of aseptic cystitis) also marked by frequent, urgent urination, although usually without any burning sensation, accompanied by thirst that does not respond to drinking liquids and some form of irritability or insomnia. This is the classic tai yang organ pattern. Similarly, I have also found this formula to be useful for a specific type of insomnia. These patients normally sleep well and perhaps even have a habit of oversleeping, in keeping with their general Spleen damp and deficient inclinations. They then develop insomnia with a general irritability that is particularly hard to take as they are not at all used to having trouble sleeping. In addition they have a thirst that is not easily quenched and their superficial tissues are overly moist. Most of the time there is a recent history of an externally contracted condition and almost always they have floating pulses that are softer or slippery in the middle positions.

However, many classic formula practitioners in China, most prominently Liu Du-Zhou, believe that this formula can be used whenever water metabolism becomes stuck (literally "when the water qi is not transformed" 水气不化 *shuǐ qì bù huà*) and builds up anywhere in the body. This is because the formula itself is thought to warmly unblock and blandly leach out dampness, so that it can affect anything. As stated by his long-time student and colleague, Nie Hui-Min, "Promoting the function of the Bladder one is able to promote the functioning of the Triple Burner. Promoting the functioning of the Triple Burner, one promotes the function of the Lung qi. One can see that Five-Ingredient Powder with Poria (*Wǔ Líng Sǎn*) is able to facilitate urination, unblock the water pathways and so can be used whenever there is water qi internally with urinary dysfunction. Therefore it is not necessarily only allowed to be used when there is an exterior pattern; it can also be used when no exterior pattern is present." In these cases the pulse actually should be submerged, as a yin disorder should be matched by a yin pulse.

Case #1

In 1978 Hou Qin-Feng 侯钦丰 of the Shandong College of TCM treated a 48-year-old clerk with the Jinan Housing Authority. The patient was thirsty but vomited up immediately anything that he drank. He also had epigastric focal distention for over a week. He was treated twice at a local ER with anti-emetics, tranquilisers and intravenous fluids, but did not respond. He suspected that there was a growth in his stomach and as he was very upset and afraid he went to the hospital. His face was pale, his tongue was pale with a moist and white coating, and his pulse was submerged and wiry. While his urine was clear, urination was not smooth.

When Dr Hou thought about the case carefully it reminded him of paragraph 74 of the *Discussion of Cold Damage* (*Shang Han Lun*) where it states, "... in those who are thirsty and drink, but vomit immediately after drinking, it is called water rebellion and Five-Ingredient Powder with Poria (*Wǔ Líng Sǎn*) masters it". He decided to treat the condition with a modified version of that formula in order to unblock the yang, transform qi, pro-

Similarly, I have found this formula useful for a specific type of insomnia with general irritability, a thirst that is not easily quenched, superficial tissues overly moist, and usually a recent history of an externally contracted condition. Almost always they have floating pulses that are softer or slippery in the middle position.

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Many classic formula practitioners in China, most prominently Liu Du-Zhou, believe that this formula can be used whenever water metabolism becomes stuck.

mote water metabolism and move the fluids. The following herbs were decocted and administered in two doses:

Guì Zhī	9g	Cinnamomi Ramulus
Fú Líng	12g	Poria
Bái Zhú	9g	Atractylodis macrocephalae Rhiz.
Zé Xiè	9g	Alismatis Rhizoma
Zhū Líng	6g	Polyporus
Zhì Bàn Xià	9g	Pinelliae Rhizoma preparatum
Shēng Jiāng	6g	Zingiberis Rhizoma recens

He returned four days later after having taken two packets of the above formula. The vomiting had stopped and urine flow was smooth. At this time his appetite had started to return, but his abdomen still felt bloated. The formula was then modified:

Guì Zhī	6g	Cinnamomi Ramulus
Fú Líng	15g	Poria
Bái Zhú	9g	Atractylodis macrocephalae Rhiz.
Zé Xiè	6g	Alismatis Rhizoma
Zhì Bàn Xià	9g	Pinelliae Rhizoma preparatum
Huò Gēng	9g	Pogostemonis/Agastaches
Dà Fù Pí	9g	Caulis Arecae Pericarpium

After taking three packets of the revised formula he was fully recovered.

Case #2

In 1987 Liu Du-Zhou saw a woman who had lost her voice for over four months. It had gotten to the point where she was totally incapable of talking and had to bring relatives with her to explain her situation. She had taken large dosages of western pharmaceuticals, as well as herbs to enrich the yin and clear heat, all without any effect. She was not able to make any sounds, her throat felt blocked, she was both thirsty and wanted to drink, and she felt dizzy and light headed. Bowel movements were normal but urination was not smooth. Her urine was clear and not yellow. Her pulse was submerged, her tongue pale and delicate-looking with a watery, overly moist tongue coating. It was necessary to treat her by warming the yang, directing the qi downwards while above benefiting the throat and curtailing water to reduce the yin and below promoting urination. Five-Ingredient Powder with Poria (*Wǔ Líng Sǎn*) was considered most appropriate:

Fú Líng	30g	Poria
Zhū Líng	15g	Polyporus
Zé Xiè	16g	Alismatis Rhizoma
Bái Zhú	10g	Atractylodis macrocephalae Rhiz.
Guì Zhī	10g	Cinnamomi Ramulus

After taking five packets of this formula the sensation of blockage in the throat was greatly reduced and her urinary problems of many years duration were eliminated. She still had a severe stuffy nose and decrease in ability to smell. Her problems completely resolved after taking three packets of the above herbs with the addition of 0.5g of Ephedrae Herba (*Má Huáng*) to each packet. No relapses were noted.

Conclusion

We have briefly explored one example of the flexibility of one classic formula as it treats both acute diseases with an exterior component and chronic conditions that are considered to be wholly interior. This is yet another instance where respecting the tradition does not mean getting stuck in any given text or way of thinking, but rather using all the mental tools that we have in order to do the best we can for our patients.

Ante Babic's
Tips for running a successful clinic ...

Lose the mullet.

Wind of the Four Crooks

A case study on atopic eczema

By Mazin Al-Khafaji

SHE WAS MY LAST PATIENT, and although I can always muster an interest in a new case, it had been a gruelling day and I was keen to head off home. No question about it, it was her eyes that made me wake up and pay attention. I felt a shudder run down my spine. I had seen them, or something very similar, many years ago. They had haunted me ever since, and although the passage of time had faded the impact, it all came flooding back again.

Sixteen years earlier a young woman in her early 20s had walked into my practice with severe, widespread eczema. The eczema was so intense that the unfortunate woman could not sleep at night nor rest in the day. Not only had the years of incessant itching worn her down and convinced her of her hopeless plight, but the stigma of having dry red scaly skin condemned her to a lonely existence. Instead of leaping into adult life, her teenage years had been a nightmare as she became increasingly isolated and unable to socialise with her contemporaries. She had struggled for almost her entire life and her grip was slipping. I could see that her eyes, when she mustered the courage to look at me, were empty and lacked that indefinable glint, betraying years of desperate and anonymous suffering. This sparkle, which I have ever since associated with motivation, fulfilment, and the will to live, was utterly absent. Having taken a full case history and written the prescription, I ushered her to the door, my heart heavy, determined I would do all in my power to get her better. I don't recall her exact words, but as she walked out of the door she mumbled something about nothing being worth it. A week later her inconsolable mother called to tell me that she had taken her own life.

Mercifully it is rare that I see such eyes, but when Anne walked in at the end of my day, there they were again. She was 31 years old and suffered with widespread atopic eczema. Almost her entire face and neck were covered with a dry scaly erythema, punctuated by eroded, excoriated lesions where she had dug her nails deep into her skin in an attempt to quell the unrelenting itch. Around her ears I could clearly see yellow crusts that betrayed recent exudation of serous fluid, indicating localised infection. Around her desperate empty eyes she had darkening of the skin that was thickened and swollen from the constant rubbing and scratching that continued even in her sleep. The oedema around her eyes was accentuated by two deep lines that ran from just below the inner canthi around the lower border of her eyes, the so called Dennie-Morgan lines, so characteristic of the more severe cases of atopic eczema. The few areas of her face that were not livid red with inflammation were unnaturally pale. Both inner and outer aspects of her arms were also covered with red macular papuler lesions, with the telltale excoriated scratch marks. Scattered across the outer aspect of her forearms I noted pustular lesions, and, as with the area around her ears, yellow crusted lesions could be seen spread around her wrists and on the dorsum of her hands. Between most of her fingers a multitude of vesicles were apparent, sur-

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Herbs such as Fang Feng and Jing Jie, though very effective at ameliorating itching, may well worsen the condition in cases like Anne's.

rounded by a halo of erythema and yellow crusts.

Around her wrists and anti-cubital fossa I was glad to see the skin was thickened, so that the skin markings were more pronounced into what is termed lichenification. I say I was glad because after almost two decades of seeing 20 to 30 atopic eczema patients a week, I have learned to fear the lack of lichenification in severe eczema more than any other single sign as an indicator of a poor prognosis. Lichenification occurs most commonly around the inner aspects of wrists and ankles, behind the knees, anticubital fossa and the neck. Most atopics are particularly prone to this. There are some, however, who despite constant scratching will continue to have smooth, albeit red, skin. Such patients, who account for probably no more than 5 to 10 per cent of cases that are the most recalcitrant to treatment. Why this should be I cannot say, but it is indisputable.

The skin on her back and upper chest was similarly covered with inflamed red patches, erosion and occasional yellow crusting. Her nipples, a common site of eczema in atopic women, were also encrusted with yellow exudate that had dried hard, all but obliterating the area below.

