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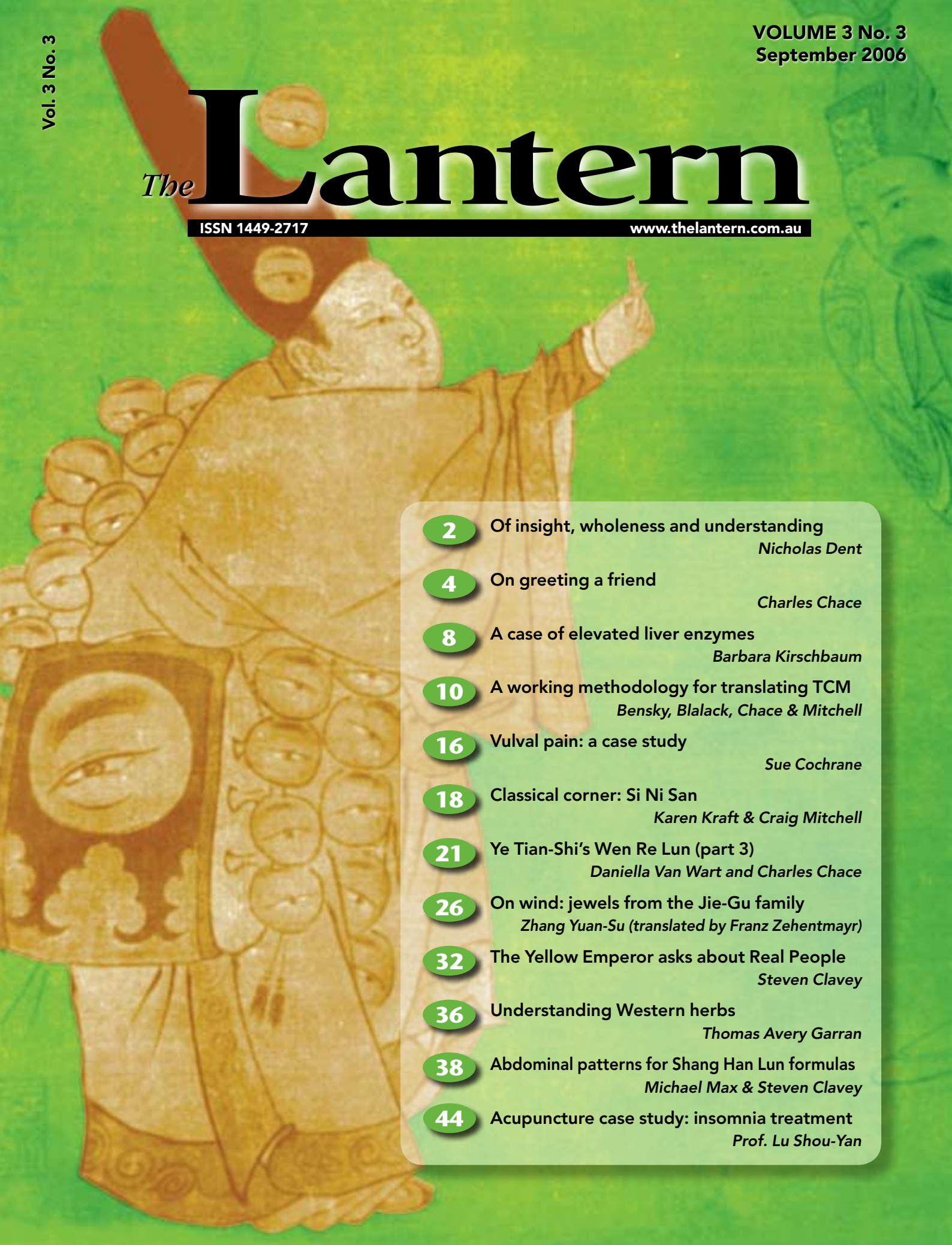

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A journal of traditional Chinese medicine

The Lantern

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

GUEST EDITORIAL
by Nicholas Dent

Of insight, wholeness and understanding

THERE IS A COMMONLY USED PHRASE in Chinese: 物极必反 *wù jí bì fǎn* – when things reach an extreme they turn and change. The phrase can be used as a warning, or a message of hope, but in the final analysis it is descriptive; it describes an observable process of nature, the cycle. Things can only go so far before a change has to occur.

Most traditional cultures recognise this as a core fact, but our modern Western culture, in the pride of its growing dominance around the world, acts like an arrogant adolescent. "There are no consequences!" all its actions shout.

However – the end of the world aside – this process of a cycle also applies in methods and styles of investigation, of learning about the world, of epistemology. More and more our preferred method of gaining knowledge relies upon technology, machines that extend our senses outward, that increase the raw calculating power of our brains, that manipulate things so tiny we could never perceive them without these extensions of our eyes, ears and fingers.

And this manipulation of the external world is fascinating (and profitable, don't forget the profit), so fascinating that we forget that there are other ways of know-

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.

ing. They are more personal ways, and do involve technology, yet these techniques are not external but internal to the person employing them. They too extend the senses, but not outward; this technology refines the inward sensing of movements and processes that are just as much a part of the world as the hydrologic cycle of rain or the movement of the planets, but they are known directly within the observer.

One interesting thing is that up until very recently, historically speaking, these two epistemological methods were not considered mutually exclusive. Goethe in the West is an excellent example of the combined use of both methods[1], while among others the Taoists in China were serious investigators of all realms, inner and outer. The early chapters of the *Lei Jing* suggest that the most talented of Chinese physicians may have accessed Taoist technology to enhance their understanding of the inner processes of the body, and thus take their medical abilities to new heights (see pages 32-35).

The other interesting thing is that the cycle that has afforded an absolute preference to the artificial "high-tech" sensory extensions may be close to its peak, and a change about to occur. One of the problems with the outward focused investigation is its tendency to proliferate detail in ever diffuse complexity, with difficulty apprehending the unifying factor, the central organising idea, its "wholeness". This gives the process a sensation of cold lifelessness that patients (and the investigators themselves!) sense. It is also expensive, and for all its precision often quite slow: someone needing treatment now may have to wait many days for "the tests to come back".

It may be time for the other method of epistemology to reappear and begin to restore the balance. This method is characterised by its apprehension of the linking of relationships, its unity, and this recognition of linking relationship often occurs in a flash of insight that not only knows what the problem is, but also how to rectify it.

I believe it is the place of Chinese medicine to offer access to this type of knowing, which will complement and balance (certainly not replace) those of artificial machine technology; that practitioners should have available training in the embodiment of the technologies that foster the flash of insight, the sense of wholeness, the understanding of relationships (medical, psychological and social). After all, the best of our predecessors seem to have been doing just that for centuries. Furthermore, since there is little doubt that our medicine has been shaped by the technology discussed above, its practice quite naturally urges the employment of those techniques for its complete expression.

I believe it is already spontaneously occurring in a variety of ways and places, and a good example is Chip Chace's article on needling "On Greeting a Friend" (see page 4) which since reading it has revolutionised my method of acupuncture application.

As for insight, a friend of mine with whom I used to discuss these things gave me a simple but classic example of how it might work in clinic. A patient, he said, came to visit him and reported that her GP could not explain why her iron stores (ferritin levels) were low, while her haemoglobin was normal. Without any thought, he said, a possible explanation immediately occurred to him. "How are your stress levels?" he asked. When she reported extremely high stress levels, my friend explained that a probable explanation was the mobilisation of the blood stores to provide ample supply that may be needed in a "fight or flight" situation. He was able to then use this hypothesis to guide his treatment.

Insight, the deep apprehension of how a system acts as a whole, the recognition of non-obvious linkages — these need not be the province of only a talented few, as techniques for training these skills exist and have been utilised for centuries. It is perhaps no coincidence that these techniques are also much more readily accessible now than they have been in the past, and this may be because we desperately need them.

Postscript

When I first submitted this piece to *The Lantern* editors (which was before they embarrassed me with last issue's editorial!) the comment I got back was: "What! So you think we should all become bodhisattvas or something?!" What I really mean is that even a modicum of experience with allowing the mind to settle and clarify itself will open up access to some of our quite natural and everyday abilities that are presently obscured by the continual distraction surrounding us. We don't have to become "enlightened", we just would benefit from becoming a bit more aware of the rich textures of life around and within us. And our patients would benefit, too.

Insight, the deep apprehension of how a system acts as a whole, the recognition of non-obvious linkages — these need not be the province of only a talented few, as techniques for training these skills exist and have been utilised for centuries.

Endnote

1. See Henri Bortoft, *The Wholeness of Nature: Goethe's Way Toward a Science of Conscious Participation in Nature*, Lindisfarne books, 1996. Henri Bortoft has taught physics and philosophy of science. He did post-graduate work with David Bohm and Basil Hiley on the question of wholeness and quantum theory. About Goethe: "It was Goethe's belief that we should study nature and our world as people who are at home here, rather than as separate and alien from our own environment. He adopted a *qualitative* approach to science—one at odds with the *quantitative* methods of Newton, which were equally popular in his day. His is a sensitive science that includes our interrelationship with nature. Today, his ideas have been given special attention by scientists such as Adolf Portmann and Werner Heisenberg."

■ Nicholas Dent is a US practitioner of Oriental medicine, currently overseas, with a particular interest in the development of the clinical art and ways of knowledge.

On greeting **a friend**

An approach to needle technique

A friend of seclusion arrives at my fence
We wave and pardon our lack of decorum
A white mane gathered back
Patched robe loosely draped
Embers of leaves at the end of the night
Howl of a gibbon breaking the dawn
Sitting on straw mats facing in quilts
Language forgotten we finally meet.

Shí Wū (石屋)[1]

By Charles Chace

■ Charles Chace has studied 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.

AS A LONG-TIME STUDENT OF acupuncture, I have had the opportunity to observe and experience the needle technique of many skilled practitioners of the art. Without exception, I have found that those who are the most effective seem to do the least. They simply address the needle to the point, in many cases without even inserting it into the skin, and things begin to happen. I must confess that I am not at all sure what it is they are doing, but I am reasonably confident that their fundamental orientation is rarely based on principles of active qi propogation. Simply put, they are not just zapping their patients with their awesome qi-power. Moreover, whatever the visible method or form these acupuncturists may be using, it is largely a means to an end.

The individuals I have had the privilege of studying with have invariably been generous in their willingness to describe the mechanics of their techniques. In general, they have been very articulate regarding the details of their stance, the positioning of their hands, and the relationship of the needle to the skin. Beyond this the words typically trail off. It is obvious that their method is a form or vessel within which something much more profound is happening and yet it is at this crucial point that their vocabulary for what they are doing falls short. To be sure, the problem may well lie with the listener. It may be that they are speaking in terms I cannot hear.

Then again, perhaps what happens beyond the form of a needle technique is something that can only be demonstrated or pointed at, something that each of us must discover for ourselves. Still, I'm not convinced that this must necessarily be a wordless teaching. In the course of working on my own needling I have had to develop a personal vocabulary for the experience of what lies on the far side of the mechanics of a needle technique, to verbally define the ground necessary for me to be effective. It has been immensely helpful to me in so far as it has enhanced the efficacy of my practice and enriched my understanding of the medicine. It may be a language spoken by one, but then again, perhaps it's in a dialect that others can understand.

One of the most elegant passages I have encountered anywhere in the *Nei Jing* speaks directly to the relationship between mindset and technique.

I have read it again and again over the course of many years and its meaning, or at least an interpretation that is meaningful to me, has slowly but profoundly influenced my practice. Chapter Nine of the *Ling Shu* describes the state of being necessary for effective needling.

Chapter Nine of the Divine Pivot (靈樞)

凡刺之法。必察其形气

In all methods of needling, one must examine the patient's form and qi.

形肉未脱。少气而脉又躁。躁厥者。必为缪刺之。散气可收。聚气可布。

If the form and flesh have not yet deserted, there is little qi, the pulse is also agitated (躁) and the patient has irascible reversal (躁厥)[2], then one must use cross needling so that the scattered [zheng] qi may be retained (收) and the accumulated [pathogenic] qi may be dispersed.

深居静处。占神往来。闭户塞牖。魂魄不散。 专意一神。 精气不分。 毋闻人声。 以守其精。 必一其神。令志在针。神志之专一也

[The practitioner must] deeply reside in a place of stillness (深居靜處) and divine (占) the comings and goings of the spirit with one's [sensory] doors and windows shut. The practitioner's] ethereal and corporeal souls must not be scattered, his mind must be focused, and his essence qi undivided, and undistracted by human sounds. By concentrating (守) his essence, he must unify his mind and direct his will entirely toward needling (令志在針).

浅而留之。微而浮之。以移其神。气至而休。 坚拒其正气。而勿使之出。谨守其邪气。而勿使之入。是谓得气。

[In this way, the practitioner may skillfully practice] shallow insertion while retaining the needle, or gentle, superficial insertion so as to successfully transform the patient's spirit (以移其神) and as the qi arrives then one stops (气至而休).

男内女外。 坚拒勿出。 谨守勿内。 是谓得气。

For males [needle] more deeply [内] and females more shallowly [外]. Firmly resisting (堅拒), don't [let the yang qi] emerge, carefully harbouring (謹守), don't [let the pathogenic qi] internalise. This is called obtaining the qi (得气).

There is a lot going on here. However we chose to needle, we must first examine the patient's physical form or structure, as well as their qi. This information determines the nature of the technique that will be applied. In needling, we must reside in a place of stillness with our sensory doors and windows shut. This is an allusion to the Daoist cultivation discipline known as returning the senses (反觀 *fǎn guan*, translated by Cleary as "turning the light around"): a conscious exclusion of the sensory input from our external environment. In practice, however, the return of the senses is more often interpreted simply as the inward direction of one's attention as opposed to the active exclusion of external stimuli. It is a means of directing one's attention entirely on needling. In needling from this place we simply wait for "the qi to arrive and then stop" (气至而休 *qì zhì ér xiū*). This is a pivotal point. The author of this passage makes it clear that needling is not about going forth and acquiring the qi. As he defines *dé qì* (得气), we simply await the arrival of the qi in a state of attentive and receptive stillness. We are not focusing our qi and attention inward with the intention of then directing it into the patient in the hopes of somehow prodding, goading, or coercing the arrival of their qi.

Throughout his *Exposition on the Eight Extraordinary Vessels* (奇經八脈考 *qí jīng bā mài kào*) (1577), Lǐ Shí-Zhēn (李時珍) emphasises the importance of stillness as the basis for activating the extraordinary vessels. His book presumes a deep familiarity with both medicine and alchemy, as well as a capacity to blend the two disciplines. Li is especially fond of quoting the 11th century Daoist adept Zhang Bo-Duan (張伯端) whose own book on the use of the extraordinary vessels, the *Eight Vessel Classic* (八脈經 *Bā Mài Jīng*) states:

陰歸陽化，是以還元。至虛至靜，道法自然，飛升而仙。

The restoration of yin and transformation of yang is what facilitates the return to the origin. [By means of] utmost emptiness and utmost quietude those who follow nature will fly up and become transcendent.[3]

For Lǐ Shí-Zhēn, any interaction with the extraordinary vessels must be rooted in emptiness. He says nothing to suggest that they can be willed open or manipulated by force. It seems that a ground of stillness is essential to whatever level we are needling.

Needling not only requires that we be still within ourselves. Though we must remain attentive, we must not have any agenda about what is going to happen. This is a bit of a paradox because the moment we begin looking for something to happen is when we typically prevent anything from happening. Lacking an agenda, we must trust the body's intelligence. We are midwives to its own reorganisation, not surgeons seeking to take control and fix something.

The basis for the sensibility described in the medical texts mentioned above is well developed in an earlier work, the *Inward Training* (內業 *Nèi Yè*), a text devoted exclusively to internal cultivation that probably predates even the *Lao Zi*. In simple and elegant verse, the *Inward Training* speaks directly to the manner in which we should engage the qi.

Therefore this qi,
Cannot be halted by force,

This is a bit of a paradox because the moment we begin looking for something to happen is when we typically prevent anything from happening.

We need only be still, and introduce the needle, a tangible expression and extension of that stillness, and the patient's system will reorganise itself around it. Once we have identified the precise place for that to happen, there is little to do but greet the qi and marvel at its intelligence. Nothing could be simpler and yet few things are more difficult.

Yet it can be secured by virtuosity.
Cannot be summoned by speech
Yet it can be welcomed by awareness.
Reverently hold on to it and do not lose it.
This is called developing virtuosity.[4]

The principle of welcoming the qi in a state of quiescent awareness is almost the antithesis of obtaining it, of dragging it kicking and screaming to the point. Perhaps more than any other, the sensibility suggested in this passage has transformed my practice. It's not the word "welcome" that I keep in my head so much as a feeling of welcoming that I store in my belly, and it is the core of my approach to needling.[5] We need only be still, and introduce the needle, a tangible expression and extension of that stillness, and the patient's system will reorganise itself around it. Once we have identified the precise place for that to happen, there is little to do but greet the qi and marvel at its intelligence. Nothing could be simpler and yet few things are more difficult. For me anyway, it's hard to do nothing.

It is harder yet to become still and to continue paying attention when there is quite literally nothing to do. I think that what the *Ling Shu* is describing here is a potent expression of effortless action (無為 *wú wéi*). We must first discern the disposition of a situation, the specific propensity (勢 *shì*) our patient has toward health or disease. This allows us to position ourselves in the optimal place. Effective influence arises from providing a pivot of stillness here. The rest takes care of itself.

The thing that took me so long to understand about this approach is that we have to really "show up" It does not work to stick the needle in and then get on with thinking about the formula that needs to be written, or what is for dinner. We have to be willing to stand there and attend to whatever is or is not happening.

This is especially hard when there is indeed nothing happening, and yet that is precisely when, if we are able to maintain our awareness, useful things begin to occur. Even when we just put the needles in and exit the room, leaving the rest to the patient, we must remain present enough to greet the qi with every insertion. The real trick for us as clinicians is retaining some seed of this stillness as we move around the table and on through the course of a busy practice day. In this regard an acupuncture treatment is more akin to taijiquan, than it is to shikantaza or sitting meditation.

When we are still enough to attentively welcome the arrival of qi, we enter into a conversation with the patient. Their system knows more about itself than we could ever hope to and it begins to talk to us. We do not presume to tell the patient's qi what to do; we are simply providing it with an axis or hinge around which it can sort itself out. We ourselves quite literally become a *divine pivot* (靈樞 *líng shū*). Chapter Nine tells us that once we have welcomed the arrival of qi we should then "stop". Perhaps this literally means we should remove the needle. Perhaps it is simply a way of emphasising that the most important part of the process has already been accomplished. Whatever further needling we may choose to perform is merely an expression of this pivot.

If we are listening, after a while the patient will begin to tell us what is next, not just from changes in their pulse or abdomen, but from the totality of their qi. Yet even in our attentive stillness, we must take care not to listen too hard, to get too interested. We should not try and peer into the patient's channels as if we were looking up their skirts. This is almost invariably irritating, even if patients are not consciously aware of it themselves. We end up assessing an irritation that we have created ourselves: some funk in a patient's Liver channel, maybe, that we've actually put there. By patiently remaining rooted within ourselves the channels will talk to us.

Our passage from the *Ling Shu* begins by telling us that we must consider both the form and the qi when needling. It is worth remembering that it is speaking in both general and specific terms. The specific technique it refers to is cross needling (繆刺 *miào cì*), a method used for relatively superficial musculoskeletal problems affecting the network vessels. Yet, the state of being it describes is clearly a prerequisite for needling at aspects of form, qi and spirit. We must therefore have some idea of what facet of the channel system we need to contact as this will have some bearing on the depth of needle insertion. After all, we have to be in the right place to properly welcome the arrival of qi. In my experience this has little to do with the actual depth of the needle. In practice, the depth of needle insertion varies from practitioner to practitioner and from patient to patient. I routinely mobilise the motility of the Lungs and other viscera with an insertion of less than 2 mm and often with simple contact needling. This is not an expression of the magnificence of my own awesome qi power. It is simply a matter of bringing one's contact, through the needle, into conversation with the level or tissue of interest. To be sure, it requires a familiarity with the channel system and some basic anatomy but if I can learn to do it, nearly anyone can learn it.

The *Inward Training* also speaks to the question of the form of one's needle technique. Its passages have helped me to better understand the focus of many of my teachers on the mechanics of a given technique. Form matters. Proper alignment is, of course, connected to the internal environment necessary for effective action. One cannot do an end run around the physical form and still hope to get to the essence of the matter. I have learned that the hard way, having tried and failed to do just that.

According to the *Inward Training:*

If you can be aligned and be tranquil,
Only then you can be stable.
With a stable mind at your core,
With the eyes and ears acute and clear,
And with the four limbs firm and fixed,
You can thereby make a lodging place for the essence.
This essence; it is the essence of the qi.
When your body is not aligned,
The virtuosity (德) will not come
When you are not tranquil within
Your mind will not be well ordered.
Align your body, assist the virtuosity,
Then it will gradually come on its own.

This passage describes the nature of the alignment, though not its specific form. For me, this is not about needling from some fixed quasi-martial pose. In its essence, I understand the *Inward Training's* counsel on alignment as an encouragement towards a harmonious integration of body, mind and qi. Depending on the individual, that can look like a lot of different things, but it should be comfortable and relaxed. The way in which alignment promotes tranquillity is that it should provide a physical basis for us to ground ourselves. Regardless of how salutary the position is supposed to be, it is useless if it is not comfortable. Otherwise, we will never become still enough to welcome anything. Some of the worst needling I have ever done was when one of my teachers in Japan insisted I adopt a horse stance to accommodate a particularly low treatment table. The experience was all the more poignant in that I had just spent the previous year carefully working on my needling posture with the help of almost obsessive adjustments in the height of my expensive electric treatment table. There were no such tables at that training in Japan and I am just not a horse stance kind of guy.

So alignment matters but there are no fixed rules. Personally, I find it useful to keep my head up. The needle does not need me to look at it and maintaining an upward but inwardly directed gaze keeps me rooted within myself even as I attend to what is going on underneath my hands. And I try not to slouch. Similarly, the smaller details of any needle technique are still relevant. Closing the hole or leaving it open, needling with the ostensible flow of a channel or against it, inserting with an inhalation or an exhalation all make a difference. But in my experience, these things are not in and of themselves guarantors of efficacy, regardless of how rigorously they are applied. They simply provide an optimal vessel for something deeper to happen.

The approach to needling I have described here is consistent with the basic goals of all tonification techniques: an arrival of qi fills a perceived insufficiency. What about drainage? To my mind, this perspective begins to blur the distinction between tonification and drainage even as it challenges us to examine our assumptions regarding what such terms really mean. Are we draining in the sense that we are actively sluicing out a channel pathway or are we draining in the sense that we are providing the body with a means for more effectively redistributing its resources? My personal orientation is toward the latter. To whatever degree we may intentionally facilitate such a redistribution, we are still doing so in a manner that will allow the body to decide for itself precisely how that is going to happen.

An ideal way to begin to experience this approach is by working on the musculature, channel sinews and network vessels on the upper back. Pick a knot or tight spot. By any definition, indurations such as these surely represent a localised excess of qi and blood that should be drained. Find some little bit of stillness within yourself and having contacted the tissue at the appropriate level with the needle, attentively welcome the qi. There is no agenda, no goal. You may feel nothing. The less you feel, the more you should root within yourself even as you remain attentive and in the present. At some point the qi will arrive and you will probably feel things start to move. The needle is not actively manipulated. You are merely providing a pivot, an axis for change. The tension in the tissues under your hand will begin to relax. It's not uncommon for the person you're working on to feel large planes of fascia release. You have released a localised blockage of qi. Is that a drainage technique?

Depressions and areas of flaccidity often lie right next to such knots and indurations. Locate one of these and needle it in the same way. Once the qi arrives, you will probably feel the area begin to fill out or become less flaccid. Is that a tonification technique? It would appear that you have accomplished two different things with the same technique. Admittedly, it takes considerably more practice to effectively use this approach on the primary channels and the extraordinary vessels, but the principles are the same. At this point, distinctions of tonification and drainage begin to lose their meaning. By simply greeting the qi we can sidestep some of the perennial conundrums associated with the ideas of tonification and drainage and to attend to our fundamental goal, which is to balance the qi.

I am not suggesting this approach is in any way superior to qi gong-based techniques of active qi propagation. On the contrary, I see them as mirror images, different means to one goal. My predilection merely draws me towards one rather than another. I am cerebral by nature and I like to take charge; fine qualities for an herbalist but not always the best way to practise needling. As a counterpoint to this I have tried to foster an approach to acupuncture based on effortless action. Greeting the qi in a state of tranquil awareness has been an effective means to this end.

Endnotes

1. Translation by Red Pine, *The Mountain Poems of Stonehouse,* Empty Bowl, 1986.
2. Irascible reversal: a condition of internal qi deficiency with an excess pathogen in the vessels, causing agitated movements together with cold hands and feet.
3. Chace, Charles, and Miki Shima, *Exposition on the Eight Extraordinary Vessels, A Translation and Commentary*, Eastland Press, (2007)
4. Translations from the *Inward Training* are mine, with reference to Roth, Harold, *Original Dao: Inward Training (Nei-yeh) And The Foundations of Taoist Mysticism,* Columbia University Press, New York, 1999, and Rickett, W. Allyn, *Guanzi, Political, Economic, and Philosophical Essays from Early China, Volume II*. Princeton University Press, Princeton New Jersey, 1998.
5. I am indebted to John Chitty, one of my teachers of craniosacral biodynamics, who first showed me what it meant to welcome the innate intelligence of the body.

肝木

A case of **elevated liver enzymes**

By Barbara Kirschbaum

A 24 YEAR-OLD FEMALE patient was treated for acne and hair loss with the contraceptive pill Diane 35 (cyproterone and ethinyloestradiol) over a period of three years (from age 18–21). A routine blood test showed elevated liver enzymes, especially GPT (85 U/l) and GGT (90 U/l). An abdominal ultrasound revealed an inhomogeneous mass of 5.5 cm diameter. She was later diagnosed with "FNH" (focal nodular hyperplasia) at the university hospital. Her treatment with Diane 35 was stopped immediately. She had many tests over the following three months, and it was agreed that treatment was not necessary. Her condition did not change.

Six month after her diagnosis she presented at my clinic. She complained of frequent pressure below the right rib cage, which worsened after eating. After consuming fatty meals she experienced slight nausea. Her stool was very soft, frequent (three to five times daily) and smelly (sour), occasionally urgent, especially following ingestion of milk products and fatty meals. She had put herself on a special diet consisting of crisp bread and steamed vegetables. Her appetite and thirst were normal.

Since stopping the pill her menstruation had become more painful. She was especially concerned about increased irritability and breast tenderness, which started seven days prior to the period. Since stopping the medication her skin had become worse. She had developed large and painful pustules and papules along the cheeks and chin. She felt exhausted and tired and also had a strong aversion to heat.

The tongue was reddish and dry with a thick, yellow coat at the root. The sublingual veins were dark blue and showed signs of blood stasis. The pulse was deep, weak and tight; only the Liver pulse was strong and tight.

In the past this patient had frequently suffered from urinary tract infections that were always treated with antibiotics. She had also consumed large amounts of alcohol between the ages of 14 and 16.

Diagnosis: Damp-heat in the Liver and Gallbladder with Liver blood stagnation. Root of disharmony in middle jiao qi with concurrent Liver qi stagnation.

