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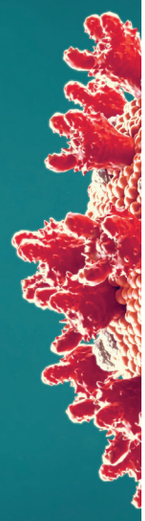
By Volker Scheid

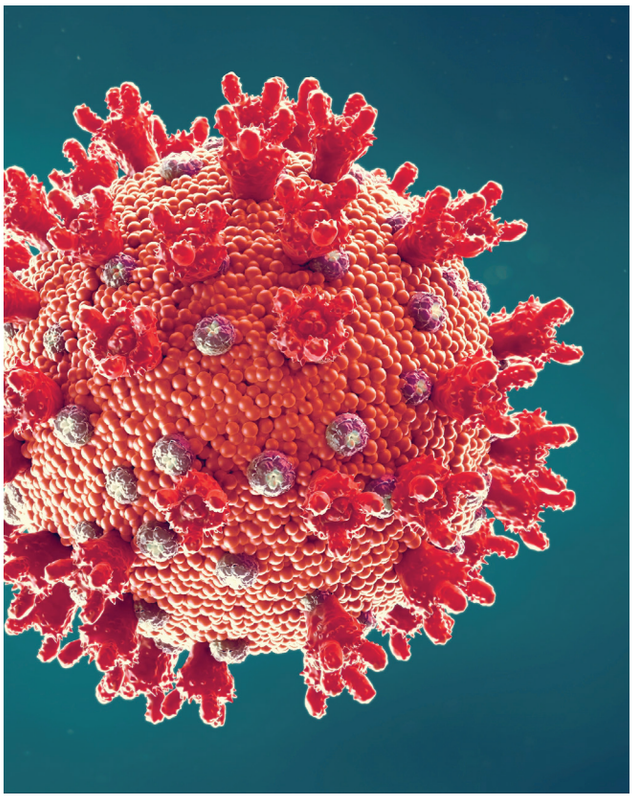
Covid from the bottom up

Lessons of the pandemic



Since Covid-19 first arrived on European shores in the late winter of 2020, I have treated almost 100 patients at various stages of illness due to infection with the SARS-CoV-2 virus. This paper is a first attempt to summarise what I have learnt during this time. By learning I refer to two interconnected processes that appear to pull in opposite directions, and my attempts to deal with the ensuing tension. The first process has been a becoming aware of certain patterns, however blurry, from how patients present to what seems to work in practice. This has been opposed by a simultaneous increase of uncertainty in as much as my engagement with Covid-19 has highlighted to me a number of unresolved problems within Chinese/East Asian medicine that I did not understand as clearly before. I will refer to the tension between these interlinked processes as a problematic, a term that signifies a conjuncture of different problems.

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 and restoring health, whether via translations of works of past centuries or observations from our own generation working with these techniques. 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.



FOCUSING ON THIS problematic differentiates my paper from the general tenor of discourse regarding Covid-19 in Chinese/East Asian medicine. Based on what I have read, listened to, and watched across different media (and I have done a lot of this) I think it is fair to say that almost without exception Covid-19 is grasped by means of some kind of already existent framework. This framework defines to the authors/researchers/practitioners what kind of problem Covid-19 is, and appropriate treatment strategies are then deduced from this definition. For some authors, the SARS-CoV-2 virus thus is a new damp-type epidemic toxin but one that can nevertheless be understood within the discourse on epidemics outlined in Wu Youke's 吳又可 17th century *Treatise on Epidemics* (*Wēnyìlùn* 瘟疫論). For others Covid-19 is an illness like any other and can therefore be framed and treated by way of the same patterns that apply to all illness and are outlined in Zhang Zhongjing's 張仲景 second century treatises. Some define Covid-19 as a bread-and-butter warmth disorder (*wēnbìng* 溫病) to be diagnosed and treated through Ye Tianshi's *wèi-qì-yíng-xuè* diagnostic framework. Yet others argue for combining biomedical definitions of the disease as a type of severe acute respiratory disorder (SARS) with Chinese medical understanding of its damp-cold nature. More pragmatically oriented practitioners eschew discussions about what Covid-19 is and are happy to just follow clinical guidelines devised in China. The list could go on.

I think this top-down approach is problematic for at least three reasons. First, claiming that Covid-19 is something already conceptually present within the Chinese/East Asian medical archives seems to me an extremely arrogant statement. Perhaps it is and perhaps it is not. Only time will tell. What is certain, however, is that there exists no historical precedent on which such a claim could be based. As a historian I know that Chinese medicine's engagement with epidemics is one of constant struggle during which existing paradigms and treatment strategies were forever found wanting. In fact, most of the major conceptual breakthroughs in the history of Chinese medicine—from the compilation of the Treatise on Cold Damage (*Shānghánlùn* 傷寒論) to Li Dongyuan's 李東垣 notion of "internal damage" (*nèi shāng* 內傷), from Wu Youke's *Treatise on Epidemics* to the invention of warmth disorder therapeutics—can be directly linked to a perceived failure of then existing approaches to treating epidemics. It could be that no such critical reassessment is warranted this time, but being aware of historical precedent is a useful foundation for learning something new.

Second, all good empirical research is inductive, working its way up from concrete data to abstract theories. That is certainly what I do as a historian and there is no reason why Chinese medicine should be exempt from this rule. Of course, any kind of data analysis is invariably refracted through the lens of existing knowledge, something that can be mitigated only to some extent by constant critical self-reflection and peer-review. The *a priori* commitment to a given theory and treatment model does exactly the opposite.

Third, if the encounter with something new does not change what we do in some way, what does that say about ourselves?

Having said all that, if I was offered a

CORRECTION

Dr Tom Ehrman wrote a wonderful article on herbal medicine in ancient and modern times for the January 2022 issue of *The Lantern* which was listed on our cover page as "by Xu Dachun" who was in fact the subject of the article. Our sincere apologies to Dr Ehrman for this mistake.

Volker Scheid combines academic research as a medical humanities scholar with clinical practice and teaching of Chinese medicine. He has published two influential monographs on the development of Chinese medicine from the 17th century to the present: *Chinese Medicine in Contemporary China: Plurality and Synthesis* (Duke UP, 2002) and *Currents of Tradition in Contemporary China* (Eastland Press, 2007) as well as over 30 peer-reviewed papers in academic journals. He is the main author of *Formulas & Strategies*, 2nd ed. (Eastland Press, 2009) and the *Handbook of Chinese Medical Formulas* (Eastland Press, 2016).

manual for treating Covid-19 that definitely worked, I would certainly apply it. However, it is precisely because the manuals and protocols I came across in the early stages of my encounter with Covid-19 did not do this that I was forced to take a different approach. That is, my focus on an emergent problematic was ultimately born out of pragmatic necessity rather than from any high-brow ideals.

Background

My interest in the treatment of what Chinese medicine calls feverish, seasonal or epidemic disorders began more than 30 years ago when I first encountered the *Treatise on Cold Damage* and Ye Tianshi's case records. I have since studied the topic in formal courses, with individual teachers and by reading the works of the ancient masters and contemporary physicians. In the early 2000s, I organised what I believe were the first specialised courses on cold damage (*shānghán*) and warmth disorders (*wēnbìng*) in western Europe. I have myself taught these topics for almost two decades. After reports of the Covid-19 outbreak in Wuhan and then in Lombardy appeared in the winter of 2020, I read what I could about the Chinese treatment of the condition. I therefore considered myself ready and prepared when the disease struck in the UK a little later. My first patient got better with the first prescription I wrote. With the exception of three patients who did not respond to treatment at all, all my other patients derived at least some benefit from taking Chinese herbs. Many improved quite quickly. Others, particularly long Covid patients, proved more difficult to treat. In the treatment of acute cases, it was often difficult to decide whether any improvement was due to my treatment or whether it would have occurred also without. I treated some patients who felt quite ill but I did not treat anyone requiring hospitalisation either before or after they came to me.

If the above sounds quite positive, my initial feeling of being prepared quickly evaporated. Very early on it became apparent that most patients I saw did not present with the triad of fever, dry cough and sore throat claimed by the National Health Service (NHS) in the UK as definitive of Covid-19 infection. Nor did their Chinese medicine patterns reflect what came out of China at the time. Try as I might, I did not see early-stage dampness patterns, nor did my patients have the tongues of Wuhan patients posted on the web. Covid-19 certainly did not appear to be a textbook *wēnbìng* disease either. This was clearly driven home to me when a young mother consulted me for chicken pox she had picked up from her daughter. This was the first patient with chicken pox I have ever treated in my life but she presented pretty much as the textbooks said she would. I have rarely experienced the same kind of relative certainty in treating patients with Covid-19.

Out of sheer necessity I therefore decided to take an agnostic view: to avoid any kind of generalisations and treat each case as best as I could based on its presentation. Such an approach has dangers, too, of course. Defining the disease (*bìng* 病) as a first step in treatment has for good reasons been as important to many physicians treating fevers and epidemics as diagnosing the pattern (*zhèng* 證). This is because this first step inward can lead us to strategies that symptoms alone do not necessarily do. Yet, just as the biomedical world retreated from its initial assumptions about Covid-19 it seemed wisest for me to follow suit and not to claim an understanding that did not really exist. My hope was that after a while some patterns would start to emerge that might contain within themselves the seeds from which a more comprehensive understanding might grow. For if there is one thing I think working with Chinese medicine makes you good at, that is detecting meaningful patterns on the basis of relatively small data sets. For me that point has now come and this paper is an initial attempt to draw my disparate observations into a more coherent perspective.

To this end this paper is divided into two parts. The first part simply sums up my personal encounter with Covid-19: in my own clinic, in my readings of the Chinese medical archive, and in bits of useful information I gleaned from biomedicine and other medical systems. The second part attempts to make sense of these encounters through a series of what I call triangulations. I use the term triangulation to convey a sense of productive positioning vis-a-vis an unknown

"Someone suffered throat bì with phlegm and qi attacking upward. His throat was blocked."
WHICH POINT WOULD YOU CHOOSE?
PAGE 35

phenomenon. These triangulations raise as many questions as they produce answers but, I argue, have helped to give a sense of direction to the *tabula rasa* of my initial encounters.

To underline the provisional nature of my observations, inquiries and findings I have chosen to present my material as a series of lists. Lists create a certain kind of order without imposing a narrative. I also largely eschew footnotes, references and all the other accoutrements of professional authority that might mislead readers into thinking that I am seeking to define what Covid-19 is or how it should be treated. In fact, what I am ultimately aiming at is to demonstrate that we can engage in productive inquiry from very modest beginnings and that there is something to be learnt from our encounter with Covid-19.

Part 1
Clinical observations

By any standard my dataset is exceedingly small. And yet, in the sense that repeatable patterns started to form in my mind, it is perhaps sufficiently large to make a beginning. So as not to suggest I had conducted a clinical study of any kind I purposefully use impressionistic language and avoid quantitative terms. All my consultations were conducted online, hence there is no data on pulse diagnosis.

1. Most of the early-stage patients I have seen presented with symptoms that could be framed as a *shaoyang* type presentation. The most common of these symptoms were alternating chills and fever or a fever that would come and go in terms of its intensity, a painful throat, and dizziness. Accompanying symptoms might include nausea, headaches, and fatigue. Most of these patients responded well to harmonising formulas treating a pathogen located at the half interior half exterior qi aspect, which suggests to me that my diagnosis was correct.

2. Many, but not all, of these early-stage patients presented with additional symptoms that suggested a joint-disease (*hé bìng*) of some sort. These could be symptoms in the exterior (*taiyang* or *wèi* aspect) like joint pains, headache, neck pain, numbness, or macular type skin rashes; symptoms indicating the presence of obstruction in the *yangming* interior like strong thirst, constipation or difficult bowel movements; or heat in the *yíng* aspect with a red tongue, restlessness, or difficult sleep. Provided I had understood the concurrent pattern correctly, most of these patients also tended to respond well to treatment using an approach that combined a harmonising strategy with one that resolved the exterior, drained downward, cleared heat at the *qì* aspect, and so on. However, the fact that not all patients did suggests that there is another element to the disease process not grasped by the above perspectives.

3. In the resolution of both acute and chronic cases that had not presented to me with exterior (*taiyang* or *wèi* aspect) symptoms at the time of their first consultation, such symptoms would often occur in the course of treatment as the condition improved. So much so, in fact, that after a while I began to expect this to happen. Most typical were headaches, neck and shoulder pain that had not previously been present, skin rashes or numbness of the skin. Treating these symptoms as indicating an obstruction in the body's exterior generally had positive effects in resolving the disease.

4. Less often but also notable was the occurrence of nausea, dizziness, tinnitus or fluid in the ear in the process of illness resolution where this had not been previously present. I also now understand this as a moving outward of the pathogen but through the half-interior half exterior or *shaoyang* rather than the exterior. More on that below.

5. In some patients the disease presented predominantly with *yangming* or *qì* aspect symptoms indicating heat without form. This was invariably accompanied by symptoms and signs indicating the presence of pathogenic heat also at the *yíng* aspect.

6. I found patients presenting with cough, chest tightness or breathing difficulties, especially if they had already been ill for some time, difficult to treat. With hindsight I think that part of the problem is my

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Blood stasis, visible in a tongue that becomes mauve as well as significant swelling and discolouration of the sublingual veins, occurred quite early on in some patients and was regularly present in patients with long Covid, particularly in women.

misreading of these symptoms as requiring primarily some kind of unblocking of the Lung networks, when in fact the obstruction was often located in the pleura or even the Pericardium, that is the half-exterior half interior or the *yíng* and blood aspects. I have come to this conclusion because treating primarily at those levels often also resolved the breathing difficulty and chest tightness.

7. Anxiety and palpitations of varying severity seem to be a very common symptom even in patients who do not describe themselves as prone to anxiety. These symptoms can occur very quickly after the onset of the disease. This symptom was notably absent in patients with the omicron variant. This could be because patients did not perceive omicron as threatening in the way they did earlier variants, but it could also have to do with the disease caused by the omicron variant itself.

8. In both early-stage patients but particularly if the disease lasted for a while, I regularly observed the occurrence of wind-type symptoms. By this I mean symptoms that come and go suddenly, that are not primarily characterised by heat, and that most often manifest as an upward movement of qi in the form of a rushing of qi into the chest or head (sometimes described in the literature as *bēntún qì* 㵎豚氣 or "running piglet qi"), belching up of wind, wheezing, or dizziness. I also place symptoms like a pulse/heartbeat that suddenly becomes faster for no reason or blood pressure that goes up and down under this category. Less often this wind moved downward into the bowels presenting as bloating, sudden diarrhoea, passing of wind, or explosive stools. Depending on the constitution, heat could accompany such wind symptoms, but it seemed to me that typically it was the wind that stirred the heat and not vice versa.

9. Blood stasis, visible in a tongue that becomes mauve as well as significant swelling and discolouration of the sublingual veins, occurred quite early on in some patients and was regularly present in patients with long Covid, particularly in women. Subjective symptoms of such stasis ranged from sudden localised pain in various parts of the body to acute sciatica, heart or menstrual pain, from paraesthesia and numbness to irregular menstruation, sleep disorders and even stroke.

These patients responded well to simple blood moving treatment using herbs such as *Dāng Guī* (Angelicae sinensis Radix), *Chuān Xiōng* (Chuanxiong Rhizoma), *Hóng Huā* (Carthami Flos), *Táo Rén* (Persicae Semen), *Sān Léng* (Sparganii Rhizoma) or *É Zhú* (Curcumae Rhizoma). However, while such treatment would result in significant changes of the tongue and relieved most symptoms, it rarely cured the disease completely.

10. A significant number of patients reported feeling extremely cold. (This cold could be local as in freezing cold feet or systemic with a sense of not being able to get warm anymore). One of the patients I treated, for instance, needed to have a long hot shower in the middle of the night to get warm again. Extreme cold was sometimes accompanied by fear of dying, which is different from the anxiety described above. Cold in the interior was sometimes accompanied by false heat in the exterior or top of the body, such as a sore throat, burning eyes or headaches. These patients responded well to the use of *Zhì Fù Zǐ* (Aconiti Radix lateralis praeparata) formulas. Where such sensations of cold occurred early on, especially as part of a *shaoyang* pattern, I had good results using *Gān Jiāng* (Zingiberis Rhizoma) prescribed as part of modified *Chái Hú Guì Jiāng Tāng* (Bupleurum, Cinnamon Twig, and Ginger Decoction).

11. I also observed extreme tiredness not accompanied by cold and therefore indicating qi rather than yang deficiency. The use of *Huáng Qí* (Astragali Radix), *Rén Shēn* (Ginseng Radix) or *Shú Dì Huáng* (Rehmanniae Radix praeparata) provided good results in these cases.

12. Due to my ongoing learning or perhaps due to delta variant cases of Covid-19 I saw presenting with more heat, I increasingly began to include herbs that specifically address toxicity in my formulas. I now think that using such herbs can make an important difference in resolving Covid-19. The group of herbs ascribed an anti-toxic action, however, is extremely large. Sometimes, therefore, my use

of such herbs was accidental such as when using *Shēng Má* (Cimicifugae Rhizoma) for the ostensible purpose of raising the *zōngqì* and it was only in retrospect that I realised their antitoxic action as important. At other times it was deliberate, such as when diagnosing heat in the *yíng* aspect for which I used herbs like *Xuán Shēn* (Scrophulariae Radix), *Hǔ Zhàng* (Polygoni cuspidati Rhizoma), or *Lián Qiào* (Forsythiae Fructus). I will say more about this below.

I also learnt that using herbs to which we commonly attribute abilities like tracking down (*sōu* 搜), venting (*tòu* 透), or pushing out (*tuī* 推) pathogens from deeper regions, places or territories in the body may be essential for successfully treating Covid-19. To a certain extent these herbs overlap with what Li Dongyuan calls wind herbs (*fēng yào* 風藥) and include medicinals like *Chái Hú* (Bupleuri Radix), *Shēng Má* (Cimicifugae Rhizoma), *Qiāng Huó* (Notopterygii Rhizoma seu Radix), *Chuān Xiōng* (Chuanxiong Rhizoma), *Bái Jiāng Cán* (Bombyx batryticatus) and *Chán Tuì* (Cicadae Periostracum).

13. I observed a wide variety of other symptoms and it is, of course, this tremendous variation when compared to epidemic disorders like measles, mumps, cholera, flu or even SARS that makes Covid-19 such an enigma. Any attempt to "understand" Covid-19 as a disease from the perspective of Chinese medicine must include an explanation of this variety. The same is true of the cytokine storm in the very ill patients that I personally have not seen and the auto-immune reactions that are part of the wider Covid-19 picture.

14. I found that patients infected with the omicron variant of the SARS-CoV-2 virus presented much more alike than patients infected with earlier variants. This observation could be an effect of me having learned to sift through symptoms and signs more effectively, but it could also mean that our immune systems had figured out what to do in ways that they had not earlier on.

Readings from the medical archive

Parallel to treating patients I returned to reading texts on febrile and epidemic disorders. For both idiosyncratic and historical reasons I found early modern authors particularly helpful, specifically Ye Tianshi's *Case Histories as a Guide to Clinical Patterns* (*Línzhèng zhǐnán yī'àn* 臨證指南醫案), Wu Youke's *Treatise on Epidemics* (*Wēnyìlùn* 瘟疫論), Yu Chang's *Addendum to Communing with the Ancients* (*Shǎnglùn hòupiān* 尚論後篇), Yang Lishan's *Systematic Differentiation of Cold Damage and Warmth Epidemics* (*Shānghán wēnyì tiáobiàn* 傷寒瘟疫條辨), Yu Genchu's *Popular Guide to the Treatise on Cold Damage* (*Tōngsú shānghánlùn* 通俗傷寒論), He Lianchen's *Newly Edited Comprehensive Treatise on Warmth and Heat* (*Chóngdìng guǎng wēnrèlùn* 重訂廣溫熱論), and Zhou Xuehai's Brush *Notes on My Readings of Medicine* (讀醫隨筆 *Dúyī suíbǐ*). The one modern author who helped me most was Lu Zheng's 陸拯 T*reatise on Toxins* (*Dúzhènglùn* 毒證論). I also went through notes I had compiled over the years, some of which I had long forgotten and now read in a new light.

My approach to reading was essentially the same as that to treating patients. I tried to avoid seeking confirmation in these texts for ideas already in my mind, diagnostic patterns, or treatment regimens but rather hoped that sooner or later something might jell with my own clinical observations. That is not to say that these observations were not already shaped in some way by earlier readings of these and other texts. However, I purposefully avoided framing Covid-19 through these readings as, for instance, a warmth disorder, a dampness toxin, or a hidden pathogen disorder.

Being trained as a historian as well as a practitioner frees me, at least to some extent, from seeing Chinese medicine through the lens of distinctive schools of thoughts or any of the other largely mythological organising schemes that practitioners have invented for themselves throughout the centuries. In reading any text I am as interested, therefore, in the questions a given author seeks to answer as in the solutions they propose. If we examine in this way the important debates regarding the nature and treatment of epidemic disorders that took place in the wake of the devastating epidemics that swept through China in the 16th and 17th centuries and that still shape the field of Chinese

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Are epidemics a categorically different type of disorder when compared to feverish disorders caused by the contraction of external pathogens like wind, cold, heat or dampness?

medicine today, three questions seem to me of paramount importance:

1. Are epidemics a categorically different type of disorder when compared to feverish disorders caused by the contraction of external pathogens like wind, cold, heat or dampness? Advocates of the *Treatise on Cold Damage* constituting the vademecum for all disease would answer this question with "no", but so too might some physicians generally put in the *wēnbìng* camp. They would, however, disagree with the hardline cold damage people about the fact that the Treatise does not contain therapeutic strategies for externally contracted warmth or damp-warmth disorders.

2. Irrespective of what answer one gives to the first question, do epidemic disorders imply a different disease process when compared to feverish disorders caused by the contraction of external pathogens like wind, cold, heat or dampness? Again, hardline cold damage people would say "no", and so too would some *wēnbìng* authors. Some of the authors in the *wēnbìng* camp, however, would say that epidemic disorders constitute a different type of illness to seasonal colds or flu.

3. Irrespective of what answer one gives to the first two questions, do epidemic disorders require a categorically different therapeutic approach when compared to disorders that are caused by the contraction of external pathogens like wind, cold, heat or dampness? Once again, the cold damage hardliners would say "no". In the *wēnbìng* camp, some authors would say "yes" because *wēnbìng* disorders for them are epidemic disorders. Another group also would say "yes" but argue that treating epidemic disorders is different from treating other types of *wēnbìng* disorders. A third group would say it depends on the type of epidemic disorder.

It is not my intention to discuss here the many different permutations that various authors have offered in answering these questions. Table 1, which I have culled from the work of He Lianchen and my own reading notes, summarises one possible scheme, a solution that has helped me to find meaning (or pattern) in the disparate clinical observations of the previous section.