As anyone who regularly treats dermatological disease knows, the skin is like an open book, the vast majority of information is there to be deciphered by those who can read the language. By closely observing the morphology, a formula will almost write itself. So what information had been gleaned? The erythema clearly indicates heat rampaging on the blood level; the fact that it was pronounced in colour and covered half her body simply signified intensity. The excoriation left by her scratching is clearly indicative of the itch that she experienced. Intense heat as we know generates wind, and one important sign of the presence of wind in dermatology is excoriated scratch marks. However, it is not only wind that leads to itching, because when reflecting on the source of the itch in atopic eczema, dampness and heat need to be considered as well. By obstructing the circulation of qi and blood in the skin, dampness can and often does generate itching. Neither is it just an academic question; to decide that the itch is predominately created by wind will necessitate the use of wind scattering herbs, but if dampness predominates then damp draining herbs will need to be used. In many instances, to use wind scattering herbs when dampness prevails will not only have little impact on the itching, but by virtue of its dispersing nature will frequently compound the eczema and encourage it to spread. Likewise, if damp draining herbs were used in a patient who primarily suffers with wind type itching, the dampness will be drawn inwards instead of venting via the skin, and similarly may well exacerbate the eczema. There was clear evidence of both in Anna's case. Lesions principally congregated on the face and upper body is a useful indicator of prevalence of wind. This observation has to be tempered, however, by the presence of the erosion and yellow crusting that was so pronounced. Yellow crusting indicates exudation of fluid from the skin that has subsequently dried, while erosion is a sign of retained dampness and heat. The profusion of vesicles also firmly points towards the existence of substantial dampness and fire-toxin. The pustules found on her arms are an indication of either excessive application of unduly greasy emollients or, if that were not the case, then a sign of fire toxin. Anna used a light emollient, so I had to conclude that it was not an artefact but a sign of fire toxin. This fitted well with the other signs I had observed, fire toxin often being present in more severe and intense cases.

Although when treating dermatological disease the primary source of information is available to you by observing the patient's skin, other symptoms and signs are of course also of great importance when weaving a picture of the pathology.

Anne told me that she had suffered with eczema since she was three months old. This early onset is typical of at least 50 per centof cases, and counter-intuitively is a favourable sign. Unlike allergic asthma (a related condition), early onset is associated with a better chance of improvement. A late onset (developing the eczema after age one) often correlates with a poorer prognosis. Although she did not have a history of asthma, she suffered with severe perennial allergic rhinitis, a common accompanying problem.

This meant that she had almost continual nasal congestion and discharge, paroxysmal attacks of sneezing and a concomitant poor sense of smell and taste; all made much worse with exposure to dust or certain animals such as cats or horses. Her sleep was invariably disturbed by itching. This is an indication of heat in the blood and is almost a universal finding in the moderate and more severe cases.

Other than that she had a normal appetite and bowel function, and although her skin often became worse premenstrually, she had a normal menstrual cycle. She suffered no abnormal thirst, and aside form the burning sensation of her skin she did not feel particularly hot.

Her tongue was predictably dry and red, with red prickles on the tip, extending towards the sides. The coating was thin and white. Her pulse was wiry and slightly rapid.

It is clear that she suffered with an underlying condition of heat in the blood with wind, complicated with dampness and fire toxin. In such instances a successful strategy can be found by first peeling, as it were, the outer layer, before attempting to tackle the core problem. What I intended to do first was to drain the damp heat and clear the fire. I used the following formula:

Sheng Di	24g	(Rehmannia Glutinosae Radix)
Mu Dan Pi	24g	(Moutan Cortex)
Chi Shao	9g	(Paeonia Radix rubra)
Long Dan Cao	9g	(Gentianae Scabrae Radix)
Huang Qin	9g	(Scutellariae Baicalensis, Radix)
Shan Zhi Zi	9g	(Gardeniae Fructus)
Ma Chi Xian	15g	(Portulacae Herba)
Zi Hua Di Ding	15g	(Violae cum Radice)
Bai Xian Pi	12g	(Dictamni Cortex)
Xi Xian Cao	15g	(Siegesbeckiae Herba)
Hai Tong Pi	12g	(Erythrinae Cortex)
Fu Ling	12g	(Poria)
Ze Xie	12g	(Alismatis Rhizoma)
Gan Cao	6g	(Glycyrrhizae Uralensis)

This is based on *Long Dan Xie Gan Tang* (Gentiana Decoction to Drain the Liver) with modifications. *Sheng Di Huang* (Rehmannia Glutinosae Radix) is almost always the chief ingredient in treating eczema. It has an unparalleled ability to cool the blood without injuring it. I often use a larger dose (30–45g or even 60g); in Anna's case however, I did not because of the presence of substantial dampness. *Mu Dan Pi* (Moutan Cortex) is second to none at plumbing the depths to reach and drain the hidden heat so characteristic of atopic eczema. I use a larger dose (up to 30g) when the eczema is accompanied by allergic rhinitis, having as it does a specific action in treating it. Although my focus is on treating the eczema, I have found that in patients with rhinitis, the nature of the heat that leads to the eczema responds particularly well by using a large dose of *Mu Dan Pi* when draining heat from the blood. *Chi Shao* (Paeonia Radix rubra) will act synergistically with *Sheng Di* and *Mu Dan Pi*, accentuating their action.

Of equal importance in this recipe is *Long Dan Cao* (Gentianae Scabrae Radix) – fiercely drying, it is outstanding at clearing damp heat from the skin. Although unpleasantly bitter, it is an excellent herb to use in cases where dampness presents so obviously. *Huang Qin* (Scutellariae Baicalensis Radix) and *Zhi Zi* (Gardeniae Fructus) act as its helper, aiding its action.

Ma Chi Xian (Portulacae Herba) is a specific ingredient for removing dampness and resolving fire toxin from the skin. Its forte is the treatment of dampness when it manifests as frank weeping (dampness may not always lead to weeping skin). *Zi Hua Di Ding* (Violae cum Radice) is used in tandem to strength its fire toxin resolving properties. *Bai Xian Pi* (Dictamni Cortex), *Xi Xian Cao* (Siegesbeckiae Herba) and *Hai Tong Pi* (Erythrinae Cortex) are all excellent herbs to alleviate itching due to dampness when it co-exists with wind. Herbs such as *Fang Feng* (Saposhnikoviae Radix) and *Jing Jie* (Schizonepeta Tenuifoliae), though very effective at ameliorating itching, may well worsen the condition in cases like Anne's. *Fu Ling* (Poria) and *Ze Xie* (Alismatis Rhizoma) are used to conduct the heat and dampness out via urination. Though not considered among the primary ingredients in the formula, they are nonetheless essential in facilitating the removal of damp heat from the body. This is highlighted by the adage "damp can not be cleared without activating urination".

I saw Anne a week later,and already there was clear improvement in her skin. All weeping from her skin had stopped, with the exception of the nipples. The erythema was reduced and she had 30–40 per cent reduction in itching. I re-prescribed the above formula with the addition of 12g of *Yin Chen Hao* (Artemisiae Capillaris), a specific for damp eczema of the nipples.

When I saw her two weeks later, there was further and substantial improvement. Because the itching was reduced, she was disturbed less at night, which meant she was less exhausted in the day. I re-prescribed the formula for a further two weeks with the addition of 15g of *Bai Ji Li* (Tribuli Fructus) to further quell the itching. I judged that *Bai Ji Li*, though predominantly a wind scattering herb, would be of benefit since much of the dampness had already been removed.

When I saw her two weeks later (five weeks since starting treatment) it was clear that she was doing very well. Her guarded optimism was reflected in a more natural and sparkling gleam in her eyes. She could now muster a smile and even a laugh. Her skin was a good 75 per cent better, and each day brought further improvement. From my point of view the dampness and fire toxin, such clear factors in acute exacerbation of the underlying hot blood, had been driven off, and it was time to alter the recipe to reflect the changed circumstance. With that in mind, I prescribed the following:

Sheng Di	30g	(Rehmannia Glutinosae, Radix)
Mu Dan Pi	24g	(Moutan Cortex)
Chi Shao	9g	(Paeonia Radix rubra)
Fang Feng	9g	(Ledebourelliae Sesloidis)
Bai Xian Pi	12g	(Dictamni Cortex)
Bai Ji Li	15g	(Tribuli Fructus)
Xi Xian Cao	12g	(Siegesbeckiae Herba)
Lian Qiao	12g	(Forsythiae Suspensae, Fructus)
Tong Cao	4g	(Tetrapanacis Medulla)
Gan Cao	4g	(Glycyrrhizae Uralensis)

Once the dampness was significantly reduced, it became important to increase the dose of *Sheng Di*, the primary ingredient, from 24g to 30g. The only side effect of such a large dose is mild and transient loose bowels (which in fact is a sign that the correct dosage has been reached, and should be elicited in hot blood type eczema as a matter of course). *Ma Chi Xian* and *Zi Hua Di Ding* are no longer required, however, it is prudent to retain a fire toxin resolving element in the guise of *Lian Qiao* (Forsythiae Suspensae, Fructus). Many atopics who are prone to bacterial infection develop

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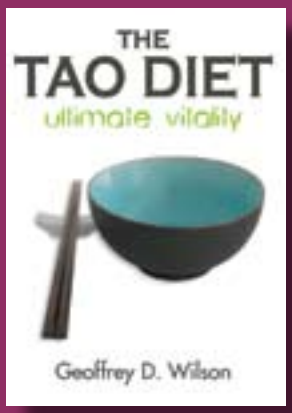

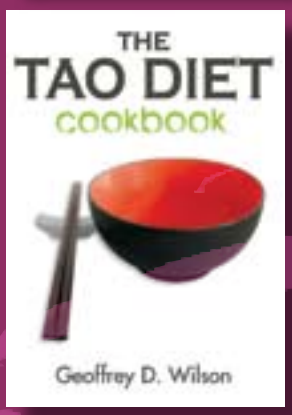

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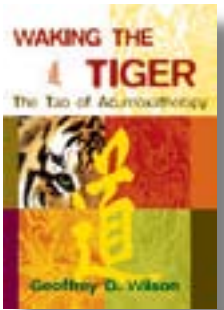

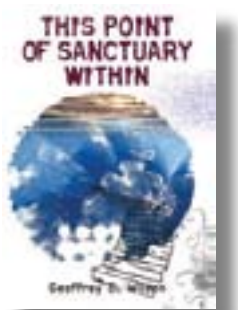

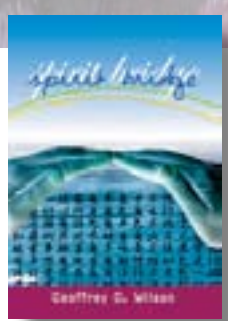

Deficient detriment disorders

The treatment strategies of six Ming dynasty practitioners

By Professor Xue Yiming (薛益明)
Translated by Greta Young

THE THEORY OF DEFICIENT DETRIMENT enjoyed rapid development during the Ming dynasty when a number of outstanding doctors promulgated both its theory and clinical application. Following is a discussion of the contributions of six famous practitioners of the Ming dynasty.