Treatment: Based on *Shao Yao Gan Cao Tang* (Peony and Licorice decoction) to soften and cool the Liver and protect yin from the dispersing effect of the blood invigorating herbs

Bai Shao	10 g	(Paeoniae Lactiflora Radix)
Chi Shao	5 g	(Paeonia Radix rubra)
Zhi Gan Cao	3 g	(Glycyrrhizae Uralensis Radix)
San Leng	5 g	(Sparganii Rhizoma)
E Zhu	5 g	(Curcumae Zedoariae Rhiz.)
Kun Bu	3 g	(Algae Thallus)
Mu Li	5 g	(Ostreae Concha)
Ban Zhi Lian	10 g	(Scutellariae Barbatae Herba)
Yin Chen Hao	5 g	(Artemesiae Capillaris Herba)

San Leng and *E Zhu* improve qi and blood circulation and break up stagnant blood[1]. *Kun Bu* and *Mu Li* are salty and can dissolve masses. *Ban Zhi Lian* cools heat, invigorates the blood and eliminates toxins. In China it is often used for the treatment of tumors. *Yin Chen Hao* eliminates damp-heat from the Liver and Gallbladder. Pharmacological research indicates that it may slow down the rate of hepatic cell destruction.[2]

Second visit, three weeks later

Liver enzymes: GPT 76 U/l, GGT 82 U/l
She felt less nauseous after eating but still felt pressure below the ribs. She went to the toilet twice a day with very soft stool. Pre-menstrual she felt ir-

■ Barbara Kirschbaum graduated and then lectured for seven years at the College of Oriental Medicine, East Grinstead, UK, before further studies with Giovanni Maciocia, Ted Kaptchuk and in hospitals and universities in Tianjin, Kunming and Chengdu, China. Since 1989 she has lectured in Europe, written the *Atlas of Chinese Tongue Diagnosis* and *The Eight Extraordinary Meridians in TCM* and co-written *The Healing Art of China.*

ritable and had sleeping problems. She was given the same prescription with the addition of 10 g of *He Huan Pi* (Abizzia Cortex).

Third visit, three weeks later

Liver enzymes: GPT 48 U/l, GGT 76 U/l
She had not felt any subcostal pressure for 10 days. She passed solid stool once a day; her aversion to heat had greatly reduced and there was no sign of acne. She felt much better in general.

Her prescription was modified:

Bai Shao	10 g	(Paeoniae Lactiflora, Radix)
Zhi Gan Cao	3 g	(Glycyrrhizae Uralensis, Radix)
San Leng	5 g	(Sparganii, Rhizoma)
E Zhu	5 g	(Curcumae Zedoariae, Rhiz)
Kun Bu	3 g	(Algae, Thallus)
Xia Ku Cao	10 g	(Prunellae Spica)
Ban Zhi Lian	10 g	(Scutellariae Barbatae, Herba)
Yin Chen Hao	5 g	(Artemesiae Capillaris, Herba)
Ban Lan Gen	10 g	(Isatidis seu Baphicadanthi)

Xia Ku Cao clears the Liver and dissolves lumps. *Ban Lan Gen* is used by some doctors in China for cases of chronic liver disease, because it can reduce liver transaminase levels.

Fourth visit, three weeks later

Liver enzymes: GPT 23 U/l, 37 deg C (normal range), GGT 38 U/l, 37 deg C (normal range).

An abdominal ultrasound indicated a reduction of the mass by 2 cm. Her general state of health was very good.

After two month of treatment the patient's liver enzymes had returned to normal. This case illustrates that Chinese herbs can have a positive effect on the liver metabolism. At the same time herbal treatment was able to reduce the size of the abdominal mass and improve her general state of health.

Endnotes

1. Both herbs are recommended for the treatment of subcostal masses and tumors of the liver. (Chang Minyi, *Anticancer Medicinal Herbs*, p. 13. Human Science and Technology House Hunan, 1992)
2. See also Bensky (1986), *Chinese Herbal Medicine Materia Medica*, p.146.

■ This article was initially published in ZfCM (Zeitschrift fuer Chinesische Medizin) 0304. Translation by Bettina Brill

> *Ban Zhi Lian cools heat, invigorates the blood and eliminates toxins. In China it is often used for the treatment of tumors.*

Towards a working methodology for **translating Chinese medicine**

In the past three issues, Tony Reid and Nigel Wiseman have argued the question of standardisation of TCM terms and the accurate translation of traditional medical Chinese into modern English. The discussion continues ...

By Dan Bensky, Jason Blalack, Charles Chace and Craig Mitchell

OVER THE PAST 15 YEARS or so there has been a great deal of discussion related to the proper way of transmitting Chinese medicine to the West, with a specific emphasis on translation methodology. We are a group of practitioners of Chinese medicine who are native English speakers and who have varying degrees of experience translating Chinese medical texts for a variety of forums. We represent a broad spectrum of translation approaches that includes extensive direct experience with all of the major positions being advocated. Our individual views on the transmission of Chinese medical texts to the West are by no means monolithic, and in some cases they are almost diametrically opposed.

We have joined together to write this article as a positive contribution to this topic. Our aim is to present an inclusive perspective on what we believe are the key issues currently under discussion. In this paper we will define the areas in which we all agree. We will present the basic operating principles that we all work with in the hopes of helping to define a common ground for all approaches to Chinese medical translation. Although our individual application of these essential premises will inevitably vary among us, they are the principles that ultimately determine the course of our decision-making in specific situations. They include the following:

1. From our perspective, Chinese medicine is characterised by a conceptual flexibility that encourages multiple solutions to a given problem. Just as health complaints may be approached from a variety of different models within Chinese medicine, there will always be some variability in how language is used within the medicine. Far from being a problem, this is a characteristic that translators can make use of in transmitting Chinese medicine to the West.
2. Glosses are a useful tool for consistently translating Chinese medical terms that are used in a consistent manner throughout the literature. That said, individual Chinese medical texts are often characterised by a nuanced interpretation of these terms, and that is precisely one of the things that makes them of interest to Western readers. In light of this, translators cannot rigidly adhere to any fixed term set. Moreover, there are many instances, particularly in the pre-modern literature, where Chinese medical terms clearly do not have the meanings that are often attributed to them today.
3. It is these sometimes very slight interpretive variations of Chinese medical terms that argue against rendering a term with a single English language equivalent. This finds its proper expression in the variability with which translators translate the same word. Another way of saying this is that although there is an overall agreement on the general meaning of Chinese medical terms, they are also very sensitive to context, which may exert a significant influ-

ence on their translation into English.
4. A plurality of English terms for a given Chinese word does not necessarily obscure its meaning. On the contrary, it has the potential for promoting a more well-rounded understanding of that word. Its general meaning may remain the same, yet each well-considered English language translation sheds light on the overall scope of its use in the medicine.
5. By contrast, the rigid application of the principle of one-to-one correspondence in translating Chinese terms into English easily oversimplifies Chinese medical ideas and tends to obscure the very interpretive nuances that make individual texts worth reading.
6. Translating Chinese medical terms using common English words or using words requiring immediate recourse to dictionary are both valid approaches. Each methodology has its strengths and weaknesses. All translation involves loss; these different methods attempt to limit the loss in overlapping, but different, areas. In the end, we believe that these preferences have more to do with the conceptual biases and aesthetic inclinations of the translators than the effective transmission of the medicine. Chinese medical texts have been accurately transmitted into English using both methodologies. What is more important is how these methodologies are applied.
7. The question of how one defines a "term" in Chinese medicine is quite complex and the implications of that determination have far reaching consequences. If a word has an entry in a Chinese medical dictionary does that make it a term? If so, then the Chinese medical term set is truly massive and even our current best English-language dictionary, Wiseman's *Practical Dictionary*[1], is incomplete and in many cases misleading. If one defines terms as those unusual words that a non-medical reader would not recognise, or those words that have a special meaning in medicine that is very different from the common meaning, then one ends up with a much smaller and more manageable term set.[2] Furthermore, this determination is not static. When an author uses a common word in an idiosyncratic manner and that usage is worthy of note, any word may rise to the level of a term that needs to be explained. Conversely, terms that are commonly understood by the layperson, even when used in a specific medical context, may not rise to this level.

Although the authors of this paper are not in agreement as to the size of the Chinese medical term set, we believe that its size is not of critical importance because any term set is inherently flexible and changeable. The crucial issue for us is the flexibility and rigor with which these translation choices are made. In practical terms, the gloss accompanying a translated text is an expression of its presumed term set. Glosses must certainly be applied consistently, particularly within a given text, though not blindly. In every instance, it behooves translators to consider if the default term in their gloss is really the best word for the job.
8. The pluralism that we advocate is presented not so much in opposition to the concept of a fixed term set as it is a perspective that encompasses multiple translation methodologies including a standardised approach. Our critique of fixed term sets and one-to-one translation is presented only as a means of illustrating why we prefer the methodology that we do.
9. Those who engage in Chinese medical translation must have an adequate understanding of the medicine and the language. If this is not the case then it is a virtual certainty that significant errors will be introduced in the process of translation.

As these principles are only meaningful within the context of the translation process itself, we will develop them further by discussing our rationale for translating a few Chinese medical terms.

Pluralism as a hallmark of Chinese medicine

Chinese medicine is marked by a few characteristics that we believe are relevant to this discussion. Primary among these is *pluralism,* as throughout the entire history of Chinese medicine multiple approaches to diagnosis, systems of underlying concepts, and principles of treatment have coexisted. Another essential aspect of Chinese medicine that it shares with Chinese culture as a whole is the importance of *context.* Context, perhaps best known in the West as the importance of connections (关系 *guān xi)*, is a concept that permeates all aspects of Chinese culture from the aesthetic of its painting to the grammar of its language. No one, no thing, no concept, no word, and no acupuncture point contains the full gamut of its meaning and importance out of context.

Pluralism and the importance of context lead to a few other important characteristics of Chinese medicine. These are *flexibility, fluidity*, and *appropriateness*. The first two (which are two aspects of the Chinese concept 灵活 (*líng huó)*, literally "spirited and lively") have to do with being flexible in utilising the style of practice or modality that best fits the patient and their condition along with a fluid use of the tools and concepts of each style or modality.

This is tied up not only with their appropriate use, but also issues such as the right intervention at the right time, as well as considerations such as dosage and amount of needle stimulation. The opposite of this approach in medicine is considered to be poor practice and is called being rigid or inflexible (死板 (*sǐ bǎn),* literally being "as dead as a board"). It is not considered poor practice primarily because it violates the ethos of the

A plurality of English terms for a given Chinese word does not necessarily obscure its meaning. On the contrary, it has the potential for promoting a more well-rounded understanding of that word. Its general meaning may remain the same, yet each well-considered English language translation sheds light on the overall scope of its use in the medicine.

medicine, but because a flexible approach gives rise to a greater understanding and is more efficacious.

The Chinese medical principles of flexibility, appropriateness and sensitivity to context run through the following discussions.

Plurality and sensitivity to context

Almost all translators utilise the principle of flexibility and adhere to the need for sensitivity to context in their work. For example, the Eastland Press draft glossary[3] states these principles quite clearly and gives many examples, such as glossing the word 避 (*bì)* as repels or clears away depending on the context. Nigel Wiseman, arguably the most vocal advocate of one-to-one correspondences and standardisation of medical terminology, clearly remains flexible in regard to context in the books that he has participated in writing. This is apparent in many of the entries appearing in his *Glossary of Chinese Medical Terms*. There are, of course, Chinese words that simply have multiple uses. For instance, tongue coats may be 滑 (*huá)* glossy, but pulses are 滑 (*huá)* slippery. The word is the same, but its meaning differs based on the context in which it is used.

There are also words that are translated slightly differently to better represent nuances of meaning in Chinese. For instance, Wiseman glosses 安 (*ān)* as "quiet" yet depending on the context, he translates it as "tranquil", "peaceful" or "resting". Wiseman glosses the common compound 不安 (*bù ān)* as "disquieted" yet he also routinely translates the term as "agitation", "unquiet", "stirring", "fidgetiness", or "restless."[4]

Similarly, Wiseman glosses 走 (*zǒu)* as penetrate (v.), penetration (n.); wandering (n.). As soon as Wiseman pairs it with 罐 (*guàn:* cup) as in the phrase 走罐 (*zǒu guàn),* he chooses to translate the phrase as "slide-cupping" not "wandering-cupping." This latter translation would not technically be incorrect but fails to clearly convey the meaning. Here Wiseman opts for transparency rather than rigidly adhering to the principle of one-to-one correspondence.

Considerations such as these are the rule rather than the exception in transmitting Chinese medicine into English. The concept of one-to-one equivalence assumes that there is a single best word choice that is applicable in the vast majority of cases. This equivalence is clearly an illusion when even the staunchest proponents of this idea so often find themselves defaulting to a pluralistic approach when actually doing translation work.

Consider, for instance 忧 (*yōu*). We prefer to translate this term as "worry, upset, or melancholy" and Wiseman prefers "anxiety". It is one of the seven affects and is (most commonly) related to the Lung. But in the opinion of the noted modern commentator on translation, Xie Zhu-Fan, 忧 (*yōu)* has at least two meanings. Depending on the context of the usage it can mean grief (忧伤 *yōu shāng)* in modern Chinese) or worry (担忧 *dān yōu)* in modern Chinese). He believes that it means worry when related to the Spleen and grief when used in reference to the Lung.[5] Clearly, no single word from anyone's gloss will suffice for all these situations.

Flexibility

The goal of translation must be to transmit as much as possible of the meaning of the original words into a reasonable form in the target language. We believe that while in general consistency is a virtue, flexibility is also important to achieve this goal. Sometimes this flexibility is built around an understanding of the pluralities of meanings of the Chinese words. One example is the character 败 (*bài)*. When this character appears in different words it can require a variety of translations because of different meanings of the term in question as well as differences in Chinese and English syntax. At least since the Warring States period, this word has a few different, although closely related, meanings. These include to ruin, to corrupt, and to defeat. These different meanings show up in Chinese medical terminology where 败毒 *(bài dú)* refers to the defeat of a toxic condition (and can be translated as overcomes toxins). In other cases 败 (*bài)* means corrupted or spoiled as in 败血 (*bài xuè)*. This term refers not to blood that has been defeated or overcome, but to blood that should have been discharged but has not been (primarily after giving birth) and has spoiled. This can be translated as corrupted blood.

The word 益 *(yì)* is another excellent example of a word requiring flexibility in translation in that it has been used in different ways throughout medical history. Wiseman glosses 益 *(yì)* as "boost," whereas Eastland Press prefers "augment" or "benefit". None of these is inherently incorrect. Some writers have argued for the use of "boost" based on its affinity for suggesting an upward lifting action, particularly in relation to the central qi. This is consistent with Li Gao's use of the word in his *Treatise on the Spleen and Stomach* (脾胃论 *Pí Wèi Lùn)*. This is helpful information as far as it goes. In modern times, however, 益 (*yì)* is most frequently equated with the common term "tonify" (补 *bǔ)* , which does not suggest an uplifting action at all.[6] Such an interpretation is evidenced by the common use of the words 益气 *(yì qì)* in describing the actions of herbs such as *Gān Cǎo* (Glycyrrhizae Radix) and *Chén Pí (*Citri reticulatae Pericarpium). The latter herb is said to have a descending action and the use of 益 *(yì)* refers only to its ability to supplement (or add to) the body's qi.

益 *(yì)* is appropriately translated as boost if one intends to convey the function of both tonifying and lifting. If, however, the text one is translating uses the word synonymously with tonify (补 *bǔ)*, then another word, perhaps "augment," is preferable. This example illustrates that the pre-modern usage of some terms is still prevalent in modern sources. It also illustrates that the meanings of Chinese medical terms do change over time and that there is significant variability of usage between authors. Most Chinese medical writing is characterised by classical and pre-modern quotes imbedded into the modern discussions. These quotes have words and phrases that were written by ancient authors whose word choices are not always consistent with our modern understanding. Sometimes an archaic meaning is more correct for a given context, even if it appears in a modern text.

Even terms that appear to have been used consistently and transparently throughout history merit close examination. Xie Zhu-Fan points out that the meaning and translation of even a common term like 精气 *(jīng qì)* is dependent on the surrounding grammatical structure. 精 (*jing)* could be an adjective meaning "essential qì". It could be two juxtaposed nouns rendering "essence and qi". 精 (*jing)* could also be a possessive noun making the term "qi of essence" or even the inverse "essence of qi" as *The Chinese Textbook of Programmed TCM* course defines it.[7] Rigidly translating 精气 (*jīng qì)* as essential qi is clearly a prescription for error. We also have to remember that Chinese medical works have been written by a large number of people over thousands of years without reference to a gloss or a rigidly defined term set. Idiosyncratic usages are common and translators need to be aware of this fact and then deal with different usages appropriately.

Appropriateness

The appropriateness of a translation, even more than the other characteristics that we have been discussing, is a judgment call. A particular translation or approach that may seem spot-on to one group of translators appears to be a particularly poor choice to others. To some, this may be a reason to standardise in order to remove one aspect of subjectivity. To us, this is a major reason not to standardise, both as we realise that different understandings of a word can have their own validity (and therefore can be of use to readers) and because this kind of difference convinces us that we should be a little modest in evaluating our abilities and not carve them in stone just yet.

One example of this issue is the word 郁 (*yù)*. This is translated by Wiseman as "depression" and occurs in such compounds as depressed heat (郁热 *yù rè),* exterior depression (表郁 *biǎo yù),* and Liver qi depression (肝气郁 *gān qì yù)*. Wiseman has written in reference to this word: "In Chinese medicine, it denotes stagnation (of qì) due to internal causes, notably in people who are angry, frustrated, depressed, etc."[8] He feels that "depression" is a particularly apt translation as its two main meanings in English are "sluggish" and "sad" and so matches very well with the Chinese medical concept of a specific form of qì stagnation as well as the emotional state the word in Chinese represents.

From another perspective, depression is not an appropriate translation at all. The original meaning of the word depression means to be pressed down, a usage that is still common in English. However, the word 郁 (*yù)* does not mean this but instead has a set of meanings that relate to being pent-up or stagnated. This connects to its use in Chinese medicine where, as Wiseman points out above, 郁 (*yù)* refers to a type of stagnation. We suggest the word "constraint" as a default translation for this term, although sometimes "pent-up" works better. To us this has the advantage of being accurate and appropriate across a variety of uses. For example in 表郁 (*biǎo yù)* (which we translate as exterior constraint) cold is compressing the exterior of the body, not slowing it down nor pressing it downwards; the same is true of 郁热 (*yù rè)* (which we translate as heat from constraint).

Differences in opinion relating to appropriateness come into play even in terms of the emotional meaning of this term. To some of us, there is a nuance lost when translating 郁 (*yù)* as depression as it misses some of the possible cross-cultural distinctions. To most Westerners, being depressed is a synonym for feeling low; in East Asia it is common for the experience to be one of being stifled and frustrated. Regardless of whether one prefers to use the word depression or constraint, the important thing is to realise that both are thoughtful translations that can be useful in illuminating this word's broader scope of meaning.

False transparency

Sometimes a literal translation may provide an immediate and succinct understanding of a word. Other times it can be overtly misleading. The compound 拒按 (*jù àn)* is an example of how various translations illuminate the overall meaning of a word. 拒 *(jù)* is a verb meaning to repel, to resist, or to expel. 按 *(àn)* is a verb meaning to press or palpate. Translating 拒按 (*jù àn*) as "refuses pressure" seems straightforward enough, and that is indeed the translation preferred by Wiseman. However, that is not always what the term means. To be sure, patients suffering from appendicitis or peritonitis may have an acute abdomen that is indeed so painful that it physically refuses pressure. In such cases it may well be appropriate to translate this term as "refuses pressure". It is much more common, though, for patients simply say, "ugh, that feels bad when you press there." The sensation is often one of discomfort as opposed to overt pain or tenderness. There is not necessarily any guarding or resistance on the part of the patient. Abdomens that 拒按 (*jù àn)* may or may not be distended, and may be accompanied by bloating but these are not distinguishing features of 拒按 (*jù àn)*. On the contrary, it is very possible that abdomens that 拒按 (*jù àn)* may be rather flaccid. In most cases, we believe it is preferable to translate 拒按 (*jù àn)* simply as "discomfort upon palpation". The choice of a phrase like "discomfort upon palpation" is an example of a preference for transparency in translating medical terminology into English. Advocates of a standardised Chinese medical terminology often argue against this premise on the grounds that unusual terminology disabuses the reader of their preconceptions regarding a term and compels them to look up the meaning of the word for themselves. In this case, readers will find that the *Practical Dictionary* defines "refuses pressure" as "*jù àn* – (of pain or discomfort, especially in the chest or abdomen) to be exacerbated by pressure; a sign of interior repletion." This definition, though brief, suggests that in most cases 拒按 (*jù àn)* can be rendered in an entirely accurate and arguably more transparent manner as "discomfort upon palpation". The considerations involved in translating 拒按 (*jù àn)* also illustrates that sensitivity to context is essential to an effective translation strategy.

Trade-offs in translation

We recognise that trade-offs are inherent in every facet of the translation process. For example, some of us prefer to use English translations for traditional disorders where the meaning is at immediately apparent. The problem with this approach is that there can be instances when the preferred translation does not work completely. One example is 痹 (*bì)* which, when referring to a disorder, usually refers to joint or muscle pain from a combination of wind, cold, and dampness entering the channels and obstructing them. Based on this understanding, in Eastland Press books this is translated as "painful obstruction", the meaning of which is both transparent and accurate in the majority of cases. The translation used by Wiseman, "impediment", emphasises the obstruction in the channels and while being opaque to the inherent significance of physical discomfort in 痹 (*bì),* has the advantage of being able to be used without any further glossing whenever the disease term 痹 (*bì)* occurs.

There is one type of 痹 (*bì),* blood *bì* (血痹 *xuè bì),* which is characterised more by numbness than pain. Translating this term as "blood painful obstruction" would be somewhat misleading in that it highlights the sensation of pain without acknowledging the distinguishing symptom of numbness. "Blood impediment" is arguably more accurate but it, too, fails to evoke the unique quality of this disease. Both translations are approximations of the original scope of meaning.

Properly translating the term 发热 (*fā rè)* involves a similar trade off. 发热 (*Fā rè)* refers to a subjective sense of fever or heat in the body. Prior to the advent of the thermometer in the 1800s all fevers were subjective so it is quite reasonable to simply translate this term as "fever" when working with pre-modern Chinese medical literature. Modern readers today, however, associate fever with an objective elevation in body temperature, possibly even in the absence of a subjective sense of warmth. One may therefore choose to translate 发热 (*fā rè)* as heat effusion when it is

used to refer to a subjective sense of heat and as fever when it is used in the modern biomedical sense of the word. Conversely, one may choose a single word like feverishness to convey both meanings. The word 利 (*lì*) poses a similar conundrum. One may invariably translate 利 (*lì*) with a single word reflecting its most general scope of meaning, or one may translate it on a case-by -case basis, to reflect its precise meaning in a given context. Both approaches are legitimate and strong arguments can be made for each. In the end, these are matters of personal preference, not scholarship.

Yet another translational difficulty arises with terms that mean different things in different contexts. An example of this is 中风 *(zhòng fēng)*. In the context of the *Discussion of Cold Damage (Shāng Hán Lùn)*, it refers to a pattern of externally contracted disease characterised by feverishness, aversion to wind or cold, and mild sweating and treated with *Guì Zhī Tāng* (Cinnamon Twig Decoction), which is reasonably translated as either "wind strike" or "wind attack". Of course, the exact same term is used in both classical and modern texts to refer to the sudden onset of hemiplegia, loss or distortion of speech, etc., which we recognize as stroke and translate as "wind stroke". There is neither a difference in the characters, nor a special punctuation mark to indicate these different usages, there is only the textual context and the understanding of the translator to guide the appropriate choice.

Conclusion

As we have seen, the various approaches to translation discussed above are in practice much less polarised than they seem. Those opposed in principle to pluralism and transparency in translation are inevitably drawn in that direction simply for the sake of clarity and readability. Conversely, those opposed to one-to-one correspondences still work from glosses in the interest of consistency. The authors of this paper all differ with regard to the degree that we endorse standardisation and transparency in the translation of Chinese medical texts into English. Wherever each of us may fall along this continuum, we believe that this is nothing more than personal preference. In the end it is of secondary importance. What we do agree on is the following:

Regardless of whether one is an advocate of transparency in word choices or one favors a more technical approach that requires immediate recourse to a dictionary, words that are used in a consistent manner throughout a text should be translated as much as possible in a consistent manner throughout a given text. However, because of idiosyncratic and inconsistent word usage, there are times where this may be impossible and undesirable. If translators state their bias in the introductory notes to a translation, the reader will then know which approach is being taken and what problems may be encountered. For example, a translator who is using a fairly strict glossary approach, which is sometimes referred to as source-oriented translation, should necessarily alert the reader to any instance in which the translator chooses to veer away from the standard term set, because of the importance of maintaining the connection between the source material and the translation. This however does not guarantee, as seen above, that the words that are pulled straight from the gloss are correct for the usage at hand, which therefore can mislead the end-reader.

However, a translator who is using a less strict, more transparent approach, which is sometimes referred to as target-oriented translation, will by design be making different word choices not specifically connected to the gloss, but to their understanding of the source text. It has been argued that source-oriented translation is truer to the original text, whereas target-oriented translation relies overly much on the translator's knowledge. We would suggest that these approaches are both valid and that each has specific limitations. Either can produce valid and valuable work, and optimally readers are told in advance which approach has been used.

Glossaries and dictionaries are useful in one way in the context of lexicography, another way in the context of translation, and yet another way in the context of reading texts. Thus, the degree of standardisation and consistency required for the accurate production of a dictionary, glossary, or other reference work, is different than the flexibility required for producing a nuanced translation that accurately transmits the source text into the target language. In fact, the many examples referenced above indicate that a thorough understanding of the source text combined with a flexible approach to translation is the linchpin of effective translation. Whatever the methodological bias of the translator, all quality translations will inevitably incorporate aspects of standardisation and pluralism, accurately transmitting the meaning of a text in a manner as accessible as possible. Arguments advancing one extreme of this continuum or another are inconsistent with the realities of translation work.

In this paper we have used our areas of common agreement as a basis for defining what we consider to be the essentials of translating Chinese medical texts into English. We have suggested a template for articulating a model of Chinese medical translation that is pluralistic, inclusive and consistent with the sensibilities of Chinese medical thinking. We hope to have defined a position that will resonate with those in the Chinese medical community who are looking for a reasonable and intellectually rigorous middle ground in the discussion of translating Chinese medical texts into English.

Endnotes

1. Wiseman, N., Ye F. (1998). *A Practical Dictionary of Chinese Medicine* (2nd Edition). Brookline, Massachusetts: Paradigm Press.
2. An example of this would include the *Draft Glossary for Chinese Medicine* by Eastland Press. Note that in this gloss, no clear demarcation is made between technical terms and other words.
3. Eastland Press (2006). *Draft Glossary for Chinese Medicine*. Available at: www.eastlandpress.com/upload/_pdf_20060316150625_2/draft%20Glossary%203-13-06.pdf
4. Wiseman, N. (2005) *Chinese-English Dictionary of Chinese Medicine CD* Version 4.
5. Xie Zhu-Fan (谢竹藩) (2003) *Standard TCM Nomenclature: On the Standard of Nomenclature of Basic Chinese Medical Terms* (IV), CJIM 9(2), p. 148-151
6. Wu Da-Zhen, Yu Chuan-Long 总编: 吴大真 余传隆 (1995). *Standard Dictionary of Chinese Medicine* (中医辞海), 中国医药科技出版社, p. 1157
7. Xie Zhu-Fan (谢竹藩) (2002). Standard TCM Nomenclature: *On the Standard of Nomenclature of Basic Chinese Medical Terms (II)*, CJIM 8(3), 231-234.
8. Wiseman, N. *Against Anti-terminology* issued on the Chinese Herbal Academy Listserve, August, 2002, 12.

SUN TEN SEMINAR

November 2006

Respiratory Disorders

Traditional Chinese Medicine in the Management of Asthma, Bronchitis, Sinusitis, Cold and 'Flu

Sun Ten invites you to share the knowledge and experience of well-known TCM practitioner and teacher Greg Bantick as he discusses the TCM treatment of Respiratory conditions. Clinically relevant and fascinating, this seminar provides attendees with a clinically successful interpretation of the classics of Chinese Medicine, combined with research regarding respiratory disorders commonly presenting in clinics. It also provides an introduction to a wide variety of treatment techniques for most common respiratory disorders.