Other medical traditions

A third position from which to triangulate Covid-19 is provided by the observations and thoughts provided by other medical systems and their practitioners. Specifically, I have

	Newly contracted seasonal disorders (xīngǎn shíbìng 新感)	**Epidemic disorders (wēnyì 瘟疫)**
Cause	Seasonal pathogens (cold, wind, heat, dryness, dampness).	Epidemic toxins or specific disease-causing qi (záqì 雜氣, lìqì 癘氣)
Entry	Skin, airways or digestive tract.	Airways or digestive tract, blood
Disease development	From exterior to interior (irrespective of whether this is conceived in terms of the six divisions, *wèi-qì-yíng-xuè*, exterior/interior, or any other mode of imagining bodily space.	From interior to exterior (blood to *qì/wèi* aspect, membrane source to six divisions)
Symptoms at onset	Chills (even if slight and transitory) and fevers.	Fever without aversion to cold.
Early-stage treatment	Sweating (*hàn* 汗) or venting (*tòu* 透); if caught early can be cured with one dose.	Even repeated sweating or venting will not effect a resolution but may, in fact, aggravate the condition.
Tongue	No change in tongue or tongue coat at onset; as pathogen moves inward fur changes from white to yellow to black and becomes dry; body becomes crimson.	Coating already at onset thick and white, or thin yellow, or powdery, or a mixture of colours, or white but dry; tongue body can also be red or dark at beginning, at all stages signs point to presence of heat in interior even if intermixed with phlegm or stasis.

noted that a number of different osteopaths independently of each other have described a sensation of "stickiness" among infected patients in the rhythms and flow of fluids that they are experts at palpating. I consider this a very important observation because it derives from direct somatic experience rather than the imposition of pre-existing analytic schemes onto observed phenomena.

Biomedicine constitutes another inevitable reference point. I have found the constantly evolving nature of the biomedical understanding of the virus, the disease, approaches to treatment, as well as the internationally collaborative nature of many of these efforts impressive. I cannot help to contrast this with the oftentimes parochial nature of goings-on in the field of Chinese medicine, where the general tenor of discussion was that of validating what one already knows or does, rather than questioning it.

I am not an expert virologist, epidemiologist or ICU clinician. Nor do I think Chinese medicine should be guided by the translation of biomedical ideas and approaches into the domain of Chinese medicine. Rather, similar to sorting through the medical archive, my personal strategy has been one of "selective attention" if you will. By that I mean an openness towards engagement with biomedical information without any attempt at forced or forceful integration.

Once more, I use a list format to present the information I have found useful so far. This list has been compiled with the help of my friend and colleague Dr Gudrun Kleinrath, a biomedical physician and Chinese medicine practitioner from Austria, who in turn consulted some eminent frontline clinicians.

1. Biomedicine physicians agree that Covid-19 is a new disease entity. One of its main features is the fact that pathological changes can occur in many different tissues and organs throughout the body resulting in a very changeable clinical picture. Hence, Covid-19 is sometimes referred to as "the chameleon disease". Even in the same family of patients this picture can vary enormously.

2. Presenting symptoms and signs and onset rarely correspond to the triad of fever, a sore throat and dry cough initially proposed to be definitive of Covid-19. Headaches, body aches, runny nose or nasal congestion, nausea and vomiting appear to be prevalent. Gastrointestinal symptoms were very common during the first wave in the spring of 2020. By early 2022 physicians in Austria had encountered four waves, each of which presented with slightly different symptoms at the onset.

3. Patients with severe forms of Covid-19 requiring treatment in an intensive care unit generally present with high fever (>40° C) that is difficult to bring down, extreme weakness, dyspnoea and hyperventilation. Physicians describe a new and different type of lung symptoms. Patients have significant hypoxia (blood oxygenation below 70 per cent and partial pressure of oxygen below 40pO2) but are able to sit up and bed and talk. Physicians treating Covid-19 patients in ICUs describe their treatment as extremely demanding, partly because existing strategies often do not work and also because each patient requires individually specific treatment.

4. Known risk factors in the development of more severe forms of Covid-19 are overweight and diabetes. One physician observed that stress and intense sports activity also often result in more serious disease.

5. Pulmonary pathologies present differently than more conventional forms of pneumonia and pneumonitis. A dry cough, phlegm that is difficult to expectorate and oxygenation requiring extremely high pressure are typical. The lung tissue changes leading to the typical radiography pictures of "white lungs". Treatment with corticosteroids to suppress inflammation and antibiotics are standard, the latter also because some physicians think that bacteria themselves become infected. Fungal superinfections, to which diabetic patients are particularly predisposed, represent an additional risk.

6. It has been postulated that pathological changes of the endothelium may be responsible for the fact that pathological changes can occur in virtually all bodily organs. Especially during the first wave of Covid-19, thromboembolisms were common.

I have found the constantly evolving nature of the biomedical understanding of the virus, the disease, approaches to treatment, as well as the internationally collaborative nature of many of these efforts impressive.

GONG TINGXIAN'S CHEAT SHEET

Key herbs for myriad diseases

From the first scroll/ folio of his encyclo-pedic Ming-era work *Wàn Bìng Huí Chūn* (萬病回春 Restoration of Health from the Myriad Diseases), Gong offers a guide of the main herbs we should use for all human illnesses

Incessant white dysentery is due to qi deficiency: Bai Zhu and Fu Ling.

Incessant red dysentery is associated with blood deficiency: Dang Gui and Chuan Xiong.

Diarrhea: Bai Zhu and Fu Ling.

Watery diarrhea: Hua Shi.

Incessant diarrhea: He Zi and Rou Dou Kou.[1]

Sudden turmoil: Huo Xiang and Ban Xia.

Vomiting: Ginger juice and Ban Xia.

Cough and counterflow: Shi Di.

Acid regurgitation: Cang Zhu and Shen Qu.

Clamoring stomach: Ginger-fried Huang Lian and dry-fried Zhi Zi.

To normalize the qi: Wu Yao and Xiang Fu.

Focal distention: Zhi Shi and Huang Lian.

1. Or one can add *Chai Hu* and *Sheng Ma* to uplift the sunken qi, and the diarrhea will self-resolve.

7. Covid patients can present with long-term sequelae. Among patients in ICUs these include fatigue, pulmonary deficiency, multiple organ damage, neurological disorders, and psychiatric problems. Among patients who did not require intensive care long term fatigue, memory problems, brain fog, loss of taste and smell that can endure for a long time, severe damage to the mucous membranes of the airways, throat pain without visible inflammation on inspection, and chronic cough that does not respond to conventional treatment are commonly observed symptoms. Engaging in bodily activity before the disease has been completely resolved often leads to setbacks.

Part 2

A first triangulation

In this section I will make an attempt to draw the various bits and pieces of information presented in Part 1 into something more coherent. I want to emphasise once more that I do not insist that this coherence is the best possible one and even less so that it presents "the truth". At the same time, it is what currently makes sense to me and what guides my own evolving approach to treating Covid-19. In that sense, I do not just present it as an opinion pulled out of thin air but as a considered hypothesis to be rejected, modified or improved on the basis of equally careful thought, evidence and argumentation and not simply because it does not fit one's preferred school of thought.

1. I find it easier to say what kind of disease Covid-19 is not than to say what it is. Given its relatively slow development when compared to say meningitis, measles or even influenza I do not think Covid-19 is a wind-heat disorder. This seem to be confirmed also by the fact that even as the illness progresses, consumption of the body fluids due to heat and dryness is not an invariable aspect of this progression. It is quite the opposite, in fact, as fluids tend to accumulate. I also do not think Covid-19 is a damp-warmth disorder because I have rarely come across key symptoms and signs like low-grade fever that is worse in the afternoon or a sense of oppression in the chest and epigastrium at the onset. I already pointed out that almost none of the patients I have seen presented in the way I expected after having read early reports from China. The case for Covid-19 being caused by a type of damp-cold toxin is, therefore, also not as clearcut to me as it is sometimes claimed to be. In fact, the apparent ability of the virus to continuously change and adapt suggests wind rather than dampness as an important characteristic of the pathogen.

Perhaps, therefore, it is most prudent for now to simply view SARS-CoV-2 as one of Wu Youke's miscellaneous types of qi (*záqì* 雜氣), a pathogen that produces a recognisable disease in people independent of their constitutions. In fact, I have been struck by the ubiquity of attempts within Chinese medicine discourse to frame Covid-19 as some kind of seasonal-pathogen disorder, even when Wu Youke is invoked as an influence (i.e. "damp-cold epidemic toxin" rather than "*xyz záq*ì").

2. The initial entry point of the virus in most cases is through the nose and it is in the mucosa of the upper nasal passages and throat that it initially replicates. Because in Chinese medicine the nose is associated with the Lungs, because the more serious forms of Covid-19 are associated with pulmonary disease, and because the upper airways also constitute an important entry point for pathogens in Chinese medical theory (specifically in epidemic disorders), many Chinese medicine practitioners have concluded that the exterior (whether conceived of as *taiyang*, *wèi*-aspect, or *taiyin*-Lungs) also constitutes the first place of engagement between the body's upright qi and the SARS-CoV-2 pathogen.

I am less sure about this. Most of the early-stage patients I have seen presented with some form of alternating chills and fever rather than concurrent chills and fever. Those with chills only, or with chills and fever, invariably also presented with symptoms like a sore throat, bitter taste or dizziness that suggested to me this was not a purely exterior disorder.

From a territorial perspective the body's half-exterior/half-interior is constituted by all those bodily spaces that do not clearly belong to either the exterior or the interior. What precisely is included or not on the basis of this definition is, of course, open to discussion. Classical texts specifically

include the *còulǐ* 腠理 (the interstices and textures of the skin), and the Gall Bladder because of its status as a strange organ that is a *fǔ* but stores like a *zàng*. The lining of the body's cavities is also now widely accepted as representing a half-exterior/half-interior space. Some authors also include sense organs like the ears and nose, which open towards both the exterior and interior. This claim is supported by the fact that conditions like middle ear and sinus infections often respond very well if treated as half-exterior/half-interior disorders. Most of the early-stage symptomatic patients I have treated also improved with *Chái Hú* (Bupleuri Radix) type formulas, suggesting to me that the half-exterior/half-interior and not the exterior is, indeed, the initial location of the SARS-CoV-2 pathogen in the body.

Although the body's half-exterior/half-interior is often automatically equated with the *shaoyang* domain I suggest to suspend this linkage for the time being. In doing so I follow the 17th century commentator Ke Qin 柯琴, widely accepted as one of the foremost authorities on the *Treatise on Cold Damage* in the history of East Asian medicine. Ke Qin thinks of each of the six domains as possessing an exterior, interior and half-exterior/half-interior. For instance, if the muscles are considered to constitute the *yangming*'s exterior and the intestines its interior, the stomach duct (in as much as it can be cleared by way of vomiting) and even the chest (in as much as it can be cleared by expectoration) can be considered to be its half-exterior/half-interior. That is, the localisation of a pathogen in the exterior, interior and half-exterior/half-interior defines the appropriate treatment strategy (sweating, purging and harmonising/emesis) while the diagnosis of the domain leads to the appropriate medicinals for that purpose (*Chái Hú* [Bupleuri Radix] or *Zhī Zǐ* (Gardeniae Fructus), for instance).

Another important tradition of thought in Chinese medicine relevant to the treatment of epidemic disorders furthermore links the half-exterior/half-interior to the *móyuán* 膜原, often translated as membrane source, rather than the *shaoyang*. I will discuss the *móyuán* in more detail later in this paper. For the time being I merely want to note that while thinking of the body's half-exterior/half-interior as the initial location of the SARS-CoV-2 pathogen in the body suggests particular treatment strategies, it does not tie us down to a particular treatment approach or choice of medicinals/formulas.

3. What about asymptomatic patients who have positive tests but never any symptoms, or those patients who at the onset also present with body pain, diarrhoea/constipation, or other symptoms that do not belong to the half-exterior/half-interior? First of all, as outlined above I have not encountered many patients in whom this was the case. Secondly, unless we want to relinquish any attempt to think of Covid-19 as a "disease" (which it clearly is) some kind of explanation is needed. There may be faults in the logic of my own attempt at explanation, but it is at least a start.

Assuming that SARS-CoV-2 pathogen initially lodges in the half-exterior/half-interior, the body would then seek to expel it from there. To this end it has to use the exit routes that lead to the outside via the exterior or the interior. Assuming the body is capable of doing this and these territories are not obstructed this process can be asymptomatic. If, however, obstructions are present or emerge in the process of elimination, symptoms will occur. The precise nature of these symptoms will depend on the constitution of the existing terroir and the nature of the pathogen. For instance, in a patient already encumbered by dampness this will probably manifest as dampness obstruction in the exterior or difficult, sticky bowel movements. In another, it could be cold or heat constraint in the exterior. This explains the wide-variety of possible symptoms with which patients can present at this stage. It also explains why omicron patients present differently than those with earlier variants. By following this effort and unblocking the obstruction with the correct strategy, the patient should recover relatively quickly.

4. Assuming that exterior symptoms are manifestations of a process of elimination but not indicative of where the pathogen is primarily located, it follows that a purely dispersing strategy at the onset may be insufficient or even counter-productive because it diverts resources from where they

Abdominal fullness: Da Fu Pi and Hou Po.

Edema: Zhu Ling and Ze Xie.

Tenesmus followed by heavy sensation: Mu Xiang and Bing Lang.

Incessant white dysentery is due to qi deficiency: Bai Zhu and Fu Ling.

To unbind the middle jiao: Sha Ren and Zhi Ke.

Accumulations and amassments: San Leng and E Zhu.

Accumulations on left side are dead blood: Tao Ren to disperse knots.

Accumulations on right side are food amassment: Xiang Fu and Zhi Shi.

Accumulations in centre are phlegm-fluids: Ban Xia.

Jaundice: Chen Hao.

To tonify yang: Huang Qi and Fu Zi.

To tonify yin: Dang Gui and Shu Di.

To tonify Qi: Huang Qi and Ren Shen.

To tonify blood: Dang Gui and Sheng Di.

To bust up static blood: Gui Wei and Tao Ren.

To lift up qi: Sheng Ma and Jie Geng.

Consumption heat with exhausting phlegm-cough: Zhu Li and Tong Bian.

Sudden and violent vomiting of blood: Da Huang and Tao Ren.

Chronic vomiting of blood: Dang Gui and Chuan Xiong.

Nosebleeds: dried Huang Qin and Shao Yao.

To stop bleeding: 京墨 Jing Mo[2] and 韭汁 Jiu Zhi[3].

Blood in the urine: Zhi Zi and Mu Tong.

2.Brush ink.
3.The juice pressed from green onions.

> *In most patients with stasis at the yíng/xuè aspect I have treated, heat was not a primary factor.*

are really needed. This is precisely what early modern authors tell us about the difference between seasonal pathogens located in the exterior and epidemic pathogens emitting from deeper within the body via the exterior. The former require diaphoretic strategies at the onset, the latter only if and when exterior patterns develop in the course of the disease.

Not just physicians but our bodies, too, can make mistakes such as initiating a dispersing strategy when this is not appropriate. This dispersing strategy will generate heat and exhaust body fluids. It could account for the observation that some patients present with strong heat symptoms such as a dry throat that feels as if it cut with a knife even though the throat does not look inflamed and heat sensations in the chest accompanied by an unproductive cough but no thirst or thirst for warm drinks. This type of inappropriate reaction can also exhaust the body's qi and explain why some patients present with severe exhaustion of qi and/or yang quite early on, including collapse and desertion patterns. In such cases it is important to restore the body's qi and/or yang while simultaneously directing it towards dislodging the pathogen from its real location. Depending on the presentation this can be a step-by-step process or it can be done with a single formula. *Xiǎo Chái Hú Tāng* (Minor Bupleurum Decoction) is a formula that both tonifies and harmonises, as is *Chái Hú Guì Jiāng Tāng* (Bupleurum, Cinnamon Twig, and Ginger Decoction). In other cases, I have used *Zhì Fù Zǐ* (Aconiti Radix lateralis praeparata) based formulas to safeguard the yang and *Huáng Qí* (Astragali Radix) and *Rén Shēn* (Ginseng Radix) based formulas to tonify the qi before shifting focus, once more, on eliminating the pathogen.

5. If the pathogen is not expelled at this stage, I believe Ye Tianshi's *wèi-qì-yíng-xuè* doctrine of pathogen progression provides a good account of what happens next. In Ye Tianshi's conception, a disease in the half-exterior/half-interior is a qi aspect disorder. If it does not resolve, it will either move into the interior (*yangming*) or into the *yíng-xuè* aspect. *Yangming* interior patterns present with obstruction of bowel movement or urination that need to be treated by way of downward draining.

Precise definitions of what *yíng* and *xuè* are and how they differ from each other in terms of their materiality, on the other hand, are concepts that remain contested to this day. I follow Zhou Xuehai, for whom *yíng* denotes something akin to "fluid dynamics" (i.e., the "flowiness" of what is contained in the vessels as constituted by its materiality), whereas *xuè* denotes the materiality of all bodily tissues that is not encompassed by *jin* and *ye* fluids. This account explains why stasis in the vessels does not simply equate to blood stasis but also includes encumberment of the fluid portion of the circulating blood manifesting as dampness and phlegm in the vessels.

Ye Tianshi makes three important statements about what happens and what needs to be done when pathogens enter into the *yíng* and *xuè*.

First, the pathogen needs to be pushed back into the *qì* and/or or *wèi* aspects. I read the *wèi* aspect as constituting the body's exterior and the *qì* aspect as the body's interior from where pathogens can be expelled respectively by way of diaphoresis or purging/downward draining. This is to prevent a rupturing of blood vessels, a common occurrence in epidemic disorders but also sepsis, which from a Chinese medicine perspective can be conceived of as a desperate attempt by the body to eliminate the pathogen from the blood vessels directly. Second, we need to ensure continued circulation. Third, we need to prevent and control wind, which ensues when the circulating blood no longer acts as "the mother of qi" holding and controlling the qi that moves it.

However, whereas Ye Tianshi's *Treatise on Warmth and Heat* focuses on pathological changes in the *yíng/xuè* aspects consequential to heat pathogens, SARS-CoV-2, as argued above, is probably not a hot pathogen. I say this because in most patients with stasis at the *yíng/xuè* aspect that I have treated, heat was not a primary factor and acrid warming herbs like *Dāng Guī* (Angelicae sinensis Radix), *Chuān Xōng* (Chuanxiong Rhizoma), and *Hóng Huā* (Carthami Flos) proved effective. Hence, whatever heat is observed at this stage is most likely the consequence of stasis and constraint rather than its cause. I think this also affords a good explanation of the "stickiness" observed by osteopathic colleagues, and the increasing biomedical

awareness of micro-clots and endothelial pathology at the heart of Covid-19 pathology. It also explains the frequent presence of the wind symptoms not accompanied by fire that I have observed.

From a Chinese medicine perspective, we can make further important distinctions by integrating an awareness of the different locations at which disease at the *yíng/xuè* aspects can occur. If the pathology is located in the more superficial networks and conduits, there might be localised pain, numbness, or coldness. If it is located in the extraordinary vessels, we may observe menstrual problems or counterflow in the *chōngmài*. If it is located in specific organs, we might see organ pathologies also from a biomedical point of view.

In terms of treatment, I initially simply focused on moving blood and treating wind and this provided reasonably good results. Not only would the symptoms and tongue change, often very quickly, but the regular occurrence of new symptoms like headaches, dizziness, or loose stools indicated to me that a resolution via the exterior or interior was being initiated. At this stage, shifting towards a strategy that supported these elimination processes was often helpful. However, because this did not always lead to a complete resolution, I now think that merely moving blood, treating wind and relying on the body itself to shift the pathogen is not sufficient. Rather, Ye Tianshi's adage of actively moving the pathogen back into the *qì/wèi* aspects should be integrated into treatment at this level. I will discuss this in some more detail in the next section.

6. Once the pathological process has been moved from the *yíng/xuè* to the *wèi/qì* aspects it is my experience that patients report a distinct change in their subjective experience of the illness process. They may still have symptoms but they know that something has shifted, that it is their body that is now in control and no longer the virus/pathogen. I have found the experience of crossing this threshold to be an important stage post to aim for as well as a reliable prognostic indicator. At this point, I would focus on eliminating whatever obstructions or deficiencies are still present. I also have followed Ye Tianshi's adage to stop treatment when the patient is 80 per cent better. After that, it is best to let the body take over and not fall into the trap of over-treatment.

7. I view long Covid as being characterised by a pathological process that comprises three different aspects: non-resolved processes of stasis due to blood and phlegm in the networks; damage to qi, yin or yang; and continued reactions to a pathogen that has been contained but not eliminated.

A second triangulation

I outlined in the previous section how my initially disjointed attempts to treat Covid-19 patients gradually led me to towards Ye Tianshi's ideas regarding the progression and treatment of feverish disorders. However, because Covid-19 does not present as a warm pathogen disorder (*wēnbìng*) in the way Ye Tianshi describes them, at least not in the majority of the cases that I have treated, I did not find the specific treatments outlined in his *Treatise on Warmth and Heat* (*Wēnrèlùn* 溫熱論) or Wu Jutong's *Systematic Differentiation of Warmth Disorders* (*Wēnbìng Tiáobiàn* 溫病條辨) all that useful. The same applies to other texts in the *wēnbìng* tradition that focus on newly contracted (*xīn gǎn* 新感) warmth, heat and damp-warmth pathogens.

In this section, I will therefore look at Covid-19 from the perspective of hidden pathogen (*fúxié* 伏邪) disorders, which constitutes a second important approach within the *wēnbìng* tradition. Once more, I will neither provide a detailed historical analysis of the development of this branch nor of my own thinking. Rather, I want to highlight how viewing Covid-19 from the perspective of hidden pathogens (*fúxié*) disorders may be useful in drawing up effective treatment strategies.

1. As outlined in Section 3, some authors in the history of Chinese medicine have employed the concept of hidden pathogens (*fúxié*) to distinguish more serious epidemic diseases (*wēnyì* 瘟疫) from less serious externally contracted seasonal disorders (*wàigǎn shíbìng* 外感時病). While the latter elicit a defensive response as soon as the body becomes aware of the presence of a pathogen, the former enter into the body by stealth, so to speak, and only cause symptoms when

I want to highlight how viewing Covid-19 from the perspective of hidden pathogens (fúxié) disorders may be useful in drawing up effective treatment strategies.

Hidden pathogens (fúxié) begin somewhere in the interior of the body or, put negatively, these diseases do not necessarily show typical exterior symptoms at the onset.

they begin to emerge from the body's interior.