Deficient detriment (虚损 *xū sǔn*), also known as deficient taxation (虚劳 *xū láo*), can be attributed to a degeneration of visceral function characterised by deficiency of qi, blood, yin and yang. It is a general term describing all kinds of deficient and chronic illness.

1. Dai Yuan-Li 戴元礼 discussed deficient detriment from the perspective of the Liver and Kidney with an emphasis on nourishing yin and draining fire. Dai was an outstanding student of Zhu Dan-Xi and his approach stemmed from his master's ideas, which were based on yin fire theory. However, Dai adjusted Zhu Dan-Xi's strategy, focusing on tonifying yin rather than giving priority to purging fire. Dai strongly advocated the use of sweet cold medicinals. His frequently used herbs are *Sheng Di* (Rehmannia Radix), *Xuan Shen* (Scrophulariae Radix), *Tian Dong* (Asparagi Radix), *Nu Zhen Zi* (Ligustri lucidi Fructus) and *Zhi Mu* (Anemarrhenae Rhizoma).Thus he achieved the effect of heat clearing without the adverse effects of bitter, cold herbs. He emphasised that it was essential to augment yin to quell fire, as hyperactive fire stemmed from insufficiency of yin.

2. Liu Zong-Hou's 刘宗厚 treatment strategy involved tonifying the Spleen and Kidney by augmenting qi and nourishing yin. Liu was a second-generation student of Zhu Dan-Xi who not only inherited Zhu's theory but took on board Li Dong-Yuan's special emphasis on the Spleen. He devised a strategy of simultaneously tonifying qi and yin, treating the Spleen to tonify qi and the Kidney to nourish yin. In his book *Yu Ji Wei Yi* 玉机微议 (*Discussion on Deficient Detriment*) Liu differentiates "deficiency attributed to yin, or deficiency attributed to over-taxation" and then provides a detailed discussion of the pathogenesis of deficient detriment and its relation to lack of yin. As well, he proposes that over-taxation is the result of excessive strain, causing an exhaustion of qi. Treatment should therefore be focused on tonifying rather than purging. His favoured herbs are *Tai Zi Shen* (Pseudostellariae Radix), *Bai Zhu* (Atractylodis macrocephalae Rhizoma), *Shan Yao* (Dioscoreae Rhizoma), *Fu Ling* (Poria), *Sheng Di* (Rehmannia Radix), *Xuan Shen* (Scrophulariae Radix), *Gou Qi Zi* (Lycii fructus) and *Nu Zhen Zi* (Ligustri lucidi Fructus). He suggested insufficient yin was the root, and hyperactive fire the tip. Once the yin is replenished, the interaction of water and fire will be restored spontaneously. This follows the axiom: "Once the qian (乾) and kun (坤) are in their respective positions the interaction of kan (坎) and li (離)[1] will be facilitated as a matter of course.

3. Wang Shi-Shan's 汪石山 treatment involved using warm and sweet herbs to augment the qi. Also a student of Zhu Dan-Xi, Wang developed an approach that was significant in that it took Dai Yuan-Li's principle of nourishing yin and Li Dong-Yuan's emphasis on Spleen and Stomach and went further. He created "ying wei theory 營卫论". In his book *Shi Shan Yi An* (石山醫案 *Case Histories*

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of Shi Shan) Wang asserts that nutritive qi is both yin and yang in nature and that damage to qi and blood amounts to damage to the nutritive qi. His treatment is based on tonification of nutritive qi by using *Ren Shen* (Ginseng Radix) and *Huang Qi* (Astragali Radix), which apart from tonifying qi can also tonify the qi at the nutritive level. The *Nei Jing* states: "Insufficiency of yin should be nourished by flavour." The flavour of *Ren Shen* (Ginseng Radix) and *Huang Qi* (Astragali Radix) is sweet; sweetness can engender blood, which is yin, and tonifying the qi within the nutritive can also be considered a form of yin tonification. Zhang Zhong-Jing said: "*Ren Shen* and *Huang Qi* not only can tonify yang but are capable of tonifying yin as well." As well, the *Nei Jing* states: "Deficiency of yang can be warmed by qi herbs." Both *Ren Shen* (Ginseng Radix) and *Huang Qi* (Astragali Radix) are warm in nature and while Wang strongly emphasised the significance of yin, equally he advocated the preservation of yang through the use of *Ren Shen* (Ginseng Radix) and *Huang Qi* (Astragali Radix).

4. Xue Li-Zhai's 薛立齋 strategy was to tonify Spleen and Kidney. Xue is another leading practitioner of the Ming period who advocated that the treatment of deficient detriment disorders should include regulation of the Spleen and Kidney in order to nourish the "source of life". *Xue Shi Yi An* (薛氏医案 *Case Histories of Master Xue*) states: "The Stomach is the source of the five zang organs and the root of the source of life." The Spleen plays a significant role in the relationship of pathogenic qi and zheng qi. If the Spleen qi is strong, creating an abundance of nutritive qi, there is no room for pathogenic qi to linger. Xue emphasised that the priority for deficient disorders or complex deficient and excess disorders was to tonify Spleen and Stomach using sweet, warm herbs to augment the middle and nourish the Spleen earth. Xue put equal emphasis on the Kidney's life gate as the "root of early heaven", adhering to the approach of Wang Bing — "augmenting the water to inhibit the yang; nourishing the source of fire to reduce the yin". He nominated three key formulas — *Liu Wei Di Huang Wan* (Six-Ingredient Pill with Rehmannia), *Ba Wei Di Huang Wan* (Eight-Ingredient Pill with Rehmannia) and *Jia Jian Ba Wei Wan* (Altered Eight Ingredient Pill) — for treatment of Kidney deficiency with the flaming of deficient fire. It must be noted that apart from nourishing yin, equal emphasis is placed on warming and transforming and not using cold herbs on their own. In other words it is important to place equal emphasis on the tonification of the Spleen and Kidney. Xue reiterated: "Deficiency of the three yin with harassment of deficient fire attributed to internal factors can be treated with *Liu Wei Di Huang Wan*." He suggested that *Liu Jun Zi Tang* (Six-Gentlemen Decoction) be used in the morning to tonify and augment qi to bank the root of post-natal heaven while *Liu Wei* or *Ba Wei* be used in the evening to tonify the Kidney. This is based on the daily fluctuation of yin and yang and has proven effective in the treatment of chronic deficient detriment.

5. Zhang Jing-Yue's 張景岳 treatment involved tonification of the Kidneys and simultaneous regulation of yin and yang. Zhang was a Ming dynasty practitioner of many achievements, in particular making an outstanding contribution to the treatment of deficient detriment disorders. For treatment of deficiency of both yin and yang, he advocated the principle of "regulating" yin and yang. Among his many strategies, where there is qi damage due to deficiency of yin essence, one should first tonify essence to transform qi; conversely for treatment of essence deficiency due to qi deficiency, one must tonify qi to generate essence. In his book *Lei Jing* (类经 *Classics Classified*) he advocated: "Those who know how to tonify yang must seek the yang within the yin thus enabling the transformation of yang with the help of yin; those who know how to tonify yin must seek the yin within the yang thus enabling the continued production of yin with the help of yang." Also, he stated: "Those who are conversant in the treatment of essence can effect the generation of qi through the essence; likewise, the treatment of qi can enable the engendering of essence." Thus the theory of "seeking the yang within the yin" or "seeking the yin within the yang" is the basis for the treatment of deficient detriment disorder in modern clinical applications. A Qing dynasty practitioner Wang Xu-Gao in his book *Wang Xu-Gao Yi Shu Liu Zhong* (*Six Medical Books of Wang Xu-Gao*) evaluated the significance of Zhang's treatment strategy and came to the following conclusion: "The contribution of Zhang Jing-Yue to the treatment of deficiency of both essence and qi and the rationale of tonifying yin and yang is very creative." Clinically it reflects the basic philosophy of Zhang Jing-Yue as seen in the use of *You Gui Wan* (Restore the Right Decoction) for the treatment of exhausted life gate fire with herbs such as *Lu Jiao Jiao* (Cervi Cornus Colla), *Tu Si Zi* (Cuscutae Semen) and *Shu Di* (Rehmanniae Radix Praeparatae) to warm the yang; and *Shan Yao* (Dioscoreae Rhizoma) and *Shan Zhu Rou* (Corni Fructus) to tonify yin.