Greg Bantick, M.T.O.M., L.Ac. (CA)

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Brisbane - Sunday November 5th 2006
Carlton Crest, King George Square
Brisbane.

Melbourne - Sunday November 12th, 2006
Novotel Melbourne on Collins, 270 Collins Street,
Melbourne.

Sydney - Sunday November 19th, 2006
Mercure Sydney Airport, 20 Levey Street,
Wolli Creek.

Seminar Times:
Registration from 1:30 pm - 2:00 pm
Seminar runs from 2:00 pm - 7:00 pm
(including two half-hour breaks)
Dinner will be served from 7:00 pm - 8:30 pm
Total lecture time of four hours.

By attending the November Sun Ten Seminar presented by Greg Bantick, you will:

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- Study many cases of successful treatment with TCM herbal formulae.
- Learn how to modify these formulae for greater effectiveness and range of use.

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- An extensive overview of Chinese medical terminology for the treatment of respiratory disorders.
- An explanation of traditional Chinese treatment strategies for respiratory disorders.

Greg Bantick will present many of his personal experiences from his own extensive clinical practice to illustrate the treatment approaches that will be detailed in the seminar. Greg has been very well received at the previous Sun Ten seminars he has presented. He delivers a seminar that contains numerous relevant case studies from personal experience and clearly describes the seminar topics in an easy to understand manner.

Two cases of **vulval pain**

By Sue Cochrane

SOMETIMES PATIENTS WITH similar conditions arrive in my clinic in the same time period. I accept this as a message that I need to know this condition and get my head around how to treat it [what the dire consequence will be if I don't, I'm not sure!]

As I write, it is heel pain and vulval disorders. Two cases of the latter condition I have found thought provoking and perhaps useful to share with fellow practitioners.

The first, a 38-year-old married woman who developed severe vulvodynia[1] eight years ago following her mother's death by suicide, has had her vaginal and vulval pain treated by surgery[2] — her hymen has been removed, as have her Bartholin's glands – and she has had a variety of infections (chronic thrush and gardnerella) that have been treated with medications. She often now has a discharge with an occasionally fishy smell. The surgery she felt removed or reduced the vaginal pain. She describes her genital area as irritated, burning and swollen much of the time. She and her husband have abandoned sexual activity because it is too painful and the prospect of never enjoying sex saddens and depresses her. Her libido is usually very low. She has also had several bouts of cystitis for which she now uses preventive measures (cranberry juice, vitamin C, wheat grass juice). Her energy levels are low but always improve with exercise; she has multiple respiratory allergies including seasonal hayfever; her gastrointestinal function is fine and she has a sensible diet. She has a history of constipation although her bowel movements are currently regular and not abnormal.

Her menstrual presentation shows a regular cycle with five days bleeding although the blood is often heavy, clotty and mucousy. She has abdominal pain and headache requiring analgesic medication one day prior and on the first day of her menses. For one week prior to her period she has sore breasts and abdominal bloating.

She often doesn't sleep until after midnight and describes herself as a "night owl" despite having a responsible nine-to-five job. She says she is furious with her mother for choosing suicide and causing pain to herself and her family.

Her tongue picture shows a normal body and coat with red edges and tip. Her pulse is thready and taut on the left and weak on the right.

On first appearance she seems straightforward to diagnose — excessive fire in the Liver channel combining with damp accumulation in the lower jiao to become damp-heat. The fact that her condition worsens with a headache in the premenstrual part of her cycle shows the Liver fire flaring when her qi stagnates just before her period.

My treatment strategy is to clear damp-heat from the lower jiao by clearing heat from the Liver channel and resolving dampness. I gave her granulated herbal extracts based on *Jia Wei Xiao Yao San* (Bupleurum & Peony Formula) with the addition of *San Miao San* (Three Marvel Pill) and added *Xiang Fu* (Cyperi rhizoma) as it was coming up to her period. I also gave her acupuncture at *Yin Tang* (E 1), *He Gu* (LI 4), *Yang Ling Quan* (GB 34), *Yin Ling Quan* (Sp 9), *San Yin Jiao* (SP 6), and *Tai Chong* (LV 3). I have seen her once since and she had mild improvement in the pain and some reduction in vaginal discharge. She cancelled the next two appointments because of work commitments and then was too ill with an acute bout of cystitis. I haven't heard from her in the past three weeks.

Normally I would not consider discussing such a case history publicly until there was more clarification of progress. What spurs me to do so is the visit in the intervening weeks from a 16-year-old girl with an acute abscess on her vulva. She describes it as a boil but from what I can gather from research (particularly from another patient who spent many years as a theatre sister assisting at operations to drain engorged Bartholin's glands) it is likely to be a blocked gland that fails to drain normally.[3] I didn't examine the swelling and relied on the reports from the patient and her mother. This young girl had first experienced a left-sided "boil/abscess" when she was 14 years old when it was so painful that she was bedridden and treated with morphine and antibiotics and needed surgery to drain it. This recurred on the right side 12 months later, then left side, then right side, and now on the left again. She had one other surgery and mostly received antibiotic treatment. She used salt water sitz baths and applied antibiotic cream directly to the site.

She had a very thick tongue coat on a deep mauve tongue body, a heavy vaginal discharge, felt heavy and sluggish, and found it hard to concentrate well at school. She had been placed on the oral contraceptive pill to regulate her menstruation, alleviate a knifing ovulation pain and prevent acne. She also disliked heat, had dark yellow urine, and in the six months since she started on the pill had loose smelly bowel movements after eating.

Her current "boil" she considered was developing to a point that she would require surgery within days as she had used two courses of antibiotics without improvement. She wanted me to intervene quickly. She would not accept acupuncture and my herbal dispensary was 100km away in my other clinic. It would take me at least three days to prepare and deliver a herb formula tailored to her needs. I therefore gave her one of the few things I had on hand — a sheet of *Yunnan Baiyao* capsules. I subsequently sent her two lots of herbs (in granules):

For acute infection — *Jin Yin Hua* (Loniceraе Flos) 15g, *Pu Gong Ying* (Taraxaci Herba) 10g, *Hong Teng* (Sargentodoxae Caulis) 15g, *Dan Shen* (Salviae miltiorrhizae Radix) 10g,

Chuan Niu Xi (Cyathulae Radix) 10g, *Huang Bai* (Phellodendri Cortex) 6g, *Cang Zhu* (Atractylodis Rhizoma) 6g.

For reducing the accumulation of dampness — *Tai Zi Shen* (Pseudostellariae Radix) 10g, *Huang Qi* (Astragali Radix) 10g, *Dang Gui* (Angelicae sinensis Radix) 10g, *Chuan Xiong* (Chuanxiong Rhizoma) 6g, *Jie Geng* (Platycodi Radix) 6g, *Yi Yi Ren* (Coicis Semen) 15g, *Cang Zhu* (Atractylodis Rhizoma) 10g, *Chuan Niu Xi* (Cyathulae Radix) 10g, *Huang Bai* (Phellodendri Cortex) 3g, *Shi Chang Pu* (Acori tatarinowii Rhizoma) 10g, *Xiang Fu* (Cyperi Rhizoma) 10g, *Pei Lan* (Eupatorii Herba) 10g.

She returned in two weeks and reported that the cyst/boil had gone completely, her vaginal discharge had reduced, her energy was up and she had made some firm decisions to increase her exercise and improve her diet. She had returned to school and found it easier to concentrate. Subsequently her mother reported that her schoolwork had improved and her daughter was more energetic (although still fairly obsessed with any sign of her disorder returning).

Literature search

The incidence of vulvar pain is surprisingly high. One estimate is that 11 per cent of women experience "vulvar vestibular pain".[4] Extensive discussion of vulval disorders is difficult to find in the English language TCM literature. Flaws (1991:113-128) has the most extensive discussion of "Inflammatory conditions of the external genitalia" including bartholinitis (differentiating an acute toxic heat variety and a chronic cold retention) and vulvar ulcer. This discussion fails to address non-inflammatory conditions such as pain. He does, however, refer to "prolonged festering boils" as requiring supplementation of qi and blood as well as the resolution of toxins. He makes an interesting comment that "phlegm nodulation" may also play a part in the formation of cysts and neoplasms of the Bartholin gland and they may not be "solely an accumulation of stagnant blood". Until I read this comment it had not occurred to me to consider these lumps as solely blood stagnation. Any discharge when the boils burst or are lanced certainly point to phlegm rather than blood stagnation. It does perhaps account for the effectiveness of *Yunnan Baiyao* which I had chosen for its "antipyretic" actions[5] rather than blood moving. It is also interesting to note the absence in Flaws' discussion of channel pathways and the possibility of a channel pathology causing vulval disease.

Yu Jin (1998) devotes a chapter to "Disorders of the vulva" and includes bartholinitis and bartholin's cyst and abscess in a chapter "Inflammatory diseases". She mentions that "Liver and Kidney channels run through the vulva, and the Kidneys are said to 'open' into the vulva and anus" (Yu, 1998: 25-6). The treatments she discusses focus more on addressing external conditions such as dystrophy and pruritus using both external sitz baths and internal decoctions.

Maciocia (1998) makes the useful reminder that "the vulva is the fourth commonest site of gynecological neoplasia" and medical examination is a necessary prelude to treatment. When discussing vulvar sores he differentiated those that are sourced in Toxic Heat with Liver Fire and Damp Heat or Retention of Cold. This is consistent with the differentiation provided in Xia *et al*. Neither analysis is particularly applicable in explaining the full story for my two patients.

Conclusion

I have little expectation that the older patient with vulvodynia will recover quickly (or perhaps even return for more treatment!) The length of time that she has been in pain, the extent of medical and surgical intervention, the depth of the emotional trauma that triggered the problem and her reluctance to deal directly with this trauma in a way that would resolve some of the emotional issues that confront her will all contribute to an uneven progress. By contrast, the younger woman without significant "emotional baggage" and with a clear understanding of the diet and lifestyle habits that contribute to her condition should not expect reoccurrence. The practice of Chinese medicine is not a simple matter of applying treatment principles to an elegant diagnosis. The complexity of people's lives requires our practice to be subtle, thoughtful and engaged for the long-term.

Addendum

While writing this I was visited by a 62-year-old patient who complained of severe psoriasis of the vulva. (I wonder whether this condition is actually vulval lichen sclerosis.) She had suffered from this condition for 20 years and said her vulva was close to ulceration, extremely itchy, flaking and inflamed. She had used a wide range of pharmaceutical and naturopathic treatments without success. Two weeks after three simple acupuncture treatments and using a herbal wash for her genitals she claimed that she was better than she had been for 20 years. The rash was close to being cleared entirely. Her only complaint was the build-up of yellow wash cloths! The wash consisted of *Ku Shen* (Sophorae flavescentis Radix), *She Chuang Zi* (Cnidii Fructus), *Huang Lian* (Coptidis Rhizoma) and *Wu Mei* (Mume Fructus) in equal parts with the addition of vinegar to the decoction before washing.

Endnotes

1. O'Connor & Kovacs (2003:435) quotes the International Society for the Study of Vulvar Disease (ISSVD) describing vulvodynia as chronic vulvar discomfort that is characterised by burning, stinging, rawness or irritation. Vulval vestibulitis is a sub-type of vulvodynia and is characterised by pain when the vestibule is touched or pressured. These symptoms may occur in the absence of clinical and laboratory findings. Anti-depressants are often prescribed.
2. An interesting reported outcome of an RCT on vestibulectomy found that actual surgery was twice as effective as other less interventionist treatments. Bergeron S. et al. A randomised comparison of group cognitive-behavioural therapy, surface electromyographic biofeedback, and vestibulectomy in the treatment of dyspareunia resulting from vulvar vestibulitis. Pain 2001 April; 91(3):297-306 Reported in ABC Health Report interview with Dr Irv Binik Professor of Psychology McGill University Montreal Canada, 15th May 2006
3. O'Connor & Kovacs (2003:435) report that vulval "lumps" can be congenital or acquired; skin appendage cysts or obstructed Bartholin's gland; solid lumps could be condylmata acuminata (warts) or fibroepithelial polyps (skin tags); malignancies must always be excluded.
4. Quoted as from an epidemiological study by B. Harlow of Harvard School of Public Health in the ABC Health Report interview with Dr Irv Binik Professor of Psychology McGill University Montreal Canada, 15th May 2006
5. Although I have always been puzzled as to why a capsule of predominantly *Tien Qi* (Notoginseng Radix), which is warm and only slightly bitter, should be antipyretic or treat furuncles. It does, however, enter the Liver channel.

References

Flaws, B. (1991) *Fire in the Valley: The TCM Diagnosis & Treatment of Vaginal Diseases*. Boulder : Blue Poppy Press.
Maciocia, G. (1998) *Obstetrics & Gynecology in Chinese Medicine*. Edinburgh: Churchill Livingstone
O'Connor, Vivienne & Kovacs, Gabor (2003) *Obstetrics, Gynaecology & Women's Health*. Cambridge: Cambridge University Press.
Xia, G.C.(Ed.) (1987) *Concise Traditional Chinese Gynecology*. Nanjing: Jiangsu Science & Technology Publishing House
Yu, J.(1998) *Handbook of Obstetrics & Gynecology in Chinese Medicine*. Seattle, Eastland Press.

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Si Ni San

Counterflow Cold Powder for Urinary Bladder dysfunction

by Karen Kraft with Craig Mitchell

AS WE HAVE SEEN BEFORE in this column, classical formulas can be used for symptoms that can seem, on the surface, to be far removed from the traditional patterns. However, in some cases, the usage of a formula has become narrowed over the years to the point where even symptoms that are mentioned in the classical literature are no longer closely associated with the pattern. An example of this process is the use of *Sì Nì Săn* (Counterflow Cold Powder) for urinary problems, such as frequent urination, difficulty urinating smoothly or completely, urgency to urinate with an inability to urinate, etc. As we can see in the line from the *Shāng Hán Lùn* below, inhibited urination is mentioned in the source text. Nonetheless, for many of us, it is easier to see the typical symptoms of qì constraint, such as cold limbs, abdominal pain, and urgent bowel movements, rather than the urinary symptoms.

原文 318: 少阴病，四逆，其人或咳，或悸，或小便不利，或腹中痛，或泄利下重者，四逆散主之。

Line 318: When in lesser yīn disease [there is] counterflow cold of the limbs, the person may cough, or have palpitations, or inhibited urination, or pain in the abdomen, or diarrhea with rectal heaviness; *Sì Nì Săn* (Counterflow Cold Powder) governs.[1]

The two cases below illustrate the effective usage of *Sì Nì Săn* (Counterflow Cold Powder) for urinary dysfunction and remind us of the pivotal role that the qì dynamic plays in many basic body processes.

Case 1: A 29-year-old-woman came in seeking help for chronic bladder problems (frequent urination and inability to urinate), which had recently escalated following recreational drug use. Her urination had been fine until about three years ago when she began using recreational drugs about every other weekend. Although she had used them only a few times in the past year, the problem had persisted.

1/6/05, first visit: At her first office visit, she reported that six days ago she had simultaneously taken recreational drugs and diet pills containing Ephedra. Her low back was sore, her neck and shoulders were tight, and her jaw was clenched. She was urinating about 16 times per day, about 20-40 ml each time, which was substantially less than her usual. She had to get up four times per night to urinate. There were also times when she was unable to urinate at all. Her urologist had prescribed Flomax[2]. Her bowel movements were soft, two to three times per day. Her eyes were painful and photophobic. Her tongue was slightly red with a red tip and horizontal cracks in the centre. Her pulse was thin and wiry. There was a perceptible tremor in her right leg. Her abdomen showed both Rèn Mài and Dài Mài disharmony patterns and because both GB 41 points were tender on palpation and her cranial rhythms improved with pressure at those points, I treated with ion-pumping cords between SJ 5 and GB 41. I also did running cups on the UB channel on the back to release her overall muscle tension, and then needled GB 21, SI 13, UB 26, and UB 57 to relieve specific areas of restriction. Because she was fearful that she had caused irreparable damage

and was visibly shaky, I first prescribed a slightly augmented *Gān Mài Dà Zǎo Tāng* (Licorice and Jujube Combination) in granule form with the additions of *Fú Líng* (Poria), *Tài Zǐ Shēn* (Pseudostellariae Radix) and *Hé Huān Pí* (Albiziae Cortex). I gave her enough for four days.

1/17/05, second visit: The patient reported that her back was much improved and while it was still tight, there was less pain. Urine quantity had increased and urination felt more complete. Her stools had decreased in frequency and were firmer. Nonetheless, she reported several episodes of completely inhibited urination, which were quite distressing. When urination was inhibited, she reported that her face would flush and her chest would sweat and develop pink blotches, causing her to take off layers of clothing. At night she felt cold, but her body was warm to the touch and she preferred to keep her feet uncovered. She had a dry throat and her tongue was slightly red with cracks in the centre, a red tip, and yellowish coat. Her pulse was thin. Thinking about Line 71 from the *Shāng Hán Lùn*, I decided to use *Wǔ Líng Sǎn* (Poria Five Powder) in order to warm the yáng, transform qì, disinhibit water, and harmonise the exterior.

原文 71：太阳病，发汗后，大汗出，胃中干，烦躁不得眠，欲得饮水者，少少与饮之，令胃气和则愈。若脉浮，小便不利，微热消渴者，五苓散主之。

Line 71: When in greater yáng disease, after sweating is promoted and great sweat issues, [if there is] dryness in the stomach, vexation and agitation with insomnia, and a desire to drink water, giving a small amount of water will harmonise the stomach qì so that recovery [will ensue]. If the pulse is floating and [there is] inhibited urination, slight heat, and dispersion-thirst, *Wǔ Líng Sǎn* (Poria (Hoelen) Five Powder) governs. [3]

The acupuncture treatment consisted of running cupping and tui-na, followed by acupuncture: CV 4, ST 36, SP 6, KD 3, and LI 10.

1/24/05, third visit: The patient reported a slight improvement in urination, although at times she was still unable to urinate, accompanied by a burning sensation in her urethra. She also complained of vaginal dryness and a "copper taste" in her mouth. She had gas, bloating and epigastric tenderness as a result of an incidence of vomiting following excessive alcohol intake the previous night. She reported that the day before the middle of her lower abdomen was swollen and congested with a sensation of pressure and that her epigastrium felt stuffed. Her tongue had a peeled yellow coat, cracks, and a red tip. Her proximal pulses were deep.

Acupuncture: SP 9, ST 36, ST 25, and CV 3.
Additional treatment: Running cups and tui-na on her back.

At this time, believing there to be yin deficiency with heat and water bound together, I prescribed five days of *Zhū Líng Tāng* (Polyporus Decoction).

原文 223：若脉浮发热，渴欲饮水，小便不利者，猪苓汤主之。

Line 223: If the pulse is floating and [there is] heat effusion, thirst with a desire to drink water, and inhibited urination, [then] *Zhū Líng Tāng* (Polyporus Decoction) governs. [4]

1/31/05, fourth visit: The patient reported that her urination was more normal on weekends than on weekdays, during which she was urinating every 10–20 minutes. She had urinated seven times on the day of the visit, which was a relatively small number for her at that time. She had received a massage for her tight neck and shoulders, which she was unable to complete due to sensations of intense urinary urgency, despite having gone to the restroom several times during the massage. She was very tired and woke feeling heavy. Her throat was tight and itchy. She was moody and became irritable if she went too long without eating. The metallic taste in her mouth was no longer present and she was drinking more water. Her neck and shoulders were still tight and achey. Her abdomen was warm and her feet were cold. Her tongue was cracked with slight tooth marks and her proximal pulses were deep.
Acupuncture: CV 3, ST 28, and LIV 5. (All points were very sensitive.)
Additional treatment: GB 21 and *Bai Lao* (Extra 30) in conjunction with cupping and tui-na.

Her response during acupuncture was the same as her response to the massage – she felt an urgency to urinate that sent her running to the restroom four times, and each time only a small amount of urine, if any, was released. I prescribed *Sì Nì Sǎn* (Counterflow Cold Powder) plus *Fú Líng* (Poria) and *Wū Yào* (Linderae Radix). The formula was given in granule form for two days.

2/7/05, phone consultation: The patient reported a sudden and dramatic improvement in urination while taking the formula. She was urinating every two to three hours, without urgency or difficulty. Her nocturia had decreased from four times per night to once per night. Her bowels had become firmer and less frequent. Over the next year, episodic recurrence of brief, mild urinary issues, which seemed directly related to emotionally stressful situations, were easily resolved with a day or two of the formula.

Below, I have included a translation of a relevant case using *Sì Nì Sǎn* (Counterflow Cold Powder)

> *The flushing and sweating from the chest in hindsight should have been a clue that there was a qì mechanism problem.*

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for abnormal urination[5] to further illustrate some of the important issues that came up in this case.

Case 2: Patient Wǔ was a 68-year-old female who presented on 1/2/87 reporting tightness, distention, fullness and pain in the right lower back and lower abdomen. Her urination was frequent and scanty. She was belching and her sleep was poor. She had a fear of cold and her limbs were cold; she preferred warmth. Her tongue was red with a thick, greasy, yellow coat, and her pulse was slippery and rapid. In this pattern, a loss of free coursing of the qì mechanism affected the Urinary Bladder so that it failed to manage qì transformation [thus influencing fluid metabolism and urinary flow.] It was appropriate to use augmented *Sì Nì Săn* (Counterflow Cold Powder) to unblock the yáng [qì] in order to extend and to move qì in order to reach out. The prescription was: *Chái Hú* (Bupleuri Radix) 10, *Bái Sháo* (Paeoniae Radix alba) 20, *Zhì Gān Căo* (Glycyrrhizae Radix preparata) 10, *Zhĭ Shí* (Aurantii Fructus immaturus) 15, *Chì Sháo* (Paeoniae Radix rubra) 15, *shēng Mài Yá* (Hordei Fructus germinatus) 30, *Xiè Bái* (Allii macrostemi Bulbus) 15, *Fú Líng* (Poria) 20, *Chuān Xiōng* (Chuanxiong Rhizoma) 10, *Chén Xiāng* (Aquilariae Lignum resinatum) 6. Water decoction. After taking two bags, urination was clear and profuse, and urinary frequency was normal. The fear of cold, lower abdominal symptoms and the other symptoms had all ceased. The remaining symptoms were occasional low back distention and belching, so she continued on the same basic formula with the addition of *Dài Zhĕ Shí* (Haematitum), *Xuán Fù Huā* (Inulae Flos), *Qīng Pí* (Citri reticulatae viride Pericarpium) and *Xiāng Fù* (Cyperi Rhizoma). After two bags, all of her symptoms were alleviated.

Discussion

Looking back at this case, it is easy to point out the blunders that may be typical of a relatively new practitioner. The first office call was primarily directed at getting the patient out of crisis and extreme emotional upset. I am not sure that I would have treated her any differently in hindsight. However, by the second visit, in which I prescribed *Wŭ Líng Săn* (Poria (Hoelen) Five Powder) I can identify many reasons why that formula was not the best choice. Given her history of inappropriate use of Ephedra, I speculated that she had induced profuse and improper sweating, which had also damaged her qì and consequently inhibited bladder qì transformation, leading to accumulation in the water pathways. My decision was based heavily on her history and my assumptions about the course the disease should have taken rather than the actual signs and symptoms present. The action of the formula is to transform qì and move water, perhaps not the most important part of her presentation. The flushing and sweating from the chest in hindsight should have been a clue that there was a qì mechanism problem and that the heat was generated by constraint. Her positive response to the first acupuncture treatment, which largely regulated the qì of the shào yāng, also pointed to a qì problem rather than a fluid or heat problem.

By the third visit I was enthusiastic about using *Zhū Líng Tāng* (Polyporus Decoction), because the cracks in her tongue, her history of drug use and her various heat symptoms had led me to focus on an apparent yīn deficiency, while the inhibited urination led me to believe that her water pathways were blocked and needed to be opened and drained. The formula's nourishing and draining actions seemed appropriate for her condition. In reality, it appears that the cloying nature of *Ē Jiāo* (Asini Corii Colla) may have been too hard on her weak digestive system, as the tooth marks on her tongue did not appear until after taking this formula (and a night of hard drinking). Still focused on the apparent heat signs and fluid problems, I missed the qì dynamic problem. The gas, bloating and abdominal discomfort, which I had attributed to overindulgence in alcohol, should have alerted me to a disruption of the qì mechanism, and hindsight tells me that regulating qì would have been more helpful to her at that point than opening the water pathways and nourishing yīn.

It is relevant here to compare symptoms of heat in *Wŭ Líng Săn* (Poria (Hoelen) Five Powder) and *Zhū Líng Tāng* (Polyporus Decoction) patterns, versus the heat signs present in both my case (Case 1) and the translated case (Case 2). Although a red tongue, dry throat and heat in the upper body could all be reasonable indicators for *Wŭ Líng Săn* (Poria (Hoelen) Five Powder), they could also be present in a *Sì Nì Săn* (Counterflow Cold Powder) pattern. My patient felt cold at night, her feet were hot, and she preferred to keep them uncovered; this would make one think that *Sì Nì Săn* (Counterflow Cold Powder) is inappropriate. However, as is seen in the Case 2, the patient also had temperature regulation problems (fear of cold, cold limbs and preferring warmth). Like my patient, she also had a red tongue with a yellow coat, but in both cases the heat is from constraint; it was not a case of true heat needing to be cleared. I later surmised that my patient's feet were initially hot at night because of constrained qì relaxing somewhat at the end of the day, resulting in a rush of heat to the extremities. In Case 2, the fear of cold and cold limbs is not a typical *Sì Nì Săn* (Counterflow Cold Powder) presentation. However, when the qì is disordered, a person may have temperature regulation problems in general, making them intolerant of cold or heat. At the time I prescribed *Zhū Líng Tāng* (Polyporus Decoction), the main heat symptoms present were the burning sensation in the urethra, the "copper taste" (which I interpreted as thirst), the redness of her tongue and the yellow tongue coat. Again, these symptoms could be present in a *Sì Nì Săn* (Counterflow Cold Powder) pattern, and the burning sensation could simply be due to irritation of the urethra, rather than true heat. The conflicting interpretation of these symptoms is a good reminder that one cannot use the presence or absence of a single sign or symptom to form or to rule out a diagnosis.

On the visit in which I prescribed *Sì Nì Săn* (Counterflow Cold Powder), it was her response to massage and acupuncture that influenced my decision to focus on qì regulation, giving just a nod to the fluids with the addition of *Fú Líng* (Poria). I now believe that the root of her problem was a qì mechanism problem in which the Bladder was failing to open and close in an appropriate way to allow the release of urine. Releasing more qì into her disordered system with acupuncture only served to amplify the problem (which in turn served to bring it to my attention). In retrospect, I suspect that the use of more distal points, such as those used on her first visit, may have been more appropriate than the local abdominal points I chose. Nonetheless, the desired effect was dramatically achieved in the end, thanks to the use of this formula, which restored normal qì transformation.

Endnotes

1. Ibid, p. 511.
2. Flomax or Tamsulosin is commonly prescribed for symptoms associated with benign prostatic hypertrophy (BPH). It relaxes the muscles of the bladder and prostate, which may help with urinary flow.
3. Mitchell, Yè, Wiseman, (1999), *Shāng Hán Lùn* (On Cold Damage), p. 195, Paradigm Publications, Brookline, MA.
4. Ibid, p. 324.
5. 耿繁河，四逆散加味验录实《河南中医》，1988 (5) 36。

温 热 论

Ye Tian-Shi's *Wen Re Lun*

Discourse on **warm-heat disease**

By Daniella Van Wart and Charles Chace

On macules and papules

凡斑疹初见，须用纸燃照看胸背、两胁，点大而在皮肤之上者为斑。
Whenever macules and papules begin to appear, one must illuminate the chest, back and both rib sides with a piece of burning paper. If the spots are large and [evenly spread] on the skin, then they are macules.