2. A range of different places where pathogens can potentially hide have been suggested. With reference to epidemic disorders, the Kidneys, the blood, and the somewhat mysterious membrane source (*móyuán* 膜原) are the most important of these hiding places. To begin with, I found it helpful to concentrate on the similarity between these perspectives rather than their differences. As far as I can make out, this common ground consists of two shared assumptions. First, that hidden pathogens (*fúxié*) begin somewhere in the interior of the body or, put negatively, that these diseases do not necessarily show typical exterior symptoms at the onset. Second, that pathogens are difficult to dislodge from their hiding place by conventional strategies or, again put negatively, that symptoms and signs such as a body aches accompanied by a lack of sweating or constipation accompanied by thirst are not resolved by conventional strategies like sweating or draining downward.

Instead, treatment must facilitate the expression of the hidden pathogen from its place of hiding and only thence towards the exterior. A typical example is the use of herbs like *Shēng Má* (Cimicifugae Rhizoma) and *Gé Gēn* (Puerariae Radix) in the treatment of chicken pox, which are prescribed specifically to expel a toxin from the blood towards the exterior. Likewise, the primary goal of Wu Youke's famous *Dá Yuán Yǐn* (Reach the Source Drink) is to dislodge pathogens from the membrane source (*móyuán*). Once this has been achieved a wide range of other symptoms may be produced depending on the exit route taken, which are then addressed by using new and different formulas or modifications to *Dá Yuán Yǐn* (Reach the Source Drink).

Another way to put the above is to say that a pattern-based method of prescribing alone is insufficient to treat hidden pathogen (*fúxié*) disorders. Rather, hidden pathogens must be addressed with medicinals and formulas specific for that purpose. This is why the diagnosis of disease is so important here.

3. Besides the two examples already mentioned, I have long successfully employed *Shēng Jiàng Sǎn* (升降散 Lifting and Directing Downward Powder), a formula employed by the Ming dynasty physician Yang Lishan 楊栗山 to dislodge hidden pathogens from the blood.[1] Over time, I noticed that although moving blood in patients with long Covid ameliorated symptoms if blood stasis was an obvious part of the presentation, the use of herbs like *Shēng Má* (Cimicifugae Rhizoma) or Yang Lishan's *Shēng Jiàng Sǎn* considerably improved treatment outcomes.

4. Thinking of SARS-CoV-2 as a pathogen that has the ability to hide in distinctive bodily tissues may also help to explain the effectiveness of harmonising formulas used to resolve the half-interior/half-exterior in an earlier stage of the disease. An important ingredient in these formulas is, of course, *Chái Hú* (Bupleuri Radix). According to Zhou Xuehai, *Chái Hú* "governs the treatment of alternating chills and fever reflects because it is able to course and regulate damp-heat knotting qi. Hence, it clears and courses knotted heat in the *yíng* aspect but does not open or emit exterior pathogenic qi at the *wèi* aspect."[2]

Shēng Má (Cimicifugae Rhizoma), *Gé Gēn* (Puerariae Radix), and *Chái Hú* (Bupleuri Radix) belong to a group of medicinals that Li Dongyuan calls "wind herbs" (*fēngyào* 風藥). So does another herb I have found useful in treating Covid-19 especially in the presence of exterior symptoms, namely *Qiāng Huó* (Notopterygii Rhizoma seu Radix). Today we think of Li Dongyuan's use of these herbs as strategies for facilitating the upward movement of qi in the treatment of prolapse and sinking Spleen qi. However, formulas like *Bǔ Zhōng Yì Qì Tāng* (Tonify the Middle to Augment the Qi Decoction) were originally most likely composed by Li Dongyuan to treat epidemic fevers, specifically the plague.

I think it is possible to link Li Dongyuan's wind herbs, Wu Youke's membrane source (*móyuán*) and the venting of hidden pathogens from the interior to the exterior in treating epidemics. This, however, necessitates a brief digression.

1. This formula contains *Chán Tuì* (Cicadae Periostracum), *Bái Jiāng Cán* (Bombyx batryticatus), *Dà Huáng* (Rhei Radix et Rhizoma), and *Jiāng Huáng* (Curcumae longae Rhizoma).
2. The original is: 其主寒熱往來，是疏理濕熱結氣之功能，清疏營分之結熱，不能開發衛分之表邪.

A digression: the móyuán

Wu Youke's critique of cold damage therapeutics in the understanding and treatment of epidemic disorders was a major turning points in the history of Chinese medicine. His ideas were so radical, in fact, that their full force is rarely accepted even today. Instead, his ideas are commonly assimilated to the very practices he opposed thereby neutering their challenge to orthodox thinking. His concept of the membrane source (*móyuán*) is a case in point.

Without getting into discussions about what anatomical structure(s) corresponds to the *móyuán*, we can simply note that it was conceived by Wu Youke as a space where particular kinds of pathogens (his miscellaneous qi) could hide from the defensive apparatus of the human body. Wu Youke specifically imagined the *móyuán* as lying outside the scope of the six domains (*liùjīng*) in terms of both the bodily territories they encompass and the patterns of pathology they describe. This explained to Wu Youke why cold damage treatments failed so disastrously during the devastating epidemics of the 17th century. Today, on the other hand, the *móyuán* is often treated as if it was simply another term for the *shaoyang* half-interior/half-exterior, and *Dá Yuán Yǐn* (Reach the Source Drink) as just another formula for treating *shaoyang* half-interior/half-exterior disorders. *Wēnbìng* physicians, likewise, tend to subsume the *móyuán* to the triple burner and describe *Dá Yuán Yǐn* as a formula for damp-warmth disorders diagnosed by way of triple burner diagnostics.

Zhou Xuehai, a 19th century commentator whose critical reading of medical texts continues to inspire me, followed a more productive line of inquiry. Proceeding from an analysis of the compound term *móyuán* 膜原, he placed particular emphasis on understanding the meaning of its second character *yuán* 原. Noting that it does not merely describe a source but can also refer to vast open spaces like prairies, he defined *móyuán* as comprising all the many narrow spaces between different types of bodily tissue. He argued that pathogens can hide in these spaces because being vast their presence does not lead to the obstruction of physiological flow and process. Hence, Zhou Xuehai argues that *fúxié* disorders do not necessarily begin with symptoms like chills and fevers, coughing, vomiting or constipation, all of which stem precisely from such obstruction. Furthermore, even after the body becomes aware of these pathogens, the open nature of the *yuán* spaces makes it difficult to track these pathogens down, exhausting the body's own qi and resulting in often protracted disorders that are difficult to resolve.

Interestingly, Zhou Xuehai viewed the gathering (*zōng*) qi rather than the protective (*wèi)* qi as key to these efforts. In Zhou Xuehai's definition of these terms, the protective (*wèi*) qi corresponds to the body's wild and fiery yang qi whereas the gathering (*zōng*) qi is a wind-like rhythmic qi that moves stuff around the body, specifically the stuff flowing in the conduits and vessels. Perceiving SARS-CoV-2 in this way as a pathogen hiding in the *móyuán* would explain why tiredness,

> *The móyuán is often treated as if it was simply another term for the shaoyang half-interior/half-exterior.*

	Qing Yang Tang	**Jiu Wei Qiang Huo Tang**
Facilitating the expression of pathogens	*Xī Jiǎo* (Rhinocerotis Cornu) *Lián Qiào* (Forsythiae Fructus) *Jīn Yín Huā* (Lonicerae Flos) *Dàn Zhú Yè* (Lophatheri Herba)	*Qiāng Huó* (Notopterygii Rhizoma seu Radix) *Fáng Fēng* (Saposhnikoviae Radix) *Bái Zhǔ* (Angelicae dahuricae Radix) *Xì Xīn* (Asari Radix et Rhizoma)
Bitter cooling medicinals to drain fire toxin from *qì* aspect	*Huáng Lián* (Coptidis Rhizoma)	*Huáng Qín* (Scutellariae Radix)
Move the blood to prevent stasis	*Dān Shēn* (Salviae miltiorrhizae Radix)	*Chuān Xiōng* (Chuanxiong Rhizoma)
Support circulation of *yíng* through enriching fluids/ draining excess dampness	*Shēng Dì Huáng* (Rehmanniae Radix) *Mài Mén Dōng* (Ophiopogonis Radix) *Xuán Shēn* (Scrophulariae Radix)	*Shēng Dì Huáng* (Rehmanniae Radix) *Cāng Zhú* (Atractylodis Rhizoma) *Gān Cǎo* (Glycyrrhizae Radix)

> *Like latent pathogens or the nature of the móyuán, toxins constitute an important but ill-defined concept in Chinese medicine.*

stagnation and wind and not just fever and heat are such important manifestations in so many of the Covid-19 patients I have seen, or why osteopaths pick up pathologies of flow in the absence of dampness/dryness as core pathologies.

In another of his essays, Zhou Xuehai remarks that modified *Jiǔ Wèi Qiāng Huó Tāng* (Nine-Herb Decoction with Notopterygium) is the prescription of choice for certain types of malarial disorders that emit from the *móyuán* of the spinal column. Interestingly, in terms of its composition *Jiǔ Wèi Qiāng Huó Tāng* looks structurally very similar to Ye Tianshi's *Qīng Yíng Tāng* (Clear the Nutritive Level Decoction), his main formula for heat at the *yíng* aspect, with all differences accounted for by the different pathogens treated.

With a few modifications *Jiǔ Wèi Qiāng Huó Tāng* certainly fits quite a number of the patients I have seen whose Covid-19 illness had progressed beyond the acute phase. I would tend to substitute *Xuán Shēn* (Scrophulariae Radix) for *Shēng Dì Huáng* (Rehmanniae Radix) because it actively expresses toxins; I would favour *Shēng Má* (Cimicifugae Rhizoma), *Bái Jiāng Cán* (Bombyx batryticatus), and *Chán Tuì* (Cicadae Periostracum) over *Fáng Fēng* (Saposhnikoviae Radix), and use *Qiāng Huó* (Notopterygii Rhizoma seu Radix) only if there were signs of obstruction in the *taiyang* exterior. I would also tend to add more blood moving herbs, and I would substitute *Bái Zhǐ* (Angelicae dahuricae Radix) and *Xì Xīn* (Asari Radix et Rhizoma) with medicinals to remove phlegm from the networks.

Irrespective of whether modified *Jiǔ Wèi Qiāng Huó Tāng* (Nine-Herb Decoction with Notopterygium) turns out to be a widely applicable formula for treating Covid-19, I have found the resonances between Zhou Xuehai's treatment of the *móyuán* and Ye Tianshi's treatment of *yíng* aspect disorders that is elicited by this comparison extremely productive. It has directed my attention to thinking of strategies and medicinals that specifically facilitate the expression of pathogens from the places such as the *yíng*/blood or the *móyuán*. I find this train of thought even more important in line of the biomedical observation that viral damage to the endothelium, a membranous in-between structure, may be key to understanding Covid-19.

As for what specific herbs to choose in this respect, in the next section I will further articulate Covid-19 with Wu Youke's second revolutionary idea, that of miscellaneous pathogenic qi, with the concept of toxin disorders in Chinese medicine.

A third triangulation

If anything, Wu Youke's concept of heterogeneous qi (*záqì*) as causes of disease was even more revolutionary than that of the *móyuán* as a disease location beyond the six divisions. Wu Youke defined heterogeneous qi as specific causes of specific diseases that included but were not limited to epidemic disorders. He specifically defined these heterogenous qi as toxic in nature thereby creating a link to the discourse and treatment of toxins (*dú* 毒) in Chinese medicine.

Like latent pathogens or the nature of the *móyuán*, toxins constitute an important but ill-defined concept in Chinese medicine whose myriad interpretations also go far beyond the scope of this paper. Once more, though, we can adopt a pragmatic approach that looks for commonality rather than difference. To this end, I define toxins as causes and/or manifestations of disease that lie outside the scope of "the normal" and that benefit from the use of specific "toxin resolving" (*jiědú* 解毒) medicinals, many of which are themselves classified as toxic in nature. SARS-CoV-2 and Covid-19 fulfil these definitions. The question therefore arises as to whether treating Covid-19 benefits from the use of specific toxin resolving treatment strategies or medicinals and, if so, which ones.

The use of medicinals with antiviral properties, specifically if such properties can be shown to extend to SARS-CoV-2, constitutes one possible answer to these questions. While not opposed in principle to this route of investigation, I believe it needs at the very least to be integrated with more specifically Chinese medicine-based treatment strategies. For instance, the use of cold and bitter anti-virals like *Bǎn Lán Gēn* (Isatidis/Baphicacanthis Radix) or *Chuān Xīn Lián* (Andrographitis Herba) at the onset of a viral infection when a pathogen has not yet penetrated to the *yíng*/blood aspect might

hinder rather than facilitate the expression of pathogens towards the exterior.

The *Treatise on Toxin Patterns* (*Dúzhèng lùn* 毒證論) by the contemporary physican Lu Zheng 陸拯 (b. 1938) takes such an approach. Clearly influenced by Ye Tianshi, Lu proposes that illnesses caused by toxins can be categorised as going through four phases depending on their level of penetration into the body: an initial reaction at a superficial level (*fú céng* 浮層), where the presence of/reaction to the toxin takes place in the exterior; a systemic reaction at an active level (*dòng céng* 動層), where the toxin floods the body, manifesting with severe acute illness; containment at a submerged level (*chén céng* 沉層), where the toxin is still active but the illness no longer progressing; and protracted disease at a hidden level (*fú céng* 伏層), where acute symptoms have subsided but the toxin has not yet been eliminated manifesting with acute flare-ups or chronic ill-health. It seems to me that Covid-19 maps quite well on Lu Zheng's four stages from initial infection to long Covid. Progress through these levels is, of course, not linear because how a given stage manifests depends as much on a person's constitution, the terrain in which the illness takes place, and treatment given as on the nature of the toxin itself.

Based on the small sample of patients I have treated I cannot give any qualified opinion as to what medicinals might be specific for treating Covid-19 in any of these stages. Nor is this the place to discuss Lu Zheng's approach in detail. Suffice to say that he is strongly influenced by the treatment strategies Ye Tianshi recommends for diseases at the *wèi-qì-yíng-xuè* aspect, with the proviso that Lu's phases tend to extend across various of Ye Tianshi's aspects. Lu Zheng is apt to include some tonification even in the early phases of treatment but the focus at all times is on expressing the pathogen via the surface and/or bowels and urination. To this end, he draws widely on toxin-resolving medicinals suitable for each phase, i.e., light medicinals like *Jīn Yín Huā* (Lonicerae Flos) or *Chán Tuì* (Cicadae Periostracum) during the initial fleeting phase, powerful toxin resolving medicinals for the active phase, and a combination of tonifying, unblocking and toxin resolving medicinals for the hidden phase.

Drawing it all together

My purpose in writing this paper has not been to provide a definite account of treating Covid-19. As its title makes clear, my primary interest lies in charting ways for thinking about Covid-19 from the bottom up. The way to do this, I suggest, is to bring our own clinical experience into conversation with relevant readings from Chinese/East Asian medicine's vast archives. Not in order to have them validate what we are already think or do, nor to search in them for the hidden key to treating Covid-19. Rather, by defining Covid-19 as a complex problem and repeatedly triangulating it from a variety of different perspectives we may hope to arrive at provisional insights that step-by-step lead to building up a more complete picture. I do not imagine that picture to constitute a puzzle where every little bit exactly fits with all the others. Life is too complex, fractured and vital for that. But enough pieces can eventually be made to cohere to allow us to navigate the way ahead, at least for a time.

Based on the pieces I have assembled, I make the following suggestions.

1. Lu Zheng's four-phase conception of toxin disorders provides a useful framework for conceiving of our response to Covid-19. In this scheme, the first fleeting phase (*fú céng* 浮層) corresponds to the initial infection where the pathogen is in the upper airways. Often enough, the body is able by itself to either resist invasion completely or resolve the illness at this stage. If not, I now tend to use a *Chái Hú* (Bupleuri Radix) or *Qīng Hāo* (Artemisiae annuae Herba) based formula as my first choice at this stage, modified in light of presenting symptoms.

I would be especially attentive to signs that indicate obstructions of the exterior. If there are signs that elimination via the interior is obstructed, a formula like *Xiǎo Xiàn Xiōng Tāng* (Minor Decoction [for Pathogens] Stuck in the Chest) may be more appropriate at this stage. I have no opinion as to whether specific medicinals to resolve toxins provide additional benefit. If they do, then these should probably be light medicinals like *Lián Qiào* (Forsythiae Fructus), *Jīn Yín Huā* (Lonicerae Flos), *Chán Tuì* (Cicadae Periostracum), *Bái Jiāng Cán* (Bombyx batryticatus) or *Dà Qīng Yè* (Isatidis Folium).

> *Lu Zheng's four-phase conception of toxin disorders—superficial, active, submerged and hidden—provides a useful framework for conceiving of our response to Covid-19.*

For blood stasis and wind, one would have to treat at the specific level of the problem, distinguishing between networks, conduits, extraordinary vessels, or organs as well as whether stasis involves only blood or also phlegm.

2. Lu Zheng's active phase (*dòng céng* 動層) corresponds to a bodily response characterised by fever, a feeling of being quite ill and signs that the function of specific organs, most often Lungs, Heart/Pericardium, or Stomach/Intestines but also others, becomes disordered. Whether from the perspective of Lu Zheng's own treatment recommendations or from what I have observed in clinical practice, presentations at this stage do not neatly fit any single formula pattern.

I have not treated patients with pneumonia or any diagnosed disease at an organ level. The patients I treated that could be classified as having been at this stage responded well-enough to treatment strategies that focused on the qi aspect, by which I mean formulas built around medicinals like *Shí Gāo* (Gypsum fibrosum), *Zhī Zǐ* (Gardeniae Fructus), *Dà Huáng* (Rhei Radix et Rhizoma). This implies a strong constitution and/or an excessive reaction to the presence of the pathogen. The famous cytokine storm, about which I have only read, would fall under this rubric.

Because they facilitate unblocking of the exterior, the *San Jiao* or the bowels, these medicinals directly aim at expelling the pathogen. I personally also think of Yang Lishan's *Shēng Jiàng Sǎn* (Lifting and Directing Downward Powder) at this stage if not earlier. It contains herbs that resolve toxins like *Chán Tuì* (Cicadae Periostracum) and *Bái Jiāng Cán* (Bombyx batryticatus), it facilitates venting of the pathogen through the exterior, keeps the bowels open, and safeguards against blood stasis in both the conduits and networks. I do not have sufficient experience to argue what other toxin resolving medicinals should be employed. I have had good experiences with *Kǔ Shēn* (Sophorae flavescentis Radix) for Heart/Pericardium related patterns and with *Hǔ Zhàng* (Polygoni cuspidati Rhizoma) more generally. *Yú Xīng Cǎo* (Houttuyniae Herba) may be an option for Lung patterns.

It could be argued that patterns of severe qi deficiency or internal cold including those characterised by desertion of yang, also belong to this phase in as much as they require the use of qi tonics like *Huáng Qí* (Astragali Radix) or interior warming medicinals like *Zhì Fù Zǐ* (Aconiti Radix lateralis praeparata) that Lu Zheng considers toxin resolving.

3. Lu Zheng's submerged phase (*chén céng* 沉層) is where Covid appeared to be located in many of the patients I have seen and the disease often progressed quite quickly towards this phase. This would correspond to Ye Tianshi's adage that some pathogens move quickly from the *wèi/qì* into the *yíng*/blood. During this phase, the movement of stuff in the conduits and networks becomes impaired and qi is no longer anchored in the blood leading to wind. Based on my learning experiences I now tend towards the use of treatment strategies that not only ensure free flow of *yíng* (by which I mean the complex of blood and fluids in the vessels and networks) but that actively seek to express the pathogen back towards the exterior or *qì* aspect. Modifications of *Qīng Yíng Tāng* (Clear the Nutritive Level Decoction), *Jiǔ Wèi Qiāng Huó Tāng* (Nine-Herb Decoction with Notopterygium), Zhang Jiebin's *Dà Wēn Zhōng Yǐn* (大溫中飲 Great Warming the Middle Drink)[3] or Zhang Xichun's *Shēng Xiàn Tāng* (Raise the Sunken Decoction) might be applicable. It may be the case that medicinals that resolve toxins are partially effective because they do this, but this is only a hypothesis. At this level, I would think of medicinals like *Xuán Shēn* (Scrophulariae Radix), *Zhì Fù Zǐ* (Aconiti Radix lateralis praeparata), *Bái Jiāng Cán* (Bombyx batryticatus), *Shēng Má* (Cimicifugae Rhizoma), *Chán Tuì* (Cicadae Periostracum), *Qiāng Huó* (Notopterygii Rhizoma seu Radix), *Chái Hú* (Bupleuri Radix) and *Qīng Hāo* (Artemisiae annuae Herba).

For blood stasis and wind, one would have to treat at the specific level of the problem, distinguishing between networks, conduits, extraordinary vessels, or organs as well as whether stasis involves only blood or also phlegm.

If it can be shown that treating Covid-19 decisively benefits from a hidden pathogen approach, which I define as consisting of

3. This formula is composed of *Shú Dì Huáng* (Rehmanniae Radix praeparata), *Dāng Guī* (Angelicae sinensis Radix), *Bái Zhú* (Atractylodis macrocephalae Rhizoma), *Ròu Guì* (Cinnamomi Cortex), *Gān Jiāng* (Zingiberis Rhizoma), *Gān Cǎo* (Glycyrrhizae Radix), *Chái Hú* (Bupleuri Radix), *Má Huáng* (Ephedrae Herba) and possibly *Rén Shēn* (Ginseng Radix).

strategies that actively seek to dislodge the pathogen from some hiding place rather than just treating the manifestations of its expression, and if the *móyuán* turns out to be a useful concept facilitating such an approach, then the next step would be to define what precisely the *móyuán* is in Covid-19. This will require further research and reflection. In any case, I now interpret the appearance of symptoms like nausea, headaches and body aches that occur as a result of such treatment as a positive sign indicating that the pathogen has moved towards the exterior.[4]

4. Lu Zheng's hidden phase (*fú céng* 伏層) fits the development of long Covid. From Zhou Xuehai's perspective, this phase is characteristic of *móyuán* centred diseases because the qi becomes exhausted by its inability to track down the pathogen. Hence, beyond symptoms of qi, yin or yang deficiency one would expect this phase to be characterised by the flare-up of various symptoms already encountered in previous phases, specifically during the submerged phase. Obstruction of the movement in the vessels by phlegm and blood will increasingly be localised in the networks, be it at the surface or the interior. Wind as well as heat from constraint can also endure. Whether from Lu Zheng's conception of toxin disorders or Zhou Xuehai's notion of hidden pathogens in the *móyuán*, treatment will need to incorporate strategies to eliminate the remaining pathogen into those that tonify and unblock (*tōng* 通).