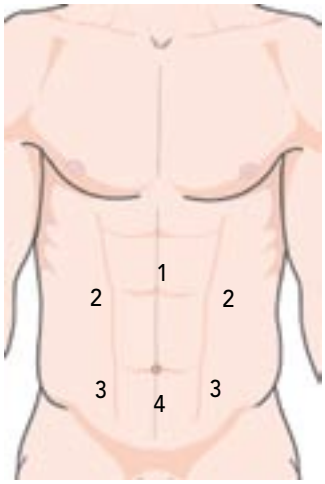
6. Wang Qi-Shi 汪綺石 advocated treatment of Lung and Spleen to moisten Lung and tonify the middle. Wang was a late Ming dynasty practitioner. He differentiated the disorder into two categories: yin deficiency and yang deficiency. Then he advocated treatment of yin deficiency by tonifying the Lungs and yang deficiency by addressing the Spleen. This does not mean that treatment of the Kidney was disregarded but he objected to the excessive use of *Ba Wei Wan* (Eight-Ingredient Pill with Rehmannia) and *Shi Quan Da Bu Tang* (十全湯 All-Inclusive Great Tonifying Formula) for treatment of all kinds of yang deficient disorders. His aim was to change the traditional thinking that all yang deficient disorders were attributed to life gate fire deficiency while all yin deficiency disorders should be treated by tonifying Kidney yin. He creatively put forward a treatment strategy that focused on the Lung and Spleen. Wang said: "To tonify Kidney water, it is better to tonify the Lung to supplement the source. The Lung is the heaven of the five zang and there is nothing more superior than heaven." On tonification of the Spleen, he said that since essence was generated from grain, it was better to tonify post-heaven in order to supplement early heaven. For treatment of yin deficiency, he advocated a strategy of clearing and moistening the Lung coupled with supplementary treatment of other organs. For treatment of yang deficiency, he emphasised that treatment should focus on augmenting qi and tonifying the Spleen. At the same time, he pointed out that prolonged suffering from yin deficiency could lead to yang deficiency as well; likewise prolonged yang deficiency may also lead to yin deficiency. It was vital to take this into consideration when prescribing treatment. He objected to the use of cold herbs for fear of damaging the middle. This philosophy of "treatment of deficiency based on the Lung and Spleen to ensure harmonisation of the middle" is his major contribution to the discussion.

Endnote

1. Kan and Li in the theory of Yi Jing denote north and south position. In this context, it means the interaction of water (kan) and fire (li).

A sample of abdominal patterns for Shang Han Lun formulas

ILLUSTRATION 1



1. Epigastrium
2. Hypochondrium (or subcostal region)
3. Lower abdomen
4. Sub-umbilical

■ Michael Max graduated from the Seattle Institute of Oriental Medicine, then continued his postgraduate studies of Chinese language and medicine in China and Taiwan. He now lives and practices in Seattle, Washington.
■ Steven Clavey is a registered herbalist practising in Melbourne, Australia.

by Michael Max and Steven Clavey

Introduction

Abdominal diagnosis is a part of the palpation component of the four diagnostic methods. It helps differentiate deficiency from excess, and assists in determining the direction of treatment. There are a number of different schools of abdominal diagnosis, the two most prominent being the *Nan Jing* school and the *Shang Han Lun* school. That presented here is primarily that of the *Shang Han Lun* (Discussion of Cold Damage) school, in which certain abdominal configurations suggest the use of a particular classical herbal formula.

A brief history of abdominal diagnosis

References to abdominal palpation can be found in the *Huang Di Nei Jing*, both the *Su Wen* and the *Ling Shu*. For example, in chapter 57 of the *Ling Shu*, Qi Bo replied to the emperor's question about oedematous distention:

> *When oedematous distention begins, the patient exhibits slight swelling under the eyes, as if he has just woken up; the pulse at Ren Ying (ST-9) is obvious, and he occasionally coughs. There will also be a feeling of chill along the inner thigh, edema in the lower leg, and distention in the abdomen. When all of these symptoms occur together, oedematous distention has already formed. Use the hand to palpate the abdomen: release of palpation finds the abdominal surface following the hand as it lifts away, just as if one pressed on a water-bag. This is a major symptom of oedematious distention (水胀病 shǔi zhàng bìng).*

The *Nan Jing* (Classic of Difficulties) has more references to abdominal patterns, such as the 8th, 16th and 66th Difficulties, and at least one specific reference to abdominal palpation, for example the 16th Difficulty where it is explicitly referred to: "... to the left of the umbilicus is a sensation of moving qi, which if palpated is firm and painful ..."

Also the 55th Difficulty has information that can only have been obtained by palpation of the abdomen, such as "it occurs under the left ribs, like an inverted bowl, and has a distinct head and tail (ie. its shape is clearly palpable)."

The books by Zhang Zhong-Jing, the *Shang Han Lun* (Discussion of Cold Disorders) and *Jin Gui Yao Lue* (Golden Cabinet) have many references to abdominal patterns and their specific location. Most importantly, these patterns (such as epigastric focal distention, supra-umbilical palpitations, and so on) are linked to the pulse, the patient's other symptoms, and the mechanism of pathology in such a way as to constitute a complete clinical system.

While abdominal palpation appears to have been a common auxiliary diagnostic technique during and after the Han dynasty, there was no specific textual work devoted to it. During the Song and Yuan dynasties, changing social conventions made abdominal palpation less used, and it gradually dropped out of mainstream medical practice in China.

The preceding Tang dynasty, however, had seen a major transfer of medical technology to Japan, and it was there that abdominal palpation eventually found fertile ground for development. Accord-

ing to Asada Sohaku in his book *Lives of Famous Imperial Physicians*, Takeda Teika (1573–1614) was the first to actively promote abdominal diagnosis. Other authors agree with him, but Otsuka Yoshinori, the author of the original book upon which this article is based, looked deeper, and felt that Asada was mistaken. He found, recorded in the jealously guarded records of the Isai Ryu school of acupuncture, that the acupuncturist Misono Isai of this school, who died in 1616, was truly the forefather of abdominal diagnosis in Japan.

Thus according to Otsuka, abdominal diagnosis in Japan was first employed by acupuncturists, and based on the *Nan Jing* (Classic of Difficulties). This school of thought is somewhat different from the *Shang Han Lun* school, which is herbal based, and mainly promoted by Goto Gonzan (1659–1733). He changed the "four diagnostic methods" to six diagnostic methods by including abdominal palpation and auscultation of the back. His disciple wrote that "Our school considers abdominal palpation an essential part of the Six Diagnosis."

The two schools were relatively evenly matched in representation, however. Otsuka found 77 texts in Japanese specifically devoted to abdominal diagnosis; 36 in the "*Nan Jing* school", 36 of the "*Shang Han Lun* school" and five of the "Turn back to China" school. Twenty-eight of these texts are no longer extant, however.

Abdominal diagnosis suffered a major setback, along with the rest of Japanese traditional medicine, during the Meiji period's love affair with Western medicine, but over the past half-century has recovered somewhat as acupuncture and herbal medicine have been revivified in Japan.

Abdominal diagnosis method

When beginning the process of abdominal diagnosis, you should first loosen and move aside the patient's clothing. The patient should lay flat on the back with legs extended, arms placed at the side, or comfortably crossed over the chest.

When examining, heavy force should be avoided. If you use force and heavy pressure when examining the abdomen, you will usually get a faulty diagnosis such as finding the area under the ribs is sore and full, or the skin of the abdomen is too tight and inflexible. If you use too much pressure, even the sounds of peristalsis can not be heard.

Therefore, it is best to use the method of first having the patient lay flat, and do a preliminary examination of the abdomen, then have them bend their knees to make the abdomen soft and relaxed, then repeat the process of palpating the abdomen. This reduces the chance of a faulty diagnosis.

When performing abdominal diagnosis, the usual method is for the doctor to stand to the left side of the patient, and use the right hand to examine the abdomen. Of course, you can also stand to the right side if that is more comfortable for you. For some configurations, such as tightness in the lower abdomen, it is better to stand on the right simply due to the way your hand must move.

Before the abdominal examination the doctor should warm their hands. Cold hands in sudden contact with the patient's abdomen will cause the abdominal wall to contract and thus interfere with the diagnostic process.

Again, the process of palpation should begin slowly and gently. Overly sudden or hard pressure with the fingertips into the abdomen will often cause the patient to feel ticklish or cause the abdomen to tighten, thereby influencing the outcome of the examination.

Thus when beginning the examination, it's best to lightly palpate downwards using the palm of the hand, starting from the chest with fingers pointing down toward the abdomen. By doing this you can easily examine the thickness or thinness of the abdominal wall, the degree of the skin's moisture or dryness, as well as feeling for any pulsation or palpitation or other unusual sensations. Afterwards, all these various minutiae of information will go toward forming your diagnosis.

It is important to clarify whether the patient has recently eaten or has an empty stomach, and whether the urinary bladder is full, and whether they are constipated or not. When examining for tightness in the epigastrium, you especially need to consider whether or not the patient has recently eaten, as part of doing a thorough and cautious examination.

Abdominal configurations and their clinical significance

Abdominal diagnosis is based on the findings of examining the abdomen. But just how many abdominal patterns are there, and what significance do they have from a clinical point of view? We will now discuss these questions.