LGH, pp 121–126

或云头隐隐，或琐碎小粒者为疹。又宜见而不宜见多。
Or [if the rash appears] with faint, cloudy [raised] heads or presents as slight granules, then they are papules. Also, it is a favourable sign to see [some macules or papules] but an unfavourable sign to see many.

LGH, p. 122

按方书谓斑色红者属胃热，紫者热极，黑者胃烂。
According to the prescription texts, if the colour of the macules is red, then this pertains to Stomach heat. If they are purple, then the heat is intense. If they are black, then the Stomach is ulcerated.

LGH, p. 123

然亦必看外症所合，方可断之。
However, one must also look for other attendant symptoms and from these the prescription can be decided.

然而春夏之间，湿病俱发疹为甚，且其色要辨。
However, during transition between spring and summer, any damp disease can aggravate the eruption of papules. Futhermore, it is important to differentiate the colour [of the rash].

如淡红色，四肢清，口不甚渴，脉不洪数，非虚斑即阴斑。
If the colour [of the papules] is pale-red, the four extremities are unaffected, the thirst is minimal and the pulse is neither flooding nor rapid, then these will be either vacuity macules or yin macules.

或胸微见数点，面赤足冷，或下利清谷，此阴盛格阳于上而见，当温之。
Or, [if the patient presents with] many barely visible [pale red] spots on the chest, a red face and cold feet, or [presents with] clear food diarrhea, this means that there is exuberant yin repelling yang in the upper [part of the body] and appearing there, and one should administer warming [methods].

若斑色紫，小点者，心包热也。
If the macules are purple and small, there is heat in the Pericardium.

点大而紫，胃中热也。
Spots that are large and purple mean that there is heat in the Stomach.

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The failure to evict the pathogen through the exterior had resulted in its retention in the interior where it damaged the fluids and humours.

黑斑而光亮者，热胜毒盛，虽属不治，若其人气血充者，或依法治之尚可救。
Macules that are black and lustrous reflect a prevalence of heat and toxins. Although this is categorised as an untreatable condition, if the patient's qi and blood is sufficient then the patient may be saved if the appropriate methods of treatment are adopted.

若黑而晦者必死。
If [the macules] are black and dull, [the condition] is invariably fatal.

若黑而隐隐四旁赤色，火郁内伏，大用清凉透发，间有转红成可救者。
If [the macules] are black, indistinct and red on the periphery, this reflects constrained fire lurking on the inside and large doses of clearing, cooling medicinals should be used to evict [the pathogen]. If following [treatment, the black macules] change to red, then the condition may be salvaged.

LGH, p. 123

若夹斑带疹，皆是邪之不一，各随其部而泄。
If the macules and papules are commingled, then this means that there is not just one [heat] pathogen, and each should be drained based on its location [in the Stomach or Lungs, and its location in construction or blood aspects].

斑疹皆是邪气外露之象，发出宜神情清爽，为外解里和之意。
Macules and papules are both expressions of the pathogenic qi moving outward. Once they erupt, the patient's bearing should become more alert, meaning that the exterior has resolved and the interior has been harmonised.

然斑属血者恒多，疹属气者不少。
Macules most often pertain to the blood, while most papules pertain to the qi.

如斑疹出而昏者，正不胜邪，内陷为患，或胃津内涸之故。
If [mental] clouding occurs with the eruption of the macules and papules, this means that the correct [qi] has not overcome the pathogen and [the heat] has sunken inwards and is causing harm, or that there is an internal desiccation of stomach liquids.

论白痦
On miliaria alba

LGH, pp. 126–128

再有一种白痦小粒如水晶色者，此湿热伤肺，邪虽出而气液枯也，必得甘药补之。
Another type [of rash] is miliaria alba, which are small granules with a crystalline appearance. This is damp-heat damaging the Lungs, and although the pathogen has been vented, the qi and humors have become desiccated. One must administer sweet medicinals to supplement [the correct qi].

或未至久延，伤及气液，乃湿郁卫分，汗出不彻之故，当理气分之邪。
Even if the condition is not prolonged, the damage may still reach the qi and humors causing damp constraint in the defense aspect, resulting in an incomplete sweat [and expressed as miliaria]. [Nevertheless,] one should rectify the pathogen [from] the qi aspect [with the administration of sweet, moistening medicinals].

Case history

A patient suffered from spring warmth presenting with generalised fever that went unresolved for six days. The retained pathogen damaged the fluids; the tongue was crimson and the joints were painful. Sweet, cold methods were indicated to extinguish the pathogen.
Zhu Ye Xin (Phyllostachys avicularis Folium)
Zhi Mu (Anemarrhenae Rhizoma)
Hua Fen (Trichosanthes Radix)
Hua Shi (Talcum)
Sheng Gan Cao (uncooked Glycyrrhizae Radix)
Li Pi (Pear skin)

Comment: Although Ye has identified *Huang Qin Tang* (Scutellaria Decoction) as the correct treatment for spring warm patterns, our options for removing heat cannot be limited to single methods such as the administration of the bitter cold *Huang Qin Tang*. In the above case, the failure to evict the pathogen through the exterior had resulted in its retention in the interior where it damaged the fluids and humours. Administration of bitter cold medicinals to directly clear the heat pathogen in this situation would inevitably promote a further retention of the pathogen. Also, one would then worry about [the pathogen] transforming to dryness.

Hence, rather than using *Huang Qin* (Scutellariae Radix) and *Bai Shao* (Paeoniae Radix alba), Ye instead used *Zhi Mu* (Anemarrhenae Radix) and *Hua Shi* (Talcum) to clear heat, together with *Hua Fen* (Trichosanthes Radix) and *Zhu Ye Xin,* (Phyllostachys avicularis Folium) to both clear heat and engender fluids. The prescription also clears and enriches while simultaneously evicting pathogens and illustrates the principle that there are many methods for evicting pathogens. While the prescription actually makes use of sweet cold medicinals, it is most accurately understood as employing cool moistening, evicting and resolving methods.

或白枯如骨者多凶，为气液竭也。
When [the rash] is white and dry like bone, the condition is far more severe, indicating an exhaustion of the qi and humors.

论齿
On [diagnosis of the] teeth

LGH, pp. 120–121

再温热之病，看舌之后，亦须验齿。
As for warm heat diseases, after one looks at the tongue one must also examine the teeth.

齿为肾之余，龈为胃之络。
The teeth are the surplus of the Kidneys and the gums are the networks of the Stomach.

热邪不燥胃津，必耗肾液。
Even if heat pathogens do not dry the Stomach liquids, they will invariably harm the Kidney humours.

且二经之血皆走其地，病深动血，结瓣于上。
Moreover, the blood in these two channels also travels to these places [i.e. the teeth and gums], so if the disease deepens and stirs the blood [the heat pathogen] will bind to the segments of the upper [gums].

阳血者色必紫，紫如干漆；阴血者色必黄，黄如酱瓣。
Yang blood [from the gums] will be a purplish color, purple like dried lacquer. Yin blood [from the gums] will be yellowish, yellow like broad bean sauce.[1]

阳血若见，安胃为主。阴血若见，救肾为要。
If yang blood is present, calming the Stomach is primary. If yin blood is present, then it is essential to rescue the Kidney.

然豆瓣色者多险，若症还不逆者尚可治，否则难治矣。
Although a bean [sauce] colour is indicative of a very dangerous [condition], it can still be treated if there are no ominous symptoms and signs. Otherwise, it will be difficult to treat [successfully].

何以故耶？盖阴下竭，阳上厥也。
What then, does this mean? The yin below is exhausted and there is an ascending reversal of yang.

齿若光燥如石者，胃热甚也。
If the teeth are lustrous and dry like stones, there is extreme Stomach heat.

若无汗恶寒，卫偏胜也。
If there is an absence of sweating and an aversion to cold, the defense [aspect] is relatively overbalanced [due to the presence of the pathogenic factor].

辛凉泄卫[2]，透汗为要。
It is essential to use acrid, cool [medicinals] to discharge the defence and to vent [the pathogen] with diaphoresis.

若如枯骨色者，肾液枯也，为难治。
If [the teeth] are the colour of withered bone, the Kidney humours have been dessicated and [the condition] is difficult to treat [successfully].

若上半截润，水不上承，心火炎上也，急急清心救水，俟枯处转润为妥。
If the upper [teeth] lack any moisture, water cannot ascend in a co-ordinated manner and [instead] Heart fire flares upward. [In this case one must] immediately clear the [Heart] fire to rescue the water, and one must wait until the dessicated areas have become properly moistened [before changing the treatment strategy].

若咬牙断齿者，湿热化风痉病。
If teeth are clenched to the point of cracking, this is a spasmodic disease caused by damp-heat transforming to wind.

但咬牙者，胃热气走其络也。
However, if the teeth are simply clenched, qi from Stomach heat travels to the networks [of the Stomach in the mouth].

若咬牙而脉症皆衰者，胃虚，无谷以内荣，亦咬牙也。
If the teeth are clenched with a pulse and a pattern that all [signs and symptoms] are debilitated, this is due to Stomach vacuity. A lack of proper nutrition to nourish the interior may also [cause] clenched teeth.

何以故耶，虚则喜实也。
Why is this so? Because vacuity [patterns] often [present with symptoms that appear to be] replete.

舌本不缩而硬，而牙关咬定难开者，此非风痰阻络，即欲作痉症，用酸物擦之即开。
The root of the tongue may or may not be contracted but is hardened, and if the mandibular joint is clenched shut and difficult to open, this is none other than [a condition] of wind phlegm hindering the networks that is about to become a spasm pattern, and one should use sour substances rubbed [on the teeth] to open [the jaws].

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

Don't let anyone else make a patient's appointment for them; that gives you a 50 per cent better chance that the patient will actually show up.

酸走筋[3]，木来泄土故也。[4]
Since sour flavors travel to the sinews, Wood is used to drain Earth.

若齿垢如灰糕样者，胃气无权，津亡，湿浊用事，多死。
If the teeth are dirty as if caked with ash, then the Stomach qi lacks vigor. The liquids have become exhausted and damp turbidity is in control. [Such a condition] is often fatal.

而初病，齿缝流清血，痛者，胃火冲激也。
At the onset of disease, when fresh blood flows from the gaps between the teeth and there is pain, this is due to fierce surging Stomach fire.

不痛者，龙火内燔也。[5]
If there is no pain, then dragon fire blazes internally.

齿焦无垢者死。齿焦有垢者，肾热胃劫也，当微下之，或玉女煎清胃救肾可也。
If the teeth are scorched but not dirty, this is fatal. However, if the teeth are scorched and dirty then the Kidney heat [is excessive] and the Stomach has been plundered. [This condition] should be lightly precipitated, or one may administer *Yu Nu Jian* (Jade Maiden Decoction) to clear the Stomach and rescue the Kidney.

论妇女温热
On warm heat in women

再妇人病温与男子同一但多胎前产后，以及经水适来适断。
Female patients with warm diseases are [generally treated] the same as males. Nevertheless, many pre-partum and post-partum [conditions] as well as [complications] arising from the arrival and cessation of menstruation [require special consideration].

大凡胎前病，古人皆以四物加减用之，谓护胎为要，恐来害妊。
For the great majority of prepartum diseases, our ancestors used modifications of *Si Wu Tang* (Four Substance [Decoction]) stating the importance of protecting the fetus lest harm come to the pregnancy.

如热极，用井底泥，兰布浸冷，覆盖腹上等，皆是保护之意，但亦要看其邪之可解处
In cases of extreme heat the abdomen is covered with mud from the bottom of a well or a moist, blue-coloured cloth containing orchid [flowers], all with the intention of protecting [the fetus]. Still, it is also important to see that the pathogen is resolved from [the pivotal place in which] it resides.

用血腻之药不灵，又当审察，不可认板法。
[In this case] the use of cloying blood [supplementing] medicinals is ineffective and [the patient] must be carefully examined, since [the application of blood supplementers] cannot be considered a universal remedy.

然须步步保护胎元，恐损正邪陷也。
Of course, one must safeguard the fetal source at every step, lest the correct [qi] become damaged allowing the pathogen to sink [inward].

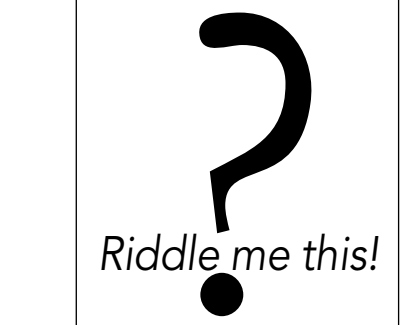
至于产后之法，按方书谓慎用苦寒药，恐伤其已亡之阴也。
As for the methods [of treating] post partum [patients], the prescription books state that one should be cautious in one's use of bitter cold medicinals lest they [further] damage yin that is already exhausted.

然亦要辨其邪，能从上中解者，稍从症用之，亦无妨也，不过勿犯下焦。
However, it is also essential to differentiate [the location] of the pathogen. To resolve [pathogens] from the upper and middle burner, one may use small amounts [of bitter cold medicinals] based on the symptoms without causing harm. However, do not attack the lower burner.

且属虚体，当如虚怯人病邪而治，总之勿犯实实虚虚之禁。
Moreover, those with weak constitutions should be treated as one would treat individuals who are weakened by pathogens. In general, do not violate the prohibition against replenishing a repletion or evacuating a vacuity.

况产后当血气沸腾之候，最多空窦，邪势必乘虚内陷，虚处受邪，为难治也。
In post partum situations presenting with an agitation of blood and qi and the [potential] for emptiness on many [levels], there is a tendency of the pathogen to avail itself of whatever vacuity may be present and to sink inward. The pathogen will be contracted wherever there is a vacuity, and such conditions are difficult to treat.

如经水适来适断，邪将陷血室，少阳伤寒言之详悉，不必多赘。
For instance, [a heat] pathogen may sink into the blood chamber either during or after menstruation. The Shao Yang cold damage [literature] has already discussed this in great detail, and therefore it requires no further attention.



Riddle me this!

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

Half summer;
hare's ear in sweet grass,
scoot!

The answer to the riddle in the last issue was "the year". The first to give the correct answer was Sharon Weizenbaum, who lives and practises in Massachusetts. She has won a year's free subscription to *The Lantern*! Be first to answer this issue's riddle correctly and you will win a year's free subscription to *The Lantern*.

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但数动[6]与正伤寒不同.仲景立小柴胡汤，提出所陷热邪，参、枣扶胃气，以冲脉隶属阳明也，此与虚者为合治。

However, [the pulse in warm disease] will be rapid and stirring, and this differs from the typical cold damage [pulse]. In formulating *Xiao Chai Hu Tang* (Minor Bupleurum Formula), [*Zhang Zhong-Jing*] demonstrated that for sinking heat pathogens the use of [*Ren*] *Shen* (Ginseng Radix) and [*Da*] *Zao* (Zizyphi Jujubae Fructus) supports the Stomach qi, because the Chong vessel connects with [Stomach] Yang Ming. Therefore, this [sinking heat] and the vacuity condition are treated simultaneously.

LGH, pp. 148, 156

若邪热陷入，与血相结者，当宗陶氏小柴胡汤，去参、枣，加生地、桃仁、山）楂肉、丹皮或犀角等。

If the pathogenic heat has already sunken inward and become bound with the blood, one should adopt Master *Tao's* version of *Chai Hu Tang* (Bupleurum Formula) that omits *Ren Shen* (Ginseng Radix) and *Da Zao* (Zizyphi Jujubae Fructus), and adds *Sheng Di [Huang]* (Rehmanniae Glutinosae Radix), *Tao Ren* (Persicae Semen), *(Shan) Zha Rou* (Craetagus fructus), *[Mu] Dan Pi* (Moutan Cortex) and *Xi Jiao* (Rhinoceri Cornu).

若本经血结[1]自甚，必少腹满痛，轻者刺期门，重者小柴胡汤去甘药，加延胡、归尾、桃仁，挟寒加肉桂心，气滞者加香附、陈皮、枳壳等。

If the menstrual blood suddenly ceases there will inevitably be lower abdominal fullness and pain. If these symptoms are mild, then prick Cycle Gate *[*LV-14], and if they are severe then omit the sweet medicinals from *Xiao Chai Hu Tang* (Minor Bupleurum Formula) and add *Yan Hu [Suo]* (Corydalis Yanhusuo Rhizoma), [*Dang*] *Gui Wei* (Angelicae Sinensis Radicis Extremitas) and *Tao Ren* (Persicae Semen), and if there is cold associated with the condition, then add *Rou Gui Xin* (Cortex Cinnamomi). If there is qi stagnation, then add *Xiang Fu* (Cyperi Rotunda, Rhizome), *Chen Pi* (Citri Reticulatae, Pericarpium) and *Zhi Shi* (Immaturus Citrii Aurantii, Fructus).

LGH, pp. 148, 186

然热陷血室之症，多有谵语如狂之象，防是阳明胃实，当辨之。

Because manic raving is often an indicator of heat having sunken into the blood chamber, one should be careful to discriminate this from Yang Ming Stomach repletion.

血结者，身体必重，非若阳明之轻旋便捷者，何以故耶？

Why is it that when there is [a sudden] sensation of menstruation, [the diagnosis] turns on the inevitable feeling of generalised heaviness in the body [when there is blood stagnation and heat and the absence of it in Yang Brightness (Yang Ming) patterns]? The blood binding must present feeling of heaviness in the body, which is quite different from flexible and normal feeling in the body caused by Yang Ming (heat)). Why is that so?

阴主重浊，络脉被阻，侧旁气痹，连胸背皆拘束不遂，故去邪通络，正合其病。

[Stagnant blood] yin [pathogens] are characterised by heaviness and turbidity. When the network vessels become obstructed this causes qi impediment on the sides [of the body] that extends to the chest and back, which all become contracted and paralysed (stiff or rigid). Hence, [one should] expel the pathogen and open the networks, in proper accord with the disease.

往往延久，上逆心包，胸中痛，即陶氏所谓血结胸也。

If [this condition] persists and becomes chronic, there will be ascending counterflow into the Pericardium, with pain in the chest, and this is what Mister Tao referred to as blood binding in the chest.

王海藏出一桂枝红花汤，加海蛤、桃仁，原为表里上下一齐尽解之理。

[Finally] *Wang Hai-Zang* presented *Gui Zhi Hong Hua Tang* (Cinnamon Twig and Carthamus Flower Decoction) with the additions of *Hai Ge* [*Ke*] (Clam Shell) and *Tao Ren* (Persicae Semen), which was originally based on the principle of the simultaneous and complete resolution of the exterior and interior above and below. [This too treats the above condition].

看此方大有巧手，故录出以备学者之用。

In considering how skilfully these prescriptions [have been formulated] I have therefore recorded and presented them here in preparation for their use by students.

For sinking heat pathogens the use of Ren Shen (Ginseng Radix) and Da Zao (Zizyphi Jujubae Fructus) supports the Stomach qi, because the Chong vessel connects with [Stomach] Yang Ming.

Endnotes

1. Spicy thick broad bean sauce.
2. In some editions, defence (卫 *wei*) is replaced by Stomach (胃 *wei*).
3. 酸走筋 does not appear in the Shanghai edition.
4. The sour medicinal that is rubbed on the gums is *Wu Mei* (Mume Fructus).
5. Dragon fire is Kidney fire.
6. Should be 变动.

On wind
Jewels from the Jie-Gu family

A treatise by Zhang Yuan-Su

Translated and annotated by Franz Zehentmayr

Introduction

Zhang Yuan-Su (张元素 1151–1234, *zi* name Jie-Gu, also known as Yi Shui Xian-Sheng) was a major physician of the 12th century, friend of Liu Wan-Su and the teacher of Li Gao (Dong-Yuan). His statement "The cycles of change have moved on, ancient times have become modern, old formulae do not necessarily match new diseases" became a watchword for medical innovation in the Jin and Yuan dynasties.

This article examines Zhang's view of wind as a pathogen in general, and then his suggestions for the treatment of two serious conditions resulting from wind: *po shang feng* (literally "wind due to a piercing injury") and *li feng* ("strict wind"), the descriptions of which resemble the modern disease categories of tetanus and leprosy.

The basis for my discussion below is a version of the *Jie-Gu Jia Zhen* 洁古家珍 (*Jewels from the Jie-Gu Family*) that was included in a compilation of medical texts titled *Ji Sheng Ba Cui* 济生拔粹 (*Recover the Essence of How to Maintain Health*) by Du Si-Jing 杜思敬 (13th century) in 1260. The latest edition of the *Jie-Gu Jia Zhen* was published in 1999. In fact we do not know what the original text looked like and there is no means to verify that the extant version was really written by Zhang Yuan-Su himself. It is justifiable to speculate from a few hints in the text that somebody else might have been the author.

The introductory sentence shows an interesting connection to Li Gao 李杲 (1180–1251): "The formulae are the same as in Dong-Yuan's *Ji Yao*, that's why they are not explained [in detail] below, only the differences are listed." Were the *Jewels from the Jie-Gu family* just an annex to the *Ji Yao* 机要?[1] Why should anybody ascribe his own formulae to someone else? It could be possible that Li Gao, by ascribing this text to his famous teacher Zhang Yuan-Su, emphasises the historical dimension of the medical tradition to which he feels committed. Tradition equals quality, which means the longer the history of a school the higher the quality of the practitioners that come from it.

But Li Gao is not the only possible author. According to the references there are at least two other members of the Yi Shui Xue Pai 易水学派 (Yi Shui school of medicine), the school founded by Zhang Yuan-Su and named after his place of birth in Hebei province, who might have contributed their share: Luo Tian-Yi 罗天益 (13th century) who wrote a book titled *Wei Sheng Bao Jian* 卫生宝鉴 (*Mirror of the Treasures of Health Protection*) in 1281, or Zhu Zhen-Heng 朱震亨 (1281–1358) whose *Ju Fang Fa Hui* 局方发挥 (*Explanation of Official Formulae*) was published around 1350.

The contents of the *Jie-Gu Jia Zhen* can be divided into seven chapters; three of these contain external pathogens (wind, cold, heat), one explains the internal pathogen water, another is dedicated to the pathomechanism of deficiency, the sixth chapter contains children's diseases and obstetrics, and the last comprises treatises on general and family medicine. Altogether 140 formulae are listed.

1. The full title of this book is the *Huo Fa Ji Yao* (*Essential Mechanisms with Living Methods*), variously attributed to both Li Gao and Zhu Dan-Xi. It discusses the mechanisms of illness and a variety of treatment methods for 20 conditions, including strict wind (*li feng*) and wind due to a piercing injury (*po shang feng*).

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Translation[2]

1. Wind[3]

1.1 Wind is the beginning of all kinds of disease; it easily moves and thereby causes many changes. By moving[4] it carries along [many diseases][5].

1.2 At the beginning wind causes heat and when heat prevails wind [is able to] move [even more]; it is appropriate to calm it in order to overcome its dryness, therefore one has to nourish blood to do so. When treating [this condition] it is necessary to [cause] a little sweating, and it is also appropriate to purge a little. If one causes too much sweating the wei [qi] is damaged, if one purges too much one damages the ying [qi]. Its [appropriate] treatment lies in the channels[6].

1.3 Although one should abstain from [excessive] sweating and purging one [can still use these treatment methods when wind] has hit the zang and fu organs. When it has [merely] hit the fu it is appropriate [to make the patient] sweat; when it has [merely] hit the zang it is appropriate to purge [the patient]. In cases [when both zang and fu organs are hit the treatment methods of] sweating and purging are combined but one must be careful not to treat the patient too much. If one makes [the patient] sweat [too much] one stops yang [from circulating], if one purges too much one stops yin [from circulating]. If one stops yang [from circulating] one damages the qi, if one stops yin [from circulating] one damages the structure[7].

1.4 At the beginning this is called disharmony of outside and inside, [in such a case] one must sweat and purge; if outside and inside are already harmonised, this [means] the appropriate [further] treatment is in the channels[8].

1.5 [If wind] hits [one of] the fu organs then the face shows the corresponding colour; there is a surface pattern so the pulse is superficial, with a dislike for wind and cold, hypertonicity and numbness; [the pathogen can] either hit the back, the front or the side, this is generally called "hitting the fu level", so its treatment is [relatively] easy[9].

1.6 [If wind] strikes into [one of] the zang organs then the lips cannot be closed, the tongue cannot be moved and the voice is lost, the nose cannot differentiate between good and bad smell, the ears are deaf and the eyes are blind, stools are tight and urination is inhibited, this is all called striking the zang. Diseases that affect the zang are difficult to treat[10].

1.7 If the six fu organs are in disharmony knots remain and make abscesses; if the five zang organs are in disharmony the nine orifices[11] are blocked. If there are other symptoms then [these problems are] in the channels. If the primary symptoms[12] have established themselves already [in the zang], it is appropriate to use a big [dosage of] herbs to raise [the correct qi]. If one follows the seasons in order to harmonise yin and yang, to appease the zang and fu organs, to harmonise ying and wei [qi], there is only a little chance of failure.

1.8 If wind hits the fu organs, first take *Jia Jian Xu Ming Tang* 加减续命汤 to release the surface according to the symptoms. If it hits the zang organs at the same time, then the stools become tighter and rougher, so it is appropriate to take *San Hua Tang* 三花汤 to unblock stagnation.

1.9 [As noted previously] if the primary symptoms have already established themselves [in the zang] but there are no other symptoms in the diverging network vessels[13], one should take [a big dosage] of herbs for harmonisation.

1.10 In summary, if the fu organs are hit, then the four limbs are affected; if the zang organs are struck, the nine orifices are blocked. If, although the fu organs are hit, there are more zang organ symptoms at the same time, to a degree that even the tongue is stiff and there is a loss of voice, one [also] has to take big [dosages of] herbs for a long time, [only] then the disease can be cured.

1.11 If [the patient] is hit by wind dampness that gets worse during the summer months, the main symptom is that the patient's body is heavy like a mountain, he cannot turn from one side to the other, so it is appropriate to use wind expelling,

> *If one makes the patient sweat too much one stops yang from circulating; if one purges too much one stops yin from circulating. If one stops yang from circulating one damages the qi; if one stops yin from circulating one damages the structure.*

2. The words given in square brackets are my own to make the translation more fluent.
3. The formulae that are mentioned in the text are listed in an appendix at the end of this article.
4. The character 行 *xíng* is derived from an ancient form that depicted a crossroads, a similar form was still used in the Jin 金 dynasty (1115–1234).
5. 動 *dòng* the original form showed two slaves carrying bamboo baskets on their backs. The meaning given in the *Shuo Wen Jie Zi* 说文解字 was "to carry on the back". In the Jin 金 period it meant "carry a heavy load together".
6. The logic connection of this sentence to what is said before is not very clear, my interpretation is: If one diagnoses and treats the patient according to the channels one cannot be wrong, that is one does not purge or sweat too much.
7. 形 *xíng* structure.
8. I understand this sentence as follows: after inside and outside have been regulated the treatment has to be completed by acupuncture and moxa. (cf. commentary).
9. This seems to be a very concise statement on yang-patterns (Tai Yang, Yang Ming, Shao Yang), although a Yang Ming or a Shao Yang pulse would not necessarily be superficial. In regards to the treatment he is not explicit, he just says it is easy – whatever treatment that means: effusing, purging, harmonising or acumoxa.
10. In relation to what it said in the paragraph before this could be a statement on yin-patterns, again he does not give a hint about the treatment apart from saying that it is difficult.
11. To wit: two eyes, two ears, two nostrils, two yin, mouth.
12. Primary symptoms are the ones described in the paragraph before: not being able to close the lips, etc.
13. 别 *bie*

dampness and heat removing herbs. If this does not help, use acupuncture and moxa to treat it.