5. Whether medicinals that resolve toxins and those that track down pathogens in the *móyuán* are similar or even the same is one of the many interesting questions that comes out of my engagement with Covid-19.

4. Interestingly, the contemporary physician Jiao Shude mentions transient nausea as a specific sign in resolving toxins from the body's interior.

Heavenly Stars of Zhang Sangjun

By John Welden

Many acupuncturists are familiar with the Heavenly Stars of Ma Danyang (1123-1183), but I suspect only a few are aware of the Heavenly Stars of Zhang Sangjun (c.500 BC). Zhang is best known as the teacher of Bianque (Wandering Magpie), a legendary itinerant doctor from the Warring States period (c.500-220 BC) and purported author of the *Nanjing* (Classic of Difficulties, c.200-500). The poems on Heavenly Stars are found right next to each other in chapter three of the renowned Ming dynasty (1368-1644) compilation *Zhenjiu Dacheng* (Grand Compendium of Acupuncture & Moxibustion, 1601). In his song, Zhang described 27 Heavenly Stars in 15 constellations for the treatment of diverse symptoms, helping us expand our universe.

CHAPTER THREE OF the *Zhenjiu Dacheng* is a broad collection of songs or poems from various sources on the functions and indications of acupoints. After the two opening poems on *wuyun liuqi* 五運六氣 (five phases and six environmental forces) theory, there are 19 songs on acupoints. To put these stars into context, it's important to identify that many of these songs describe acupoint combinations, but sometimes also focus on the functions of single locations. An example of the latter is the *Sizong Xuege* (四總穴歌 Collection of Four Acupoints Song) by Ju Ying 聚英 (c.1529), which appears right after Ma's poem:

> 肚腹三里留　腰背委中求　頭項尋列缺　面口合穀收
> For the abdomen keep *Zusanli* (ST-36); for the back and waist seek *Weizhong* (BL-40); for the head and neck find *Lieque* (LU-7); for the face and mouth use *Hegu* (LI-4).[1]

Although this poem describes how these four acupoints are useful for various body regions, it does not suggest that these are meant to be used alone. More likely, they were meant as the starting place for creating a prescription. Notably, all of these are among Ma's stars, and half (ST-36 and LI-4)

1. *Zhenjiu Dacheng*, Reprinted 2006, j.3, di.11, p.97.

are Zhang's stars. Several other songs in this chapter are focused specifically on acupoint combinations. For example, the anonymously written *Xingzhen Zhiyao Ge* (行針指要歌 Song of Effective Needling Techniques). This poem provides nine acupoint prescriptions for disorders from wind, water, masses, deficiency, pathological qi, cough, phlegm, vomiting, as well as one of my favourites for neck and upper back pain:

> 或針勞　須向膏肓及百勞
> When needling for toil, always go from *Gaohuangshu* (BL-43) to *Bailao* (M-HN-30).[2]

I had always started at the top with *Bailao* (M-HN-30) and then worked downwards to *Gaohuangshu* (BL-43), but lately I've been experimenting with reversing the order to align with this song. It would be interesting to see if needling the same locations, but in a different order, results in better clinical outcomes. It may not be enough to know a great acupoint combination, you might also need to know the proper sequence of needling.

I argue that Ma Danyang's song of Heavenly Stars also focuses on groups of acupoints. First, let's put the text into context. The oldest record of Ma's stars is found in a collection by Wang Guorui (c.1360), which was compiled more than two centuries after Ma's death (d.1183). It is possible these ideas were transmitted via a source no longer extant, but could have undergone some changes before Wang wrote them down, since we know changes occurred during the more than two centuries afterwards when they were transcribed by Xu Feng (c.1439). Another nearly two centuries later, Yang Jizhou (1522-1620) includes Xu's version of *Song of the Twelve Heavenly Stars* of Ma Danyang for the *Treatment of Various Diseases* in his *Zhenjiu Dacheng* (1601), which begins:

> 三里內庭穴　曲池合穀接　委中配承山
> 太沖昆侖穴
> 環跳與陽陵　通里並列缺　合擔用法擔
> 合截用法截
> The acupoints *Zusanli* (ST-36) and *Neiting* (ST-44); *Quchi* (LI-11) and *Hegu* (LI-4) are connected; *Weizhong* (BL-40) continues to *Chengshan* (BL-57); the acupoints *Taichong* (LIV-3) and *Kunlun* (BL-60); *Huantiao* (GB-30) with *Yanglingquan* (GB-34); *Tongli* (HE-5) next to *Lieque* (LU-7). Combined together their use is complete; neglect to combine them and their use is lost.[3]

The song continues by suggesting these acupoints are the most effective of all; however, this type of hyperbole is common in this genre of literature and shouldn't be taken literally. After this passage, details on the location and function for each star are provided, but what is missing is how doctors thought about acupoints similar to how one thinks of medicinals in a formula; in groups rather than alone. Adding to the confusion here is the role of LIV-3. As detailed by Andrew Nugent-Head (2012), this 12th star was added to the original song by Xu Feng in 1439. From my perspective, this acupoint does not logically pair up with any of the other stars, such that its inclusion distracts the reader from the importance of combinations.

This revised 12-star version also appears in *A Manual of Acupuncture* (1998), by Peter Deadman, Mazin Al-Khafaji, and Kevin Baker, but now the stars are rearranged to align with the sequence of channels as presented in their text. They do not discuss using these stars together, with the one possible exception of GB-30 with GB-34, although this combination was also mentioned by Zhang Sangjun. For this particular acupoint pair, the authors cite "*Secrets of the Heavenly Stars* (p.452)," although in their bibliography (p. 622) they list only two relevant abbreviations: "Heavenly Star Points", which refers to Ma Danyang's song, and "Celestial Star", which refers to "The Secrets of the Celestial Star." However, their list of source texts includes no use of the alternative translation "Celestial Star" and lists only "Secrets of the Heavenly Star (*Tian xing mi jue*) 天星秘訣 (p. 624)," for which no attribution is given. This appears to me to be a reference to *Zhang Sangjun Tianxing Mijue Ge* (長桑君天星秘訣歌 Secret Song of the Heavenly Stars of Zhang Sangjun) from the *Zhenjiu Dacheng*. Moreover, in several instances Deadman et al provide Zhang's prescriptions, but inconsistently cite "Celestial Star (p. 161, p. 439)," "Heavenly Star Points (p. 161, p. 164, p.

> *The song continues by suggesting these acupoints are the most effective of all; however, this type of hyperbole is common in this genre of literature and shouldn't be taken literally.*

2. *Zhenjiu Dacheng*, reprinted 2006, j.3, di.18, p.103

3.Ibid, di.10, p.96.

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Whatever was in those forbidden texts was never divulged to the public.

195, p. 521)," and "Secrets of the Celestial Star (p. 411, p. 447, 458)." All of this contributes to a misunderstanding of the use of these Heavenly Stars as well as confusion about their source texts.

It appears to me that Ma was recommending five acupoint groups: 1) ST-36 with ST-44, 2) LI-11 with LI-4, 3) BL-40, BL-57 and BL-60 together, 4) GB-30 with GB-34, and 5) HE-5 with LU-7, emphasising that "together their usage is complete". Otherwise, what should we do with this list? We might assume the technique is to use all 11 or 12 acupoints together as a single treatment for everything, or we might assume that some acupoints are better than others, and these are the best at everything.

I think the most likely interpretation is that they are similar to the Heavenly Stars of Zhang Sangjun, which are undoubtedly presented as acupoint combinations for specific conditions. Zhang's constellations include 11 two-star groups and four three-star groups.

The amount of historical information on Zhang Sangjun is sparse, essentially limited to a single passage from the *Shiji* (Historical Records, 94 BC) included in the biography of Bianque. Later sources such as the *Yiwen Leiju* (Anthology of Literature, 624) and the *Taiping Yulan* (Imperial Readings of the Taiping Era, c.980) paraphrase this story, usually simplifying it by removing details and making the language more concise. The following is the original passage from the *Shiji*:

> 少時為人舍長　舍客長桑君過　扁鵲獨奇之　常謹遇之　長桑君亦知扁鵲非常人也　出入十餘年　乃呼扁鵲私坐　閒與語曰　我有禁方　年老　欲傳與公　公毋泄　扁鵲曰　敬諾　乃出其懷中藥予扁鵲　飲是以上池之水　三十日當知物矣　乃悉取其禁方書盡與扁鵲　忽然不見　殆非人也　扁鵲以其言飲藥三十日　視見垣一方人　以此視病　盡見五藏癥結
> For a while [Bianque] lived at the house of Zhang. While he was a guest of Zhang Sangjun, Bianque made quite an impression and was always sincere in their encounters. Zhang Sangjun also understood that Bianque was an extraordinary person. After wandering around for more than 10 years, [Zhang] then asked Bianque for a private meeting during which he told him: I have forbidden formulas that are very old, and I wish to share them with the public, but they should never be divulged to the public. Bianque said: I respectfully agree. Thereupon [Zhang] bestowed medicinal ingredients from his bosom to Bianque saying: drink this using the best pond water, and in 30 days you will understand things. Then he gave Bianque his complete collection of books on forbidden formulas. Suddenly [Zhang] disappeared, as though he never existed. Bianque did as he was told and drank the medicine for 30 days. [Then] he looked upon a person leaning up against a wall and was able to observe the person's disease. He could completely see their five zang (solid organs) and their blockages.[4]

Whatever was in those forbidden texts was never divulged to the public, as far as we know. These texts could have been transmitted through the ages via the *Qiankun Shengyi* (乾坤生意 The Heaven & Earth Sect), which is the source cited by Yang Jizhou in the *Zhenjiu Dacheng* for Zhang's Heavenly Stars. More likely is that it was written much later by an anonymous source and credited to the legendary teacher of yet another legendary figure. Either way, the *Secret Song of the Heavenly Stars of Zhang Sangjun* begins:

> 天星秘訣少人知　此法專分前後施　若是胃中停宿食　後尋三里起璇璣
> 脾病血氣先合穀　後刺三陰交莫遲　如中鬼邪先問使　手臂攣痺取肩隅
> Few people know the secrets of the Heavenly Stars; this method focuses on distinguishing everything you should do. If inside the Stomach the food won't digest then one must seek *Zusanli* (ST-36) and select *Xuanji* (REN-21). If Spleen disease [affects] the qi and blood then first use *Hegu* (LI-4) and next needle *Sanyinjiao* (SP-6) without delay. If it seems one is stricken by ghosts or evils then first use *Jianshi* (PC-5), and for contraction and obstruction of the hand and arm select *Jianyu* (LI-15).[5]

4. *Shiji*, j.5, di.105, psg.1.
5. *Zhenjiu Dacheng*, Reprinted 2006, j.3, di.9, p.95.

After the ubiquitous opening lines praising the Heavenly Stars, the song launches into the clinical applications, with a couple of two-star pairs for the Stomach and Spleen. These are undoubtedly meant to be used in combination, especially since Zhang emphasises the sequence of needling as important, first *Hegu* (LI-4) and then *Sanyinjiao* (SP-6), for the second pair. The next two acupoints could be considered one-star treatments, PC-5 for ghosts and LI-15 for arm problems; however, Zhang could be suggesting that ghosts are responsible for the arm and hand contractions, and thus these Stars should be used together. The next two constellations are for the feet:

腳若轉筋並眼花　先針承山次內踝　腳氣酸疼肩井先　次尋三里陽陵泉
If the feet have muscle cramps and the vision is blurry then first needle *Chengshan* (BL-57) and next *Neihuai* (alternate name for KID-3, lit., inner malleolus). If the feet are swollen and with a sour pain then first use *Jianjing* (GB-21) and next seek *Zusanli* (ST-36) and *Yanglingquan* (GB-34).[6]

Notable here is the repetition of ST-36, one of five stars that are used repeatedly. It is clear that the function of an acupoint depends upon what other locations are needled together, a concept known as *duiyao* 對藥 (medicinal combinations) in herbalism. Furthermore, the sequence of needling is emphasised for the second three-star group, starting at the shoulder and then proceeding to the leg. The song continues:

如是小腸連臍痛　先刺陰陵後湧泉　耳鳴腰痛先五會　次針耳門三里內
小腸氣痛先長強　後刺大敦不要忙　足緩難行先絕骨　次尋條口及冲陽
If there is Small Intestine pain around the navel, then first needle *Yinlingquan* (SP-9) and afterwards *Yongquan* (KID-1). For tinnitus and back pain, first use *Wuhui* (alternate name for DU-20) and next needle inside *Ermen* (SJ-21) and *Zusanli* (ST-36). If there is Small Intestine qi pain, then first use *Changqiang* (DU-1) and afterwards needle *Dadun* (LIV-1), but you must not be impatient. If the foot is weak and difficult to move then first use *Juegu* (alternative name for GB-39) and next seek *Tiaokou* (ST-38) and *Chongyang* (ST-42).[7]

Once again, the sequence of needling is highlighted in each of these constellations, repeatedly identifying which star is to be treated *xian* 先 (first), versus those that are needled *ci* 次 (next in a sequence) or *hou* 後 (afterwards). It's also interesting that Zhang pairs the low back with the ears, suggesting the same root problem, apparently using DU-20 to open the flow through the spine while SJ-21 opens up the ears (both of which correspond to the Kidney), but then ST-36 makes its third appearance in this constellation. And this star isn't done shining:

牙疼頭痛兼喉痺　先刺二間後三里　胸膈痞滿先陰交　針到乘山飲食善
肚腹浮腫脹膨膨　先針水分瀉健里　傷寒過經不出汗　期門通里先後看
If there is toothache, headache, together with throat obstruction, then first needle *Erjian* (LI-2) and afterwards *Zusanli* (ST-36). If there is obstruction and fullness in the chest and diaphragm then first use *Sanyinjiao* (SP-6) and then go to needle *Chengshan* (BL-57) and the digestion will improve. If the abdomen is extremely swollen then first needle *Shuifen* (REN-9) and drain *Jianli* (REN-11). If there is *shanghan* (cold damage) affecting the channels and one cannot sweat then use *Qimen* (LIV-14) and *Tongli* (HE-5) in succession and you will see.[8]

Now SP-6 and BL-57 are also among the repeated stars. Although most of these treatment strategies are familiar to me, Zhang appears to be using an innovative strategy to induce sweating. It appears to be based on moving the Liver and Heart blood for success, rather than relying on the actions of the Lung qi to release the exterior (the Heart governs perspiration, while the Lung governs the skin and pores). However, since these were meant to be used in succession, and the Liver precedes the Lung in the cyclical flow of the channels with LIV-14 as the exit point, opening *Qimen* 期門 (LIV-14, time-period gate) first could still be using this concept to push outward via the Lung.

It is clear that the function of an acupoint depends upon what other locations are needled together, a concept known as duiyao in herbalism.

6. ibid..
7 ibid.
8 ibid.

Some people say you have to just trust the sage, but I am always wary of an approach to medicine based on following established prescriptions without question or alteration.

Zhang's *Secret Song of the Heavenly Stars* concludes:

> 寒瘧面腫及腸鳴　先取合穀後內庭　冷風濕痺針何處　先取環跳次陽陵
> 指痛攣急少商好　依法施之無不靈　此是桑君真口訣　時醫莫作等閒輕
> If there is cold malaria with a swollen face and intestinal noises then first select Hegu (LI-4) and afterwards *Neiting* (ST-44). What location should be needled for cold-wind-damp obstruction? First select *Huantiao* (GB-30) and next yangling (GB-34), and if the fingers are painful and severely contracted then *Shaoshang* (LU-11) is good, and according to the rules it is always amazing. This is Sangjun's genuine rhyme; among the generations of physicians none has achieved as much.[9]

Here we see the remaining stars that repeat, LI-4 and GB-34. While ST-36 appears four times, the others appear twice. Here also is that same pairing of Ma Danyang, but Zhang specifies its use for painful obstruction, and leaves open the possibility of adding LU-11 to make three-star constellation. Balancing the opening verses, the song ends by praising Zhang Sangjun for his contributions to the field of acupuncture.

My journey to the *Heavenly Stars of Zhang Sangjun* has taught me a few important lessons, as well as generated a few more questions. In the centuries of literature on acupuncture, there are areas of widespread agreement, and at the same time a great diversity of approaches that sometimes are difficult to understand within the existing paradigm. As for agreement, these strategies usually conform with the principles of channel theory as they have evolved, such as using acupoints along the Stomach and Large Intestine channels for digestive disorders, or using acupoints to unblock a channel that corresponds to the areas of local and referred pain. As for diversity, I have to wonder if Ma's use of HE-5 with LU-7 is for the same indication as Zhang's use of HE-5 with LIV-14, inducing sweating to expel an exterior pathogen. Some people say you have to just trust the sage, but I am always wary of an approach to medicine based on following established prescriptions without question or alteration. Such an approach is contrary to the ideal of treating each individual as a unique patient, and instead embraces the reductionist one-size-fits-all mindset. If I understand why something works, I'm more likely to be able to apply the method effectively, and in a diversity of situations. Nonetheless, when my approach isn't working and I need to try something different, songs like the Heavenly Stars can guide me to new possibilities. Another lesson is that one must carefully consider the sequence of needling, as many of the songs in chapter three of the *Zhenjiu Dacheng* emphasise this technique. Can the same acupoints needled in different sequences have different effects? For me, the greatest lesson is that acupoints are best used in combination, and perhaps understanding the inter-relationships between acupoints is more important than understanding the function and indications of any single acupoint alone. Zhang Sangjun has taught us that the Heavenly Stars appear as constellations.

9. op.cit., p.96

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Stagnant **cheeks**

An investigation of childhood drooling (滯頤 zhì yí, bog chin)

By Steve Clavey

The pattern description of bog chin (滯頤 *zhì yí*) originates in the *Zhū Bìng Yuán Hòu Lùn* (諸病源侯論 Discussion of the Origins of the Symptoms of Disease) by Cháo Yuánfāng (巢元方) in 610. It refers to excessive drooling in children, usually seen between six months and three years of age.

THE CAUSE OF the disorder is usually deficient cold in the Spleen and Stomach rendering them unable to hold in saliva. Other possible causes involve forms of Spleen and Stomach damp-heat or pent-up Heart and Spleen heat, where heat is steaming upwards and forcing out the saliva.

Differentiation

a) The drooling child has thick sticky saliva that feels hot, with ulceration or redness at the corners of the mouth; the child has bad breath, thirst, poor appetite, deep red or ulceration of the oral cavity, scanty urine, constipation, red edges to the tongue with a yellow tongue coat, slippery rapid pulse, and the finger veins are purple and congested. This pattern is one of accumulated heat in the Spleen and Stomach, so the treatment should be to cool heat and drain the Spleen with a formula such as *Xie Huang San* (Drain the Yellow Powder) while also using *Niu Huang Kou Chuang San* to spray into the mouth.

Xiè Huáng Sǎn
Drain the Yellow Powder

Fang Feng	120g	Saposhnikoviae Radix
Huo Xiang	21g	Pogostemonis/Agastaches Herba
Shan Zhi Zi	3g	Gardeniae Fructus
Shi Gao	15g	Gypsum fibrosum
Gan Cao	9g	Glycyrrhizae Radix

Niǔ Huáng Kǒu Chuāng Sǎn
Oral Cavity Powder with Bovine Calculus[1]

Niu Huang	Bovis Calculus
Qing Dai	Indigo Naturalis
Zhu Sha	Cinnabaris
Yuan Ming Fen	Natrii Sulfas siccatus
Duan Peng Sha	Borax
Zhen Zhu Mu	Margaritiferae Concha usta
Ren Zhong Bai	Depositum Urinae Hominis

b) The drooling child has accumulated heat in the Heart and Spleen due to extended pent-up constraint transforming into heat, which follows the channels upward to cook the mouth and tongue. Symptoms include restless irritation, drool which is sticky and hot, chin and chest soaked and red with wet blisters or even pimples or boils. Scanty dark urine, constipation, tongue tip and body scarlet red, thin yellow tongue coat, rapid slippery pulse, and purple red finger veins. As this is a pattern of Spleen and Heart accumulated heat, the treatment should be to cool the Heart and drain the Spleen, using

1. In Australia one could use the over-the-counter powder (or better, lozenges) called Watermelon Frost which is milder but easily available.

a formula such as *Dao Chi San* (Guide Out the Red Powder) combined with *Xie Huang San* (Drain the Yellow Powder) adding *Huang Qin* (Scutellariae Radix) and *Huang Lian* (Coptidis Rhizoma).

c) If the drooling goes on for a long time and the drool itself is clear and thin, the urine is clear and profuse, the stool loose, the face sallow and the lips pale, the tongue body pale with a white slippery coat, the pulse weak and forceless, and the finger veins pale red, then this is a pattern of Spleen and Stomach deficient cold. In this pattern the transformation and transportation is failing and unable to control the flow of saliva, so the treatment should be to warm the Spleen and dry dampness with a formula such as *Wen Pi Dan* (Warm the Spleen Special Pill) with added *Yi Zhi Ren* (Alpiniae oxyphyllae Fructus).

If the drool is clear and runny, the limbs freezing with exhaustion and chills, the pulse deep and slow, this is pathogenic cold, so the formula should be *Li Zhong Wan* (Regulate the Middle Pill) adding *Ding Xiang* (Caryophylli Flos), *Yi Zhi Ren* (Alpiniae oxyphyllae Fructus), *Rou Gui* (Cinnamomi Cortex) and *Zhi Fu Zi* (Aconiti Radix Lateralis praeparata) to warm Spleen, disperse cold and stop the drooling.

Wēn Pí Dān
Warm the Spleen Special Pill

Zhi Ban Xia	30g	Pinelliae Rhizoma
Ding Xiang	30g	Caryophylli Flos
Mu Xiang	30g	Aucklandiae Radix
Bai Zhu	15g	Atractylodis macrocephalae
Gan Jiang	15g	Zingiberis Rhizoma
Qing Pi	15g	Citri reticulatae Viride Pericarpium
Chen Pi	15g	Citri reticulatae Pericarpium

Powder the above and make small honey pills.
Source text: *Yòu Yòu Xin Shū* (幼幼新書 New Treatise on Children) by Liú Fǎng (劉昉, Song dynasty; original formula attributed to Zhang Huàn 張渙 a famous paediatrician in the Song dynasty).

d) If the drool is runny and thin, the face sallow, the appetite poor and the child too exhausted to talk, with pale tongue, thin white tongue coat, deep thready pulse, and pale finger veins, the pattern belongs to Spleen and Stomach qi deficiency. The treatment should be to strengthen Spleen using warm sweetness to benefit qi with a formula such as *Liu Jun Zi Tang* (Six Gentlemen Decoction) plus *Yi Zhi Ren* (Alpiniae oxyphyllae Fructus).