Examine the thickness or thinness of the abdominal wall. If it is very thin and with a lack of elasticity, and you can easily roll the skin between your fingers, for the most part these patients are deficient, and the most appropriate formulas would be:

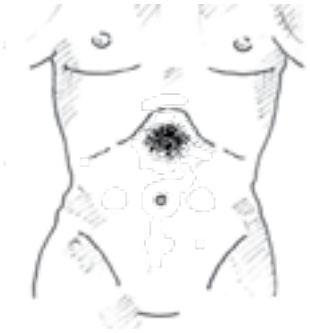
Xiǎo Jiàn Zhōng Tāng (小建中湯 Minor Construct the Middle Decoction)

Rén Shēn Tāng (人參湯, aka 理中丸, Regulate the Middle Pill)

Zhēn Wǔ Tāng (真武湯 True Warrior Decoction)

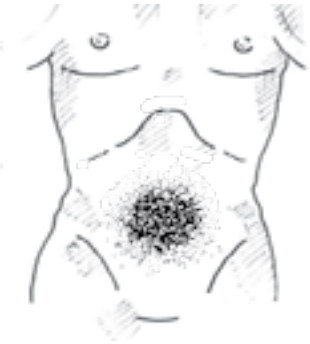
When the abdominal wall feels thick with fat deposits that give the skin a bumpy feeling, along with a feeling of elasticity to the abdomen, this is considered excess, and a formula to eliminate pathogenic influence is appropriate. For example,

ILLUSTRATION 2



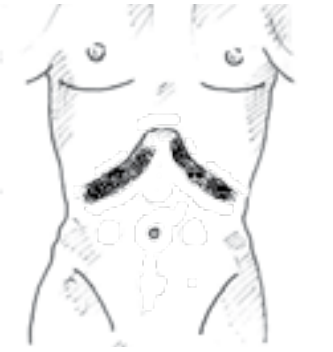
Epigastric hardness

ILLUSTRATION 3



Abdominal fullness

ILLUSTRATION 4

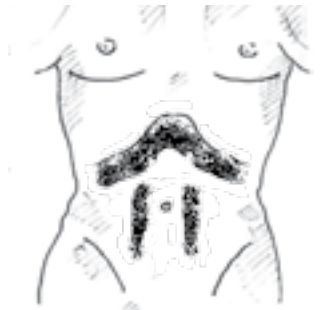


Subcostal fullness and soreness.

ILLUSTRATION 5

Subcostal sore fullness with constipation.

ILLUSTRATION 6

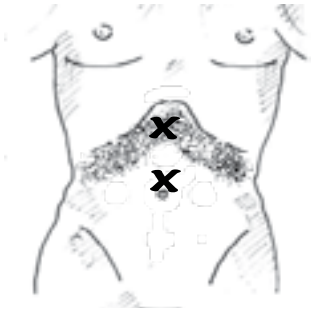


Subcostal area full and sore; rectus abdominus stiff and tight.

ILLUSTRATION 7

Subcostal fullness, palpations around umbilicus, general abdominal discomfort:
Chai Hu jia Long Gu Mu Li Tang

ILLUSTRATION 8



Subcostal fullness
Palpitations in both the epigastric and umbilical areaas.
Chai Hu Gui Zhi Gan Jiang Tang

if the subcostal region is sore and with a feeling of fullness and distention, one would use *Dà Chái Hú Tāng* (大柴胡湯 Major Bupleurum Decoction).

It should be borne in mind, however, that abdominal palpation is only part of a total diagnosis, and as always the practitioner should consider all the other symptoms, then form a synthesis of these to make a conclusion.

Epigastric region: tightness and hardness

The method for examining epigastric tightness is to place the four fingers (excluding the thumb) on the abdomen and use equal pressure on them all to palpate the area. Usually there is a feeling of resistance, but no tenderness.

As pictured in **illustration one**, the epigastrium is in the upper abdomen located under the sternal process. When there is a subjective feeling of fullness with no pain, this is called focal distention (心下痞 *xīn xià pǐ*)[1].

When the epigastrium has both focal distention and an excessive resistance to palpation, this is called focal distention with hardness (心下痞硬 *xīn xià pǐ* yìng).[2] See **illustration two**.

When the palpation shows tightness (硬 yìng) in the epigastrium, formulas such as the following are appropriate:

Bàn Xià Xiè Xīn Tāng (半夏瀉心湯 Pinellia Decoction to Drain the Epigastrium)

Gān Cǎo Xiè Xīn Tāng (甘草瀉心湯 Licorice Decoction to Drain the Epigastrium)

Shēng Jiāng Xiè Xīn Tāng (生姜瀉心湯 Fresh Ginger Decoction to Drain the Epigastrium)

Rén Shēn Tāng (人參湯, aka 理中丸 Regulate the Middle Pill)

Also, there may be simultaneously tightness in the epigastrium while the hypochondria is also sore and distended. The following formulas can be considered:

Xiǎo Chái Hú Tāng (小柴胡湯 Minor Bupleurum Decoction)

Dà Chái Hú Tāng (大柴胡湯 Major Bupleurum Decoction)

Furthermore there is a pattern that feels similar to epigastric tightness, but actually requires quite a different treatment. This is called epigastric hardness. The difference is that epigastric tightness has a tight feeling of elastic resistance to palpation, whereas epigastric hardness (堅硬 *jiān yìng*) is like feeling a wooden board, and lacks that elastic feeling. For this kind of abdominal presentation, use *Mù Fāng Jǐ Tāng* (木方己湯, Cocculus Decoction).

Another pattern could be confused with the foregoing two, but again is quite different, and is often seen in patients who should be taking Rehmannia type decoctions. In this pattern, the area extending from the epigastrium to the lower abdomen will have the same level of elasticity, but in shape resembles the abdomen of a lion. The upper portion of the abdomen is distended and as you move downward, it gradually becomes sunken. This is usually seen in patients that should be taking *Bā Wèi Wán* (八味丸 Kidney Qi Pill from the Golden Cabinet) or *Zī Shèn Míng Mù Tāng* (滋腎明目湯, Enrich the Kidneys and Brighten the Eyes Decoction).

When examining for epigastric tightness, do not neglect to ask the patients whether they themselves noticed sensations of blockage or obstruction in the pit of the stomach. Furthermore, many middle aged or older women who are overweight may have this presentation, but it may be missed because there is a heavy layer of fat between the skin and abdominal wall, and it is easy to think that abdominal wall is soft and without any elasticity. Checking at a deeper level however, you can palpate a layer that has resistance, and this is the epigastric tightness. Again, if a patient has epigastric tightness, it will be more obvious after eating. Indeed, in some it only appears after eating.

Abdominal fullness

Abdominal fullness is when the entire abdomen is distended and full. See **illustration three**. There are both deficiency and excess presentations.

When the abdomen is full and distended, and has an elastic quality on palpation, the pulse is deep and strong, with a tendency to constipation, this is an excess condition. Appropriate formulas for this pattern include:

Dà Chái Hú Tāng (大柴胡湯 Major Bupleurum Decoction)

Xiǎo Chái Hú Tāng (小柴胡湯 Minor Bupleurum Decoction)

Fáng Fēng Tōng Shèng Tāng (防風通聖湯 Ledebouriella Decoction that Sagely Unblocks)

When, however, the abdomen is full and distended, but soft and weak without a feeling of strength, the pulse minute and weak, or deep and weak, this is a deficient condition. (Note that patients with ascites and patients with peritonitis will generally have this type of deficient presentation).

For the deficient type of abdominal fullness, the appropriate formulas to use would be:

Guì Zhī Sháo Yào Tāng (桂枝芍藥湯 Cinnamon Twig Decoction plus Peony)

Xiǎo Jiàn Zhōng Tāng (小建中湯 Minor Construct the Middle Decoction)

Sì Nì Tāng (四逆湯, Frigid Extremities Decoction)

Fēn Xiāo Tāng (分消湯 Separate and Reduce Decoction).

Subcostal area fullness and soreness

For subcostal fullness and soreness, it is appropriate to use Chái Hú 柴胡 type formulas.

This is a subjective feeling of fullness and sore-

ness. When performing the abdominal examination of this area, the doctor should use the thumb and gently press in and upward under the thoracic cavity and into the costal region. If when doing so the patient experiences a full and sore feeling, there will likely be a feeling of resistance to the thumb, and the patient may also experience difficulty with breathing.

This level of feeling of resistance and soreness is a reflection of the level of stagnation in the area.

Fullness and soreness under the ribs can be bilateral, or may appear only on the right, but absent on the left. Also, the converse is true, but generally it appears more on the right side.

When there is enlargement of the liver, or gallbladder inflammation, this is usually a predominant symptom. The presence of the symptom, however, does not of course guarantee that either of these conditions exist.

Patients with fullness and soreness under the ribs, as pictured in **illustration four**, are best treated with *Xiǎo Chái Hú Tāng* (小柴胡湯, Minor Bupleurum Decoction). When constipation is involved, and the subcostal soreness and fullness is worse, as pictured in **illustration five**, then the appropriate formula in this case is *Dà Chái Hú Tāng* (大柴胡湯, Major Bupleurum Decoction).

Another pattern is pictured in **illustration six**. In this the area under the ribs is full and sore, but there is also some tightness in the rectus abdominus muscles, which run along the Stomach channel. For this abdominal presentation it is appropriate to use *Chái Hú Guì Zhī Tāng* (柴胡桂枝湯, Bupleurum and Cinnamon Twig Decoction).

When there is an even greater degree of fullness and soreness under the ribs, along with marked pulsing palpitations in the navel area, this situation is appropriate to treat with either:

Chái Hú Jiā Lóng Gǔ Mǔ Lì Tāng (柴胡加龍骨牡蠣湯 Bupleurum plus Dragonbone and Oyster Shell Decoction), or

Chái Hú Guì Zhī Gān Jiāng Tāng (柴胡桂枝乾姜湯, Bupleurum, Cinnamon Twig and Ginger Decoction).

The difference is that the pattern applying to the former decoction will also have a general feeling of discomfort throughout the abdomen, while in the latter, there will not be this general discomfort, but rather palpitations around both the epigastrium and umbilicus. See **illustrations seven** and **eight**.

'Contraction of abdominal skin' (腹皮拘急), tension in rectus abdominus

What ancient people called contraction of the abdominal skin (*fù pí jū jí*) is now referred to as tension in the rectus abdominus muscles; this is similar to tenesmus.

Rectus abdominus muscle tightness can be bilateral, unilateral, or bilateral with different degrees of tension in either side. Furthermore, there are cases of mixed tightness and softness where, upper abdomen is tight, but lower abdomen is soft, or vice-versa.