1.12 *Xiao Xu Ming Tang* 小续命汤 treats the eight winds[14], the five impediments[15], wilting reversal and similar diseases. Take one year of life as a general [underlying pattern] and differentiate according to the [symptoms in] the six channels. [So that] in spring and summer add *Shi Gao* 石膏, *Zhi Mu* 知母, *Huang Qi* 黄芪; in autumn and in winter add *Gui Zhi* 桂枝, *Fu Zi* 附子, *Shao Yao* 芍药. Add or leave out [herbs according to a] fine analysis of the six channels. The formula is described in the *Fa Ming* 发明[16].

1.13 [The following formulae which] are listed in the *Fa Ming* 发明 [can also be used]: *Da Qin Jiao Tang* 大秦艽汤, *San Hua Tang* 三花汤, *Qiang Huo Yu Feng Tang* 羌活愈风汤. [The following formulae which] are listed in the *Bao Jian* 保鉴 [17] [can be used as well]: *Si Bai Dan* 四白丹, *Er Dan Wan* 二丹丸.

1.14 *Tian Ma Wan* 天麻丸 moves ying 营 and wei 卫, strengthens the tendons and bones (the formula is listed in the *Yuan Rong* 元戎)[18].

1.15 If there is wind epilepsy, the disease can be cured [according to] the *Treatise on Vomiting*[19] by *Hou Pu Wan* 厚朴丸.

1.16 If there is wind stroke and [the patient] sweats a lot, has a clouded vision, is encroached, has fever, no aversion to wind and cold, cannot lie quietly, this is wind heat vexation, which is mastered by *Xie Qing Wan* 泻青丸.

1.17 If urination is inhibited[20] it is not appropriate to use herbs to disinhibit it. Because if [the patient] sweats a lot, jin 津 and ye 液 are lost via the surface so urine is reduced by itself. If one disinhibits [urination in such a situation] ying and wei are exhausted and wither, and there is nothing to control fire, therefore heat vexation would become even worse; [thus] one has to wait till heat retracts and sweat stops, then urination becomes smooth by itself again.

14. 八风 *bā fēng*
15. 五痹 *wǔ bì*
16. This is probably an abbreviation for Zhu Zhen-Heng's 朱震亨 (1281-1358) *Ju Fang Fa Hui* 局方发挥 (around 1350). cf. introduction.
17. Luo Tian-Yi 罗天益 (13th century) *Wei Sheng Bao Jian* 卫生宝鉴 (1281). cf. introduction.
18. It was impossible to find a reliable author and book title for this reference.
19. The *Tu Lun* 吐论 (Treatise on Vomiting) is chapter six of the *Jie Gu Jia Zhen* 洁古家珍.
20 *bù lì* 不利: dysuria, oliguria.

2. Discussion of wind due to a piercing injury (*po shang feng*) [21]

2.1 *Qiang Huo Fang Feng Tang* 羌活防风汤, *Bai Zhu Fang Feng Tang* 白术防风汤, *Xiong Huang Tang* 芎黄汤, *Da Xiong Huang Tang* 大芎黄汤, *Qiang Huo Tang* 羌活汤, *Fang Feng Tang* 防风汤, *Wu Gong San* 蜈蚣散, *Zuo Long Wan* 左龙丸, *Du Huo Tang* 独活汤 (also called *Qiang Huo Tang* 羌活汤), *Dang Gui Di Huang Tang* 当归地黄汤 (all these formulae are in the *Huo Fa Ji Yao* 活法机要).

2.2 *Bai Zhu Tang* 白术汤 treats wind due to a piercing injury with a lot of sweating that does not stop, hypertonicity of the sinews[22] and convulsions[23].

Bai Zhu 白术, *Ge Gen* 葛根, *Shao Yao* 勺药 1 liang[24] each, *Sheng Ma* 升麻, *Huang Qin* 黄芩 5 qian[25] each, *Gan Cao* 甘草 2.5 qian

Of these herbs, take 1 liang each time, take it after brewing it in water, any time [of the day]. It treats wind due to a piercing injury with fright and convulsions; zang and fu are congested and rough, then one knows that the disease is inside, so one uses purgation.

2.3 *Jiang Biao Wan* 江鳔丸

Jiang Biao 江鳔 stir-fried on a grate, *Ye Ge Fen* 野鸽粪 fried, *Bai Jiang Can* 白僵蚕 0.5 liang each, *Xiong Huang* 雄黄 1 liang, *Wu Gong* 蜈蚣 1 pair, *Tian Ma* 天麻 1 liang

Grind these materia medica finely, divide them into three parts, use two parts to make pills with cooked rice, [about] the size of Tong seeds 桐子 [covered with a layer of] cinnabar; one part should be put into 2.5 qian of *Ba Dou Shuang* 巴豆霜 and formed to pills with boiled rice as well, [again] the size of Tong seeds 桐子. Take 20 of the cinnabar pills each time, add one croton seed frost pill, the second time add two of the croton seed frost pills and so on according to the degree of disinhibition; take cinnabar pills repeatedly until the disease is cured.

2.4 *Mo Yao San* 没药散 treats knife and arrow damage, stops bleeding and settles pain. *Ding Fen* 定粉 1 liang, *Feng Hua Da Hui* 风化大灰 1 liang, *Ku Bai Fan* 枯白矾 3 qian, grind each separately, *Mo Yao* 没药, *Ru Xiang* 乳香 1 qian. Grind [these two herbs] separately; each of [the latter three herbs] should be ground finely and then mixed in equal parts.

21 *Pò shāng fēng lùn* 破伤风论, Wiseman: lockjaw, tetanus
22 筋挛 *jīn luán*
23 搐搦 *chù nùo*
24 两 *liǎng* equals 31.25g
25 钱 *qián* equals 3.125g

3. Treatise on strict wind[26]

3.1 If the disease is not cured then it goes into the Lungs [sooner or later] so that the disease comes out via the nose. The common term [for this situation] is Lung wind. Usually the nose is swollen, red, inflated, and has sores, because blood follows qi transformation.

3.2 The reason is: qi does not properly fulfill its function, therefore blood stagnates. When blood stagnates flesh rots and worms come forth. When worms come forth this is mastered by *Jue Yin* 厥阴.

3.3 In order to moderate and course [this condition] the following *Ju Fang* 局方 formulae [are used]: first *Sheng Ma Tang* 升麻汤 and then *Xie Qing Wan* 泻青丸; the remnants of the disease should be treated via the channels.

3.4 *Ling Xiao San* 凌宵散 treats strict wind. *Chan Ke* 蝉壳, *Di Long* 地龙 (stir fry), *Bai Jiang Can* 白僵蚕, *Quan Xie* 全蝎 seven pieces each, *Ling Xiao Hua* 凌霄花 0.5 liang.

Grind [these herbs] finely. Each time take two qian, harmonise the lower burner with alcohol, take a bath and remain in the water for a period of two hours[27], then the result will be even more excellent.

Commentary

The remarkable feature in the structure of this text is that the pathophysiological entity wind is mentioned before cold and that two special forms of wind, *po shang feng* 破伤风 (wind due to a piercing injury) and *li feng* 厉风 (strict wind), are as important as wind itself. From the contents they should be regarded as subchapters, not as chapters standing on their own. Why were they regarded as extra chapters by the compiler(s) of the text? Were these medical problems predominant in those days? This could be the case taking into account the constant wars the Song dynasty had to fight against intruders in the north[28]. Probably wounds and infected wounds were more important in those days than wind in general or even cold, which had been the predominant etiology for centuries.

Harmonising the patient and the state

Several passages in the text integrate the concept of the channels — that is, acumoxa theory — with Chinese herbal medicine. I list a few examples below.

26 厉风 *lì fēng* strict wind.
27 一时 *yi shi*, a period of two hours.
28 The Jin 金 conquered northern China in 1115 and established their own dynasty there until 1234.

"At the beginning this is called disharmony of outside and inside, [in such a case] one must sweat and purge; if outside and inside are already harmonised, this [means] the appropriate [further] treatment is in the channels." (cf. paragraph 1.4)[29]

After inside and outside have been basically regulated by herbs the procedure has to be completed by a treatment of the channels. Has this ever been said in such an explicit form in the history of Chinese medicine before?

A similar way of thinking can be seen in a statement on expelling the remnants of a disease after the use of *Sheng Ma Tang* 升麻汤 and *Xie Qing Wan* 泻青丸 in the *Treatise on Strict Wind*: "In order to moderate and course [this condition use] the following *Ju Fang* 局方 formulae: first *Sheng Ma Tang* 升麻汤 and then *Xie Qing Wan* 泻青丸; the remnants of the disease should be treated according to the channels." (cf. paragraph 3.3)[30]

This integrative approach culminates in a paragraph where he recommends acupuncture and moxibustion as a kind of "salvage therapy" when treatment with herbs is not feasible: "If [the patient] is hit by wind humidity that gets worse during the summer months, the main symptom is that the patient's body is heavy like a mountain, he cannot turn from one side to the other, so it is appropriate to use wind expelling, humidity and heat removing herbs; if this is not possible use acumoxa to treat it." (cf. paragraph 1.11)[31]

But he does not only combine channel therapy and herbs in an unprecedented way he also recommends the use of big dosages of herbs for harmonisation, for example: "[As said before] if the primary symptoms have already established themselves [in the zang] and there are no other symptoms in the diverging network vessels, one has to take [a big dosage] of herbs for harmonisation." (cf. paragraph 1.9). "Big" means approximately 10 times the dosages given in classical formula books such as the *Shang Han Lun* 伤寒论 and *Jin Gui Yao Lue* 金柜要略. Apart from that, Zhang Yuan-Su recommends the use of poisonous drugs, whereas the first materia medica, the *Ben Jing* 本经 (*Classic of Materia Medica*), states that wise doctors use only herbs without poisonous side-effects[32, 33].

Apparently it is absolutely necessary in times of war and constant threats to "harmonise" the state by means of power and force. In its essence "harmonisation" means stopping movement. As a Neoconfucianist his aim is a static, clearly systematised society. Movement is the enemy, as it causes diseases; movement has to be stopped just as the enemy from the north must be stopped. "Wind is the beginning of all kinds of diseases, it easily moves and thereby causes many changes. By moving, it carries along [many diseases]."

Two wind problems and their treatments: epidemic pestilence and cramps

After a general introduction to the phenomenon "wind" Zhang Yuan-Su presents two short passages on "wind due to a piercing injury" (*po shang feng* 破伤风) and "strict wind" (*li feng* 厉风).

The character *li* 厉 alludes to *li* 疠 (epidemic pestilence) in the *Su Wen* 素问[42] (*Feng lun* 风论) and is generally translated as "leprosy" nowadays. Zhang Yuan-Su's text comes close to the classical concept of "epidemic pestilence", directly referring to the *Su Wen* chapter by the description of the nose: "the disease comes out via the nose", "usually the nose is swollen, red, inflated, big and has sores".

The author's concept of *po shang feng* 破伤风 is not explicit enough to translate the term as "tetanus, lockjaw"[34]. The symptoms described here (hypertension, convulsions, sweating) are general signs of cramping – possibly caused by an infection. What does wind break, what does it damage? From a modern clinical perspective the physiological function of tendons, muscles and nerves is destroyed. Symptoms like hypertonicity, convulsions and sweating are the consequence. Wind cuts the connecting ways between different parts of the body (and the state).

As a treatment of these symptoms Zhang Yuan-Su offers a *shi fang* 时方 (modern formula) that was originally composed by him. It is generally acknowledged[35] that *Ling Xiao San* 凌宵散 (also called *Wu Jiu San* 五九散, *Ling Xiao Hua San* 凌宵花散) was first mentioned in the *Jie-Gu Jia Zhen*. Its constituents have the following effects: *Chan* 蝉 masters wind heat, *Di Long* 地龙 masters wind humidity, *Jiang Can* 僵蚕 and *Quan Xie* 全蝎 master wind poison, *Ling Xiao Hua* 凌霄花 masters blood that clots together due to wind. It should be noted that these materia medica are all a little poisonous, that's why it is helpful to take the decoction while sitting in the bath as the interstices open and can discharge poison.

Summary

I consider this text an important step in the theoretical integration as well as the simultaneous

After inside and outside have been basically regulated by herbs the procedure has to be completed by a treatment of the channels. Has this ever been said in such an explicit form in the history of Chinese medicine before?

29. 表里已和是宜治之在经。
30. 余病各随经治之。
31. 有中风湿者夏月多有之其证身重如山不能转侧宜除风胜湿去热之药如不可用针灸治之。
32. Tao Hong-Jing 陶弘景 (452–536): *Ben Jing* 本经. Drugs are classified as *shang* 上 (high), *zhong* 中 (middle) and *xia* 下 (low), the best doctor uses high only class drugs that are not poisonous (*wu du* 无毒). cf. Unschuld: *Ben Cao*. 2000 Jahre pharmazeutische Literatur Chinas. p. 24.
33. cf. the commentary on *Ling Xiao San* 凌霄散 below.
34. Wiseman.
35. cf. Peng Huai-Ren 彭怀仁 *Zhong Yi Fang Ji Da Ci Dian Jing Xuan* 中医方剂大词典精选 (*Essence of the Great dictionary of Chinese formulae*) Nanjing 南京 1999.

clinical use of two different treatment systems: acumoxa and Chinese herbal medicine. Zhang Yuan-Su discusses substantial issues such as etiology, pathophysiology, therapy and theory in a very concise form, always under the aspect of bringing these two historically different concepts together, an achievement for which he finally became famous in the history of Chinese medicine.

Apart from that, it is highly remarkable to me that an author — when writing on pathophysiology — should put wind explicitly before cold, the dominant etiology for centuries. As the first sentence "Wind is the beginning of all diseases" underlines, this external pathogen is rated of greater importance than cold. Does Zhang Yuan-Su thereby create a tradition that has been forgotten in the sometimes heated discussion between the antipodal *Shang Han* 伤寒 and *Wen Bing* 温病? Could this tradition be called "*Feng Bing*" 风病?

References

Bensky D., Clavey S., Stoger E. (2004): *Materia Medica* (3rd edition) Seattle: Eastland Press.

Jiang Su Xin Yi Xue Yuan 江苏新医学院 (Jiang Su New Medical School, 1975): *Zhong Yao Da Ci Dian* 中药大词典 (Grand Dictionary of Chinese Materia Medica) Shanghai 上海: Shanghai Ke Xue Ji Shu Chu Ban She 上海科学技术出版社

Kovacs J., Unschuld P. (1998): *Yin Hai Jing Wei* 银海精微 (Essential Subtleties on the Silver Sea) Berkeley: University of California Press.

Peng Huairen 彭怀仁 (1999): *Zhong Yi Fang Ji Da Ci Dian Jing Xuan* 中医方剂大词典精选 (Selected Essence of the Grand Dictionary of Chinese Formulae) Nanjing: Ren Min Wei Sheng Chu Ban She 人民卫生出版社

Tang Kejing 汤可敬, ed. (2004): *Shuo Wen Jie Zi Jin Shi* 说文解字今释 (Explanation of Characters of Spoken and Written Language. Modern Edition) Changsha 长沙: Yue Lu Shu She岳麓书社.

Unschuld, Paul (1980): *Medizin in China. Eine Ideengeschichte*. München: C.H. Beck.

Zhang Yuan-Su 张元素 (1999): *Jie-Gu Jia Zhen* 洁古家珍 (Jewels from the Jie-Gu family). In He Qinghu 何清湖: *Zhong Hua Yi Shu Ji Cheng* 中华医书集成 (Collection of Chinese Medical Books) Beijing 北京: Zhong Yi Gu Ji Chu Ban She 中医古籍出版社.

Appendix

Formulae mentioned in the text[36]

Bai Zhu Fang Feng Tang 白术防风汤
(Atractylodis Saposhnikovia Decoction). Based on the context, this could be a combination of *Bai Zhu Tang* 白术汤 and *Fang Feng Tang* 防风汤 (cf. both below), but – as the author does not give the constituents explicitly – this is speculation.

Bai Zhu Tang 白术汤
(Atractylodis Decoction)[37]
Constituents: *Bai Zhu* 白术 (Atractylodis macrocephalae Rhizoma) 1 liang, *Ge Gen* 葛根 (Puerariae Radix) 1 liang, *Shao Yao* 勺药 (Paeonia Radix rubra) 1 liang, *Sheng Ma* 升麻 (Cimicifugae Rhizoma) 5 qian, *Huang Qin* 黄芩 (Scutellariae Radix) 5 qian, *Gan Cao* 甘草 (Glycyrrhizae Radix) 2.5 qian.
Indications: Wind due to a piercing injurywith a lot of sweating that does not stop, hypertonicity of the sinews, convulsions.

Da Qin Jiao Tang 大秦艽汤
(Great Gentiana Decoction)
Constituents: *Qin Jiao* 秦艽 (Gentianae macrophyllae Radix) 3 liang, *Gan Cao* 甘草 (Glycyrrhizae Radix) 2 liang, *Chuan Xiong* 川芎 (Chuan Xiong Rhizoma) 2 liang, *Dang Gui* 当归 (Angelicae sinensis Radix) 2 liang, *Bai Shao* 白芍药 (Paeonia Radix alba) 2 liang, *Xi Xin* 细辛 (Asari herba) 0.5 liang, *Chuan Qiang Huo* 川羌活 (Notopterygii Rhizoma seu Radix) 1 liang, *Fang Feng* 防风 (Saposhnikoviae Radix) 1 liang, *Huang Qin* 黄芩 (Scutellariae Radix) 1 liang, *Shi Gao* 石膏 (Gypsum fibrosum) 2 liang, *Wu Bai Zhi* 吴白芷 (Angelicae dahuricae Radix)[38] 1 liang, *Bai Zhu* 白术 (Atractylodis macrocephalae Rhizoma) 1 liang, *Sheng Di Huang* 生地黄 (Rehmanniae Radix) 1 liang, *Shu Di Huang* 熟地黄 (Rehmanniae Radix praeparata) 1 liang, *Bai Fu Ling* 白茯苓 (White Poria) 1 liang, *Chuan Du Huo* 川独活 (Angelicae pubescentis Radix) 2 liang
Indications: Blood weakness so that sinews cannot be raised, wind evil that hits the channels and connection vessels, tongue stiffness with loss of speech, hemiplegia, facial paralysis.

Da Xiong Huang Tang 大芎黄汤
(Great Chuan Xiong and Scutellaria Decoction)
Constituents: *Chuan Xiong* 川芎 (Chuan Xiong Rhizoma) 2 liang, *Qiang Huo* 羌活 (Notopterygii Rhizoma seu Radix) 1 liang, *Huang Qin* 黄芩 (Scutellariae Radix) 1 liang, *Da Huang* 大黄 (Rhei Rhizoma) 1 liang.
Indications (cf. *Xiong Huang Tang* below 芎黄汤): Wind due to a piercing injury, blockage of zang and fu organs, red urination, incessant sweating after the intake of too many warm herbs.

Dang Gui Di Huang Tang 当归地黄汤
(Angelica and Rehmannia Decoction)
Constituents: *Dang Gui* 当归 (Angelicae sinensis Radix) 2 liang, *Shu Di Huang* 熟地黄 (Rehmanniae Radix praeparata) 2 liang, *Chuan Xiong* 川芎 (Chuan Xiong Rhizoma) 2 liang, *Bai Shao* 白芍药 (Paeonia alba) 2 liang, *Mu Dan Pi* 牡丹皮 (Moutan Cortex) 1 liang, *Yan Hu Suo* 延胡索 (Corydalis Rhizoma) 1 liang, *Ren Shen* 人参 (Ginseng Radix) 0.5 liang, *Huang Qi* 黄芪 (Astragali Radix) 0.5 liang
Indications: Lower back pain, qi and blood disorders in women.

Du Huo Tang 独活汤
(Angelica Decoction, also called *Qiang Huo Tang* 羌活汤, Notopterygium Decoction)
cf. below

Er Dan Wan 二丹丸
(Two Dan Pill, also called *Er Dan Dan* 二丹丹 (Two Dan Pill), *Jia Jian Gu Ben Wan* 加减固本丸 (Securing the Root Variation Pill), *Er Shen Dan* 二参丹 (Two Shen Pill), *Er Shen Wan* 二参丸 (Two Shen Pill)).
Constituents: *Dan Shen* 丹参 (Salviae miltiorrhizae Radix) 1.5 liang, *Dan Sha* 丹砂 (Cinnabaris) 2 qian (as a coating), *Yuan Zhi* 远志 0.5 (Polygalae radix) liang, *Fu Shen* 伏参 (Poriae Sclerotium Pararadicis) 1 liang, *Ren Shen* 人参 (Ginseng Radix) 5 qian, *Chang Pu* 菖蒲 (Acori calami Rhizoma) 5 qian, *Shu Di Huang* 熟地黄 (Rehmanniae Radix praeparata) 1.5, *Tian Men Dong* 天门冬 (Asparagi Radix) 1.5 liang, *Mai Dong* 麦冬 (Ophiopogonis Radix) 1 liang, *Gan Cao* 甘草 (Glycyrrhizae Radix) 1 liang
Indications: Secure the will, harmonise blood, appease the Heart-shen, cause the interstices to blossom.

Fang Feng Tang 防风汤
(Saposhnikovia Decoction)[39]
Constituents: *Fang Feng* 防风 (Saposhnikoviae Radix) 1 liang, *Bai Zhu* 白术 (Atractylodis macrocephalae Rhizoma) 1 liang, *Fang Ji* 防己 (Fang Ji Radix)[40] 1 liang, *Gan Jiang* 干姜 (Zingiberis Rhizoma) 1 liang, *Zhi Gan Cao* 炙甘草 (Glycyrrhizae Radix preparata) 1 liang, *Fu Zi* 附子 (Aconiti Radix lateralis preparata) 0.5 liang, *Gui Xin* 桂心 (Cinnamomi Cortex) 0.5 liang, *Shu Jiao* 蜀椒 (Zanthoxyli Pericarpium) 100 twigs.
Indications: Joint running wind.

Hou Po Wan 厚朴丸[41] (Magnolia Pill)
Constituents: *Hou Po* 厚朴 (Magnoliae officinalis Cortex) 3 liang, *Chen Ju Pi* 陈橘皮 (Citri reticulatae Pericarpium) 2 liang, *Cao Dou Kou* 草豆蔻 (Alpiniae katsumadai Semen) 1 liang, *Bai Zhu* 白术 (Atractylodis macrocephalae Rhizoma) 1 liang, *Xiu Sha* 缩砂 (Amomum xanthioides Wall.)[42] 1 liang, *He Li Le* 诃黎勒 (Chebulae Fructus) 2 liang, *Gui Xin* 桂心 (Cinnamomi Cortex) 1 liang, *Gan Jiang* 干姜 (Zingiberis Rhizoma) 1 liang.
Indications: Cold deficiency in Spleen and Stomach, non-digestion of food, abdominal distention after eating, chest diaphragm inhibition

Jiang Biao Wan 江鳔丸 (Fish Bladder Pill)
Constituents: *Jiang Biao* 江鳔 (River fish bladder, stir-fried on a grate), *Ye Ge Fen* 野鸽粪 (Wild

36. If the translation of the constituents of the formulae does not follow the *Materia Medica* (3rd ed.) by Bensky, Clavey, Stoger this is indicated in a footnote.

37. To my knowledge there are at least 13 other forms of *Bai Zhu Tang* 白术汤; this is the one given in the text with constituents and indications.

38. *Bai Zhi* 白芷 (Angelicae dahuricae Radix), the prefix *Wu* 吴 stands for the province of Jiangsu: Jiangsu Angelicae dahuricae Radix.

39. Of the 32 different forms of this decoction I give here the oldest one, which is from the *Wai Tai Bi Yao* 外台秘要 by Wang Dao 王焘 (8th century).

40. Wiseman.

41. There are at least three other types of *Hou Po Wan*. I give this one because judging from the main indications it could have been composed by Li Gao, a student of Zhang Yuan-Su's.

42 Jiangsu Xin Yixue Yuan 江苏新医学院 (Jiangsu New Medical School, 1975): *Zhong Yao Da Ci Dian* 中药大词典 (Grand Dictionary of Chinese Materia Medica) p. 1623.

pigeon stools, fried), *Bai Jiang Can* 白僵蚕 (Bombyx batriticatus) 0.5 liang each, *Xiong Huang* 雄黄 (Realgar) 1 liang, *Wu Gong* 蜈蚣 (Scolopendra) 1 pair, *Tian Ma* 天麻 (Gastrodiae Rhizoma) 1 liang
Preparation: Grind these materia medica finely, divide them into three parts, use two parts to make pills with cooked rice, [about] the size of Tong seeds 桐子 [covered with a layer of] cinnabar; one part should be put into 2.5 qian of *Ba Dou Shuang* 巴豆霜 and formed to pills with boiled rice as well, [again] the size of Tong seeds 桐子.
Administered dosage: Take 20 of the cinnabar pills each time, add one croton seed frost pill, the second time add two of the croton seed frost pills and so on according to the degree of disinhibition; take cinnabar pills repeatedly until the disease is cured.
Indications: Wind due to a piercing injury, when the disease has already gone inside, with convulsions; blockade of zang and fu organs.

Ling Xiao San 凌宵散
(Campsis Powder, also called: *Wu Jiu San* 五九散 (Five Nine Powder)).
Constituents: *Ling Xiao Hua San* 凌宵花散 (Campsitis Flos Powder) treats strict wind. *Chan Ke* 蝉壳 (Cicadae Periostracum), *Di Long* 地龙 (Pheretima, stirfry), *Bai Jiang Can* 白僵蚕 (Bombyx batriticatus), *Quan Xie* 全蝎 (Scorpion) seven pieces each, *Ling Xiao Hua* 凌霄花 (Campsitis flos) 0.5 liang
Indications: Strict wind.
Mo Yao San 没药散 (Myrrha powder)
Constituents: *Ding Fen* 定粉 (Minium powder)[43] 1 liang, *Feng Hua Da Hui* 风化大灰 (Calcis Efflorescentia)[44] 1 liang, *Ku Bai Fan* 枯白矾 (Alumen Calcinatum) 3 qian, *Mo Yao* 没药 (Myrrha) 1 qian, *Ru Xiang* 乳香 (Olibanum) 1 qian.
Indications: Wounds, stops bleeding, settles pain.

Qiang Huo Fang Feng Tang 羌活防风汤
(Notopterygium PeuceDanum Decoction)
Constituents: *Qiang Huo* 羌活 (Notopterygii Rhizoma seu Radix), *Fang Feng* 防风 (Saposhnikoviae Radix), *Chuan Xiong* 川芎 (Chuan Xiong Rhizoma), *Gao Ben* 稿本 (Ligustici Rhizoma), *Dang Gui* 当归 (Angelicae sinensis Radix), *Shao Yao* 芍药 (Paeoniae Radix rubra), *Gan Cao* 甘草 (Glcyrrhizae Radix) 1 liang each, *Di Yu* 地榆 (Sanguisorbae Radix), *Hua Xi Xin* 华细心 (Chinese Asari Herba) 2 liang each
Indications: Wind due to a piercing injury.

Qiang Huo Tang 羌活汤 (Notopterygium Decoction)[45]
Constituents: *Zhi Gan Cao* 炙甘草 (Glycyrrhizae Radix praeparata) 7 fen, *Ze Xie* 泽泻 (Alismatis Rhizoma) 3 qian, *Gua Lou Gen* 栝楼跟 (Trichosanthis Radix, washed in alcohol) 5 qian, *Bai Fu Ling* 白茯苓 (Poria alba) 5 qian, *Huang Bai* 黄白 (Phellodendri Cortex) 5 qian (washed in alcohol), *Chai Hu* 柴胡 (Bupleurum Radix) 7 qian, *Fang Feng* 防风 (Saposhnikoviae Radix, washed in alcohol) 1 liang, *Huang Lian* 黄连 (Coptidis Rhizoma) washed in alcohol) 1 liang, *Qiang Huo* 羌活 (Notopterygii Rhizoma seu Radix) 1 liang.
Indications: Wind-heat stagnation that attacks the upper burner, dizziness and blurry vision.