Case history

Lu, 4. For several years the child had been drooling constantly, the saliva thin and clear with no odour. Her face was sallow, appetite poor, undigested food in the stool once or twice daily. Her tongue was red with a thin yellow coat. This was diagnosed as Spleen and Stomach qi deficiency leading to bog chin. The treatment was to strengthen Spleen and dry dampness using *Liù Jūn Zǐ Tāng* (Six Gentlemen Decoction) plus *Yi Zhi Ren* (Alpiniae oxyphyllae Fructus), one bag a day. After three bags the drooling had reduced and other symptoms had disappeared. Since taking the herbs was difficult, we changed to acupuncture using these points every other day: *Dicang* ST-4, *Chengjiang* REN-24, *Hegu* L.I. -4, *Zusanli* ST-36. After three treatments she was cured.

Classical comments

A) *Yòu Kē Lèi Cuì* (幼科類萃 Pediatrics Categorised and Brought Together) by Wáng Luán (王鑾) in 1521 says:

> **Pattern & treatment of bog cheeks**
> Bog cheeks in children with drooling and wetting the chin. Saliva is the fluid of the Spleen; if there is deficient cold of the Spleen and Stomach the saliva will flow of itself without control. The method should be to warm Spleen.

Ban Xia	15g	Pinelliae Rhizoma
Mu Xiang	15g	Aucklandiae Radix
Sheng Jiang	7.5g	Zingiberis Rhizoma recens
Bai Zhu	7.5g	Atractylodis macrocephalae Rhizoma (unprepared)
Qing Pi	7.5g	Citri reticulatae Viride Pericarpium
Chen Pi	7.5g	Citri reticulatae Pericarpium

Powder and make pills with flour paste the size of sesame seeds. 10 pills for one year of age, 20 pills for two years of age, washed down with thin rice soup.

B) *Yīng Tóng Bǎi Wèn* (嬰童百問 One Hundred Questions on Infants and Children) by Lǔ Bósì (魯伯嗣, Ming dynasty):

> Question 42: Cháo Yuánfāng says bog chin (滯頤 *zhì yí*) is drool leaking out and soaking the chin and is due to Spleen cold with excess saliva. The *ye*-fluid of Spleen is thick saliva (涎 *yán*) and so when Spleen is cold it cannot control its own fluid which then leaks and wets the chin. The best formula is *Wen Pi Dan* (Warm the Spleen Special Pill) designed by Zhāng Huàn (張渙). Another method is to hold the sour *Bǎi Yào Jiān* (Massa Galla chinesis et camelliae fermentata)[1] in the mouth so the saliva is held; this is a checking method (截法 *jié fǎ*).

Yì Huáng Sǎn (Benefit the Yellow Powder) is another possible formula, and *Wēn Wèi Sǎn* (Warm the Stomach Powder) can also be used.

Zhāng Huàn's Wēn Pí Dān
Warm the Spleen Special Pill

Zhi Ban Xia	30g	Pinelliae Rhizoma
Ding Xiang	30g	Caryophylli Flos
Mu Xiang	30g	Aucklandiae Radix
Bai Zhu	15g	Atractylodis macrocephalae
Gan Jiang	15g	Zingiberis Rhizoma
Qing Pi	7.5g	Citri reticulatae Viride Pericarpium
Chen Pi	7.5g	Citri reticulatae Pericarpium

Powder and make honey pills about the size of rice grains; a one year-old would get 10 pills, a two-year-old 20 pills etc, adjusting for age: take with thin rice soup.

1. This is a fermented product of *Wu Bei Zi* (Galla chinensis) and tea leaves--and occasionally other herbs--used for a wide variety of respiratory and digestive system problems such as cough, sore throat, mouth ulcers, dysentery, diarrhoea and prolapsed rectum.

Wēn Pí Sǎn 溫脾散 Warm the Spleen Powder[2] Treats bog chin with drooling due to Spleen cold and excess saliva.		
Zhi Ban Xia	15g	Pinelliae Rhizoma praeparatum
Ren Shen	15g	Ginseng
Gan Cao	15g	Glycyrrhizae Radix
Gan Jiang	15g	Zingiberis Rhizoma
Rou Dou Kou	15g	Myristicae Semen
Bai Zhu	15g	Atractylodis macrocephalae
Ding Xiang	30g	Caryophylli Flos
Powder the above and decoct six grams with three slices of raw ginger and take warm before meals.		

C) In a text from the Qing dynasty, Shěn JīnÁo (沈金鰲) noted a story by the famous Song dynasty paediatrician Qián Yǐ (錢乙) who was treating a young child:

> I once treated my friend Zhu Jianbo's five year-old who had fever at night but was fine during the day. A previous doctor used the bitter formula *Tiě Fěn Wǎn* (Ferri Pulvis Pill) to drive down the thick saliva but that only made it worse. By the fifth day the child had an insatiable thirst.
> I used 30g of powdered *Bai Zhu* decocted in two litres of water and let the child drink as much as he wanted. My friend Zhu Jianbo worried that it might cause diarrhoea, but I said "If diarrhoea follows don't worry, but we cannot deliberately purge."
> He asked, "What are you treating first?"
> I said "Stopping thirst, treating phlegm, clearing the spirit and driving down the fever—but it will all come from this single herb."
> Later we boiled another two litres, and by the time he was close to finishing it the child was much better. Three days later I had him take another two litres; there was no longer any thirst or excessive saliva. I consolidated with two bags of *Bu Fei E Jiao Tang* (Tonify the Lungs Decoction with Ass-Hide Gelatin) and the child was at peace.

Shen JinAo continued:

> The *Tài Píng Shèng Huì Fāng* (太平聖惠方 Taiping-Era Recipes of Sagely Compassion, 992) says:
>
> When a child has excessive drooling it is due to weak Spleen qi, insufficient to evenly spread the distribution of body fluids. If you do not address the root and support the middle qi, but instead aim to eliminate the drool and phlegm—which are fluids behaving pathologically—nonetheless these fluids also support the primal qi, so you can never totally eliminate them! All you will do is bring on deficiency collapse (虛脫 *xū tuō*). Too often in cases of fright convulsions (驚搐 *jīng chù*) or high fever the doctor tries to drive down phlegm and observes a minor improvement so he keeps doing it; after repeated driving downward many children have ended up dead.

One of the formulas Shen recommends is *Niu Bang Zi San* (Arctium Seed Powder).

Niu Bang Zi San Arctium Seed Powder		
Niu Bang Zi	15g	Arctii Fructus
Shan Zhi Zi	15g	Gardeniae Fructus
Gan Cao	15g	Glycyrrhizae Radix
Mang Xiao	15g	Natrii Sulfas
Yu Jin	15g	Curcumae Radix
Zhi Ke	8g	Aurantii Fructus
Powder finely, add 1.5g of **Bing Pian** (borneol). Take 1.5g with mint tea (adapt dosage to size of child). Indications: excessive drooling in children due to pent-up Heart and Spleen heat.		

D) Fù Qīngzhǔ offers the following formula in the book *Dà Xiǎo Zhū Zhèng Fāng Lùn* (大小諸証方論, A Discussion of Formulas for All Patterns of Adults and Children, 1673):[3]

> A miraculous formula for children's drooling with oral erosion:

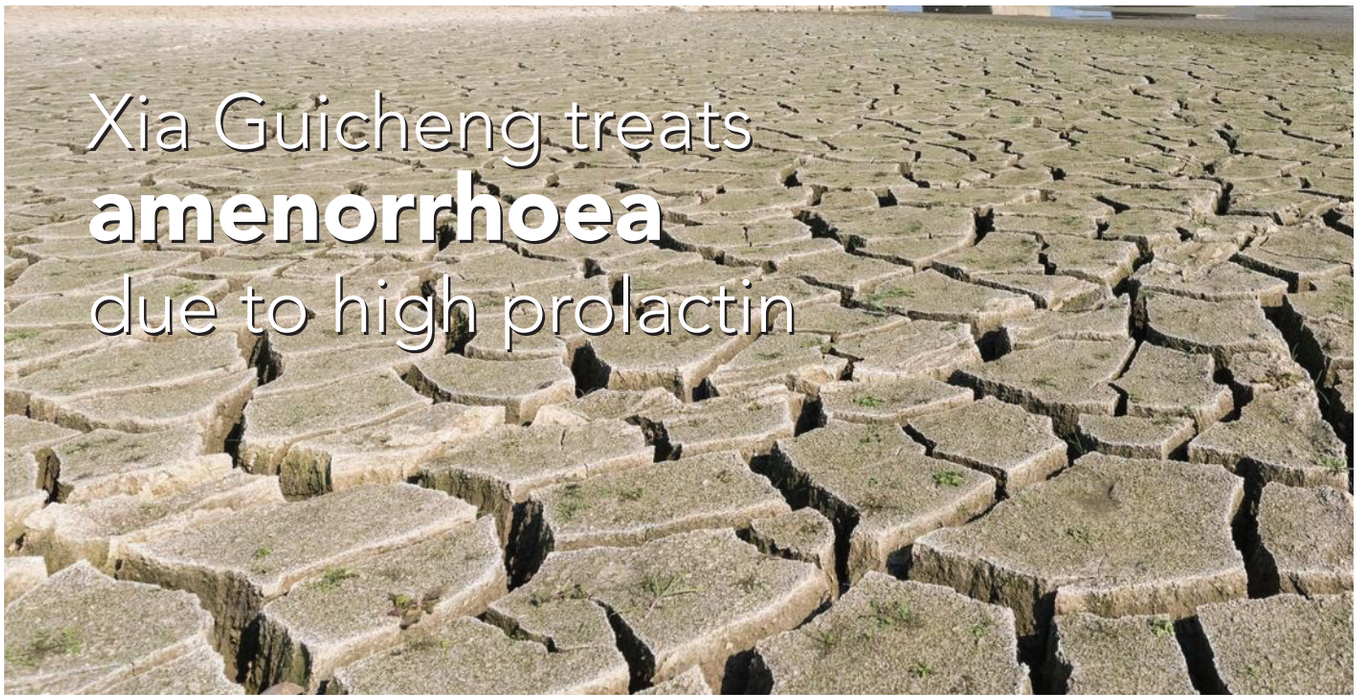
Huang Bai	6g	Phellodendri Cortex
Ren Shen	3g	Ginseng
Powder both finely and apply to the mouth three times each day; it will be cured within three days.		

> The *Huang Bai* (Phellodendri Cortex) expels fire, the *Ren Shen* (Ginseng) strengthens earth. An adult can use it and it is also extremely effective.

2 . Note there are a number of formulas by this name; use the ingredients here if treating children's drooling.

3. One of Fu Qingzhu's early texts presenting many formulas for children and adults without much theory or organisation.

■ The author is a new grandfather who has discovered an interest in paediatrics.



Xia Guicheng treats **amenorrhoea** due to high prolactin

Translated by Nick Dent

A section from Professor Xia's book *Yue Jing Bing: Zhong Yi Zhen Zhi* (月经病中医诊治 Menstrual Disorders: Chinese Medicine Diagnosis and Treatment, People's Health Publishing, Beijing, 2001)

AMENORRHOEA ACCOMPANIED BY leaking breast milk is called amenorrhoea-galactorrhoea syndrome. The milk itself can be thin or thick, it can leak spontaneously, or it may occur only with nipple stimulation. Most commonly the leakage occurs on and off and then gradually progresses to amenorrhoea.

In biomedical terms the condition is related to high prolactin levels. In Chinese medicine terms it falls into the categories of amenorrhoea (閉經 *bì jīng*), weeping breasts (乳泣 *rǔ qi*), excessively light periods (月經過少 *yuè jīng guò shǎo*) or infertility (不孕症 *bú yùn zhèng*).

This condition is common in clinic, and although treatment remains difficult (especially for those patients with a pituitary tumour leading to the high prolactin) for milder cases results can be good, especially when combined with psychological guidance and advice.

Causes

In Chinese medicine theory breast milk and periods are intimately related. The *Féng Shì Jǐn Náng Mì Lù* (馮氏錦囊秘錄 Feng's Secret Records from the Brocade Purse, 1702) says:

> A woman's menstrual blood is based in the four channels: the first two being the *Chong* and *Ren*, the second two being the hand *taiyang* Small Intestine and the hand *shaoyin* Heart. The *Chong* channel is the sea of blood while the *Ren* channel controls the uterus and pregnancy, they complement each other and control fertility. The Small Intestine channel belongs to a *fu*-organ, relates to the surface, and is yang. The *shaoyin* channel works for a *zang*-organ, controls the interior and belongs to yin. These two channels relate to breast milk in the upper body and relate to menstrual blood in the lower body.

The Qing dynasty *Wang Xugao Yi An* (王旭高醫案 Case Histories of Wang Xugao) says:

> ... the breasts belong to the Stomach, breast milk is transformed from blood; if her breasts are distended and there is

> discharge of breast milk, this is not an excess of blood, rather it is menstrual blood that is not following its course, but instead rebelliously following Liver qi as it rises and enters the breasts, transforming there into milk.

The case quoted here illustrates the basic mechanism: leakage of breast milk is due to menstrual blood not following its course but rather following Liver qi upwards into the breasts where it transforms into milk and leaks. The related organs and channels involve Heart, Liver, Kidneys, Stomach and Small Intestine, and the nature of the disorder is widely connected to dysfunction of the whole organism.

In modern medicine, high prolactin can result from a non-cancerous prolactinoma, a tumour of the pituitary gland. It can also be caused by hypothyroidism, liver or kidney disease, and other factors. There are a number of Western drugs that can induce hyperprolactinaemia, including antipsychotics (such as Haloperidol and Risperidone), antidepressants (such as Amitripyline, Setraline, and Pargyline), prokinetics (such as Metoclopramide), antihypertensives (such as Alpha-methyldopa), opiates like morphine, H2 antagonists (such as Cimetidine or Ranitidine), and others (e.g., Fenfluramine or Physostigmine chemotherapeutics). Most of these work by removing inhibitor pathways or directly stimulating prolactin production.

Returning to Chinese medicine, primary influences involve Liver and Kidneys, Spleen and Stomach, and phlegm-dampness.

Liver constraint transforming into fire

Often based in a blood or yin deficiency, Liver qi constraint can transform into fire which rebels upward, driving the menstrual blood of the Chong and Ren channels upward as well. This consistent ascent with no balancing descent allows the blood to transform into milk, and this milk is moreover pushed outward by the yang-natured effect of the fire. On the other hand, the activity of the Liver fire from constraint is also related to Heart shen, as reflected in the phrase "Liver receives qi from the Heart" (肝受氣于心 *gān shòu qì yú xīn*). This refers to the relationship between the Liver *hún* (魂 ethereal soul) and the Heart *shén* and the facts that both the Heart and the Liver are yin organs with a yang tendency, that their fire and qi are both quick to incitement and this incitement creates movement upward.

Liver and Kidney deficiency

Usually slight and delicate, these patients have deficient yin which does not control yang fire, Water is weak while Wood is strong, the uterus lacks nourishment and is empty, and there is nothing to wash downward as a period. Yang fire causes menstrual blood to rise upward and transform into breast milk which itself is then forced out by the heat. Meanwhile, Liver and Kidney deficiency leads to chaos in the qi mechanism and over time the yin deficiency will begin to involve the yang until in the end the yang deficiency is the main problem. At this point the ability to store and conserve is reduced and itself becomes a factor in the abnormal lactation.

Spleen and Stomach deficiency

Constitutional weakness of Spleen and Stomach, whether due to disordered eating or overwork or over-concentration, can further damage the Spleen and Stomach. The yangming channel, as *Lingshu* chapter 10 describes, "descends the inner aspect of the breast" (下乳內廉 *xià rǔ nèi lián*), so the breast belongs to the Stomach; if the Stomach qi is de-stabilised then Spleen qi weakens, becomes ungoverned and cannot control breast milk, which leaks.

Spleen deficiency generating phlegm-dampness

Chronic obesity, excessive intake of rich or sweet foods, disordered eating or excessive concentration damages Spleen and Stomach so that Spleen generates phlegm internally. My own observation is that often Kidney yang deficiency is also an influential factor. Phlegm obstructs the qi mechanism and when the channels suffer obstruction the Chong and Ren lose harmony, causing the periods to become later or stop, and in severe cases cause infertility. Spleen deficiency unable to encourage blood to return to the normal channels causes qi and blood to rebel instead of pouring downward to fill the *Chong* and *Ren*. They instead rebel upward into the breasts, transform into breast milk

> *Leakage of breast milk is due to menstrual blood not following its course but rather following Liver qi upwards into the breasts where it transforms into milk and leaks.*

and this causes abnormal lactation. [A section describing the Western biomedical techniques for diagnosis is omitted]

Pattern differentiation

To determine treatment, the differentiation of excess, deficiency, hot and cold based on the amount, colour, and consistency of the breast milk together with whole-body symptoms and changes in pulse and tongue can be compared with indicators of prolactin levels or other hormonal indicators and scans for pituitary tumours.

The primary method for reducing galactorrhoea and restoring a normal menstruation is to regulate Liver, adding, as appropriate, medicinals for Kidney yin tonification, cooling heat and directing fire downward, strengthening Spleen and Stomach, drying dampness and transforming phlegm.

Liver constraint transforming to fire

Main symptoms: Light or late periods gradually stopping, along with leaking breast milk that is either white or yellow, quite thick, and accompanied by stabbing pain in the nipples, dizziness, headaches, emotional depression or irritability, dry mouth, bitter taste, poor sleep, tongue reddish with yellow coat, pulse wiry rapid.

Treatment method: cool Liver, relieve constraint, suppress milk leakage and restore menstruation.

Hua Gan Jian (from the Jing Yue Quan Shu)		
Dang Gui	10g	Angelicae Sinensis Radix
Bai Shao	10g	Paeonia Radix alba
Chuan Bei Mu	5g	Fritillariae cirrhosae Bulbus
Qing Pi	6g	Citri reticulatae Viride Pericarpium
Chen Pi	6g	Citri reticulatae Pericarpium
Gou Teng	15g	Uncariae Ramulus cum Uncis (add last)
Mai Ya	15-30g	Hordei Fructus germinatus
Chuan Niu Xi	15g	Cyathulae Radix
Sheng Mu Li	15-50g	Ostreae Concha (cook first)
Yu Jin	6g	Curcumae Radix
Mu Dan Pi	10g	Moutan Cortex
Shan Zhi Zi	10g	Gardeniae Fructus
Ze Xie	10g	Alismatis Rhizoma
Decoct and take one bag each day.		

Adjustments		
If breast distention, add:		
Ju Ye	6g	Citri reticulatae Folium
Gua Lou Pi	10g	Trichosanthis Pericarpium
Suo Luo Zi	10g	Aesculi Semen
If glands in the armpit swell up and decline in a cyclic fashion, add:		
Bai Jie Zi	6g	Sinapis Semen
Xia Ku Cao	10g	Prunellae Spica
Cu Chao Chai Hu	5g	Bupleuri Radix (dry-fried with vinegar)
If loose stool, remove *Dang Gui* and add:		
Chao Bai Zhu	10g	Atractylodis macrocephalae Rhizoma (dry-fried)
Shen Qu	12g	Massa medicata fermentata
Sha Ren	3g	Amomi Fructus (add last)
If light-headed with lower backache, add:		
Sheng Di	10g	Rehmanniae Radix
Shu Di	10g	Rehmanniae Radix preparata
Shan Zhu Yu	10g	Corni Fructus
Zhi Gui Ban	10g	Testudinis Plastrum (prepared, cook first)

Liver and Kidney deficiency

Main symptoms: Periods grow lighter and finally stop; the amenorrhoea lasts quite a long time. Breast milk is leaking, or will leak if the nipples are squeezed, the milk colour is yellowish and the consistency thin. There is aching in the lumbar region and back, light-headedness and vertigo, lack of normal vaginal discharge or even actual vaginal dryness; chloasma or abnormally dark tinge to the complexion, five-hearts heat, hot flushes or low-grade fever in the late afternoon or evening, red tongue with little coat, and a thready rapid pulse.

Treatment principle: nourish Liver, moisten Kidneys, drive down fire, stabilise Liver.

Er Jia Di Huang Tang (Two-Shell Rehmannia Decoction (from the Wen Bing Tiao Bian)		
Zhi Gui Ban	10g	Testudinis Plastrum (prepared, cook first)
Zhi Bie Jia	15g	Trionycis Carapax (prepared, cook first)
Gou Qi Zi	12g	Lycii Fructus
Gou Teng	15g	Uncariae Ramulus cum Uncis
Sheng Di	10g	Rehmanniae Radix
Shan Yao	10g	Dioscoreae Rhizoma

Nick Dent, battered but bettered by 2021, continues to serve patients as best he can with Chinese medicine.

Shan Zhu Yu	10g	Corni Fructus
Mu Dan Pi	10g	Moutan Cortex
Fu Ling	10g	Poria
Ze Xie	10g	Alismatis Rhizoma
Gan Cao	6g	Glycyrrhizae Radix
Chi Shao	20g	Paeoniae Radix rubra
Bai Shao	20g	Paeonia Radix alba
Chuan Duan	9g	Dipsaci Radix

Decoct and take one bag per day.

Adjustments

If symptoms are worse at night, add:

Shou Zao Ren	9g	Ziziphi spinosae Semen
Long Chi	10g	Fossilia Dentis Mastodi (cook first)
Wu Wei Zi	6g	Schisandrae Fructus

If hot flushes with thirst and constipation, add:

Zhi Mu	9g	Anemarrhenae Rhizoma
Chao Huang Bai	9g	Phellodendri Cortex (dry-fried)
Quan Gua Lou	10g	Trichosanthis Fructus

For distention in the chest and ribs with irritability and anger, add:

Cu Chao Chai Hu	5g	Bupleuri Radix (dry-fried with vinegar)
Cu Chuan Lian Zi	9g	Toosendan Fructus (vinegar-fried)
Chao Shan Zhi Zi	6g	Gardeniae Fructus (dry-fried)

If there is acne on the face and the tongue coat is greasy, thick and yellow-white, add:

Chao Huang Lian	3g	Coptidis Rhizoma (dry-fried)
Yi Yi Ren	15g	Coicis Semen
Bi Yu San	10g	Jasper Powder (bag in cotton for decocting)

Spleen and Stomach deficiency

Main symptoms: Long term amenorrhoea with leaking breast milk, or will leak if the nipples are squeezed, the milk is white in colour with thin consistency. The breasts are not distended or painful, there is often light-headedness, trepidation, lethargy and tiredness, poor appetite, loose stool, pale red tongue with a thin white greasy coat and a thready soft pulse.

Treatment principle: tonify qi and blood, strengthen Spleen and Stomach.