As per **illustration nine** of rectus abdominus muscle tightness, it is appropriate to use formulas such as:

Xiǎo Jiàn Zhōng Tāng (小建中湯 Minor Construct the Middle Decoction)

Huáng Qí Jiàn Zhōng Tāng (黃耆建中湯, Construct the Middle Decoction with Astragalus)

Sháo Yào Gān Cǎo Tāng (芍藥甘草湯, Peony and Licorice Decoction)

Guì Zhī Jiā Bái Sháo Tāng (桂枝加白芍湯, Cinnamon Twig Decoction Plus Peony)

When the rectus abdominus are tense, and there is also a sensation of something ascending or rushing upward, as in **illustration 10**, this is running piglet, and *Guì Zhī Jiā Guì Tāng* (桂枝加桂湯,Cinnamon Twig Decoction with Extra Cinnamon) is the classical formula.

Also, as per **illustration 11**, when just the upper abdomen is tight, but there is also subcostal fullness and soreness, and supra-umbilicular palpitations, it is appropriate to use *Sì Nì Sǎn* (四逆散, Frigid Extremities Powder).

References

大塚敬節 Otsuka Yoshinori, et al. 2001. 漢方診療医典 *Kanpo Shinryo Iten* (Medical Dictionary of Kampo Diagnosis and Treatment). Tokyo, South Mountain Press.

吳家镜 Wu Jia-Jing (translator) 漢方診療医典 *Han Fang Zhen Liao Yi Dian* (Chinese translation of the above).

刘文巨，周超凡 Liu Wen-Ju, Zhou Chao-Fan. 中医与汉方医腹诊 (TCM and Kampo Abdominal Diagnosis), 1985. Nanchang. Jiangxi Science and Technology Press.

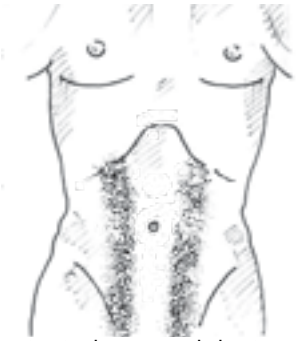
With thanks to Takako Tomoda & Brian May for help with transliteration!

Endnotes

1. 心下痞 *xīn xià pǐ*. According to the *Guangxi Medical Graduate School Dictionary of Chinese Medicine*, this term comes from the Tai Yang section of the *Shang Han Lun* (Discussion of Cold Disorders), and indicates a subjective feeling of epigastric fullness and stuffiness that when palpated feels soft and without a sense of pain to the patient.

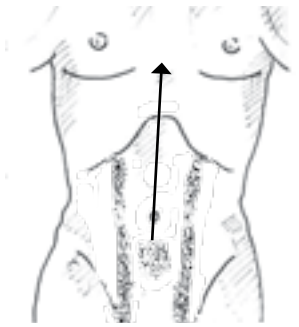
2. 心下痞硬 *xīn xià pǐ yìng*. According to the *Guangxi Medical Graduate School Dictionary of Chinese Medicine*, this term comes from the *Shang Han Lun* section on Tai Yang channel illness, and indicates a sensation that the epigastrium is completely congested, stuffy and uncomfortable. The practitioner can also palpate something that feels hard and full. In most cases this is due to a weakness of the Stomach qi; the pathogenic qi rebels upwards and stagnates. The way to treat is by supporting the Stomach qi and attacking the pathogen.

ILLUSTRATION 9



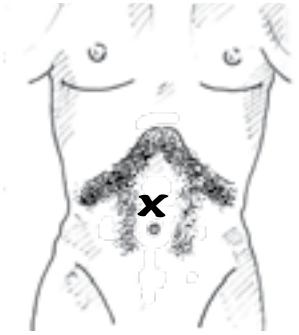
Tension in the rectus abdominus muscles.

ILLUSTRATION 10



Tension in rectus abdominus with uprushing of qi – Gui Zhi Jia Gui Tang.

ILLUSTRATION 11



Tension in the upper abdomen and subcostal area, with palpitations above the umbilicus – Si Ni San.

■ The second half of this article will appear in the next issue of The Lantern!

Formulas referred to in this article

Bā Wèi Shèn Qì Wán aka *Bā Wèi Wán* (Kidney Qi Pill from the *Golden Cabinet*)	八味腎氣丸 aka 八味丸	fù zǐ, guì zhī, shú dì huáng, shān zhū yú, shān yào, zé xiè, fú líng, mǔ dān pí
Bàn Xià Xiè Xīn Tāng (Pinellia Decoction to Drain the Epigastrium)	半夏瀉心湯	bàn xià 9, gān jiāng 9, huáng qín 9, huáng lián 3, dà zǎo 12 rén shēn 9, zhì gān cǎo 9
Chái Hú Guì Zhī Tāng (Bupleurum and Cinnamon Twig Decoction)	柴胡桂枝湯	chái hú, huáng qín, shēng jiāng, bàn xià, dǎng shēn, guì zhī, bái sháo, gān cǎo
Chái Hú Guì Zhī Gān Jiāng Tāng (Bupleurum, Cinnamon Twig and Ginger Decoction)	柴胡桂枝乾姜湯	chái hú 24, guì zhī 9, gān jiāng 6, tiān huā fěn 12, huáng qín 9, mǔ lì 6, zhì gān cǎo 6
Chái Hú jiā Lóng Gǔ Mǔ Lì Tāng (Bupleurum plus Dragonbone and Oyster Shell Decoction)	柴胡加龍骨牡蠣湯	chái hú 12, huáng qín 4.5, bān xiā 6-9, rén shēn 4.5, shēng jiāng, 4.5, guì zhī 4.5, fú líng 4.5, lóng gǔ 4.5, mǔ lì 4.5, dā huáng 6, dā zǎo 6x
Dà Chái Hú Tāng (Major Bupleurum Decoction)	大柴胡湯	chái hú 24, huáng qín 9, zhī shí 6-9, dà huáng 6, bái sháo 9, bàn xià 24, shēng jiāng 15, dà zǎo 12x
Dà Chéng Qì Tāng (Major Order the Qi Decoction)	大承氣湯	dà huáng 12, máng xiāo 9-12, hòu pò 24, zhī shí 12-15
Fáng Fēng Tōng Shèng Tāng (Ledebouriella Decoction that Sagely Unblocks)	防風通聖湯	fáng fēng 15, jīng jiè 15 , lián qiáo 15, má huáng 15, bò hé, chuān xiōng 15, dāng guī 15, bái sháo 15, bái zhú 15, zhī zi 15 dà huáng 15, máng xiāo 15 huáng qín 30, shí gāo 30, jie gěng 30, gān cǎo 60, huá shí 90, shēng jiāng, cōng bái
Fēn Xiāo Tāng (Separate and Reduce Decoction)	分消湯	cāng zhú, hòu pò, chén pí, bái zhú, fú líng, zhū líng, zé xiè, zhī shí, xiāng fù, dà fù pí, shā rén
Gān Cǎo Xiè Xìn Tāng (Licorice Decoction to Drain the Epigastrium)	甘草瀉心湯	zhì gān cǎo, huáng qín, gān jiāng, bàn xià, dà zǎo, huáng lián
Guì Zhī jiā Bái Sháo Tāng (Cinnamon Twig Decoction plus Peony)	桂枝加白芍湯	guì zhī 9, bai shao 18, sheng jiang 9, gan cao 6, da zao 12x
Guì Zhī jiā Guì Tāng (Cinnamon Twig Decoction with Extra Cinnamon)	桂枝加桂湯	guì zhī 15, bai shao 9, sheng jiang 9, gan cao 6, da zao 12x
Huáng Qí Jiàn Zhōng Tāng (Construct the Middle Decoction with Astragalus)	黃耆建中湯	huáng qí, bái sháo, guì zhī, zhì gān cǎo, shēng jiāng, dà zǎo, yí tang
Liù Jūn Zǐ Tāng (Six-Gentlemen Decoction)	六君子湯	rén shēn 3-9, bái zhú 6-9, fú líng 6-9, gān cǎo 3-6, bàn xià, chén pí
Mù Fāng Jǐ Tāng (Cocculus Decoction)	木方己湯	mù fāng jǐ, shí gāo, guì zhī, shā rén,
Rén Shēn Tāng (Minor Construct the Middle Decoction)	人參湯 (aka 理中丸)	gān jiāng 9, rén shēn 9, bái zhú 9, gān cǎo 9
Sháo Yào Gān Cǎo Tāng (Peony and Licorice Dec.)	芍藥甘草湯	gān cǎo 12, bái sháo 12
Shēng Jiāng Xiè Xīn Tāng (Fresh Ginger Decoction to Drain the Epigastrium)	生姜瀉心湯	sheng jiang 12, zhì gān cǎo 9, rén shēn 9, gān jiāng 3, huáng qín 9, bàn xià 9, huáng lián 3
Sì Jūn Zǐ Tāng (Four Gentlemen Decoction)	四君子湯	rén shēn 3-9, bái zhú 6-9, fú líng 6-9, gān cǎo 3-6
Sì Nì Sǎn (Frigid Extremities Powder)	四逆散	chái hú, bái sháo, zhī shí, gān cǎo
Sì Nì Tāng (Frigid Extremities Decoction)	四逆湯	gān cǎo, gan jiang, fù zǐ
Xiǎo Chái Hú Tāng (Minor Bupleurum Decoction)	小柴胡湯	chái hú 24, huáng qín 9, bàn xià 24, shēng jiāng 9, dāng shēn 9, gān cǎo 9, dà zǎo 12x
Xiǎo Chéng Qì Tāng (Minor Order the Qi Decoction)	小承氣湯	dà huáng 12, hòu pò 6, zhī shí 6-9
Xiǎo Jiàn Zhōng Tāng (Minor Construct the Middle Decoction)	小建中湯	yí táng 18, guì zhī 9, bái sháo 18, zhì gān cǎo 6, shēng jiāng 9, dà zǎo 12
Zhēn Wǔ Tāng (True Warrior Decoction)	真武湯	fù zǐ 9, bái zhú 6, fú ling 9 shēng jiāng 9, bái sháo 9
Zī Shèn Míng Mù Tāng (Enrich the Kidneys and Brighten the Eyes Decoction)	滋腎明目湯	dāng guī, bái sháo, chuān xiōng, jū huá, gān cǎo, huáng lián, bái zhǐ, xì chá, jié gěng, rén shēn, zhī zi, dēng xīn cǎo, shēng dì huáng, shú dì huáng, màn jīng zǐ

To the tune 'Spring at Wu Ling'

The storm cleared, but
Left a world of fragrance
Bereft of flowers.
My day ends, hair yet uncombed.