Qiang Huo Yu Feng Tang 羌活愈风汤
(Wind expelling Notopterygium Decoction)[46]
Constituents:[47] *Qiang Huo* (Notopterygii Rhizoma seu Radix) 羌活 1 liang, *Du Huo* (Angelicae pubescentis Radix) 独活 1 liang, *Chuan Xiong* 川芎 (Chuan Xiong Rhizoma) 1 liang, *Jie Geng* 桔梗 (Platycodi Radix) 1 liang, *Da Huang* 大荒 (Rhei Radix et Rhizoma) 1 liang, *Di Gu Pi* 地骨皮 (Lycii Cortex) 1 liang, *Huang Qin* 黄芩 (Scutellariae Radix) 1 liang, *Ma Huang* 麻黄 (Ephedrae Herba), *Cang Zhu* 苍术 (Atractylodis Rhizoma), *Gan Cao* 甘草 (Glycyrrhizae Radix), *Ju Hua* 菊花 (Chrysanthemi Flos), *Mu Zei* 木贼 (Equiseti hiemalis Herba).
Indications: Heat stagnation in Lung and Spleen, pathogens hiding in the interstices.

San Hua Tang 三花汤 (Three Flowers Decoction)
Constituents: *Dang Gui* 当归 (Angelicae sinensis Radix) 2 liang, *Chuan Xiong* 川芎 (Chuan Xiong Rhizoma) 1 liang, *Sheng Gan Cao* 生甘草 (Glycyrrhizae recens Radix) 5 fen, *Tian Hua Fen* 天花粉 (Trichosanthis Radix) 3 qian, *Zi Di Ding* 紫地丁 (Viola yedoensis Mak.)[48] 1 liang, *Gan Ju Hua* 甘菊花 (Chrysanthemi indici Flos) 5 qian.
Indications: Flat abscess in the neck.

Si Bai Dan 四白丹 (Four Whites Pill)
Constituents: *Bai Zhu* 白术 (Atractylodis macrocephalae Rhizoma) 1 qian, *Bai Shao* 白芍 (Paeonia Radix alba) 1 qian, *Bai Fu* 白茯 (White poria) 1 qian, *Bian Dou* 扁豆 (Lablab Semen album) 1 qian, *Ren Shen* 人身 (Ginseng Radix) 1 qian, *Huang Qi* 黄芪 (Astragali Radix) 1 qian, *Gan Cao* 甘草 (Glycyrrhizae Radix) 5 fen. Add fresh ginger as well as *Da Zao* 大枣 (Jujubae fructus) and cook in water.
Indications: Jaundice, pain in the lower abdomen, laziness, dizziness, night sweats.

Sheng Ma Tang 升麻汤 (Cimicifuga Decoction[49] (in Luo Tian-Yi's 罗天益 *Wei Sheng Bao Jian* 卫生宝鉴 it is called *Qing Zhen Tang* 清震汤 (Clearing Invigoration Decoction)).
Constituents: *Sheng Ma* 升麻 (Cimicifugae Rhizoma) 1 liang, *Cang Zhu* 苍术 (Atractylodis Rhizoma) 1 liang, *He Ye* 荷叶 (Nelumbinis folium) 1 liang.
Indications: Pain due to swelling and pimples in the face and on the head, hypertonicity in the four extremities, a situation similar to cold damage, fever with aversion to cold.

Tian Ma Wan 天麻丸 (Gastrodia Pill)[50]
Constituents: *Tian Ma* 天麻 (Gastrodiae Rhizoma) 3 qian, *Chuan Wu* 川乌 (Aconiti Radix praeparata) fresh 3 qian, *Cao Wu* 草乌 (Aconiti kusnezoffi Radix) fresh 1 qian, *Xiong Huang* 芎黄 (Realgar) 1 qian.
Indications: Wind due to a piercing injury.

Wu Gong San 蜈蚣散 (Scolopendra Powder)
Wu Gong 蜈蚣 (Scolopendra) 1 pair, *Biao* 鳔 (fish bladder) 3 qian, *Zuo Pan Long* 左蟠龙 (fried wild pigeon stools) 5 qian[51]
Indications: Wind due to a piercing injury.

Xiao Xu Ming Tang 小续命汤
Minor Life Prolonging Decoction (also called *Fu Liu Wan* 附硫汤 Aconite Sulfur Decoction)
Constituents: *Fu Zi* 附子 (Aconiti Radix lateralis praeparata) 1 piece, *Liu Huang* 硫黄 (Sulfur) a piece as big as a *Da Zao* 大枣 (Jujubae Fructus), *Xie Shao* 蝎梢 (Buthi Caudex) 7 pieces.
Preparation: Grind to powder, form pills with fresh ginger and flour and water paste, the size of a rice corn. Dosage: 10 to 100 pills every time, reduced for children.
Indications: Chronic Spleen wind, chronic diarrhea in children.

Xie Qing Wan 泻青丸
(Green-Blue-Draining Pill, also called *Liang Gan Wan* 凉肝丸 (Liver Cooling Pill), *Xie Gan Wan* 泻肝丸 (Liver Draining Pill)).
Constituents: equal parts of *Dang Gui* 当归 (Angelicae sinensis Radix), *Long Nao* 龙脑 (Borneolum), *Chuan Xiong* 川芎 (Chuan Xiong Rhizoma), *Qiang Huo* 羌活 (Notopterygii Rhizoma seu Radix), *Fang Feng* 防风 (Saposhnikoviae Radix), *Shan Zhi Zi Ren* 山栀子仁 (Gardeniae Fructus), *Chuan Da Huang* 川大黄 (Rhei Rhizoma)
Indications: Clear liver and discharge heat.

Xiong Huang Tang 芎黄汤
(Chuan Xiong Huang Qin Decoction)
Constituents: *Chuan Xiong* 川芎 (Chuan Xiong Rhizoma) 1 liang, *Huang Qin* 黄芩 (Scutellariae Radix) 6 qian, *Gan Cao* 甘草 (Glycyrrhizae Radix) 2 qian.
Indications: Wind due to a piercing injury, blockage of zang and fu organs, red urination, incessant sweating, after the intake of too many warm herbs.

Zuo Long Wan 左龙丸 (Left Dragon Pill)
another name for *Jiang Biao Wan* 江鳔丸 (Fishbladder Pill), cf. above.

43. *Qiān fěn* 铅粉 (Minium).
44. *fēng huà shí hūi* 风化石灰 (Wiseman).
45. Altogether there are at least eight kinds of *Qiang Huo Tang* 羌活汤 (Notopterygium Decoction). I chose the one first mentioned by Li Gao in his *Lan Shi Mi Zang* 兰室秘藏.
46. This formula was first mentioned in the *Yin Hai Jing Wei* 银海精微 (Essential Subtleties on the Silver Sea) which was originally attributed to Sun Si-Miao 孙思邈 but influences by Li Gao are obvious: the first reliable source is the *Lan Shi Mi Zang* 兰室秘藏. cf. Kovacs p. 54.
47. For the last four constituents he does not give the dosage.
48. Jiangsu Xin Yi Xue Yuan 江苏新医学院 (Jiangsu New Medical School, 1975): *Zhong Yao Da Ci Dian* 中药大词典 (Grand Dictionary of Chinese Materia Medica) p. 800.
49. To my knowledge there are eight different forms of *Sheng Ma Tang* 升麻汤.
50. I draw the reader's attention to the fact that to my knowledge about 15 different kinds of *Tian Ma Wan* can be found in the literature. This kind was first mentioned in the *Wei Sheng Bao Jian* by Luo Tian-Yi.
51. Peng Huai-Ren 彭怀仁 (1999): *Zhong Yi Fang Ji Da Ci Dian Jing Xuan* 中医方剂大词典精选 (Selected Essence of the Grand Dictionary of Chinese Formulae) p. 1942.

养生之道

Yang Sheng

The Yellow Emperor asks about Real People

A translation of the Ming dynasty *Lei Jing* (The Classics Classified) – first part of the third section of chapter one.

By Steven Clavey

THE *LEI JING* classified the *Su Wen* and *Ling Shu* by bringing related passages together, with annotations by the outstanding physician Zhang Jie-Bin (1563-1640, hao name Jing-Yue), author of the influential *Jing-Yue Quan Shu* (Complete Works of Jing-Yue), and creator of the still frequently used herbal formulas *You Gui Wan* and *Zuo Gui Wan* among many others.

The following passage is interesting because Zhang is not particularly remembered for his interest in Daoism, although he has written about the importance of the *Yi Jing* to medical understanding. Yet this section from the *Lei Jing* demonstrates an intimate knowledge of a wide range of Daoist writings, quoted because, Zhang says, "only the Daoists discuss essence, qi and spirit in sufficient detail" to understand the meaning of the selections from the *Su Wen*.

It does lead one to wonder how widespread among Chinese physicians was the interest in the Daoist arts of inner cultivation, and how inner cultivation may have enhanced their natural abilities in medicine. More and more frequently, looking into the lives of the most outstanding Chinese doctors of the past, a link to the inner practices of Daoism can be found: Tao Hong-Jing (*Shen Nong Ben Cao Jing*), Sun Si-Miao (*Qian Jin Yao Fang*), Sun Yi-Kui (*Chi Shui Xuan Zhu*). Li Shi-Zhen (*Ben Cao Gang Mu*), and now Zhang Jie-Bin.

Let's see what he has to say (bold quotes are *Su Wen*, italic quotes are various Daoist writings, normal text is Zhang himself):

The Yellow Emperor said: I have heard that in ancient times there were Real People, who could marshal Heaven and Earth and control yin and yang.

"Real" refers to celestial reality. No falseness, no artificiality, thus they are called Real People. Their heart is attuned to the permutations of yin and yang, which they can harmonise through their virtue (德 *dé*). Thus they circulate, create and transform, co-ordinating yin and yang; this is what is called "marshalling" and "controlling".

Inhaling and exhaling essence and qi, standing alone, conserving the spirit, muscles and flesh as if one.

Exhaling links to heaven, and thus connects to qi. Inhaling links to earth, and thus connects to essence. Those aligned with the Dao exist as individuals, therefore they can stand alone. Their spirit does not run away outside, so it is said that they conserve the spirit. When the spirit is conserved internally and the form is complete externally, heart and body are then linked in the Dao, and thus it says that muscles and flesh are as if one.

This is also the meaning of the previous section in which we discussed the completion of the form with the spirit.

We should note that this section emphasises the three words essence, qi and spirit[1]. Only the Daoists discuss each of these in sufficient detail, so I have appended cogent discussions from the early sages on this topic, to help as reference in understanding.

Bai Le-Tian said: Wang Qiao and Chi Song inhaled the qi of yin and yang, consuming the essence of Heaven and Earth. Exhaling, they expelled the old, inhaling they bring in the new.[2]

Fang Yang[3] *said: Those who forget the centre are only those who find sufficiency outside. Thus those good at nourishing things conserve the root, those good at nourishing life conserve the breath.*

These mean that nourishment of qi should start from the breath.

Cao the True[4] *said: Spirit is essence, oh! qi is life. When the spirit no longer runs outside, the qi settles naturally.*

Zhang Xu-Jing[5] *said: If the spirit goes out, bring it back; when the spirit returns to the body qi naturally comes back.*

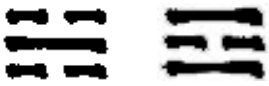
These mean that one should conserve the spirit to nourish the qi.

The Huai Nan Zi[6] *says: If you engage the spirit, it goes out; if you rest the spirit, the spirit resides.*

This means quiet can nourish the spirit.

The Jin Dan Da Yao[7] *says: When qi gathers, essence fills; when essence is full qi will be vigorous.*

This means that essence and qi have a mutual basis.



The Qi Bi Tu[8] *says: The trigram Kan [made up of two broken yin lines with an unbroken yang line in the middle] is water and the moon, in the body it is the Kidneys; Kidneys store essence, and within essence is a pure yang qi that can flame upwards in the upper body. The trigram Li [made up of two unbroken yang lines with a broken yin line in the middle] is fire and the sun, in the body it is the Heart; Heart stores blood, and within blood is the fluid of the true One (血中有真一之液) which flows downward to the lower body.*

This describes the inter-coupling of Kan and Li [Kidneys and Heart].

Lu Dong-Bin[9] *said: Essence nourishes the root of awareness, qi nourishes the spirit; outside of this reality there is no other greater reality.*

This means the way of cultivating truth is through essence, qi and spirit.

The Tai Xi Jing[10] *(Classic of Embryonic Breathing) says: The embryo is solidified from hidden qi, and respiration of qi occurs in the midst of the embryo. When qi enters the body it makes life, when the spirit leaves the body it makes death. Those who know the spirit and qi live long, and thus they maintain formless emptiness in order to nourish the spirit and qi. When the spirit moves the qi moves, when the spirit halts then qi halts. If one wishes to live long, spirit and qi must concentrate, the mind must not wander in out and around. Once this halting becomes natural and constant, the mind can move as it will, for this is the true path and way.*

The Tai Xi Ming *(Inscription on Embryonic Breathing) says: Swallow 36 times. One swallow is first, then your exhalation should be fine and thin, your inhalations should be continuous and unbroken; do this whether sitting or lying down, and your walking should also be unhurried and unworried. Beware of noise and chaos, do not eat meaty stimulating foods. While the assumed name is "foetal breathing" this is actually the inner elixir. It does not only treat disease, it absolutely lengthens your years. Perform it over and over for a long time, and you can be enrolled in the ranks of the high immortals.*

This means that the path of nourishing life lies in preserving the spirit to nourish qi.

Zhang Zi-Yang[11] *said: the Heart serves the spirit, and the spirit also serves the Heart; the eyes are the house of the spirit when it roams, but even as the spirit roams through the eyes it serves the Heart. If the Heart seeks quietude, the eyes must first be controlled. Restraining the eyes makes the spirit return to the Heart, then the Heart will be quiet and the spirit will also be quiet.*

This means the spirit should be kept in the Heart, and the way to calm the Heart is in the eyes.[12]

He also says: There is an original spirit (yuan shen) and an original qi (yuan qi), could there fail to be an original essence (yuan jing)? We know that essence depends upon qi to be generated, and when essence is firm qi melts; when original essence is lost then original qi cannot be generated, and original yang cannot appear. When original spirit appears, original qi is generated, which produces original essence.

This defines original essence, original qi and original spirit as the early stages of the transformative generation of essence, qi and spirit.

"How widespread among Chinese physicians was the interest in the Daoist arts of inner cultivation, and how may this have enhanced their natural abilities in medicine?"

Throughout the four seasons the ten thousand things are born, grow, decline and die – and is it not all the doing of qi? The life of a person is completely dependent upon this qi.

Li Dong-Yuan's Shěng Yán Zhēn *(Advice on Saving Words)*[13] *says: Qi is the ancestor of the spirit, essence is the son of qi; qi is the root and base of essence and spirit: how great it is! Accumulate qi to end up with essence, accumulate essence to complete spirit. You must be clear, you must be quiet, proceeding by means of the Dao, you can become a celestial person, those with the Dao can accomplish this. But who am I to speak of this? It is definitely better to just talk less.*

This means that the path of nourishing life is based on nourishing qi.

Now I note that all of the foregoing passages discuss the principles of essence, qi and spirit, and that the Dao of transformation and generation uses qi as the basis – heaven, earth and the ten thousand things all come from it. Thus when qi is outside heaven and earth, it envelopes heaven and earth; when qi is within heaven and earth, it moves heaven and earth. The sun, moon, stars and celestial bodies are bright due to it; thunder, rain, wind and clouds all act due to it; throughout the four seasons the ten thousand things are born, grow, decline and die – and is it not all the doing of qi? The life of a person is completely dependent upon this qi.

And therefore Chapter 65 of the *Su Wen* says: **What in the heavens is qi, on earth is form; qi and form mutually resonate (相感) in order to transform and generate the ten thousand things.**

Now this "qi" means two things: pre-birth qi and post-birth qi[14].

Pre-birth qi is the true primal qi, qi that is transformed from emptiness, and form is created because of qi: this qi comes from empty nothingness.

Post-birth qi is the "qi" of "qi and blood" that is transformed from grains, and qi is created because of form: this qi comes from mixing and absorbing.

Now this word "form" (形 *xíng*) really refers to "essence" (精 *jīng*), as essence is generated by the celestial one (精为天一所生) and is the ancestor of those with form[15].

The Dragon and Tiger Classic[16] *says: Water gives birth to the ten thousand things; only sages know this.*

Chapter 10 of the Ling Shu *says:* **When a person is just conceived, first comes essence, when essence is completed the brain and marrow are generated**.

Chapter 5 of the Su Wen *says: essence transforms into qi.*

Thus in pre-birth qi, qi transforms into essence, while in post-birth qi, essence transforms into qi; essence and qi are rooted in mutual generation, and when both are sufficient, the spirit naturally flourishes.

Although the spirit is generated from essence and qi, still that which harnesses the essence and qi and masters its use is the spirit within my Heart. The three combine into one: this can be called "Dao."

People nowadays only know to nourish life by restricting desires, not realising that when the Heart (mind) is moved by distraction, the qi follows the mind and is dispersed. Dispersed qi, not gathered, bit by bit exhausts not only qi but essence. The Buddhist sutra[17] says "Cutting off evil practices is not as good as cutting off the mind. The mind is the lieutenant [in day to day charge of running affairs], if you stop the lieutenant, those that would follow will cease. If you do not stop the evil tendencies in the mind, what use is cutting off evil practices?"

This shows a deep appreciation of the importance of controlling desires, and can be very helpful for beginners[18].

For detailed annotations on the inhalation and exhalation of essential qi, and maintaining the three to comprise the One, see number 41 in the section on circulating qi; for more on the idea of "treasure within qi" see number 18 in the section on treatment.

Endnotes

1. Essence, qi and spirit (or mind) – 精 jīng, 气 qì, 神 shén. Thomas Cleary translates these as "Vitality, Energy and Spirit" which is also viable, reserving the term "essence" for 性 *xìng* – the most basic inner nature. About the former three he has the useful comments: "Vitality, energy and spirit are envisioned as three centers of the individual and collective organism. Each centre is twofold: there is a primal or abstract noumenon, and a temporal or concrete phenomenon ... Vitality is primarily associated with creativity, temporally associated with sexuality. Energy is primarily associated with movement, heat, and power, temporally associated with breath, magnetism, and strength. Spirit is primarily associated with the essence of mind and consciousness, temporally associated with thought and reflection ... In terms of the individual body, vitality is associated with the loins, energy with the thorax, and spirit with the brain ... Vitality, energy and spirit can also be defined in terms of three bodies: vitality is the flesh-and-blood body, energy is the electrical body within the flesh-and-blood body, and spirit is the ethereal body of consciousness within the electrical body." (excerpt from the book *Vitality Energy Spirit: a Taoist sourcebook*, Shambala, 1991, pp.ix-x).

2. Bai Le-Tian is the famous poet Bai Ju-Yi, known for his interest in Daoism and Buddhism. Wang

Qiao is a famous early Daoist credited with the creation of a series of exercises in 34 movements. Master Red Pine (Chi Song Zi) was reputedly the minister for rain under Shen Nong. Cf. "Gymnastics: the Ancient Tradition", Catherine Despeux, in *Taoist Meditation and Longevity Techniques*, ed. Livia Kohn, University of Michigan, 1989.

3. A commentator on the *Zhuang Zi*.

4. Cao Guo-Jiu (曹國舅), the "imperial uncle", close relative of the emperor who left the palace to refine himself; student of Lu Dong-Bin, he became one of the eight immortals.

5. The Celestial Master Zhang Xu-Jing, a native of Jiang Xi province, was the founder of the Zheng Yi (Correct Unity) sect (正乙派) of Daoism.

6. *Huai Nan Zi* "The Masters of Huainan" an early Daoist classic, 2000 years old. The introduction to Thomas Cleary's collection of extracts from the it, *The Book of Leadership and Strategy*, says "The book of the masters of Huainan is a record of sayings on civilization, culture, and government. More detailed and explicit than either of its great forerunners, Lao-Tzu's *Tao-te Ching*, and the *Chuang-tzu*, it embraces the full range of natural, social, and spiritual sciences encompassed in classical Taoism."

7. "The Great Essentials of the Gold Elixir", fully titled *Shang Yang Zi Jin Dan Da Yao*, as it was composed in the southern Song dynasty by Shang Yang Zi. An important Daoist work on inner alchemy.

8. The *Da Huan Dan Qi Bi Tu* (Engraved Secret Illustrations of the Great Cyclically Transformed Elixir), found in Chapter 72 of the *Yun Ji Qi Qian* (Cloudy Bookcase with Seven Labels), a major Daoist anthology compiled by Zhang Jun-Fang around 1025. Cf. *The Taoist Canon: a historical companion to the Daozang*, vol. 2, Schipper and Verellen, University of Chicago Press, 2005, pp. 943-945.

9. Lu Yan, Lu Dong-Bin, also called Lu Zu or "Ancestor Lu", who lived in the Tang dynasty, was the founder of the hugely influential Complete Reality (Quan Zhen) school of Daoism. Cf. T. Cleary's *Vitality, Energy, Spirit* which has a section dedicated to his sayings.

10. Referring to the *Tai Xi Jing Zhu* (Commentary on the Classic of Embryonic Breathing) by Huanzhen Xiansheng. Jing-Yue's next quote is from the *Tai Xi Ming* (Inscription on Embryonic Breathing) which is the conclusion to the Classic. Both are found in the Daoist Canon. Cf. *The Taoist Canon: a historical companion to the Daozang*, vol. 1, pp. 366-367.

11. i.e. Zhang Bo-Duan, the founder of the southern branch of the Complete Reality (Quan Zhen) school in the 11th century. See his *Wu Zhen Pian*, translated by Thomas Cleary as *Understanding Reality*, and his *Jin Dan Si Bai Zi*, translated by Cleary as *The Inner Teachings of Taoism*.

12. " ... the way to calm the Heart/mind is in the eyes" means that you can calm the mind by deciding consciously both what you will look at, and how you look at it. The effects of this choice (and choosing to remain out of control is still a choice) can be far-reaching. For example, research in the US showed that one can get fat just by looking at food. When food is looked at longingly, the lower processes of the body have no way to tell whether the conscious mind will decide to finally eat the food or not: its job is to prepare. It does this by pulling sugar out of the blood, and putting it into fat.

13. The second to last section in his *Pi Wei Lun* (Treatise on the Spleen and Stomach).

14. *Xian tian, hou tian*, earlier heaven, later heaven, constitutional and acquired. The reasons for translating as pre-birth and post-birth will become clear from the passage.

15. Essence as form is a concept discussed thoroughly in a passage in Zhang's *Jing Yue Quan Shu*, but is also referred to in endnote 1 above when Cleary says "vitality is the flesh-and-blood body."

16. The *Long Hu Jing*. See Eva Wong's *Harmonizing Yin and Yang: a manual of Taoist Yoga*.

17. The passage is from the *Sutra of 42 Sections*, one of the earliest sutras translated into Chinese, around the year 67 AD, by the Indian monk whose Chinese name was Chu Fa-Lan.

18. It is "helpful for beginners" because it makes the point that trying to oppose desires that have already a firm root in the mind can be extremely difficult. The best way is to not allow the idea to sprout at all, giving it no ground suitable to grow, so that it never gains a foothold. Interestingly, JRR Tolkien seems to have been quite familiar with this concept, as in the *Lord of the Rings* he illustrates it perfectly in the contrast between the two brothers Boromir and Faramir. Boromir entertains the idea of possessing the Ring and its power, and ultimately finds it impossible to resist. Faramir, on the other hand, is quite different: "Alas for Boromir, it was too sore a trial ... But you are less judges of men than I of Halflings. We are truth-speakers, we men of Gondor. We boast seldom, and then perform, or die in the attempt. *Not if I found it on the highway would I take it* I said. Even if I were such a man as to desire this thing, and even though I knew not exactly what this thing was when I spoke, still I should take those words as a vow, and be held by them. But I am not such a man. Or I am wise enough to know that there are some perils from which a man must flee." Soon after this, Sam says: "Good night, Captain, my lord. You took the chance sir." "Did I so?" said Faramir. "Yes, sir, and showed your quality: the very highest." Faramir smiled. "A pert servant, Master Samwise. But nay: the praise of the praiseworthy is above all rewards. Yet there is nought in this to praise. **I had no lure or desire to do other than I have done.**" This, of course, refers only to the books; but it does illustrate how much depth and subtlety was stripped out by the changes in the screenplay for the Jackson movies.

People nowadays only know to nourish life by restricting desires, not realising that when the Heart (mind) is moved by distraction, the qi follows the mind and is dispersed. Dispersed qi, not gathered, bit by bit exhausts not only qi but essence.

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Understanding Western herbs from a Chinese perspective

By Thomas Avery Garran

THIS article addresses the need for a method to look at Western medicinal plants from the perspective of Chinese medicine, and describes the method that I use as an example of how this might be done systematically. The time has come when we as herbalists must recognise the need to conserve vital resources and use what we have right in our collective backyards. As practitioners in the West, I believe it is important for us to continue the multi-millennia old tradition of using the medicinal plants growing all around us. I propose that we can preserve and perhaps enhance the Chinese medicinal tradition by integrating our own native plants into the system we have chosen to use as our fundamental style of treatment. In this article, I will aim to show that there is not only precedent but also need, and long-term benefit, in this endeavour.

Chinese and Western herbalists look at plants through different lenses, and yet frequently come to the same conclusion about the same or similar plants, merely using different terminology to describe the actions of the plants. In the West, herbalists generally look at plants based on how they affect the systems as defined by biomedicine; i.e. the respiratory system, renal system, digestive system, etc. This is quite different from the Chinese system of energetic medicine and pattern discrimination. Nevertheless, I believe this is primarily due to different jargon, not different understanding of the indications or even functions of the plant. Plants resolve the exterior in Chinese medicine and are diaphoretic in Western herbology. That being said, there is not necessarily a one-to-one correspondence. Some medicinals that resolve the exterior are not diaphoretics. Although the jargon is the primary difference, this is one example of other differences that must be exposed and understood.

This process is not new. Past and present doctors within China's borders have absorbed many herbs into their own system. There are many steps in attempting such a task. In attempting this work, I recommend several steps outlined below.

1. Research how these plants have been used in their native medicine. Along with the many excellent modern texts, the physicians of the 19th and early 20th century in the Physio-Medical and Eclectic schools are excellent sources of information and have had significant influence on current Western herbal practice. Although I believe it important to study the classics of Western herbal medicine, I find them a little obscure and cumbersome. This is not to say that the classical herbalists such as Culpepper, Gerard, Parkinson, Dioscorides, Galen and even Hippocrates have nothing to offer, only that I personally have found the more recent works (the past 200 years or so) of more value.
2. Study with a learned Western herbalist. This study is invaluable and *cannot be replaced* with book studying. There are many highly qualified Western herbalists, many of whom are willing to take students or apprentices.
3. Be sure to fully understand the concepts that make up the Chinese materia medica. This may seem obvious but a clear understanding of how medicinals are classified including how flavours, qi, and channels entered are determined is critical to reasonable conclusions about how plants from outside the current materia medica could be classified.
4. Document what you do! Note anything that might be of value and adjust as necessary. This process is one of fine tuning educated guesses.
5. Experiment with the plant as a "simple" on yourself. Take different preparations of the plant

and observe how the plant affects you. This information may be vital to understanding the plant and how it may be applied in a clinical setting.

Potential problems

This process is lengthy and replete with problems. The most obvious and challenging issue is that Chinese herbalists use polypharmacy. This makes it difficult to determine how a single herb within small combinations of herbs is affecting a person. However, with careful study, patterns begin to arise and what was once obscure will clarify.