Gui Pi Wan (Restore the Spleen Decoction)

Huang Qi	15g	Astragali Radix
Dang Shen	15g	Codonopsis Radix
Bai Zhu	10g	Atractylodis macrocephalae
Fu Ling	10g	Poria
Chen Pi	6g	Citri reticulatae Pericarpium
Wei Mu Xiang	9g	Aucklandiae Radix (baked)
Zhi Yuan Zhi	6g	Polygalae Radix (prepared)
Shou Zao Ren	9g	Ziziphi spinosae Semen (prepared)
Long Yan Rou	9g	Longan Arillus
Sha Ren	5g	Amomi Fructus (add last)
Chao Mai Ya	30g	Hordei Fructus (dry-fried)

Decoct and take one bag per day.

Adjustments

For distention in the chest and ribs with irritability and anger, add:

Cu Chao Chai Hu	5g	Bupleuri Radix (dry-fried with vinegar)
Qing Pi	6g	Citri reticulatae Viride Pericarpium
Chen Pi	6g	Citri reticulatae Pericarpium

If the breast milk leakage is relatively profuse, add:

Duan Mu Li	30g	Ostreae Concha (calcined; cook first)
Wei He Zi Rou	6g	Chebulae Fructus (baked and kernel removed)
Chao Qian Shi	10g	Euryales Semen (dry-fried)

For loose stools and dislike of cold, add:

Bu Gu Zhi	10g	Psoraleae Fructus (dry-fried with vinegar)
Pao Jiang	5g	Zingiberis Rhizoma preparatum
Xian Ling Pi	9g	Epimedii Herba

Spleen deficiency generating phlegm-dampness

Stocky or obese body type, late scanty periods with pale thin blood gradually turning into amenorrhoea and/or infertility with leaking breast milk, or will leak if the nipples are squeezed, the milk is thin consistency or conversely thick and sticky. There will be chest fullness, abdominal distention, diminished sense of taste, poor appetite, loose stool, pale tongue with toothmarks, thin white tongue coat or white greasy tongue coat, languid slippery pulse. Treatment principle: Strengthen Spleen, parch dampness, regulate qi and transform phlegm.

Yi Gong San (Extraordinary Merit Powder) combined with **Kai Yu Er Chen Tang** (Two-Aged Decoction to Release Constraint from Master Wan's Gynaecology)

Chen Pi	6g	Citri reticulatae Pericarpium

> *The differentiation of excess, deficiency, hot and cold based on the amount, colour, and consistency of the breast milk ... can be compared with indicators of prolactin levels or other hormonal indicators and scans for pituitary tumours.*

When using Yi Guan Jian I often add in dry-fried Mai Ya, Shan Zha, Bai Shao, Shan Zhu Yu and Gan Cao; I find the therapeutic effect of this better than using Dan Zhi Xiao Yao San and Hua Gan Jian.

Dang Shen	15g	Codonopsis Radix
Zhi Cang Zhu	10g	Atractylodis Rhizoma (prepared)
Bai Zhu	10g	Atractylodis macrocephalae
Fu Ling	10g	Poria
Zhi Xiang Fu	10g	Cyperi Rhizoma (prepared)
Zhi Gan Cao	5g	Glycyrrhizae Radix praeparata
Mu Xiang	6g	Aucklandiae Radix
Bai Jie Zi	6g	Sinapis Semen
Ban Xia	5g	Pinelliae Rhizoma praeparatum
Shen Qu	10g	Massa medicata fermentata

Decoct and take one bag per day.

Adjustments

If the periods are light, or amenorrhoea with no sign of cycle, add

Ze Lan Ye	10g	Lycopi Herba
Dan Shen	10g	Salviae miltiorrhizae Radix
Chuan Niu Xi	10g	Cyathulae Radix

For poor appetite, loose stools, dislike of cold:

Bu Gu Zhi	10g	Psoraleae Fructus (dry-fried with vinegar)
Pao Jiang	5g	Zingiberis Rhizoma preparatum
Sha Ren	5g	Amomi Fructus (add last)

For distention in the chest and ribs with irritability, anger, thirst, remove *Bai Jie Zi,* add:

Chao Mu Dan Pi	9g	Moutan Cortex (dry-fried)
Gou Teng	15g	Uncariae Ramulus cum Uncis
Sha Shen	10g	Glehniae/Adenophorae Radix
Yu Jin	9g	Curcumae Radix

If the lower back aches with a lack of normal vaginal discharge, add:

Chuan Duan	10g	Dipsaci Radix
Huai Niu Xi	10g	Achyranthis bidentatae Radix

Clinical insights

Western background[1]

The biomedical diagnosis is quite important, especially the differentiation between a prolactinoma (the non-cancerous pituitary tumour) and any other type of tumour. Patients with pituitary adenomas often first present with signs of hormonal imbalance such as leaking breast milk, infertility, and decreased libido, or with indications of a growth compressing the optic chiasm such as headache and visual changes.

1. Biomedical information has been updated by the translator, taking care to retain Professor Xia's points, but also removing quite a bit of dated and detailed Western medicine treatment guidelines that would be unusable for 99 per cent of *Lantern* readers.

Prolactinomas and non-functioning adenomas are the most common types of pituitary adenomas (a "non-functioning adenoma" does not secrete enough hormones to be detectable in the blood or cause clinical manifestations). A high serum prolactin level (250 mcg per L [10,870 pmol per L] or more) suggests a prolactinoma rather than other causes of excessive prolactin such as hypothyroidism, Western medications (see above under Causes), other types of pituitary tumour that secrete something other than prolactin, or kidney failure. A patient with high prolactin will usually be tested with an MRI, which is better than CT for a more precise image of the optic chiasm. The usual medication for prolactinoma is a dopamine agonist, and the most common adverse effects of dopamine agonists are nausea, vomiting, and fatigue. Cabergoline is the preferred dopamine agonist for the treatment of prolactinomas; [brand names in the US and Australia include "Dostinex" and "Cabaser"].

Patients who have growth hormone and adrenocorticotropic hormone–secreting tumours, and those with symptomatic non-functioning macroadenomas will usually be referred for surgical removal. Small non-functioning adenomas and prolactinomas in asymptomatic patients do not require immediate intervention and can be observed.

In terms of treatment, the first thing is to eliminate the cause. If due to medication—including the contraceptive pill—then the symptoms should clear up by themselves after ceasing it. If due to hypothyroidism then thyroxine will be the treatment. Impaired kidney function is assisted by dialysis or kidney transplant, and vitamin D is also helpful as supportive treatment.

In all cases, the aim of reducing prolactin is to restore normal ovulation and menstruation. By keeping prolactin levels low, for those women who already have children, it will maintain and improve the quality of their sex life and prevent osteoporosis.

Several methods use Chinese herbs in lowering prolactin, including harmonising Liver, dredging Liver and cooling Liver. Formulas that dredge Liver include *Xiao Yao San* (Rambling Powder) and *Yue Ju Wan* (Escape Restraint Pill), and herbs such as *He Huan Pi* (Albiziae Cortex), prepared *Xiang Fu* (Cyperi Rhizoma), *Mai Ya* (Hordei Fructus

germinatus), *Yu Jin* (Curcumae Radix), *Qing Pi* (Citri reticulatae Viride Pericarpium), *Shan Zha* (Crataegi Fructus) and vinegar-prepared *Chai Hu* (Bupleuri Radix).

Formulas that cool Liver include *Dan Zhi Xiao Yao San* (Moutan and Gardenia Rambling Powder) and *Yi Guan Jian* (Linking Decoction), and herbs such as *Gou Teng* (Uncariae Ramulus cum Uncis), *Mu Dan Pi* (Moutan Cortex), *Shan Zhi Zi* (Gardeniae Fructus), *Bai Ji Li* (Tribuli Fructus), *Chuan Lian Zi* (Toosendan Fructus), *She Tui* (Serpentis Periostracum) and *Chuan Bei Mu* (Fritillariae cirrhosae Bulbus).

When pent-up Liver qi transforms into fire mixed with damp-heat, you should use *Long Dan Xie Gan Tang* (Gentiana Decoction to Drain the Liver). If it is only pent-up Liver qi, this is usually a combined deficiency and excess [i.e., Liver blood deficiency allowing Liver qi to become constrained]. Liver structure is yin but its function is yang, so if yin is deficient then its function cannot work: Liver qi fails to flow smoothly and becomes constrained. With this constraint, under the conditions of the yin deficiency, the situation easily transforms into fire, which we term "constraint fire" (鬱火 *yù huǒ*). In this context it is crucial to nourish Liver yin in order to truly solve both the constraint and the transformation into fire.

The *Nei Jing* says "sour and sweet transform into yin"; this in fact directly refers to Liver yin. Formulas that use sour and sweet to produce yin include *Shao Yao Gan Cao Tang* (Peony and Licorice Decoction), *Dang Gui Shao Yao San* (Dang Gui & Peony Powder), *Yi Guan Jian* (Linking Decoction) and *Qi Ju Di Huang Wan* (Lycium, Chrysanthemum and Rehmannia Pill), among others.

Once the Liver structure is nourished and yin is sufficient, then Liver qi can flow, constraint is freed, and the fire can only then come under control.

Herbs that are sour also soften and constrain Liver, so when fire and heat force milk to leak, this leakage is also constrained. When using *Yi Guan Jian* (Linking Decoction) I often add in dry-fried *Mai Ya* (Hordei Fructus germinatus), *Shan Zha* (Crataegi Fructus), *Bai Shao* (Paeoniae Radix alba), *Shan Zhu Yu* (Corni Fructus) and *Gan Cao* (Glycyrrhizae Radix); I find the therapeutic effect of this better than using *Dan Zhi Xiao Yao San* (Moutan and Gardenia Rambling Powder) and *Hua Gan Jian* (Indigo and Clam Shell Powder).[2]

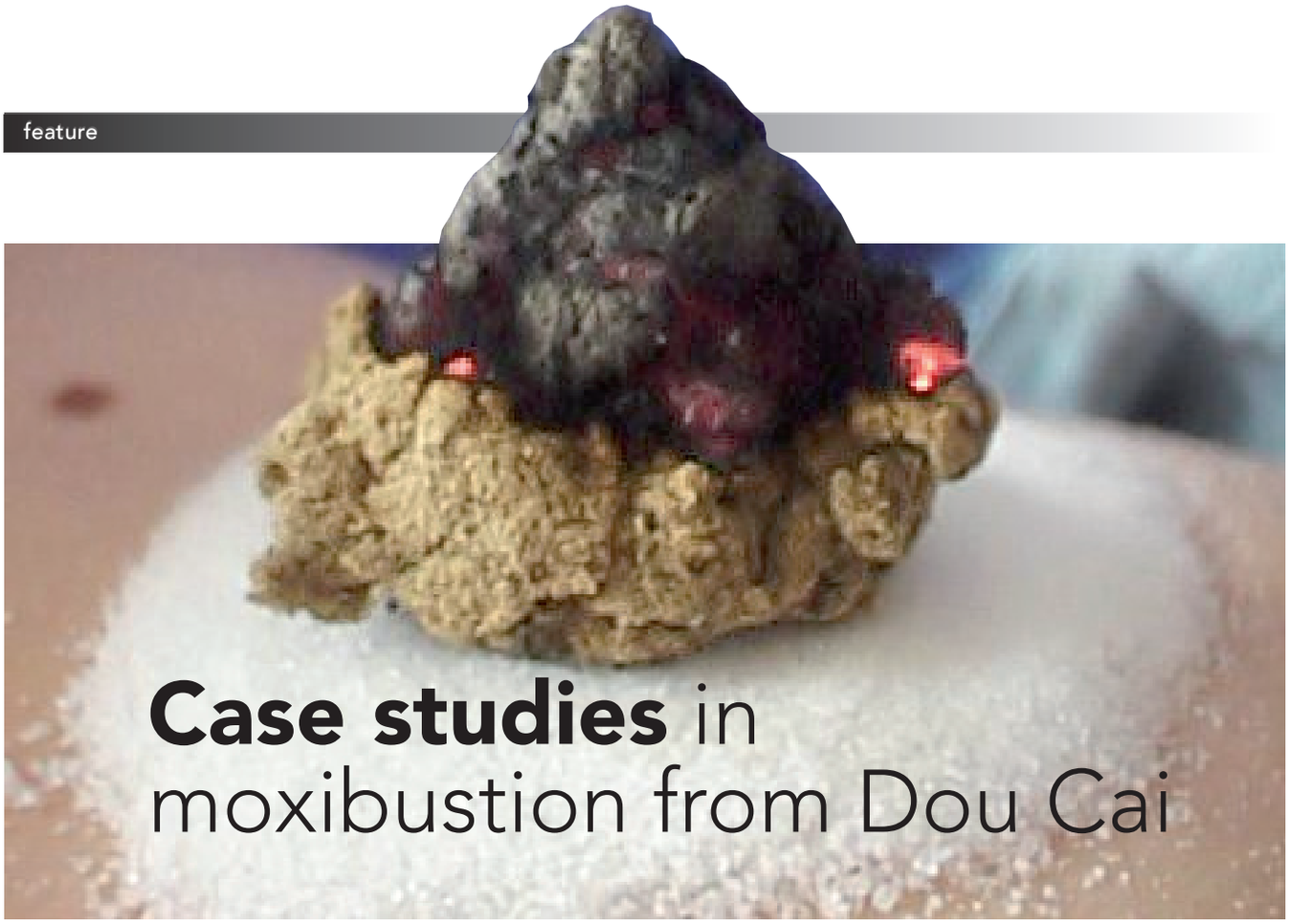
Jin Weixin in his *Bu Yun Zheng de Zhenduan yu Zhongyi Zhiliao* (The Diagnosis of Infertility and the Treatment with Chinese Medicine) says this:

> Hyperprolactinaemia is a common effect of hypothalamic disorder ... Different patterns in TCM differentiation include Liver qi discomfort (肝氣不舒 *gān qi bù shū*) and Liver channel constrained heat (肝經鬱熱 *gān jīng yù rè*), while commonly used formulas include *Dan Zhi Xiao Yao San* (Moutan and Gardenia Rambling Powder), *Long Dan Xie Gan Tang* (Gentiana Deoction to Drain the Liver), *Zhi Bai Di Huang Tang* (Anemarrhena, Phellodendron and Rehmannia Decoction) and *Zeng Ye Tang* (Increase Fluids Decoction) in conjunction with blood-invigorating and collateral unblocking medicinals such as *Chuan Xiong* (Chuanxiong Rhizoma), *Dang Gui* (Angelicae sinensis Radix), *Chi Shao* (Paeoniae Radix rubra), *Dan Shen* (Salviae miltiorrhizae Radix), *Tao Ren* (Persicae Semen), *Wang Bu Liu Xing* (Vaccariae Semen) and *Lu Lu Tong* (Liquidambaris Fructus) in order to aim at cooling Liver, opening collaterals, moistening yin to drive down fire, invigorating blood and moving blockage.

For patients with phlegm stasis (痰瘀 *tán yū*), medicinals are added such as *Hai Zao* (Sargassum), *Kun Bu* (Eckloniae Thallus), *Xia Ku Cao* (Prunellae Spica) and *San Leng* (Sparganii Rhizoma). These possibly act on the pituitary secretion of prolactin-inhibiting factor (PIF) to influence the dopaminergic neurons and thereby reduce the prolactin circulating in the blood, or they may act directly on the cells of the pituitary that secrete prolactin with an effect on dopamine receptors, while at the same time these medicinals may also reduce hyperplasia of the pituitary and help it return to normal.

The Nei Jing says sour and sweet transform into yin; this in fact directly refers to Liver yin.

2. A formula designed by Zhang Jingyue that is made up of *Qing Pi* (Citri reticulatae Viride Pericarpium), *Chen Pi* (Citri reticulatae Pericarpium), *Bai Shao* (Paeoniae Radix alba), *Mu Dan Pi* (Moutan Cortex), *Shan Zhi Zi* (Gardeniae Fructus), *Ze Xie* (Alismatis Rhizoma), each 4.5g and *Chuan Bei Mu* (Fritillariae cirrhosae Bulbus) 9g.



Case studies in moxibustion from Dou Cai

Translated by Lorraine Wilcox L.Ac.

Volumes 2 and 3 of *The Book of Biǎnquè's Heart-Mind*[1] discuss various conditions. The heading "治驗 Treatment experience" is found under many of these entries, followed by one or more cases. There are 63 cases in total; not all are included here as they either do not use moxibustion or are mainly focused on herbs or are not very interesting. A large percentage of the formulas Dòu used contain minerals that are unlikely to be used by practitioners today, and are not included. Dòu's unfavourable attitude to the usual plant-based herbs is expressed in one of the cases in Volume 2.

> 千金等方，不灸關元，不服丹藥，惟以尋常藥治之，雖愈難久. Books like *Qiānjīn Fāng* (Thousand Pieces of Gold)[2] do not apply moxibustion on *Guānyuán* (REN-4) nor prescribe elixir herbs; they treat only with ordinary herbs. Even when the patient recovers, it is difficult for the results to last a long time.

I have listed the ingredients of some of Dòu's formulas in footnotes to satisfy readers' curiosity. Whenever possible, the list of ingredients comes from the final volume of this book, entitled *Divine Formulas*. I thank Leo Lok who generously helped me with some difficult passages.

1. 《扁鵲心書》 *Biǎnquè Xīn Shū* by 竇材 Dòu Cái (c. 1076 – c. 1146 CE), (published 1146, Southern Sòng). Excerpts of volume 1 appeared in the previous four issues of *The Lantern*.
2. Written by Sūn Sīmiǎo in the Táng dynasty.

Cases from 卷中 Volume 2

傷寒 Cold damage

一人傷寒至八日，脈大而緊，發黃，生紫斑，噫氣，足指冷至腳面，此太陰證也，最重難治。為灸命關五十壯、關元二百壯，服金液丹、鐘乳粉，四日汗出而愈。

Someone had cold damage that had begun eight days earlier. His pulse was large and tight. He was jaundiced and had purple macules, belching, and coldness from his toes to his instep. This was a *taiyin* condition. It was quite serious and difficult to treat. I applied 50 cones of moxibustion to *Mìngguān* (SP-17)[3] and 200 cones to *Guānyuán* (REN-4). He took *Jīnyè Dān* (Golden Humor Elixir)[4] and *Zhōngrǔ Fěn*

3. Also known as *Shídòu, Mìngguān* (SP-17) was one of Dòu Cái's favourite points for moxibustion. He used it for any Spleen disorder. For Dòu's description of this and other points, see part 4 of this translation in the previous issue of *The Lantern*.
4. *Jīnyè Dān* (Golden Humor Elixir) is the first formula listed in the Divine Formulas section of the text. Alternate named *Bǎoyuán Dān* (保元丹 Origin-Preserving Elixir) and Yáng-Fortifying Elixir (壯陽丹 *Zhuàngyáng Dān*), it is mentioned 21 times in these cases. Golden Humor Elixir consists solely of *Liú Huáng* (sulfur) that has been processed in a complex manner and made into pills. Sulfur can be taken orally, but unless one has specific knowledge we should probably avoid it. It is sour, warm and toxic. Used internally, it is said to

(powdered stalactite).[5] After four days, he sweated and then recovered.

一人患傷寒至六日，脈弦緊，身發黃，自汗，亦太陰證也。先服金液丹，點命關穴。病患不肯灸，傷寒唯太陰、少陰二證死人最速，若不早灸，雖服藥無效。不信，至九日瀉血而死。
Someone had cold damage that had begun six days earlier. His pulse was wiry and tight. His body was jaundiced with spontaneous sweating. This was also a *taiyin* condition. He first took *Jīnyè Dān* (Golden Humor Elixir) and I lit up *Mìngguān* (SP-17), but he could not bear [the pain of] moxibustion. In cold damage, only *taiyin* and *shaoyin* kill people quite quickly. If one does not apply moxibustion early, treatment is ineffective, even when medicine is taken. The patient didn't believe this, so after nine days he had bloody diarrhoea and died.

一人病傷寒至六日，微發黃，一醫與茵陳湯。次日，更深黃色，遍身如梔子，此太陰證誤服涼藥而致肝木侮脾。余為灸命關五十壯，服金液丹而愈。
Someone had been sick with cold damage for six days and was slightly jaundiced. A doctor gave him *Yīnchén Tāng* (Virgate Wormwood Decoction).[6] The next day, the yellowing was a deeper colour; his entire body was the colour of *Zhī Zǐ* (Gardeniae Fructus). This was a *taiyin* condition due to mistakenly taking cooling herbs. It resulted in Liver-wood humiliating the Spleen. I applied 50 cones of moxibustion on *Mìngguān* (SP-17). He took *Jīnyè Dān* (Golden Humor Elixir) and then recovered.

喉痺 Throat bì

一人患喉痺，痰氣上攻，咽喉閉塞，灸天突穴五十壯，即可進粥，服姜附湯，一劑即愈，此治肺也。
Someone suffered throat *bì* with phlegm and qi attacking upward. His throat was blocked. I applied 50 cones of moxibustion on *Tiāntū* (REN-22), and then he could eat porridge. He took one dose of *Jiāngfù Tāng* (Ginger and Aconite Decoction)[7] and then recovered. This was a treatment for the Lungs.

一人患喉痺，頤頷粗腫，粥藥不下，四肢逆冷，六脈沉細。急灸關元穴二百壯，四肢方暖，六脈漸生，但咽喉尚腫，仍令服黃藥子散，吐出稠痰一合乃愈，此治腎也。
Someone suffered throat *bì*. His jowls and chin were thickly swollen. He could not swallow porridge or herbs. All four limbs had counterflow cold and all six pulses[8] were deep and fine. I quickly applied 200 cones of moxibustion on *Guānyuán* (REN-4). His four limbs warmed up and his six pulses gradually livened up. However, his throat was still swollen, so I made him take *Huángyàozǐ Sǎn* (Dioscoreae Bulbiferae Powder).[9] He expelled one *gě* (less than 100 ml) of thick phlegm from his mouth and then recovered. This was a treatment for the Kidneys.

一人患喉痺，六脈細，余為灸關元二百壯，六脈漸生。一醫曰：此乃熱證，復以火攻，是抱薪救火也。遂進涼藥一劑，六脈復沉，咽中更腫。醫計窮，用尖刀於腫處刺之，出血一升而愈。蓋此證忌用涼藥，痰見寒則凝，故用刀出其肺血，而腫亦隨消也。
A man suffered throat *bì*. His six pulses were thin. I applied 200 cones of moxibustion

supplement fire, assist yang and free the stool. It treats impotence, cold feet, and panting, wheezing or constipation due to deficiency and cold. Dòu Cái wrote that this formula boosts longevity. He had a long list of indications for it. The interest in these cases lies more in the use of moxibustion than the medicinal formulas because so many of the formulas are not usable today.

5. *Zhōngrǔ Fěn* (powdered stalactite) is sweet and warm. It returns to the Lung, Kidney, and Stomach channels. It warms the Lungs and assists yáng, stops panting, relieves sour stomach, and frees the breasts. It is used for cough and panting due to cold phlegm, panting due to yáng deficiency cold, cold pain of the low back and knees, stomach pain with sourness, and inhibited flow of breast milk.