All your old things are here.
Not you.
And all the doing has been done.
Words stick
But tears run.

"Hear tell the spring at Two Streams rocks!"
"Hey, might just float on up the river myself."

Though, who knows
If those light boats at Two Streams
Could bear this much sorrow.

武陵春

風住塵香花已盡
日晚倦梳頭。
物是人非事事休
欲語淚先流。

聞說雙溪春尚好
也擬泛輕舟。
只恐雙溪舴艋舟，
載不動許多愁。

李清照

■ Li Qingzhao was born in Jinan, Shandong, in A.D.1084 as the daughter of an elite and educated family, and received an unusually liberal upbringing for a woman. She was known as the greatest poet in the ci form of poetry, which uses older melodies transmitted from Central Asia as a framework for new poems. In this form, Li had a remarkable gift for refining everyday colloquialisms and turning them into expressions with deep meaning. She also wrote the first work of theory on this form, in her *Essay on Ci-Poetry*. The Song dynasty work *Random Notes on Poetry* said that poetry should be exact in description, but refrain from directly expressing the feeling it is intended to convey, allowing the reader's imagination to enter the poet's inmost thoughts. Li Qingzhao's ci-poems are pre-eminent in this quality, giving a kind of lingering charm rarely to be found in the works of her male contemporaries.

■ Translated by Steven Clavey

养生之道
Yang Sheng

Walking the road home

By Xiaoyao Xingzhe

A CHORD IS STRUCK WITHIN YOU, your interest is piqued, and you decide to look further into the life practices of ancient China. Almost immediately you are overwhelmed with choice.

"Should I learn Taichi, or Qi Gong? If so, what type? I like Zen stories, but is that the same as Chan? What about Kung Fu? Or is it Gong Fu? And I have seen some classes with yoga-like movements that they called *Yi Jin Jing*, or *Ba Duan Jin*, or *Hua Tuo Wu Qin Xi*. But then I saw another class, and they didn't do anything: they just stood there! Should I study the *Yi Jing*, or *Lao Zi,* or learn *Feng Shui*? What should I do, if I want to be healthy, or maybe wiser than I am right now (hard to imagine, I know)?"

If all one wants is a weekend hobby, most areas in the world now offer classes that can serve as an introduction to at least some of these activities. But if you want to go deeper, any of these can be a path leading one towards that secret garden that is the inner core of Daoism and Buddhism: a unity of being that is ultimately supportive and nourishing. Some of the paths do not lead very far towards that goal, it is true, and many are so overgrown it is now impossible to proceed down them safely and sanely. After a certain point on the route to this garden a guide is necessary for almost all wayfarers, but guides who have traversed the whole path and returned are few, and they seldom — if ever — advertise.

Furthermore, if one is starting from a different place (like a different culture, or the mindset of a bygone era) the path will naturally follow a different course. This is why, every so often, there has been a need to re-forge pathways for new feet and changing terrain.

Lao Zi discusses this idea, in the very first chapter of his *Dao De Jing*, which says in paraphrase: One may speak of "a path" but there is no single unvarying "Path", any more than there is only one name for an object. You can name things, for convenience, but over time those names will change. If you are stuck on the name, you are trapped in the Ten Thousand Things. Look beyond, to the reality where there *is* no name. Cut away your desire for objects and you will see how they separate you from everything; when there is no desire for objects (and the satisfactions they bring), you will begin to observe Subtlety!

■ Xiaoyao Xingzhe considers himself a carefree wandering pilgrim, having lived and worked all over the world, including dancing professionally, teaching banjo in China, waiting tables in Florida, and lecturing in Sydney.

One need not be a philosopher, however, to grasp his point: do not get caught on the externals. Underlying those externals is a balance of body and mind and heart that can itself allow a healing sustenance to flow to you and through you. This flow can be blocked if one becomes obsessed with the external trappings: "Only my Padded Dragon Queen Kung Fu style is any good, all the rest are fake!"

The *Zhong He Ji* (Book of Balance and Harmony)[1] by the 13th century Daoist Li Dao-Qun spends several chapters warning about the dangers of becoming trapped in what he terms "sidetracks and auxiliary methods", and emphasises the importance of calm openness as a mode of living:

There are thirty-six hundred methods in Taoism; people each cling to one and consider it fundamental. Who knows this opening of the mysterious pass is not in the thirty-six hundred methods?

When you are calm and stable, careful of attention, the celestial design is always clear, open awareness is unobscured; then you have autonomy in action and can deal with whatever arises.

(*The Book of Balance and Harmony*, Li Dao-Qun)

Similarly, "a path" may be appropriate and beneficial for a certain person at a certain time, and yet inappropriate and detrimental for another person or another stage of life. For a physical example, in martial arts, hard external martial arts styles are best suited to those under 40 years of age; after 40 softer internal styles will be less damaging to the body. Speaking philosophically, unguided study of the *Yi Jing* (Classic of Change) in youth could foster a fixation on divination. I witnessed an extreme case of this, once, among the young hip elite in Aspen, Colorado: "No! Before we choose a restaurant, I must consult my Yee Chiing!" However, after a lifetime of witnessing change in all aspects of living, a study of this classic could prove most enlightening for recognising the universal principles underlying all manifestation, principles sometimes known as the "celestial mechanism".

In terms of heart and mind, there is a strong tendency to become unbalanced here as well, too "otherwordly", so "spiritual" that one can no longer function effectively in society – one can become a regular hothouse flower. The aim is to live as fully as possible, recognising and encouraging the development of all one's faculties, and during the course of this, learning to access a deeper source of sustenance for this process.

Those practices that emphasise stretching, movement across a broad range of motion and the quieting down of compulsive mental and physical activity are most likely to prove to be all-around beneficial.

First establish a firm foothold in daily activities within society. Only then can you cultivate reality and understand essence.

Secret of the Golden Flower
(Cleary translation)[2]

Thus up to a certain point any of these life practices, these paths, can be helpful or they can be harmful, depending upon how they are approached. A light touch and a feeling for balance and rightness are the best criterion. In general, those practices that emphasise stretching, movement across a broad range of motion and the quieting down of compulsive mental and physical activity are most likely to prove to be all-around beneficial.

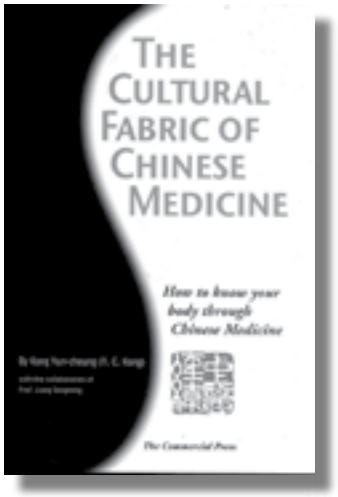
Precise movements requiring focused concentration on the positioning, tensing and relaxing of the body are ideal. This will, at the least, help rectify our society's over-concentration on mental activity that is focused outward. As Lao Zi advised: empty the mind, and fill the belly!

Of course, one can't fill it with just anything. It has to be the right stuff in the right amount, and at the right time! But that is another topic...

Endnotes

1. *The Book of Balance and Harmony*, translated and with an introduction by Thomas Cleary, 1989, North Point Press, New York.
2. Having studied the original in Chinese, it is my opinion that the Cleary translation is incomparably better than the Wilhelm translation.

Putting fundamentals into context



THE CULTURAL FABRIC OF CHINESE MEDICINE by Kong Yun-cheung Published by The Commercial Press (Hong Kong) 2005; 437 pages, paperback/hardback, illustrated, colour plates and b&w illustrations

LOOKING AT THE TABLE OF CONTENTS, this book appears to be a straight forward introduction to Chinese medicine theory. Beginning with a chapter on Yin Yang and the Five Elements and concluding with chapters on Materia Medica and the Study of Prescription, it covers the topics that all students need to know. Such an impression is, however, mistaken – it is much more than an introductory textbook.

Professor Kong provides a contextualised and interpretive account of the fundamentals of Chinese medicine theory. Rather than simply expound the essentials in the bland manner of most textbooks, he writes a personalised account that seeks to link these theories with both traditional Chinese culture and modern life. On the cultural side, each theory is set within its historical context and examples are also drawn from contemporary Chinese life including sayings, culinary practices and illustrative stories. Examples are also taken from modern science and medicine that aim to link traditional and modern viewpoints on the same phenomena. The overall flavour of this approach is that of a lecture spiced with interesting asides and personal observations that can capture the students' attention while imparting the key aspects. Considering this feature, I think this book is highly appropriate both for students and those with an interest in Chinese medicine theory. It covers the basics but not in isolation.

However, it is not just for beginners. There is plenty for the aficionado of Chinese history as well. Counting myself among these, I found numerous points of interest that I have marked for future reference. Fortunately, I will have little trouble in finding these references, since there is a good bibliography with names in both pinyin and characters. In fact, characters are provided throughout the text for Chinese terms and despite the relatively small print, these are clear and well defined. In most cases Prof Kong's forays into history are quite short, but he sometimes spends quite some words on topics of particular relevance. For example, we are given a fairly detailed account of the development of the *Nei Jing* and related works. One that receives special mention is by the Ming dynasty physician Li Zhong-Zi. Called *Nei Jing Zhi Yao* (*Knowing the Essentials of the Nei Jing*) it is much more concise than the *Nei Jing* and is considered a classic in its own right. It has long served as an introduction to that ancient work and here we are given an outline of its content. In chapter nine is another interesting diversion in the form of a translation of a short history of Chinese medica by S.C. Cheung – who is probably best known in Australia for the beautifully illustrated series *Chinese Medicinal Herbs of Hong Kong*. Having been in the field for many years, Prof Kong can also provide anecdotes about other prominent figures in the field of Chinese medicine that give us some insight into who's who and their associations.