Another problem is one of ethics. This is a major issue, which I want to address without being exhaustive. As practitioners of medicine we have a responsibility to our patients. However, we also have an obligation to the evolution of the medicine we practise. Chinese medicine has always been an evolving system; new theories are added, some are abandoned, and new plants are added to the materia medica. Methods of treatment are changed or added. Systems of diagnosis transform and are elucidated. This is part of the beauty of the medicine. Some will argue that we are obligated to become masters of the medicine as it stands, but for some of us this is not enough. We are pioneers who are driven to add to or cultivate a transformation of the medicine.

People will ask, "But aren't you experimenting with a patient?" They will suggest that it is unethical to use "unproven" medicinals. Yes, there is some aspect of experimentation involved with this process. However, these are neither unproven medicinals nor are we acting unethically. We are using skills and advanced training to improve something that is already great. We are carefully incorporating well-known medicinals from other traditions into Chinese medicine. Is this the job for an inexperienced practitioner? Perhaps not. However, we all make choices about how we are to practise this medicine.

The final problem I will address here is legal in nature. In some US states, licensed acupuncturists are outside their scope of practice if they are using medicinals from outside the Chinese materia medica. However, this may be harder to define as more literature becomes available. I have found that many medicinal plants used in the West are used in China, or a similar species is used.

The process

When considering the five flavours and *qi* of the herb it is important to look not only at the actual taste as it appears in the mouth, because this is not the whole picture, but also at the physiological response each herb has in the body. With this knowledge one can train one's palate and body to taste to experience or feel the "five flavours" (plus bland) of Chinese medicine. These actions are clearly laid out by the theories of Chinese medicine: acrid flavours disperse and move, sweet flavours supplement, harmonise and sometimes moisten, bitter flavours drain and dry, sour flavors astringe and prevent leakage, salty flavours purge and soften, and bland flavours leech dampness and promote urination (Wiseman and Ye, 1998).

In my own process, I have decided to attempt to ascribe the flavours and *qi* to the herbs based on my clinical experience and many hours of meditation before referencing any other work. This enables me to see each herb clearly without outside influence; then I can sit down, compare each herb with the other material available, and decide how I want to present it in writing. Remember, this category of information, within the Chinese materia medica, often differs to some extent from book to book.

Next, by looking at symptom groups (i.e., attempting to group the symptoms the herb treats into a pattern as defined by Chinese medicine) it is possible to get ideas about how these herbs fit into the Chinese concepts of how the body works. These ideas, coupled with the flavours and *qi*, give a basis for the majority of the work needed to come to reasonable conclusions.

This is a very tedious process: reviewing many texts and looking for similarities as well as discrepancies, comparing and contrasting these with one's experiences and the experiences of teachers and colleagues. This can be, however, an extremely interesting process of discovery.

Once you begin to understand how to put this all together, you will find things move a little smoother. Some herbs will be easier than others; for instance I found *Lobelia* was a great struggle because it has such a wide range of uses — sometimes seemingly contradictory — whereas herbs like *Usnea* were relatively easy.

In conclusion, I believe this process is far easier than the process Chinese herbs had to go through. The price paid for the luxury of the materia medicas we have on our desks was generations of experimentation and no doubt many deaths. I say this because we have a base of literature to work from and teachers to guide us. In the early days, Chinese practitioners (and herbalists around the world) much like modern doctors had much less to work from and probably needed to experiment, risking potential injury, in order to get a clear understanding of specific medicinals. We have the upper hand in this process; let us not waste the chance to make a great thing even better.

Reference

Wiseman, N & Ye, F. 1998. *A Practical Dictionary of Chinese Medicine*. Paradigm Publications, Brookline, MA.

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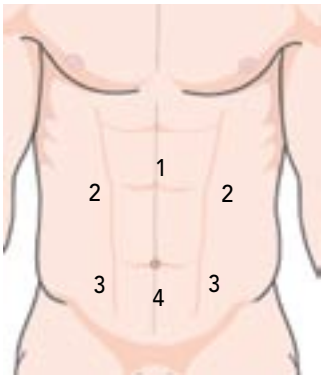

1. Epigastrium
2. Hypochondrium (or subcostal region)
3. Lower abdomen
4. Sub-umbilical

A sample of abdominal patterns
for Shang Han Lun formulas

The concluding section of an article that began in the previous issue.

by Michael Max and Steven Clavey

LIU DU-ZHOU, THE FAMOUS CONTEMPORARY *Shang Han Lun* expert, wrote a short introduction to a book on abdominal diagnosis published in Beijing in 1984:

> *The way of abdominal diagnosis has its origin in the distant past, recorded in classic texts such as the* Huang Di Nei Jing*, the* Nan Jing*, and the* Shang Han Za Bing Lun*, where the diagnostic technique is described in detail. While it has been passed on to the present through the centuries, since the Tang, Song, Jin and Yuan dynasties its use has diminished in China. However, in Japan the experts in abdominal diagnosis not only have maintained the technique, they have improved the art.*

Lower abdomen

Lower abdomen strained, striated and tight
(拘急 *jū jí*)
The *Jin Gui Yao Lue* says "exhaustion from overwork, back pain, lower abdomen tightness, urination is not smooth, *Jīn Guì Shèn Qì Wán* 金櫃腎氣丸 masters the problem".

The lower abdomen is tight and with a stringy striated feeling, as per **illustration 12**, with a tight pulling feeling in the muscles of the lower abdomen. It is like the diagnosis of "tension in the rectus abdominus", which relates to contraction of the abdominal skin. As the two cases are very similar, it can be quite difficult to tell them apart. Although both patterns show the lower abdomen being tight, as one can see in **illustration 12**, the lower abdomen striated and tight pattern involves all the muscles of the rectus abdominus group. While the lower abdominal muscles are tighter, the tightness extends into the muscles of the upper abdomen as well. This is the pattern for which you should use *Jīn Guì Shèn Qì Wán* 金櫃腎氣丸.

Lower abdomen lacking sensation
(不仁 *bǔ rén*)
Lower abdomen lacking sensation means a portion of the lower abdomen feels numb, weak and without strength. This again is a *Jīn Guì Shèn Qì Wán* presentation. So, the *Jīn Guì Shèn Qì Wán* 金櫃腎氣丸 presentation is represented by **illustration 12**, where the lower abdomen is stiff and tight, as well as for the situation shown in **illustration 13**, where the lower abdomen is relatively soft and without strength.

Also see **illustration 25**, where a centreline pith existing only in the lower abdomen also indicates *Jīn Guì Shèn Qì Wán* 金櫃腎氣丸.

Lower abdomen tight and knotted
(急結 *jí jié*)
The lower abdomen tight and knotted is a pattern of excess heat combined with blood stagnation. It is appropriate to use formulas like *Táo Hé Chéng Qì Tāng* 桃核承氣湯. This kind of abdominal presentation nearly always is as shown in **illustration 14**, appearing on the left side, close to the ileum crease. It is rare for this to show up on the right side. If you use fingers to palpate, when

you use pressure, it will cause immediate pain.

The method for examining a patient for lower abdomen tight and knotted pattern is like this: first, have the patient lie down with legs extended. The examiner then places the first and middle fingers level on the skin, and then with even and level pressure from both fingers palpates the abdominal wall.

Using a rapid motion, rubbing from just beside the navel, down and leftward to the ileum crease will cause intense pain to the patient. This condition is most common in women.

Lower abdominal fullness
Lower abdominal hard fullness
(小腹滿, 小腹硬滿 – *xiǎo fù mǎn, xiǎo fù yìng mǎn*)
Lower abdominal fullness describes distention in the lower abdomen. Lower abdominal hardness and distention involves both a flexible mass and a feeling of distention. Lower abdominal hardness and distention is considered to be a blood stagnation diagnosis. For this use formulas such as *Dà Huáng Mǔ Dān Pí Tāng* 大黃牡丹皮湯, especially if the mass is tender and in the right lower quadrant; or *Guì Zhī Fú Lìng Wán* 桂枝茯苓丸 if the patient has uterine fibroid masses. The latter formula was originally designed for fibroids in pregnancy. See **illustrations 15** and **16**.

Palpitations
(動悸 *dòng jì*)
A feeling of pulsation around the epigastric area, and above or below the navel, are all referred to as abdominal palpitations. Palpitations very low in the abdomen below the umbilicus are known as "between the Kidneys" (腎間動悸 *shèn jiān dòng jì*) palpitations.

In normal healthy people, there is also pulsation in the abdomen, but it is not pronounced, it is quiet and not very apparent. Sometimes noticeable, sometimes not, so sometimes when lightly palpating, there is no obvious feeling of pulsation. All these refer to pulsation in the abdominal area, which is quite obvious, and observable from the outside, or very easily palpated.

This can occur in many different types of presentations. For example, when both yin and yang are deficient, there may be palpitations not only in the epigastric area, but around the heart, coupled with focal distention, irritating sensations of heat in the chest and loss of sensation in the lower abdomen. This is best treated with *Zhì Gān Cǎo Tāng* 炙甘草湯. See **illustration 17**.

Another presentation is palpitations above the umbilicus, together with bitter fullness under the ribs, and generalised abdominal discomfort. The formula *Chái Hú jia Lóng Gǔ Mǔ Lì Tāng* 柴胡加龍骨牡蠣湯 is best. See **illustration 18**.

Similar to this is the presentation with subcostal bitter fullness, and palpitations both in the epigastric area and the area just above the umbilicus. This is best treated with *Chái Hú Guì Zhī Gān Jiāng Tāng* 柴胡加桂枝乾姜湯. See **illustration 19**.

Even more complicated is the presentation that involves fluid metabolism disharmony, such as might be seen with a *Wǔ Lìng Sān* 五苓散 pattern. This has focal distention in the epigastric area, sensations of sloshing fluid just below that, a feeling of fullness in the lower abdomen, and palpitations below the umbilicus. See **illustration 20**. The latter pattern leads into discussion of the following type of presentation, sounds and sensations of fluids moving in the abdomen.

Epigastrium water noises
(心下振水音 *xīn xià zhèn shǔi yīn*)
Percussive water sounds in the epigastrium; this is when you tap on the epigastrium with the tips of the fingers and can hear the gurgling of fluids. This is what is meant by percussive water noises.

In the *Líng Guì Zhú Gān Tāng* 苓桂朮甘湯 pattern, water and thin mucus accumulate in the epigastric area leading to palpitations and/or dizziness. A very watery tongue is another key sign indicating the use of this formula. See **illustration 21**.

In the *Zhēn Wǔ Tāng* 真武湯 pattern, there is also pathogenic water accumulating in the epigastric area, but the palpitations are also felt here, rather than around the heart area. There is also generalised abdominal distention and discomfort, but the abdomen is rather soft and forceless on pressure. See **illustration 22**.

Exaggerated intestinal movement
(擾動不穩 *rǎo dòng bù wěn*)
This is a *Dà Jiàn Zhōng Tāng* 大建中湯 diagnosis. The abdomen has an inner cold that rushes up to the skin on the surface in periodic attacks that have distinct beginnings and ends. The upper and lower abdomen are so painful that patients cannot tolerate palpation. This, however, points to the abdomen being soft, weak and without power. You can easily see the peristaltic movement through the abdominal wall. This kind of visible movement of the intestines sometimes is accompanied by pain. *Dà Jiàn Zhōng Tāng* 大建中湯 is used for this kind of presentation. *Xiǎo Jiàn Zhōng Tāng* 小建中湯, although most appropriate for treating tightness of the rectus abdominus muscles, may also be successful in some cases with this abdominal presentation. See **illustration 23**.

Centreline pith
(正中芯 *zhèng zhōng xīn*)
What is known as centreline pith is pictured in **illustration 24**. Under the skin and abdominal wall, along the centre line, one can palpate what feels like a pencil-lead-sized line. The examina-

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tion method for determining this condition is as follows:

Use either just the first finger, or both the first and middle fingers together, and palpate along the centre of the abdomen with the fingers at a right angle to the abdomen, by doing so you can discover this hard thin line, which is painless to the patient.

This centre line pith can run from the upper to lower abdomen in a continuous line. There is also a presentation where this line just runs from the navel through to the lower abdomen. For the pattern where the line runs down both upper and lower abdomen, it is appropriate to use formulas such as *Zhēn Wǔ Tāng* 真武湯 and *Xiǎo Jiàn Zhōng Tāng* 小建中湯 (also known as *Rén Shēn Tāng*). See **illustration 24**.

For the pattern where the line runs only down the lower abdomen, *Jīn Guì Shèn Qì Wán* 金櫃腎氣丸 is the appropriate formula.

Navel pain

(臍痛 *qí tòng*)

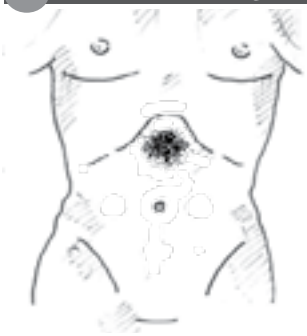
When abdominal pain is located around the navel, the formula to consider is *Gé Gēn Tāng* 葛根湯. Most often, "navel pain" will be pressure pain around the upper edge of the navel. Even when there is light pressure applied, the patient experiences pain. This kind of patient normally has tight abdominal muscles, and a strong pulse. See **illustration 25**. When patients suffer from sinusitis, conjunctivitis, pain and stiff muscles in the nape of the neck and other conditions in which the use of *Gé Gēn Tāng* 葛根湯 is appropriate, consider checking for this presentation.

Conclusion

The art of diagnosis in oriental medicine is based on a combination of viewing, listening, asking and palpation. Abdominal diagnosis is an extension of the latter that has unfortunately fallen rather out of favour in China for many centuries, but is now enjoying somewhat of a resurgence in popularity, and deservedly so. And yet it should not be seen as the ultimate answer, but only as a method of gathering data that will be combined with other data for final deliberation by the practitioner. It should also be borne in mind that those who have contributed to the stream of knowledge in the area of abdominal diagnosis have had different clinical experiences, and that the clinical meaning of an abdominal pattern may be different according to different schools of diagnosis. The information presented here is based on the experience gathered and maintained by the Shang Han Lun school of abdominal diagnosis, and thus best used as reference in comparison to the findings of other schools, such as the Nan Jing school of abdominal diagnosis, until one has amassed enough experience to determine one's own way.

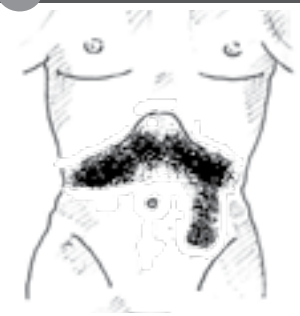
Jīn Guì Shèn Qì Wán (Kidney Qi Pill from the Golden Cabinet)	金櫃腎氣丸	Formula listed below
Bā Wèi Wán (Kidney Qi Pill from the Golden Cabinet)	八味丸	fù zǐ 3g, guì zhī 3g, shú dì huáng 24g, shān zhū yú 12g, shān yào 12g, zé xiè 9g, fú ling 9g, mǔ dān pí 9g
Chái Hú Guì Zhī Gān Jiāng Tāng (Bupleurum, Cinnamon Twig and Ginger Decoction)	柴胡桂枝乾姜湯	chái hú 24g, guì zhī 9g, gān jiāng 6g, tiān huā fěn 12g, húang qín 9g, mǔ lì 6g, zhì gān cǎo 6g
Chái Hú jia Lóng Gǔ Mǔ Lì Tāng (Bupleurum plus Dragon Bone and Oyster Shell Decoction)	柴胡加龍骨牡蠣湯	chái hú 12g, húang qín 4.5g, bàn xìa 6-9g, rén shēn 4.5g, shēng jiāng 4.5g, guì zhī 4.5g, fú líng 4.5g, lóng gǔ 4.5g, mǔ lì 4.5g, dà huáng 6g, dà zǎo 6x
Dà Huáng Mǔ Dān Pí Tāng (Rhubarb and Moutan Decoction)	大黃牡丹皮湯	dà huáng 12g, máng xiao 9g, mǔ dān pí 9g, táo rén 9g, dōng guā rén 15g
Dà Jiàn Zhōng Tāng (Major Construct the Middle Decoction)	大建中湯	chuān jiao 3g, gān jiāng 12g, rén shēn 6g, yí táng 18-30g
Gé Gēn Tāng (Kudzu Decoction)	葛根湯	gé gēn 12g, má huáng 9g, guì zhī 6g, bái sháo 6g, shēng jiāng 9g, dà zǎo 12x, gān cǎo 6g
Guì Zhī Fú Líng Wán (Cinnamon and Poria Pill)	桂枝茯苓丸	guì zhī 9-12g, fú líng 9-12g, bái sháo 9-15g, mǔ dān pí 9-12g, táo rén 9-12g
Líng Guì Zhú Gān Tāng (Poria, Cinnamon Twig, Atractylodes Macrocephala and Licorice Decoction)	苓桂朮甘湯	fú líng 12g, guì zhī 9g, bái zhú 6g, gān cǎo 6g
Rén Shēn Tāng (Minor Construct the Middle Decoction)	人參湯 (aka 理中丸)	gān jiāng 9g, rén shēn 9g, bái zhú 9g, gān cǎo 9g
Táo Hé Chéng Qì Tāng (Peach Pit Decoction to Order the Qi)	桃核承氣湯	táo rén 12-15g, dà huáng 12g, guì zhī 6g, máng xiāo 6g, gān cǎo 6g
Wǔ Líng Sān (Five-Ingredient Powder with Poria)	五苓散	zé xiè 5g, zhū líng 3g, fú ling 3g, bái zhú 3g, guì zhī 2g
Xiao Jiàn Zhōng Tāng (Minor Construct the Middle Decoction)	小建中湯	yí táng 18g, guì zhī 9g, bái sháo 18g, zhì gān cǎo 6g, shēng jiāng 9g, dà zǎo 12x
Zhēn Wǔ Tāng (True Warrior Decoction)	真武湯	fù zǐ 9g, bái zhú 6g, fú ling 9g, shēng jiāng 9g, bái sháo 9g
Zhì Gān Cǎo Tāng (Honey-fried Licorice Decoction)	炙甘草湯	zhì gān cǎo 12g, rén shēn 6g, guì zhī 9g, shēng dì huáng 24g, mài mén dōng 9g, ē jiāo 6g, hǔo má rén 9g, shēng jiāng 9g, dà zǎo 10x

2 BAN XIA XIE XIN TANG



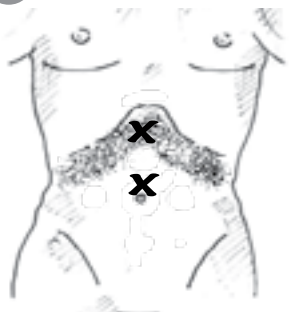
Epigastric hardness
Other suitable formulas may be:
Gan Cao Xie Xin Tang
Sheng Jiang Xie Xin Tang
Ren Shen Tang
... and if the hypochondrium is also sore and distended:
Xiao Chai Hu Tang
Da Chai Hu Tang

5 DA CHAI HU TANG



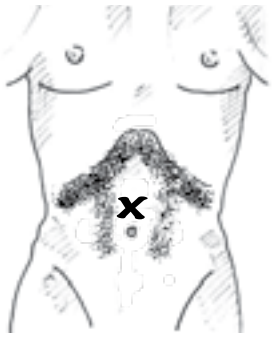
Subcostal sore fullness with constipation.

8 CHAI HU GUI ZHI GAN JIANG



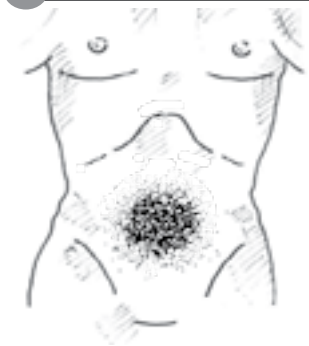
Subcostal fullness
Palpitations in both the epigastric and umbilical areas.

11 SI NI SAN



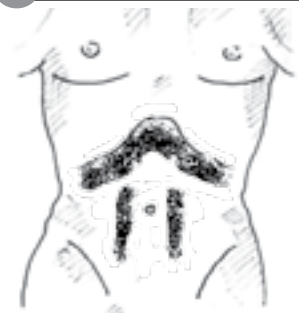
Tension in the upper abdomen and subcostal area, with palpitations above the umbilicus.

3 DA CHAI HU TANG



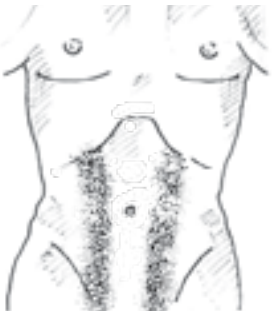
Abdominal fullness
Other suitable formulas may be:
Xiao Chai Hu Tang
Fang Feng tong Sheng Tang
... and for deficient type abdominal fullness:
Gui Zhi Shao Yao Tang
Xiao Jian Zhong Tang
Si Ni Tang or *Fen Xiao Tang*

6 CHAI HU GUI ZHI TANG



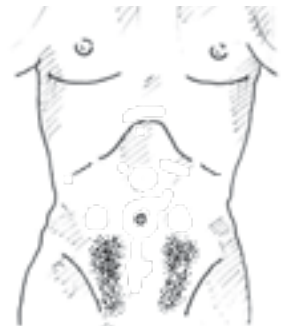
Subcostal area full and sore; rectus abdominus stiff and tight.

9 XIAO JIAN ZHONG TANG



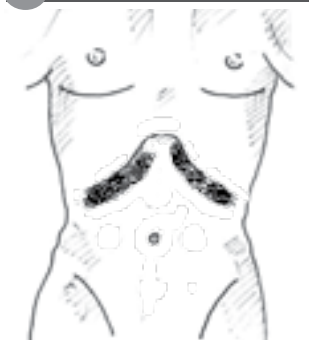
Tension in the rectus abdominus muscles.
Other suitable formulas may be:
Huang Qi Jian Zhong Tang
Shao Yao Gan Cao Tang
Gui Zhi jia Bai Shao Tang

12 JIN GUI SHEN QI WAN



Pulling tightness of the lower rectus abdominus muscles (especially when coupled with exhaustion, lower back pain and impeded urination)

4 XIAO CHAI HU TANG

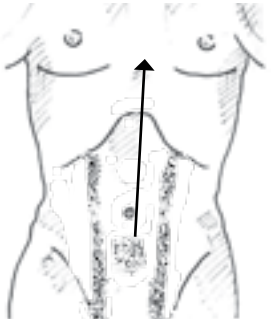


Subcostal fullness and soreness.

7 CHAI HU jia LONG GU MU LI

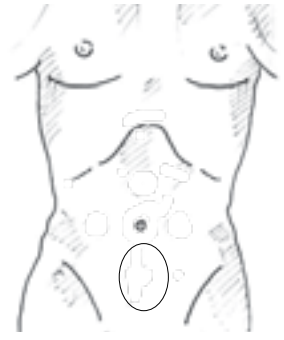
Subcostal fullness, palpations around umbilicus, general abdominal discomfort.

10 GUI ZHI jia GUI TANG



Tension in rectus abdominus with uprushing of qi.

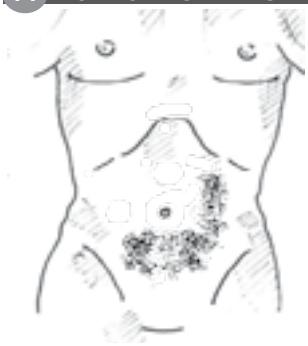
13 JIN GUI SHEN QI WAN



Lower abdomen lacking sensation, weak and forceless.

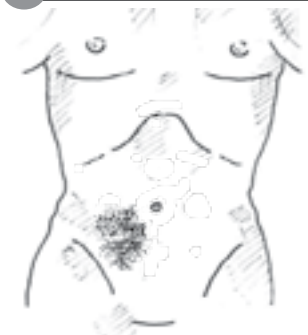
■ Detailed indications for presentations 2–11 appeared in the previous issue.

14 TAO HE CHENG QI TANG



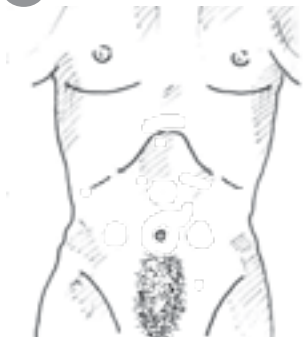
Knotting of the left lower abdomen, extending up to the ribs, with palpable knotted resistance, like a rope, which is painful on sudden pressure.

15 DA HUANG MU DAN PI TANG



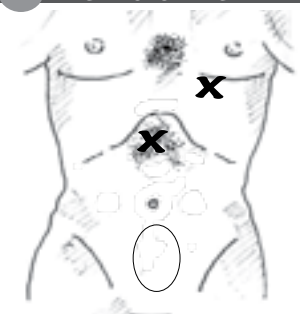
Swellings or lumps next to or below the umbilicus, especially on the right, tender to pressure.

16 GUI ZHI FU LING WAN



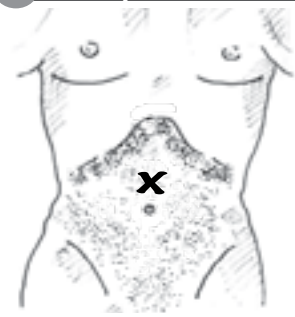
Abdominal masses, such as uterine fibroids.

17 ZHI GAN CAO TANG



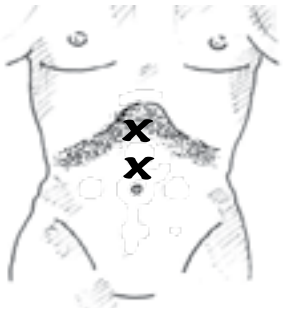
Palpitations in the heart and epigastrium, epigastric focal distention, irritating heat in the chest, lower abdominal loss of sensation.

18 CHAI HU jia LONG GU MU LI



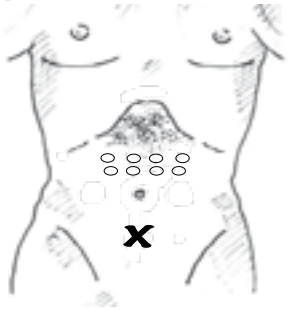
Subcostal bitter fullness, general abdominal discomfort, palpitations above the umbilicus.

19 CHAI HU GUI ZHI GAN JIANG



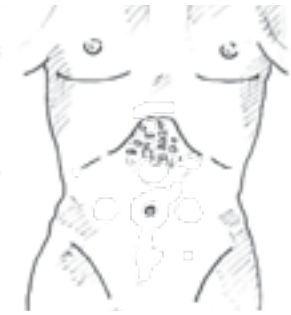
Subcostal bitter fullness, palpations in the epigatric and supra-umbilical areas.

20 WU LING SAN



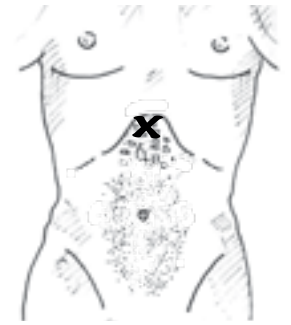
Epigastric focal distention, fluid sloshing sensation in upper abdomen, fullness in the lower abdomen, palpitations below the umbilicus.

21 LING GUI ZHU GAN TANG



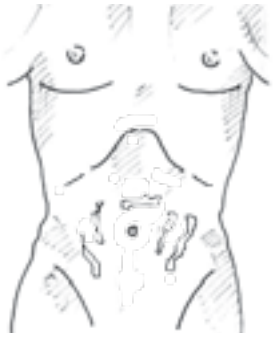
Accumulation of thin mucus and water in the epigastrium, leading to palpitations.