6. The ingredients of *Yīnchén Tāng* (Virgate Wormwood Decoction) are *Yīn Chén* (Artemisiae scopariae Herba), *Huáng Qín* (Scutellariae Radix), *Zhī Zǐ* (Gardeniae Fructus), *Shēng Má* (Cimicifugae Rhizoma), *Dà Huáng* (Rhei Radix et Rhizoma), *Lóng Dǎn Cǎo* (Gentianae Radix), *Zhǐ Shí* (Aurantii Fructus immaturus), and *Chái Hú* (Bupleuri Radix). This formula treats jaundice with yellowing of the body and eyes, concentrated yellow urine, and so forth.

7. *Jiāngfù Tāng* (Ginger and Aconite Decoction) simply consists of fresh ginger and *Fù Zǐ* (Aconiti Radix Lateralis praeparata).

8. The six positions of the radial pulse.

9. *Huángyàozǐ Sǎn* (Dioscoreae Bulbiferae Powder) treats throat-entwining wind, swelling of the jowls and jaws as well as phlegm in the chest and diaphragm, with inability to swallow. This formula induces vomiting to expel the phlegm. *Huángyàozi* (Dioscoreae bulbiferae Rhizoma) is the only ingredient.

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His beard and eyebrows completely fell out.

on *Guānyuán* (REN-4) and his six pulses gradually enlivened.

Another doctor said, "This is a febrile condition," and repeatedly used fire to attack, adding fuel to the fire. He then used a dose of cooling herbs. The patient's six pulses deepened again and the swelling in his throat increased. The doctor was at his wit's end and pricked the swollen site with a sharp knife. It bled one *shēng* (between one half to one litre) and he recovered.

Cooling herbs seem to be contraindicated for this condition; when phlegm meets coldness, it congeals. Thus, he used the knife to let out blood of the Lungs.[1]

The swelling also followed the blood and dispersed.

虛勞 Deficiency taxation

一幼女病咳嗽，發熱，咯血，減食。先灸臍下百壯，服延壽丹、黃芪建中湯而愈。戒其不可出嫁，犯房事必死。過四年而適人，前病復作。余曰：此女胎稟素弱，只宜固守終老。不信余言，破損天真，元氣將脫，不可救矣。強余丹藥服之，竟死。

A young girl was sick with cough, fever, spitting blood, and decreased food intake. I first applied a hundred cones of moxibustion below her umbilicus. She took *Yánshòu Dān* (Longevity-Extending Elixir)[2] and *Huángqí Jiànzhōng Tāng* (Astragalus Center-Fortifying Decoction)[3] and recovered. I forbade her to marry; if she violated this with bedroom affairs, she would die. She got married after four years and relapsed with the previous disease. I said: This girl's foetal constitution is weak; she should only secure and guard herself for the rest of her life. She did not believe my words and damaged her true nature given by heaven (*tiānzhēn*). Her original qì was on the verge of deserting and she could not be saved. I strongly urged her to take elixir herbs, but in the end she died.

一人每日四五遍出汗，灸關元穴亦不止，乃房事後，飲冷傷脾氣，復灸左命關百壯而愈。

Someone sweated four or five times each day. I applied moxibustion on *Guānyuán* (REN-4), but it still did not stop. This was from damaged Spleen qì because the patient drank cold things after bedroom affairs. I applied another 100 cones of moxibustion on left *Mìngguān* (SP-17) and he recovered.

一婦人傷寒瘥後轉成虛勞，乃前醫下冷藥，損其元氣故也。病患發熱咳嗽、吐血少食，為灸關元二百壯，服金液、保命、四神、鐘乳粉，一月全癒。

A woman was recovering from cold damage, but it turned into deficiency taxation. The reason was that a previous doctor purged her with cold herbs, damaging her original qì. The patient suffered fever and cough. She spit blood and was eating less. I applied 200 cones of moxibustion on *Guānyuán* (REN-4). She took *Jīnyè Dān* (Golden Humor Elixir), *Bǎomìng Dān* (Life-Preserving Elixir), *Sìshén Dān* (Four Spirits Elixir),[4] and *Zhōngrǔ Fěn* (powdered stalactite). She completely recovered in a month.

癘風 Pestilential wind[5]

一人遍身赤腫如錐刺，余曰：汝病易治。令灸心俞、肺俞四穴各一百壯，服胡麻散二料而愈。但手足微不隨，復灸前穴五十壯，又服胡麻散二料全癒。

Someone's entire body had red swellings like he had been pricked by an awl. I said: Your disease is easy to treat. I ordered 100 cones of moxibustion to be applied to each of these four points: *Xīnshù* (BL-15) and *Fèishù* (BL-13).[6] He took two batches of *Húmá Sǎn* (Sesame Powder)[7] and then recovered.

1. This does not mean he literally let blood out of the Lung organ. He pricked the throat, which corresponds to the Lungs.
2. *Yánshòu Dān* (Longevity-Extending Elixir) is also called *Bǎomìng Yánshòu Dān* (保命延壽丹 Life-Preserving Longevity-Extending Elixir). Its ingredients are six minerals: *Liú Huáng* (Sulfur), *Xióng Huáng* (Realgar), *Zhū Shā* (Cinnabaris), *Chì Shí Zhī* (Halloysitum Rubrum), *Zǐ Shí Yīng* (Fluoritum), and *Yáng Qǐ Shí* (Actinolitum) so it is not a formula we might use today.
3. *Huángqí Jiànzhōng Tāng* (Astragalus Center-Fortifying Decoction) is from *Jīnguì Yàolüè*. It treats qì deficiency and internal cold with hypertonicity and pain in the abdomen.
4. *Sìshén Dān* (Four Spirits Elixir) is another mineral pill that cannot be used today. It is made from *Xióng Huáng* (Realgar), *Cí Huáng* (Orpiment), *Liú Huáng* (Sulfur) and *Zhū Shā* (Cinnabar).
5. Pestilential wind (癘風 *lìfēng*) may refer to leprosy in some cases.
6. In ancient medical texts, a bilateral point was counted as two points. Here, two bilateral points counts as four points.
7. *Húmá Sǎn* (Sesame Powder) consists of purple-back *Fú Píng* (Spirodelae Herba), picked on the 15th day of the seventh lunar month, one *jīn*, *Hēi Zhī Ma* (Sesami Semen nigrum), stir-fried, four *liǎng*), *Bò Hé* (Menthae haplocalycis Herba) from Sūzhōu, two *liǎng*, *Niú Bàng Zi* (Arctii Fructus, stir-fried), and *Gān Cǎo*

However, his hands and feet still had slight lack of function. I reapplied 50 cones of moxibustion to the same points. He took two more batches of *Húmá Săn* (Sesame Powder) and completely recovered.

一人病癘證，鬚眉盡落，面目赤腫，手足悉成瘡痍。令灸肺俞、心俞四穴各十壯，服換骨丹一料，二月全癒，鬚眉更生。
Someone became ill with a pestilential condition. His beard and eyebrows completely fell out. His face and eyes were red and swollen. His hands and feet were completely covered with sores and wounds. I ordered 10 cones of moxibustion on each of these four points: *Fèishù* (BL-13) and *Xīnshù* (BL-15). He completely recovered in two months after taking one batch of *Huàngǔ Dān* (Change into [Immortal] Bones Elixir).[8] His beard and eyebrows regrew.

風狂 Wind mania

一人得風狂已五年，時發時止，百法不效。余為灌睡聖散三錢，先灸巨闕五十壯，醒時再服；又灸心俞五十壯，服鎮心丹一料。余曰：病患已久，須大發一回方愈。後果大發一日，全好。
Someone had suffered wind mania for five years. He had episodes on and off. A hundred treatment methods were ineffective. I poured in three *qián* (11.19 grams) of *Shuìshèng Săn* (Sleeping Sage Powder).[9] I first applied 50 cones of moxibustion to Jùquè (REN-14). I gave him another dose [of *Shuìshèng Săn*] when he woke up. I applied another 50 cones of moxibustion to *Xīnshù* (BL-15). He took one batch of *Zhènxīn Dān* (Heart-Settling Elixir).[10] I said, "The patient has suffered for a long time already. He will recover only if we make one great effort." As a consequence of one day of great effort, he was completely fine.

臌脹 Drum distention

一人因飲冷酒吃生菜成泄瀉，服寒涼藥，反傷脾氣，致腹脹。命灸關元三百壯，當日小便長，有下氣，又服保元丹半斤，十日即愈，再服全真丹永不發矣。
Someone had diarrhoea due to drinking cold liquor and eating raw vegetables. He took cold and cooling herbs. Contrary to his expectations, this damaged his Spleen qi, resulting in abdominal distention. I ordered 300 cones of moxibustion to be applied on *Guānyuán* (REN-4). That same day, his urination increased and he had flatulence. He also took half a *jīn* (about 300 grams) of *Bǎoyuán Dān* (保元丹 Origin-Preserving Elixir) over 10 days and he recovered. He then took *Quánzhēn Dān* (Complete True Elixir)[11] so the condition would never return.

暴注 Fulminant pouring[12]

一人患暴注，因憂思傷脾也，服金液丹、霹靂湯不效，蓋傷之深耳。灸命關二百壯，大便始長，服草神丹而愈。
Someone suffered fulminant pouring due to worry and thought damaging the Spleen. He took *Jīnyè Dān* (Golden Humor Elixir) and

> *If she violated this with bedroom affairs, she would die.*

(Glycyrrhizae Radix), stir-fried, one *liăng* of each. It treats pestilential wind with obstinate numbness from head to foot, or pricking pain of the entire body, and paralysis of the hands and feet.
8. *Huàngǔ Dān* (Change into [Immortal] Bones Elixir) is made from *Dāng Guī* (Angelicae Sinensis Radix), *Sháo Yào* (Paeoniae Radix alba), *Rén Shēn* (Ginseng Radix), *Tiě Jiāo* (iron filings), *Wēi Líng Xiān* (Clematidis Radix), two *liăng* of each; *Nán Xīng* (Arisaema cum Bile), three *liăng*, *Rǔ Xiāng* (Olibanum) two *liăng*, *Mò Yào* (Myrrha) two *liăng*, *Má Huáng* (Ephedrae Herba) with joints removed, three *jīn*, boil separately and blend the liquid with the above powdered herbs to make pills.
9. This is Dòu Cái's anesthetic formula. *Shuìshèng Săn* (Sleeping Sage Powder) consists of datura flower and cannabis flower. Datura is dangerous to work with, since an overdose can easily be fatal. The flowers are less toxic than the seeds. Nevertheless, even though this formula is interesting, it should not be used today. *Shuìshèng Săn* (Sleeping Sage Powder) was mainly given to people who could not endure the pain of this intense style of moxibustion. Here it was probably used to keep the manic patient still.
10. There is no elixir formula named *Zhènxīn Dān* (Heart-Settling Elixir) in Divine Formulas, but there is a decoction. Its ingredients are: *Rén Shēn* (Ginseng Radix), *Fú Líng* (Poria), *Shí Chāng Pú* (Acori tatarinowii Rhizoma), *Yuăn Zhì* (Polygalae Radix), *Mù Xiāng* (Aucklandiae Radix), *Dīng Xiāng* (Caryophylli Flos)—one *qián* of each; *Gān Căo* (Glycyrrhizae Radix), *Gān Jiāng* (Zingiberis Rhizoma)—five *qián* of each), *Dà Zăo* (Jujubae Fructus)—three pieces. This formula treats wind evils and ghost qì that take advantage of Heart qì insufficiency, with manic speech, frequent sorrow and startling dreams.
11. *Quánzhēn Dān* (Complete True Elixir) is a pill made from *Gāo Liáng Jiāng* (Alpiniae officinarum Rhizoma, stir-fried), four *liăng*, *Gān Jiāng* (Zingiberis Rhizoma, stir-fried), four *liăng*), *Wú Zhū Yú* (Evodiae Fructus, stir-fried), three *liăng*, *Fù Zĭ* (Aconiti Radix Lateralis praeparata), *Chén Pí* (Citri reticulatae Pericarpium), and *Qīng Pí* (Citri reticulatae Viride Pericarpium), one *liăng* of each). It supplements Spleen and Kidney deficiency detriment, harmonises the Stomach, fortifies the lower origin, encourages eating and drinking, and moves damp qì.
12. Sudden onset of watery diarrhoea.

A child ate fresh apricots resulting in damage to the Spleen with distention and oppression [like he was] about to die.

Pīlì Tāng (Thunderbolt Decoction)[13] but did not recover. It must be because the damage was deep and serious. I applied 200 cones of moxibustion on *Mìngguān* (SP-17). His bowel movements began to lengthen.[14] He took *Cǎoshén Dān* (Herb-Spirit Elixir)[15] and then recovered.

休息痢 Intermittent dysentery

一人病休息痢已半年，元氣將脫，六脈將絕，十分危篤。余為灸命關三百壯，關元三百壯，六脈已平，痢已止，兩脅刺痛，再服草神丹、霹靂湯方愈，一月後大便二日一次矣。

Someone had been ill with intermittent dysentery for half a year. His original qì was about to desert. His six pulses were about to expire. This couldn't have been more critical. I applied 300 cones of moxibustion on *Mìngguān* (SP-17) and 300 cones of moxibustion on *Guānyuán* (REN-4). His six pulses were already normal, and the dysentery had already stopped but there was pricking pain in both rib-sides. He also took *Cǎoshén Dān* (Herb-Spirit Elixir) and *Pīlì Tāng* (Thunderbolt Decoction) and then recovered. A month later, he had a bowel movement once every two days.

一人病休息痢，余令灸命關二百壯病愈。二日，變洩下，一時五七次，令服霹靂湯二服，立止。後四肢浮腫，乃脾虛欲成水脹也，又灸關元二百壯，服金液丹十兩，一月而愈。

Someone became ill with intermittent dysentery. I ordered 200 cones of moxibustion applied on *Mìngguān* (SP-17) and the disease recovered. In two days, it mutated into diarrhoea. In a short while, there were five or seven occurrences. I had him take two doses of *Pīlì Tāng* (Thunderbolt Decoction) and it immediately stopped. Then his four limbs suffered puffy swelling. This was Spleen deficiency that was about to become water distention. I again applied 200 cones of moxibustion on *Guānyuán* (REN-4). He took 10 *liǎng* (373 grams) of *Jīnyè Dān* (Golden Humor Elixir) and recovered in a month.

痞悶 Glomus-oppression

一小兒食生杏致傷脾，脹悶欲死，灸左命關二十壯即愈，又服全真丹五十丸。

A child ate fresh apricots resulting in damage to the Spleen with distention and oppression [like he was] about to die. I applied 20 cones of moxibustion on left *Mìngguān* (SP-17) and he then recovered. He also took 50 pills of *Quánzhēn Dān* (Complete True Elixir).

一人慵懶，飲食即臥，致宿食結於中焦，不能飲食，四肢倦怠，令灸中脘五十壯，服分氣丸、丁香丸即愈。

Someone felt sluggish and would lie down after eating. This resulted in abiding food that bound up his middle *jiāo*. He became unable to eat or drink and his four limbs were fatigued. I ordered 50 cones of moxibustion on *Zhōngwǎn* (REN-12) and for him to take *Fēnqì Wán* (Qì-Separating Pill)[16] and *Dīngxiāng Wán* (Clove Pill).[17] He then recovered.

消渴 Dispersion-thirst

一人頻飲水而渴不止，余曰：君病是消渴也，乃脾肺氣虛，非內熱也。其人曰，前服涼藥六劑，熱雖退而渴不止，覺胸脅氣痞而喘。余曰：前證止傷脾肺，因涼藥復損元氣，故不能健運而水停心下也。急

13. *Pīlì Tāng* (Thunderbolt Decoction) treats diarrhoea due to Spleen-Stomach deficiency from damage by cold raw food. It consists of *Fù Zǐ* (Aconiti Radix Lateralis praeparata) five *liǎng*, *Guì Xīn* (Cinnamomi Ramulus) two *liǎng*, *Dāng Guī* (Angelicae Sinensis Radix) two *liǎng*, and *Gān Cǎo* (Glycyrrhizae Radix) one *liǎng*.

14. *His bowel movements began to lengthen* is probably an error and should say, "his urination began to lengthen".

15. *Cǎoshén Dān* (Herb-Spirit Elixir) consists of *Fù Zi* (Aconiti Radix Lateralis praeparata) five *liǎng*, *Wú Zhū Yú* (Evodiae Fructus) two *liǎng*, *Ròu Guì* (two *liǎng*), *Hǔ Pò* (Succinum) five *qián*, *Zhū Shā* (Cinnabaris) five *qián*, and *Shè Xiāng* (Moschus) two *qián*. This elixir greatly supplements the Spleen and Kidneys.

16. *Fēnqì Wán* (Qì-Separating Pill) treats glomus and pain of the heart region and abdomen with qi distention of both rib-sides, phlegm-drool attacking upward, and inhibited throat. It can move qi and transform alcohol and food. Ingredients are *Hēi Chǒu* (black morning glory, half fresh, half cooked, four *liǎng*), *Qīng Pí* (Citri reticulatae Viride Pericarpium) stir-fried, Chén Pí (Citri reticulatae Pericarpium), Gān Jiāng (Zingiberis Rhizoma) blast-fried, and Ròu Guì (Cinnamomi Cortex) one *liǎng* each). Morning glory seed will induce violent diarrhoea.

17. *Dīngxiāng Wán* (Clove Pill) treats lodged food that does not disperse, sometimes with headache or abdominal pain. The ingredients are *Dīng Xiāng* (Caryophylli Flos), *Wū Méi* (Mume Fructus) flesh, *Qīng Pí* (Citri reticulatae Viride Pericarpium), *Ròu Guì* (Cinnamomi Cortex), *Sān Léng* (Sparganii Rhizoma), two *liǎng* of each), and *Bā Dòu* (Crotonis Semen, remove the oil, one *liǎng*). *Bā Dòu* will induce violent diarrhoea.

灸關元、氣海各三百壯，服四神丹，六十日津液復生。方書皆作三焦猛熱，下以涼藥，殺人甚於刀劍，慎之。

Someone was incessantly thirsty. I said, "The gentleman's disease is dispersion-thirst. It is Spleen and Lung qì deficiency, not internal heat." The person said, "Earlier, I took six doses of cooling herbs. Even though the heat abated, the thirst did not stop. I felt qi glomus in my chest and rib-sides and was panting." I said, "The earlier condition only damaged the Spleen and Lungs, but on top of that, original qi is now harmed due to the cooling herbs. Original qi is unable to fortify and transport, so water has collected below the heart." I applied 300 cones of moxibustion each on *Guānyuán* (REN-4) and *Qìhǎi* (REN-6). He took *Sìshén Dān* (Four Spirits Elixir). In 60 days, fluids were engendered again. Formula books take this as fierce heat in the three *jiāo*. They [induce a bowel movement] using cooling herbs, killing more people than swords do. Be careful of this.

著惱病 Discontentment disease[18]

一人年十五，因大憂大惱，卻轉脾虛，庸醫用五苓散及青皮、枳殼等藥，遂致飲食不進，胸中作悶。余令灸命關二百壯，飲食漸進，灸關元五百壯，服姜附湯一二劑，金液丹二斤方愈，方書混作勞損，用溫平小藥誤人不少，悲夫！

A 50-year-old person developed Spleen deficiency due to strong anxiety and discontentment. Mediocre doctors used *Wǔlíng Sǎn* (Five Ingredient Powder with Poria) *Qīng Pí* (Citri reticulatae Viride Pericarpium) and *Zhǐ Ké* (Aurantii Fructus). Subsequently, he stopped eating and drinking and developed chest oppression. I ordered 200 cones of moxibustion on *Mìngguān* (SP-17), and he gradually started eating and drinking. I applied 500 cones of moxibustion on *Guānyuán* (REN-4). He took one or two doses of *Jiāngfù Tāng* (Ginger and Aconite Decoction) and two *jīn* of *Jīnyè Dān* (Golden Humor Elixir), and then recovered. Formula books confuse this with taxation detriment. More than a few doctors use warm and level minor herbs,[19] deceiving people. What a pity!

頭暈 Dizzy head

一人頭風，發則旋暈嘔吐，數日不食。余為針風府穴，向左耳入三寸，去來留十三呼，病患頭內覺麻熱，方令吸氣出針，服附子半夏湯永不發。華佗針曹操頭風，亦針此穴立愈。但此穴入針，人即昏倒，其法向左耳橫下針，則不傷大筋，而無暈，乃《千金》妙法也。

Someone had head wind. Episodes included spinning dizziness, vomiting, and not eating for several days. I needled *Fēngfǔ* (DU-16) three *cùn* deep towards the left ear, and retained the needle for the going and coming of 13 breaths.[20] The patient felt numbness and heat inside his head. Then I made him inhale while I removed the needle. He took *Fùzǐ Bànxià Tāng* (Aconite and Pinellia Decoction)[21] and never had another episode. Huátuó needled Cáo Cǎo for head wind. He also needled this point and Cáo Cǎo immediately recovered.[22] However, people faint when a needle is inserted here. The method of needling horizontally down towards the left ear does not harm the great sinew [spinal cord?], and

> *Formula books take this as fierce heat in the three jiao. They [induce a bowel movement] using cooling herbs, killing more people than swords do. Be careful of this.*

18. 著惱病 Discontentment disease: This term seems to be used only in this book. 惱 *nǎo* can be translated as hostile, angered, worried, anxious, or troubled. The description of this condition that precedes this case says, "This condition is not recorded in many formula books. No one can differentiate it. Perhaps a person was rich but is now poor or was noble but is now lowly. It develops into sudden worry and sudden anger, both damaging the person's five *zàng*. A lot of thought damages the Spleen; a lot of worry damages the Lungs; a lot of anger damages the Liver; a lot of desire damages the Heart. Eating while worrying damages the Stomach. Even though formula books are loaded with internal causes of disease, they have not established methods to treat them. Later people who come across this condition treat it as a deficiency pattern, harming the person's life [with inappropriate treatment]. If the condition damages the Liver and Spleen, there is incessant diarrhoea. When it damages the Stomach, the consciousness becomes cloudy and one does not recognise human affairs. When it damages the Kidneys, it becomes consumption. When it damages the Liver, there is bleeding and hypertonicity of sinews. When it damages the Lungs, people spit blood or phlegm. When it damages the Heart, there is withdrawal and veiling."

19. Dòu Cái here is reminding us of his preference for mineral herbs and strong hot herbs like *Fù Zǐ* (Aconiti Radix Lateralis praeparata).

20. Ancient acupuncture books specified needle retention for a number of breaths, often less than nine. It was rarely suggested that the needle be retained for long periods.