Teachers should also have a look at this book (before your students do). There are details within the discussions of basic topics, such as the Four Diagnoses, that are either not mentioned or not explained clearly in textbooks. It is also good to get a fresh perspective on these topics. In most cases the author has made his own translations of terms and passages rather than use existing glossaries. Since the pinyin and characters are provided, this does not result in confusion, rather, it can make us rethink the scope of meaning of particular

■ Review copy provided by China Books 1800 44 88 55.

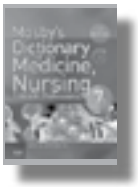
words and phrases.

For the practitioner, the topics are familiar. There are, however, many asides and examples that are pertinent to practice. Prof Kong's particular interest in pharmacy shows through in the prevalence of examples drawn from herbal usage and the short discussion on the effects of their chemical constituents. These aspects tie basic theory with clinical practice. Also, a bit of revision, together with some historical discussion, can never go astray.

In summary, those I expect would gain the most value from this book are people with an interest in Chinese medicine for whom a general overview is too simple but a textbook too dry. The more intellectually minded patient would fall into this category, so this would be a good book to suggest for their general reading. Students have similar needs and I expect that this book will appeal to those who like their information contextualised and also like to know how ideas originated and developed over time.

– BRIAN MAY

Medical dictionary a weighty work



MOSBY'S DICTIONARY OF MEDICINE, NURSING & HEALTH PROFESSIONS
Peter Harris, Sue Nagy & Nick Vardaxis (eds)
Published by Elsevier, Sydney, 2006;
2134 pages, hardback, includes CD

THIS IS THE AUSTRALIAN and New Zealand edition of a major US medical dictionary. According to the editors, it has been both updated and supplemented to make it more relevant to local health professionals. At 6.5 cm thick, this is substantial volume that will take up a fair amount of shelf space. Fortunately, it is nicely bound and stands upright and stable – a good bookend! This is, however, not its intended purpose, so I should tell you what you will get for devoting such a sizeable chunk of your bookshelf to Mosby.

The bulk of this volume comprises a comprehensive dictionary of anatomy and physiology, pathology, medical procedures and other medical terms. It is not a drug index although it does include entries for numerous drugs and other chemicals. The entries are clear, easy to find and the print is not too small. Entries frequently include good illustrations, most of which are in colour. Of particular use are the photographs of skin lesions and other symptoms. There are also diagrams of anatomical features, medical procedures etc. – again these are in colour and well detailed. In addition, the book begins with 42 pages of coloured anatomical illustrations that cover all the systems of the body.

Numerous appendices deal with units of measurement, abbreviations, anatomical terms and many tables, most of which seem aimed at nurses. There are also tables of drug interactions, which are useful, and a table of common herbs and natural supplements with their uses, contraindications and possible interactions with drugs. This is rather more abbreviated that what we need but it is a start.

On the CD are what appear to be all the illustrations found in the dictionary as JPEG files. You can open these and enlarge them quite a lot before they lose resolution. There is also a PDF listing nursing diagnoses.

In short, this dictionary is comprehensive, clearly presented, well bound and has good illustrations. If you are in the market for a new medical dictionary, this seems a good choice – particularly since it is quite reasonably priced.

– BRIAN MAY

How much Chai Hu is enough? A letter to Ante ...

27-2-2006
Ante Babic
c/-The Lantern

Dear Ante,
I like it so much when I read your tips section in *The Lantern*, and I say to my wife every time, this is a good man who knows very much, I must write, and you and I can talk about TCM.

My first question:

When I write a prescription for *Xiao Yao San*, I am often not sure about how to decide on how much *Chai Hu* to put in. I think it is better to be safe and make it 6g, but if I put in 9g this could be better for venting the Liver, but it could also be too strong in its effect. It is not always clear from the tongue and pulse. What do you think? (This is different from when using *Chai Hu Shu Gan San* or *Xiao Chai Hu Tang* when a large dose of *Chai Hu* is needed).

My second question:

I often use *Suan Zao Ren Tang*, but I have not liked to use *Chuan Xiong* because it is contraindicated for heat and excess in the upper body and deficiency in the lower (read in new Materia Medica, this very good book). However the prescription was written for condition of heat from deficiency. Then why do you think the author wanted to use *Chuan Xiong* instead of for example *Yu Jin* or *Dan Shen* for this condition?

Ante, I know you will understand me and help to answer my questions. I am travelling, but when I go back in my country I have no one to ask. I too have watched the sun setting over the Adriatic, I have eaten burek in Dubrovnik and drank Rakija and Ozujsko in Split, so we can be like writing brothers, yes I hope so.

Best Regards to you and your family

Dovidjenja

Attila Arifoglu

■ The sun setting over the Adriatic.

And his response ...

■ Plitvicka Jezera.

Dear Attila,
You did not plan to make me sad, I know, but your letter made the sweet memories of my childhood in Croatia come flooding back. My father showing me the Plitvicka Jezera and how the waterfalls would glisten in the morning sun as we sat together, listening to the call of the birds in springtime. Swimming in the blue lake at Imotski while marvelling at the beauty of the red lake, and driving across the Dinaric mountains to feel the wind blow ever so gently on our faces and to hear it whisper words of sadness as I would soon leave to go to another land. Ah well.

I do not know so much about Chinese medicine that I can answer your questions, but we can think together, and maybe something good will come of it. Thank you for making me look at these questions for us!

Question One:

In the original formula for *Xiao Yao San*, from the *Tai Ping Hui Min He Ji Ju Fang* (1107) the dosage for *Chai Hu* is equal to all the other herbs, except *Gan Cao*, which is half. I myself usually use 6g for *Chai Hu* and *Bo He*, and 10-12g for the other herbs.

I think that herb doses should be small when you want to treat emotions, and bigger when you treat physical blockages. They often change from one to the other, have you noticed? I have seen many times a woman have only emotional symptoms before a period one month, then the next month it is all abdominal bloating and breast distention, but the moods are fine! I think this is a different quality to the qi: some level of qi is more fine, like emotions we can't see, and another level of qi is rougher, more physical. But maybe I am just being like my brother-in-law Mujo, spooks everywhere.

Question Two:

Suan Zao Ren Tang is a good formula, from the *Jin Gui Yao Lue*, written by Zhang Zhong-Jing. I have looked, back and forth, again and again, in this book and I do not see him use *Yu Jin* or *Dan Shen*. I am tired and do not like books right now.

What is this new Materia Medica you talk of? My brother, let me warn you, develop your own knowledge, do not rely on books. Make your heart strong and it will tell you what you need.

May be one day Attila our paths will cross and we will sit together as you said in your letter watching the sun set on the Adriatic, drinking a glass of that finest red wine in Croatia, Dingac, and reminisce on the times that have passed.

I hope your travels have taken you safely back to your country.

Take care my dear brother, Attila, and please write again.

Your friend,
Ante Babic

■ Do you have a clinic question?
Email your question to: editors@thelantern.com.au and we'll pass it on to Ante Babic.

Pocket guide gets to the point

POCKET ATLAS OF ACUPUNCTURE
by Carl-Hermann Hempen & Velia Wortman Chow
Paperback 304 pages; Thieme Stuttgart, New York, 2006

WHEN I WAS DOING MY CLINICAL INTERNSHIP at the Nanjing University of Traditional Chinese Medicine, I tried to summarise my acupuncture knowledge into a quick reference guide for use in the acupuncture department. Had this pocket atlas been available then I need not have bothered; it covers the 361 acupuncture points in more detail than I could fit in my notebook, including the Chinese name and characters, location, actions and indications. The reduced black and white photocopied diagrams I stuffed in my backpack couldn't compete with the clear anatomical diagrams of channel pathways and precise acupuncture point locations on each facing page of this book, and I could have browsed the introduction's overview of the history and principles of Chinese medicine in any quiet moments.

The Pocket Atlas of Acupuncture has been a favourite with German practitioners and students since its original publication in 1995, and has now been flawlessly translated into English. The authors are Western doctors as well as Chinese medicine practitioners, and they have made an effort to present an overview of Chinese medicine theory and practice in a clear and logical way that would also appeal to Western doctors, without alienating practitioners and students of Chinese medicine.

The introduction covers the history of acupuncture in China and in Europe, the underlying principles of Chinese medicine, and how it differs from Western medicine. The key theories and methods of Chinese medicine are explained in clear detail and in a more logical way than a few other textbooks, and the colour illustrations also help to get the point across. Some might argue that a pocket atlas doesn't need to include this extra information, however it is concise and would also be easy reading material for interested patients.

The main focus of this book is the acupuncture point atlas. The name (both Chinese characters, translation and number) location, classifications, actions, indications and needling method are listed for each acupuncture point, accompanied on the facing page by anatomical diagrams showing the paths of the channels and the points located on them.

This information is clearly presented, making it a perfect reference guide in clinic or classroom to quickly confirm a point's location, indication or needling technique; other more comprehensive textbooks can be consulted later for further details. The last few pages briefly cover practice and technique, including combination of points, proportional body measurement, needling techniques and moxibustion. Ear acupuncture is also described, though some major points are not included on the diagrams. The book closes with a short section on the attempts of Western medicine to explain acupuncture and its effects.

The authors have succeeded in their aim to create a compact book for ready reference that includes a discussion of the fundamental principles underlying the practice of Chinese medicine, useful for both the practitioner and their interested patients. It is one that I will keep handy in clinic and refer to often.

– MARY-JO BEVIN

■ Available direct from Elsevier Australia on 02 9517 8999 or 1800 263 951.