22 ZHEN WU TANG



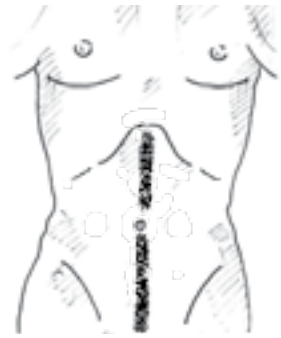
Sensations and sounds of fluid below the epigastric area, epigastric palpitations, and general abdominal fullness and distention but softness on palpation.

23 DA JIAN ZHONG TANG



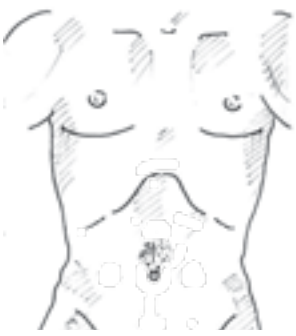
Periodic attacks of abdominal pain coupled with exaggerated movement of the intestines that is visible through the muscle wall.

24 ZHEN WU TANG



Centreline pith in both the upper and lower abdomen.
Also suitable:
Xiao Jian Zhong Tang
If the centreline pith appears below the umbilicus only:
Ba Wei Shen Qi Tang

25 GE GEN TANG



Pain and tenderness just above the umbilicus.

To the tune '*The rain-soaked bell*'

A cicada's chill keen broke
The first pause in the hard rain.
This night, there is only your face.

Dismal drinks in the traveller's tent by the city gate
Boatmen anxious to push off in the lull
– still we hold back.
Shameless, we grip hands, tearful
And choked with silence.

The thought of going, going:
Haze like smoke over the water a thousand miles;
Deep clouds misting deep
The broad skies of the South.

Always and everywhere, severed love rends the heart
But at so bleak an autumn, utter torment.

Drunk tonight, where shall I wake?
Poplar and willow on the banks,
The rise of the dawn breeze
As the moon sets.

There will be so many years, and so many lovely scenes
— all empty;
And though there be
A thousand rousings of my heart
— with whom shall I share them?

Liu Yong
987–1053

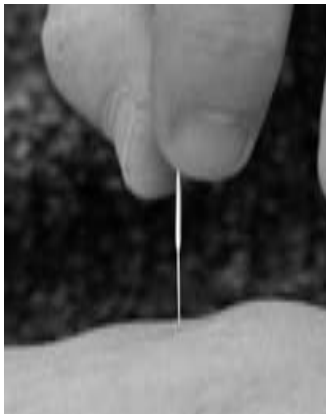
translated by Steven Clavey

This is a poem in the *cí* form (*cí* is pronounced like *tsih*) which borrowed popular tunes from Central Asia as a format for rhythm and structure upon which a new poem was constructed. The tempo and length could be either fast and short, or slow and long; this poem is an example of the latter, called *màn cí*.

Liu Yong was a master, and some say the originator, of the long and slow form of *cí* poetry. (This was the favourite form also of Li Qing-Zhao, the great poetess whose work we featured in the previous issue). Liu travelled to the capital Kai Feng to take the imperial examination. He failed each year, and remained to try again the next, until he was 47. In between exams he spent much of his time in the urban pleasure centres, and many of his poems describe the lives of singers and courtesans, and the life of the emotions.
Simple in language, yet carefully crafted and hauntingly delicate, they remained widely popular for centuries, so that in the words of a later critic: "the poems of Liu Yong are sung wherever a well has been dug."

Acupuncture case history

Insomnia treatment and theory



by Professor Lu Shou-Yan
(case history organised by Wu Shao-De)

MR LI, 33, HAD BEEN HAVING DIFFICULTY falling asleep on and off for about six months, but in the month prior to his initial consultation it had been particularly bad. He was suffering from vertigo, tinnitus, dry mouth and irritability, and also seminal emission with lower backache. His tongue was red with little coat, and the pulse was thready and rapid.

This is, of course, Kidney yin deficiency with Heart yang flaring upward, and our method should be to nourish fluids to control fire, and thereby restore the interaction of Heart and Kidney.

Points		Method	Technique
Xin Shu	BL-15	moxa, bilateral	rice grain moxa, three cones
Shen Shu	BL-23	tonify, bilateral	lift and thrust, do not leave needle
Shen Men	HE-7	reduce, bilateral	as above
San Yin Jiao	SP-6	tonify, bilateral	as above

Second consultation: Mr Li's sleep was slightly better, but reported that he was easily startled awake. The other symptoms had improved, however the tongue was still red and the pulse thready, so the original method of treatment will still be applied.

Points		Method	Technique
Jue Yin Shu	BL-14	moxa, bilateral	rice grain moxa, three cones
Shen Shu	BL-23	tonify, bilateral	lift & thrust, do not leave needle
Shen Men	HE-7	reduce, bilateral	as above
San Yin Jiao	SP-6	tonify, bilateral	as above
Nei Guan	P-6	reduce, bilateral	as above
Tai Xi	KID-3	tonify, bilateral	as above

Third consultation: Mr Li could now sleep sweetly. His facial colour was healthier, and his spirit greatly improved, and he no longer had vertigo or tinnitus. His mouth was not dry and there had been no more seminal emission – the only thing was that he was tired and his back still ached. Tongue red with little coat, pulse thready. Continue using the method of restoring the interaction of Heart and Kidney, but assist it by harmonious tonification of the Spleen and Stomach in order to benefit the blood, which will then nourish the spirit. This is to consolidate the previous treatments.

Points		Method	Technique
Nei Guan	P-6	reduce, bilateral	lift and thrust, do not leave needle
Shen Men	HE-7	reduce, bilateral	as above
San Yin Jiao	SP-6	tonify, bilateral	as above
Pi Shu	BL-20	tonify, bilateral	as above
Zu San Li	ST-36	tonify, bilateral	as above
Tai Xi	KID-3	tonify, bilateral	as above

Explanation

The Heart is the residence of the spirit, and Kidneys are the home of essential qi (jing qi). The vertigo, tinnitus, seminal emission, and sore lower back in this case are all signs of insufficient Kidney jing. The dry mouth, irritability, red tongue with little coat, and thready rapid pulse all show yin deficiency with fire flaring upward. In terms of the physiology, when the true yin of the Kidneys is weak and unable to ascend, it can

no longer balance the fire of the Heart, and the usual interaction of Heart and Kidneys is broken. Heart yang, unsupported, flares, and drives the spirit from its residence. Professor Lu treats this by strengthening water to control fire, and re-establishing the interaction between Heart and Kidneys.

Three cones of moxa at *Xin Shu* BL-15 is using moxa as a reducing method. The *Ling Shu* chapter 51 says: "When using fire to reduce, blow rapidly on the fire, then just as rapidly extinguish it." The idea is to lead the fire qi outward; in general one to three cones are the limit of what should be used.

Reducing *Shen Men* HE-7 also cools Heart fire and calms the spirit.

Tonification at *Shen Shu* BL-23 (the back shu point of the Kidneys) and *San Yin Jiao* SP-6 (where the three leg yin channels intersect) replenishes the source of water in order to control yang. After this his sleep had improved a little bit.

At the second consultation the point for moxibustion was changed to *Jue Yin Shu* BL-14, which also drains excessive qi and fire from the Heart zang.

Reduction at *Nei Guan* P-6 was added to enhance the fire draining and spirit calming effect, with tonification at *Tai Xi* KID-3 (the yuan-source point of the foot shao yin Kidney channel) to further strengthen the enrichment of water. With these additions he slept well and most of the other symptoms were eliminated.

At the third consultation the moxa was no longer needed and only needles were employed, while also adding *Pi Shu* BL-20 and *Zu San Li* ST-36 to harmoniously tonify Spleen and Stomach so that they could produce more blood and nutritive qi in order to calm the spirit.

Thus six months of insomnia was cured within a few days, and this constitutes evidence for the distinction between tonification and reduction as separate manipulative techniques. The expertise of Professor Lu in the application of these techniques can be seen in this example.

Discussion

Professor Lu regards insomnia as primarily a loss of yin-yang interaction, and the spirit leaving its residence. There may be a variety of patterns, but all come back to either external pathogenic influence or internal disorder. External pathogens such as cold disorders, malaria-like disorders and so on mainly cause insomnia through the patient's discomfort preventing sleep, and thus when the pathogen is eliminated the sleep returns. Insomnia can also result from a variety of internal disorders. For example, there may be scorching heat disturbing the palace of the Heart which requires strong cooling of fire with points that drain fire, then points that calm the spirit (see point list below).

There may be constant worry and qi constraint that exhausts Heart blood and Spleen qi, which requires supporting digestion to nourish blood and support the spirit and also points that directly calm the spirit (see list below) and lead it back into its residence.

Essence may fail to congeal the spirit, with dragon thunder erupting; this requires enrichment of water so that fire can be led back to its source (see list below).

The storage levels of Liver blood may be insufficient to prevent the hun/ethereal soul from wandering, which requires tonification of Liver blood (see list below).

Gall Bladder heat may cause restlessness in the spirit and hun/ethereal soul, which is treated by cooling shao yang constrained heat (see list below).

Insomnia can also be caused by fright, which must be settled as listed below.

It may also be caused by inordinate anger, which requires freeing Liver qi with the two points *Xing Jian* LIV-2 and *Tai Chong* LIV-3.

Food stasis with Stomach disharmony is a common cause of poor sleep; one should harmonise the Stomach and lead food stasis downward to be eliminated, combining tonification and reduction in the points listed below.

Finally, the weakness restlessness in the aftermath of serious illness can also prevent sleep; this can be treated with moxibustion on the points in the chart below.

Scorching heat disturbing the Heart

Points		Method	Technique
Ran Gu	KID-2	reduce, bilateral	tight lifting 64 times (8x8)
Xing Jian	LIV-2	as above	as above
Zhi Gou	SJ-6	as above	as above
Nei Guan	P-6	reduce, bilateral	for both points, first tight lifting 36
Shen Men	HE-7	reduce, bilateral	times, then tight thrusting 27 times.[1]

Constant worry and qi constraint

Points		Method
Pi Shu	BL-20	tonify, bilateral
Ge Shu	BL-17	tonify, bilateral
San Yin Jiao	SP-6	tonify, bilateral
Zu San Li	ST-36	tonify, bilateral
Shen Men	HE-7	tonify, bilateral
Da Ling	P-7	as above

Essence failing to congeal the spirit

Points		Method	Technique
Tai Xi	KID-3	tonify, bilateral	lift and thrust

■ Lu Shou-Yan (1909–1969) learned acupuncture as a youth from his father who was well known in the field. Dr Lu became a leading professor of acupuncture in Shanghai and an influential theorist and author with over 40 years of clinical experience.

Fu Liu	KID-7	tonify, bilateral	lift and thrust
Zhao Hai	KID-6	as above	as above
Zhi Shi	BL-52	as above	as above
Shen Men	HE-7	tonify, bilateral	as above
Da Ling	P-7	as above	

Liver blood storage insufficient to prevent hun/soul from wandering

Points		Method
Gan Shu	BL-18	tonify, bilateral
Qu Quan	LIV-8	as above
Ge Shu	BL-17	as above
San Yin Jiao	SP-6	as above

Gall Bladder constrained heat disturbing the Heart spirit

Points		Method
Yang Ling Quan	GB-34	reduce, bilateral
Dan Shu	BL-19	as above
Da Ling	P-7	tonify, bilateral
Gan Shu	BL-18	as above

Insomnia due to fright or shock

Points		Method
Yin Xi	HE-6	reduce, bilateral
Shen Men	HE-7	as above
Xin Shu	BL-15	as above

Insomnia due to anger

Points		Method
Xing Jian	LIV-2	reduce, bilateral
Tai Chong	LIV-3	reduce, bilateral

Insomnia due to food stagnation and Stomach disharmony

Points		Method
Zu San Li	ST-36	tonify, bilateral
Shen Men	HE-7	as above
Tian Shu	ST-25	reduce, bilateral
Da Heng	SP-15	as above

Insomnia following an illness

Points		Method	Technique
Zu San Li	ST-36	tonify, bilateral	moxa
Guan Yuan	REN-4	as above	as above
Qi Hai	REN-6	as above	as above
Shan Zhong	REN-17	tonify	as above

■ Source text: *Lu Shou-Yan Zhen Jiu Lun Zhu Yi An Xuan* (Lu Shou-Yan Acupuncture Treatises and Selected Case Histories), Wu Shao-De et al. People's Health Publishing House, Beijing, 1984, pp. 215-216.

Endnote

1. Tight lifting in "lift and thrust" manipulation is reduction, tight thrusting is tonification; 64 times is the number for old yin (*lǎo yīn*), 36 times is the number for young yin (*shào yīn*), 27 times is the number for young yang (*shào yáng*).

Ask Ante

Problem patients, scrutiny of the eyes

Dear Ante,

Like Attila and many other readers, I also love your tips in *The Lantern*. Perhaps you have a tip for clients who take one sip of their herbs and then suffer all manner of new and wondrous symptoms? Should I increase their *He Huan Pi* (Albiziae Cortex) to 30 grams?

I also have a bigger question.

I know you say don't read so much, but I read in a book about Chinese face reading by Lillian Bridges that brown discolouration of a person's eye sockets suggests they have depression, as brown on the skin is a colour of chronic stagnation. I think this sounds reasonable. But when I check Giovanni Maciocia's excellent book on diagnosis, he seems to suggest this brownness around the eyes is more likely due to phlegm. I can't find any other references to this, but I know you have many sources, Ante. Is it depression, phlegm, or maybe is it both?

Best regards to you and your family,

Michael Ellis

■ ~~d~~Huan Hua (Albizia flower).

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

And Ante's reply ...

Dear Michael,

Well, so I am not the only one having problem patients. If you are talking about decoctions, you can only take steps to cut down the most likely of problems, which are usually in their stomach, so:

a) Tell them to take a smaller dose in the morning, or even pills AM, herbs PM;

b) Tell them not to drink the sediment at the bottom (they think they are saving money by stirring up the decoction before they drink it, but it just sits on their stomach);

c) Tell them to take the decoction after meals; and

d) Include herbs that protect digestion such as *Chen Pi* (citrus), *Gu Ya* (Oryza) etc.

He Huan Pi is also a good herb, I like it very much.

There is another interesting thing I see with women patients. They might go well the first month on my treatment, but the second month they have completely different symptoms. I explain it like this: women usually ovulate from a different side every other month, and each ovary can be different with symptoms. So usually I will warn them about this, and also give them just the same prescription for the second month (only of course if they felt better the first month), and tell them why: to see about the second ovary. So often the reaction to the very same herbs is different! Once they know this, they can find out the different symptoms in the alternate months easily themselves. This so often happens in the first few months of herbs; after that the ovaries seem to balance out.

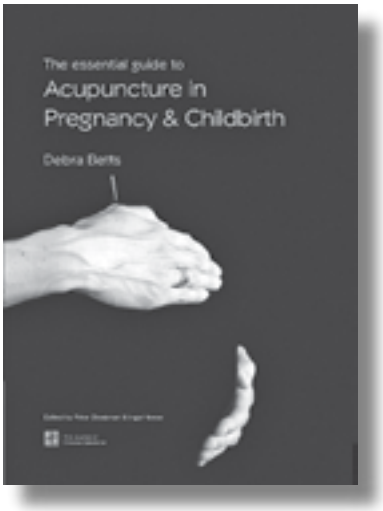
Discolouration around the eyes, Giovanni says this, Lillian says that – who am I to argue with these famous people? I can only tell you what I do myself. First I try not to jump from a single symptom to a complete diagnosis, like "frequent urination means Kidney yang deficiency". Then I think to myself, darkness under the eyes definitely means the local circulation is not good, but you have to look more deeper to tell what might be blocking that circulation. The *Nei Jing* says yellow relates to earth, black relates to water, white relates to cold, red relates to fire, green relates to wood. So we can look for what actual combination of colours is showing up. Brown? Partly yellow, partly black: must be earth (damp) and water, maybe from Spleen and Kidneys. I will ask for other symptoms about these functions. I will also look for how glossy the skin is, and what other colours might be mixed in, like if it is pale brown and glossy, it might be cold damp, but if it is dark black-brown and no gloss, and the patient is old, then I start to think phlegm and blood stasis. You see how I am thinking? Colours also show up other places on the face. I often see a greenish tinge come and go along the jaw, especially when I ask about stress.

I do not know if that helps you. Maybe you should research it and write an article for this magazine.

Your friend,

Ante

Personal and practical guide to pregnancy



The Essential Guide to Acupuncture In Pregnancy and Childbirth by Debra Betts; edited by Peter Deadman & Inga Heese; Journal of Chinese Medicine, Brighton 2006; hardback, 350pp

For those of us who have chosen the practice of Chinese medicine as a vocation rather than a business (which is surely the large majority because there are much easier ways to make a buck, and bigger bucks at that!) one of our aims is to see this effective form of medicine reach as large a percentage of the population as possible. For this to happen it needs to become mainstream, in whatever form that takes in different countries. In Western societies this means that it needs to become part of the hospital or government-subsidised system.

And interestingly this has indeed started to happen in some countries thanks to the enthusiasm of midwives for acupuncture. As a result a (still small) number of hospital antenatal clinics and birthing centres offer acupuncture as a standard treatment for pregnancy related conditions. Independent midwives working outside the hospital have found that applying acupuncture to their clients during pregnancy and before the birth has reduced labour time and the incidence of complications such as posterior arrest or post partum haemorrhage.

Debra Betts, who is not a midwife, has written a text on the use of acupuncture in pregnancy and birth hoping to encourage TCM trained acupuncturists to educate themselves enough to feel confident in developing this interesting specialty area of Chinese medicine practice and hopefully taking it into hospital antenatal clinics. At the outset she firmly dispels the notion that acupuncture treatment (using appropriate methods and diagnoses) is unsafe in pregnancy or can cause miscarriage.

The Essential Guide to Acupuncture in Pregnancy and Childbirth is composed of many short chapters. Most of the chapters in the first half of the book are devoted to common symptoms that might occur in pregnancy such as nausea, heartburn, varicose veins, and back or pelvic pain. Also covered are more serious conditions such as hypertension and intrauterine growth retardation.

Some chapters, such as miscarriage, tackle very complex subjects that might warrant more detailed analysis. However, the nature of this book as an acupuncture manual may preclude such depth. The prevention of recurrent miscarriage is not addressed and is presumably beyond the scope of this text. However, I would be pleased to see this chapter expanded in future editions. And another important and difficult condition, gestational diabetes, would also be a welcome addition to a second edition. Debra reminds us that there are specific aspects of pregnancy relevant to TCM; viz increases in blood, heat, dampness and Liver qi and decreased Kidney energy. Hence, for example, a wiry, slippery, rapid Liver pulse in pregnancy shouldn't make us rush for Liver dispersing techniques – it's normal! She introduces some novel techniques such as ear press studs used on body points and kept in with sturdy plaster and changed by the patient herself when necessary.

The second part of book is dedicated to birth and prebirth (from week 37) acupuncture treatments. Again, very useful practical hands-on advice that takes away the fear of the unknown for both practitioner and about-to-be mum. Debra is particularly strong in promot-

■ The Merck Manual available direct from Elsevier Australia, 1800 263 951.

ing pre-birth aucpuncture treatment since it often obviates the need for either more help from the acupuncturist during the labour or the incidence of complications and intrusive obstetric techniques.

After all the clinical stuff – the throwing up, the sore bits and the gory bits – comes the fun stuff, FOOD! What to eat can be a vexing question for the pregnant woman and she will often ask for advice. Chinese medicine usually has great advice on what to eat – generally conforming to an individual's constitution and emphasising an environment of relaxation and enjoyment with pleasing tastes and smells and colours and textures. It's a wee bit different trying to find exactly the right food at the right moment to satisfy that unique and particular pregnancy need – or even just to keep a very nauseous patient and her baby nourished. Debra gives a detailed list of food groups and vitamins and no-no's like caffeine and alcohol, and then explains how to assess food in a Chinese medicine way, and finally which foods can address particular conditions.

Debra writes in no-frills point form with no extraneous padding and therefore has provided a very dense and information filled book. She keeps it simple, makes it accessible and do-able – even to the newcomer graduate. And that's really the whole point of Debra's message – just do it ! Finally let me add that I agree with sentiments expressed in the foreword (curiously enough, also written by me).

In the west, a number of authors who are well known in the Chinese medicine community – Giovanni Maciocia, Bob Flaws, Steve Clavey, Dan Bensky, Will Maclean, among others – have paved the way tirelessly and expertly for practitioners of TCM in the west by painstakingly translating texts from Chinese to English. Existing texts with sections dedicated to obstetrics date as far back as the Ming dynasty (1368-1644) and since early last century many Chinese medicine skills have been incorporated with Western medicine knowledge in texts devoted to obstetric knowledge.

Acupuncturists like Debra Betts have benefited from the wide availability of such material and have taken this knowledge to the next stage of professional application – making it their own, making it personal, making it practical and hands on, taking it out of the classroom and library and into the hospital ward or clinic. Debra describes her relationships with her pregnant patients and their unborn babies, she considers the family context and all the other relevant circumstances, she analyses the patients' constitutions and symptoms through the prism of TCM theory.

What Debra does so skilfully in this book is distil all the knowledge we have available to us from written history into a practical compilation of what actually works! That is what has worked for her and for her patients. For doctors who haven't had the opportunity to treat hundreds or thousands of pregnant or labouring women, such a contribution is invaluable. *The Essential Guide to Acupuncture in Pregnancy and Childbirth* presents its entirely practical and usable information in a succinct, simple and elegant form in language that is easy to read. In so doing it encourages inter-professional exchange, an important part of the development of Chinese medicine in the West.

– JANE LYTTLETON

The latest in Western thinking

The Merck Manual of Diagnosis and Therapy. Publisher: Merck Research Laboratories 2006; 2991 pages

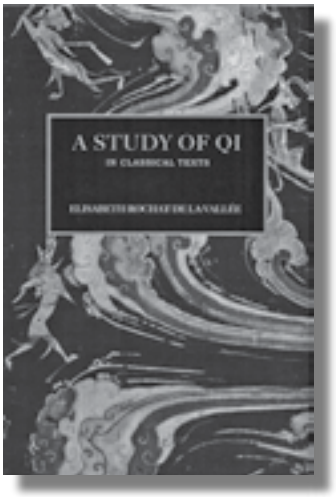
MOST PRACTITIONERS will be familiar with the *Merck Manual* and many will have an earlier edition. Besides being updated and expanded, this new edition, the 18th, also has an online extension www.merckmanual.com that provides ongoing updates. The manual is divided into 21 sections according to disease category. For example, section two deals with the diagnosis, differentiation and treatment of a wide range of gastrointestinal disorders as well as including sections on diagnostic procedures. It is intended as a desk reference for medical practitioners so it uses a lot of technical terminology. The jargon density does, however, vary from section to section with some being written in a plainer style while I found others to be almost impenetrable. This can, of course, be a product of the need to pack information into small places but I suspect that it is also a product of the writing style of some contributors.

As I am always interested to see what medical books say about Chinese medicine, I looked up the subsections on complementary and alternative medicine. These are mainly descriptive and fairly even-handed. Under dietary supplements there is a table of known and possible drug interactions for a limited number of vitamins, herbs etc. Ginseng rates a mention but is somewhat misleadingly described as a family of plants apparently including acanthopanax. Considering the tendency to mix up the various plants that can get called "ginseng", I thought this section could have been clearer.

This edition is well bound in hard back, fits easily on a desk and the pages are of good quality fine paper, making it a pleasingly presented book. It uses illustrations sparingly but includes some good tables and I found the indexing to be comprehensive. For the practitioner, it is a useful and well respected source of information on contemporary clinical Western medicine.

– BRIAN MAY

Reflections on the sea of qi



A Study of Qi in Classical Texts
by Elisabeth Rochat de la Vallée. Paperback, 119 pages
Monkey Press, 2006, distributed in Australia by China Books

Elisabeth Rochat de la Vallée has been translating Chinese medical texts for 30 years, after studying literature, philosophy and classics at the Paris University, and established the first study group of classical Chinese medical texts in Paris in the 1970s. Together with her friend and mentor, Fr. Claude Larre, she has written a series of textbooks focusing on important aspects of Chinese medicine, such as the individual zang, the seven emotions, and the extraordinary meridians; all are published by Monkey Press.

The book *A Study of Qi in Classical Texts* is an edited transcript of two seminars presented in London by Elisabeth Rochat de la Vallée in 2004. She introduces the concept of qi and its process of development as reflected in the formation of the relevant Chinese characters, the relationship of the concept of wind and qi, yin and yang, and internal qi. From this basis she moves into qi as presented in classical Chinese philosophical texts such as Mencius, Sun Zi's *Art of War*, and the Taoist texts *Zhuangzi* and *Huainanzi*. Chinese medical classics are next, including *Su Wen* and *Ling Shu*, and through this, a look at ancestral qi, authentic qi, perverse qi, original qi, da qi, ying qi, wei qi, and the role of the triple heater in relation to zong qi.

In this delightful little book, examination of the Chinese characters provides the spice that flavours the dialogue. Often, she will search for the fundamental meaning of the term by dissecting the character itself, a process that releases a burst of unexpected meanings, such as her look at *yíng* as in yíng qì:

"The character ying (營) is very simple. It has the fire character (*huo* 火) twice at the top. To have two fires side by side like this is different from having them one on top of the other, which would indicate too much fire, or an intense burning. Fire next to fire suggests a gentle fire, acting as life-giving warmth and light, and providing the means for cooking ..."

But there are also philosophical asides containing much wisdom. She says:

"During the spring, if we behave in a spring-like manner, it is not only because we absorb the quality of spring from nature and act accordingly, but also because in our own lives there is a feeling of surging upwards and springing forth which we have to follow. This internal spring is felt in the season of spring and also in the springtime of life, youth. It is found in each situation which is spring-like and in which we have to follow this kind of rhythm. When it is spring in nature it is also spring within my individual life, in my psychology and physiology. And there will be difficulties if I oppose this natural movement of spring by behaviour which goes against the season."

It is certainly not an exhaustive study of all the classical occurrences of the term "qi", and is more reflective than definitive, but it can provide useful and unusual references for those interested in the background of qi as a concept in ancient China. It also provides plenty of food for thought. So all in all, an entertaining and educational read.

– STEVEN CLAVEY

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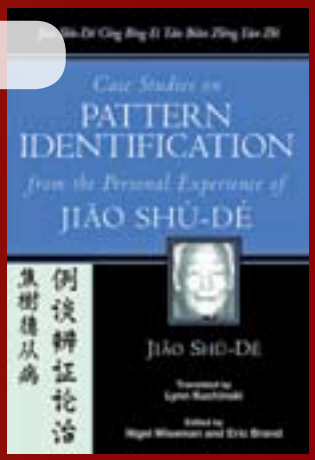
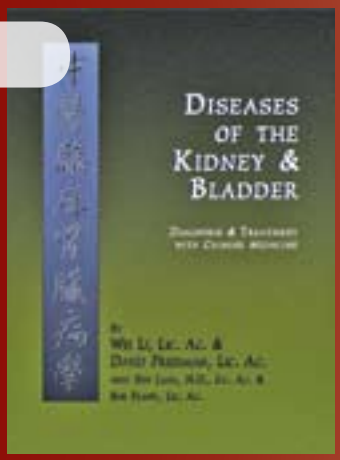


Case Studies on Pattern Identification from the Personal Experience of Jiao Shu-De

JIAO Shu-De

Case study literature is widely regarded as one of the most useful tools for education and clinical development in Chinese medicine. However, few English case studies truly illustrate the successes and failures of highly-skilled practitioners, and thus many such books fail to be truly useful in the clinic. By contrast, this text by Jiao Shu-De represents a breakthrough in high-quality case study literature. While students will benefit from this case-based approach to education, experienced practitioners will gain new insights from the sophisticated approach of Dr Jiao. Already a classic in China, this long-awaited text fills a clinical niche that makes it an essential addition to the libraries of serious practitioners.

Blue Poppy Press, paperback, 2005 — $118



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WEI Li & FRIERMAN David

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