21. *Fùzǐ Bànxià Tāng* (Aconite and Pinellia Decoction) treats Stomach deficiency and cold phlegm attacking upward with spinning dizziness of the head and eyes, clouding vision, vomiting, and similar symptoms. Ingredients are *Sìchuān Fù Zǐ* (Aconiti Radix Lateralis praeparata), *Shēng Jiāng* (Zingiberis Rhizoma recens) one *liǎng* of each, *Bàn Xià* (Pinelliae Rhizoma praeparatum), *Chén Pí* (Citri reticulatae Pericarpium) remove the white, two *liǎng* of each.

22. This is a famous story from the Three Kingdoms period.

The ghost came at night ...

there is no swooning. This is a marvellous method from *Qiānjīn Fāng*.[23]

厥證 Jué-reversal conditions[24]

一婦人時時死去已二日矣，凡醫作風治之不效，灸中脘五十壯即愈。

A woman had frequently died over the past two days.[25] Ordinary doctors treated this as wind but it was ineffective. I applied 50 cones of moxibustion on *Zhōngwǎn* (REN-12) and she then recovered.

脾瘧 Spleen malaria[26]

一人病瘧月餘，發熱未退，一醫與白虎湯，熱愈甚。余曰：公病脾氣大虛，而服寒涼，恐傷脾胃。病患云：不服涼藥，熱何時得退。余曰：《內經》云瘧之始發，其寒也，烈火不能止；其熱也，冰水不能遏。當是時，良工不能措其手，且扶元氣，待其自衰。公元氣大虛，服涼劑退火，吾恐熱未去，而元氣脫矣。因為之灸命關，才五七壯，脅中有氣下降，三十壯全癒。

Someone became ill with malaria for more than a month. His fever never abated. A doctor gave him *Báihǔ Tāng* (White Tiger Decoction),but the heat got even more extreme. I said: "Your disease is great deficiency of Spleen qi and then you took cold herbs. I fear you have damaged the Spleen and Stomach." The patient said: "If I did not take cold and cooling herbs, when would the heat abate?" I said, "*Nèijīng* says[27] that when malaria begins to erupt, the patient is so cold, that raging fire cannot stop it; when he is hot, ice water cannot suppress it.

Right at this time, a skilled doctor cannot force his hand. For the time being, support original qì and wait for the disease to decline on its own. The gentleman's original qi is greatly deficient. If cooling prescriptions to abate fire are taken, I fear the heat would not go, but original qi would desert." Because of this, I applied moxibustion on *Mìngguān* (SP-17). After only five or seven cones some qì began to descend within his rib-sides. After 30 cones he had completely recovered.

邪祟 Evil spirits

一婦人因心氣不足，夜夜有少年人附著其體，診六脈皆無病，余令灸上脘穴五十壯。至夜鬼來，離床五尺不能近，服姜附湯、鎮心丹五日而愈。

Due to Heart qì insufficiency, every night [the ghost of] a young person attached itself to a woman's body. I felt her six pulses but no disease was evident. I ordered 50 cones of moxibustion on *Shàngwǎn* (REN-13). The ghost came at night but could not get closer than five *chǐ* (154 cm or about five feet) from the bed. She took *Jiāngfù Tāng* (Ginger and Aconite Decoction) and *Zhènxīn Dān* (Heart-Settling Elixir) and recovered after five days.

一貴人妻為鬼所著，百法不效。有一法師書天醫符奏玉帝亦不效。余令服睡聖散三錢，灸巨闕穴五十壯，又灸石門穴三百壯，至二百壯，病患開眼如故，服姜附湯、鎮心丹五日而愈。

A high-ranking lady was touched by a ghost. They had tried a hundred things, but nothing was effective. A Buddhist master wrote a Heavenly Doctor Talisman while performing as the Jade Emperor,[28] but it did not work. I had her take three *qián* (11.19 grams) of *Shuìshèng Sǎn* (Sleeping Sage Powder) and applied 50 cones of moxibustion on *Jùquè* (REN-14). I then applied 300 cones of moxibustion on *Shímén* (REN-5). After 200 cones, the patient opened her eyes and was like her old self. She took *Jiāngfù Tāng* (Ginger and Aconite Decoction) and *Zhènxīn Dān* (Heart-Settling Elixir) for five days and recovered.

一婦人病虛勞，真氣將脫，為鬼所著，余用大艾火灸關元，彼難忍痛，乃令服睡聖散三錢，復灸至一百五十壯而醒。又服又灸，至三百壯，鬼邪去，勞病亦瘥。

A woman was sick with deficiency taxation. True qi was on the verge of desertion because a ghost had touched her. I used a large amount of mugwort fire, applying moxibustion on *Guānyuán* (REN-4). It was difficult for her to endure the pain, so I made her take three *qián* (11.19 grams) of *Shuìshèng Sǎn* (Sleeping

23. I was unable to find this needling method in either *Qiānjīn Yào Fāng* or *Qiānjīn Yì Fāng*.
24. *Jué*-reversal conditions involve fainting and/or reversal cold of the limbs.
25. This seems to mean she lost consciousness as if dead.
26 Mentioned in *Sùwèn*, chapter 36, Spleen malaria is a type of malaria with Spleen-Stomach symptoms like abdominal pain and gurgling.
27. This is not an exact quote. It is paraphrased or summarised from *Sùwèn*, chapter 35.
28. Some type of ritual.

Sage Powder). I had already applied 150 cones when she woke up. She took another dose and I applied moxibustion again. When we got to 300 cones, the ghost evil left, and her taxation disease also recovered.

神痴病 Feeble-minded spirit disease

一小兒因觀神戲受驚，時時悲啼如醉，不食已九十日，危甚，令灸巨闕五十壯，即知人事，曰：適間心上有如火滾下，即好。服鎮心丸而愈。

Because a child had received a fright while watching a drama about the gods, he constantly cried with sorrow as if he were drunk. He had not eaten in 90 days; the danger was extreme. I ordered 50 cones of moxibustion on *Jùquè* (REN-14), and he then recognised human affairs. He said, "Just now, I feel something like fire boiling over in my heart." Then he was well. He took *Zhènxīn Dān* (Heart-Settling Elixir) and recovered.

一人功名不遂，神思不樂，飲食漸少，日夜昏默已半年矣，諸醫不效。此病藥不能治，令灸巨闕百壯、關元二百壯，病減半；令服醇酒一日三度，一月全安。蓋醺酣忘其所慕也。

Someone was unsuccessful in achieving honour and rank. His mental state was unhappy and his eating and drinking gradually decreased. He had been muddled and silent day and night for half a year already. Various doctors had no results. This disease could not be treated with herbs. I ordered 100 cones of moxibustion on *Jùquè* (REN-14) and 200 cones of moxibustion on *Guānyuán* (REN-4).

The disease decreased by half. I made him take fine liquor (*chúnjiǔ*) three times a day. He was completely at peace in a month. It seems that drinking made him forget his envy.

腳氣 Leg qi

一人患腳氣，兩骭骨連腰，日夜痛不可忍，為灸湧泉穴五十壯，服金液丹五日全癒。

Someone suffered leg qì from both shinbones up to the waist. He had unendurable pain day and night. I applied 50 cones of moxibustion on *Yǒngquán* (KID-1). He took *Jīnyè Dān* (Golden Humor Elixir) and completely recovered in five days.

足痿病 Leg wei-atrophy disease

一老人腰腳痛，不能行步，令灸關元三百壯，更服金液丹強健如前。

An elderly person had low back and leg pain leaving him unable to walk. I ordered 300 cones of moxibustion on *Guānyuán* (REN-4). Furthermore, he took *Jīnyè Dān* (Golden Humor Elixir) and became strong and healthy, like before.

黃疸 Jaundice

一人遍身皆黃，小便赤色而澀，灸食竇穴五十壯，服姜附湯、全真丹而愈。

Someone's entire body turned yellow. His urination was red and rough. I applied 50 cones of moxibustion on *Mìngguān* (SP-17) *Jiāngfù Tāng* (Ginger and Aconite Decoction) and *Quánzhēn Dān* (Complete True Elixir) and recovered.

Cases from 卷下 Volume 3

膏肓病 Gāohuāng disease

有一人暑月飲食冷物，傷肺氣，致咳嗽胸膈不利，先服金液丹百粒，洩去一行，痛減三分，又服五膈散而安。但覺常發，後五年復大發，灸中府穴五百壯，方有極臭下氣難聞，自後永不再發。

There was a person who ate and drank cold things during the hot summer months. This damaged Lung qì and resulted in cough with inhibited chest and diaphragm. He first took a hundred grains of *Jīnyè Dān* (Golden Humor Elixir). He had a bout of diarrhoea and the pain decreased by thirty percent. He then took *Wǔgé Sǎn* (Five Occlusions Powder) and was at ease. However, he was aware of frequent recurrences [of cough]. There was another big recurrence after five years. I applied 500 cones of moxibustion on *Zhōngfǔ* (LU-1), and then he had extremely stinky flatulence. From then on, there were no more recurrences.

失血 Bleeding

一人患腦衄，日夜有數升，諸藥不效。余為針關元穴，入二寸留二十呼，問病患曰：針下覺熱否？曰：熱矣。乃令吸氣出針，其血立止。一法治鼻衄與腦衄神方，用赤金打一戒指，帶左手無名指上，如發作時，用右手將戒指捏緊，箍住則衄止矣。

Someone suffered external bleeding from the

> *I applied 500 cones and he had extremely stinky flatulence.*

Whenever people have this disease [epilepsy], only moxibustion is effective and it is very quick. Herbs cannot reach it.

brain[29] that rose up several times, day and night. Various herbs never helped. I needled *Guānyuán* (REN-4), inserting the needle two *cùn* deep and retaining it for 20 exhalations. I asked the patient: "Do you feel heat at the needle insertion site?" He said: "Yes, heat." I then made him inhale and removed the needle. The bleeding immediately stopped.

A divine method to treat nosebleeds and external bleeding of the brain: Forge a solid gold ring and wear it on the left ring finger. When there is an episode, hold the ring tightly between the fingers of the right hand. When the band is grasped firmly, the bleeding will stop.

腎厥 Kidney jue-reversal[30]

一人因大惱悲傷得病，晝則安靜，夜則煩悗，不進飲食，左手無脈，右手沉細，世醫以死證論之。余曰：此腎厥病也。因寒氣客脾腎二經，灸中脘五十壯，關元五百壯，每日服金液丹、四神丹。至七日左手脈生，少頃，大便下青白膿數升許，全安。此由真氣大衰，非藥能治，惟艾火灸之。

Due to great discontentment and damage from sorrow, someone became ill. He was peaceful in the daytime but was depressed at night. He did not eat or drink. There was no pulse on his left arm; the right pulse was deep and thin. A long line of doctors considered it a death condition. I said: This is Kidney reversal disease due to cold qì settling into both the Spleen and Kidney channels. I applied 50 cones of moxibustion on *Zhōngwǎn* (REN-12) and 500 cones of moxibustion on *Guānyuán* (REN-4). Each day he took *Jīnyè Dān* (Golden Humor Elixir) and *Sìshén Dān* (Four Spirits Elixir).

On the seventh day, the left pulse was engendered. In a short while, he had a bowel movement with several *shēng* of green and white pus. Then he was completely at ease. This was from great decline of true qi. Herbs were unable to treat it. Only apply mugwort fire moxibustion for it.

骨縮病 Bone-shrivelling disease

一人身長五尺，因傷酒色，漸覺肌肉消瘦，予令灸關元三百壯，服保元丹一斤，自後大便滑，小便長，飲食漸加，肌肉漸生，半年如故。

Someone's body was five *chǐ* (154 cm or about five feet) in height. Due to damage from women and wine, he felt his flesh gradually becoming emaciated. I ordered 300 cones of moxibustion on *Guānyuán* (REN-4). He took one *jīn* (about 600 grams) of *Bǎoyuán Dān* (Origin-Preserving Elixir). From then on, his bowel movement was slippery, and his urination was long. His food intake gradually increased, and muscle and flesh were gradually engendered. In half a year, he was good as new.[31]

癇證 Epilepsy

一人病癇三年餘，灸中脘五十壯即愈。

A man had been ill with epilepsy for more than three years. I applied 50 cones of moxibustion on *Zhōngwǎn* (REN-12) and he recovered.

一婦人病癇已十年，亦灸中脘五十壯愈。凡人有此疾，惟灸法取效最速，藥不及也。

A woman had been ill with epilepsy for 10 years already. I also applied 50 cones of moxibustion on *Zhōngwǎn* (REN-12) and she recovered. Whenever people have this disease, only moxibustion is effective and it is very quick. Herbs cannot reach it.

29. (腦衄 *nǎonǜ*) refers to severe nosebleeds or bleeding from the mouth and nose.
30. Kidney reversal tends to refer to a type of headache caused by reverse flow of qì that is rooted in deficiency below but branching in excess above. In this case, no headache is mentioned.
31. After this, Qīng dynasty commentator, 胡玨 Hú Jué noted that the content for this entry does not match the heading. He suspected some text was missing here.

Real Chinese sayings

He killed the chicken and still wants eggs.

殺雞取卵

Shā jī qǔ luǎn

Mongol Conquest: a poem

by Yuan Haowen

A selection from *Three Poems from Fifth Month, Third Day, Year of Guiyi, while in Captive Transport Across the River from the North* 《癸巳五月三日北渡三首》

White bones heaped like tangled weeds,
Old green orchards now bleak waste.
All dead, north of the river:
Still, a rare campfire, amidst the ruins!

白骨從橫似亂嘛，
Bái gǔ zòng héng sì luàn má
幾年桑梓變龍沙。
Jǐ nián sāng zǐ biàn lóng shā.
只知河朔生靈儘，
Zhǐ zhī hé shuò shēng líng jǐn,
破屋疏煙卻數家！
Pò wū shū yān què shù jiā!

Yuan Haowen (1190-1257) was the best-known poet and author of his time, and a great friend of Li Dongyuan, author of the *Pi Wei Lun* (Treatise on Spleen and Stomach). They survived the long siege of Kaifeng in 1233 together and shortly afterwards were transported as captives to Shandong where Yuan had local contacts and assisted Li Dongyuan in establishing his medical practice. Yuan Haowen also appears in Li's case histories, one very amusingly composed by Yuan himself in which he appears as the quintessential difficult patient. Yuan Haowen is best known for his "poetry of desolation" (喪亂詩 *sāngluàn shī*—literally "mourning and chaos" poetry) describing the devastation of the Mongol conquest of the Jin dynasty in northern China. The above poem is one of a three-piece set giving a picture of the aftermath of the Kaifeng siege, seen as he and Li Dongyuan were being marched to Shandong in early spring of 1233.

Murder in the Monastery

草枯鷹眼疾
Cǎo kū yīng yǎn jí

When the grass is withered,
The hawk's eye is swift.
– Zen saying

By Xiaoyao Xingzhe

THERE WAS NO help for it, I just had to start. The abbot had given me the job of clearing some bushland around the back of the monastery but when actually facing it the task was daunting. It really looked as if no one had ever walked through the area, much less cultivated it. Yet he told me it had been the most productive piece of monastery land ever, until over-used.

So it had been left fallow for a while.

Fallow! I thought. More like feral. I couldn't take a step without a foot being curled round with creeper. I couldn't turn my head without getting slapped by a branch. But clear it I must. I lifted my machete.

Confession to murder

Hours later, covered with sweat, I heard a voice behind me.

"It's always the beginning that is the hardest."

I didn't have to turn around. I could tell by the high voice it was Little Fang, the librarian.

What surprised me was the sound of a mattock chomping into the earth. At that I turned around. Xiao Fang was dressed for work, and was going at it with gusto, digging out the roots of the weeds I had chopped down.

He smiled at my look of shock.

"I needed the exercise, so I thought I'd help you out," he said.

"Uh, thanks," I said. But if anything this was even more shocking. Little Fang had been a pain in the butt ever since I had returned to the monastery after a long time away and found him replacing the fat monk as librarian. He had been jealous, vindictive, petty and, while claiming to be working on himself, showed only the slightest sign of change.

"D'ever notice," he said, puffing, "how we tend to project our own characteristics on to

others? I've been thinking about that a lot."

The fat monk and I had talked about this, of course. How our thoughts so often created a sort of mirror that surrounded us, a mirror we gazed into, thinking we were seeing the world, but really we were just seeing a reflection of ourselves.

I said that to Xiao Fang.

"Yes, that's it! Once you learn to look for it, you can see it everywhere. Soon you realise that the person calling you an asshole is really only describing himself, and that description has nothing to do with you."

I went red. Is that what I had been doing all along with Xiao Fang? Had I simply been projecting my initial disappointment at not finding the fat monk in his old place, the library where we had had such good times and deep conversations, had that disappointment coloured my impression, made me take a good young monk and turn him into a devil?

No, I thought. Little Fang had been thoroughly obnoxious, a few times anyway. But after that I had not given him much of a chance. I realised I knew very little about Xiao Fang.

"What brought you to the monastery in the first place?" I asked.

He looked up, pausing with a deep root half pried out of the ground. He leaned on the mattock

"My father was a party official," he said. "Very strict, always 'The Good of the Party' this and 'The Good of the Party' that."

He lifted the mattock high and, using all his force, buried it deep in the soil. "But one day my father came back from a banquet drunk, more drunk than usual, and confessed to me what he had done as a youth in the Cultural Revolution. The horrors of it still haunted him, and now it revolted me. For his part, now that he had told me, he could no longer stand to see me around the house. I was like a living conscience-prod. At the same time, he still loved me, in his own way. Finally he took me aside and said 'Minjun, avoid politics, stay as far away as you can.' 'And how am I supposed to do that?' I asked. 'Your wonderful Party is everywhere.' My father's face took on an ashen look."

Here Little Fang paused. His lips tightened and he shook his head. "And that is when my father told me the most horrific act of his young life. His uncle had left the family to become a Daoist living in a monastery. *This* monastery. My father led a group of Red Guards up the mountain to hold a 'struggle session'. But the sessions could easily get out of hand, and that is what happened this time. They were only teenagers, after all. My father had not planned it, but when the accusations, the interrogations and the outrage had reached fever-pitch, he struck his uncle with a board, and the crowd joined in. His uncle—his own mother's younger brother—was beaten to death and left bloody on the ground. The kids burned part of the monastery, drove out the monks, and boarded it up."

"So your father forced you to come here? It was some sort of restitution for his crimes?"

"No, not exactly forced. I had been interested in ancient Chinese philosophy, much to his disgust, since I first learnt anything about it, and he would often pull out books about Daoist immortals from my backpack and tear them up. You know that I have memorised the *Dao De Jing*, right? I can recite it backwards."

There was silence while Little Fang dug up a few more roots. "One day I thought I had to see the place where my uncle died," he said finally. "And when I came here, it was like something drew me, held me. It was like a destiny I had to fulfil." He looked at me with an agonised expression. "There was just one problem."

"What?"

"I have never been sure whether it is *my* destiny ... or am I living the life my uncle should have had, instead of my own?"

I thought about it. This explained a lot. Xiao Fang's ambivalent behaviour, his bursts of irritability ... he was split in two by doubt.

"I sometimes wonder," he said, "whether I am haunted by his ghost, the ghost of my uncle the monk."

"Why? Do you see things? A spectre standing at the foot of your bed?"

"No, but I sometimes feel things." He saw the look on my face and gave a sick smile. "No, not crawling skin or sudden chills. More like a sudden feeling of wholeness, of goodness that envelops everything and I am just a part of it." His eyebrows bent downward. "Or rather, that I am not there at all, but merged with everything around."

Our thoughts so often created a sort of mirror that surrounded us, a mirror we gazed into, thinking we were seeing the world, but really we were just seeing a reflection of ourselves.

Xiaoyao Xingzhe, the self-styled carefree pilgrim, has lived and worked all over the world, having crossed the Gobi in a decrepit jeep, lived with a solitary monk in the mountains of Korea, dined with the family of the last emperor of China, and helped police with their enquiries in Amarillo, Texas.

He looked at me earnestly. "It only happens rarely, but it is so different to my usual feeling, the feeling of being stuck in this little body, focused on little things, that it is like I am possessed by some other being. *That's* what I meant by his ghost."

It did not sound like spirit possession to me, and I said so. "Let's go ask the abbot," I said finally.

Verdict

"Oh, it's possession all right."

Xiao Fang and I looked at each other.

"No doubt about it," the abbot stretched. We had woken him from his nap. "Demonic possession," he said. "Happens to all of us, sooner or later."

We sat in shocked silence.

"Usually sooner," the abbot said. "Six months. A year."

He rubbed his toes.

"Six months, a year what?" I finally managed.

"A year old. That's when the temporal consciousness starts to take over."

The word he used was 識神 *shí shén*.

"Take over?" Little Fang asked.

"Usurp the place of the primal spirit (元神 *yuán shén*). Once the earthly soul (魄 *pò*) has formed, the consciousness focuses outwards more and more, attending to the sensations of the body and the outside world. This is the focus of the temporal consciousness." He spread his hands. "Basically, from then on, you are possessed, on and off."

"So what happens to the primal spirit?"

The abbot frowned. "Nothing. What do you mean?"

"Where does it go?"

'Nowhere." He sighed and said, "Look, this is all just a way of speaking about stuff you really can't speak about until you start to experience it. It is not that the primal spirit goes anywhere. It is always complete and whole. It's just that when the mind looks outwards or is moved by bodily feelings, the primal spirit becomes obscured and the mind is captured by the body of desire and the outside world. If you can just turn your attention back to the primal spirit and detach from your emotions, you can learn to re-establish access—at least some of the time—to the primal spirit. In any case, access is never totally lost, it just fluctuates."

Little Fang was running his fingers through his hair in frustration. "*WHAT* fluctuates?"

The abbot smiled. "Your attention. Your mind. That's why I have asked you, in the past, to be aware of your feelings, to watch your mind, to harmonise your breath: these techniques help you notice what is going on within you. If you just float along willy-nilly, following this feeling or that attractive piece of external ephemera, how can you begin to notice more subtle things?" He shrugged. "The fact is, the primal spirit and the conscious spirit mingle, sometimes the primal spirit is in ascendancy and the conscious spirit retreats, at other times the conscious spirit dominates and the primal spirit is deeply hidden. What tips the balance is your attention: to what do you attend? What do you follow, day in and day out?"

"So hold on," I said. "Those feelings Xiao Fang was getting, the feelings of wholeness, goodness and unity ... those are signs of possession?"

"No!" *You idiot* was written on the abbot's face, but he just shut his eyes and pressed his lips together for a moment. Then his expression cleared and he said "Those are the feelings that the primal spirit is in ascendency, for the moment. All your so-called *normal* feelings, those are the signs of possession."

He waved toward the door. "Now get out. I have to trim my toenails."

Vampire

"The abbot says we're possessed," I complained to the fat monk.

"Speak for yourself," he grinned. "But that would explain a lot."

When I pushed my way into his room, the fat monk and the gatekeeper had been sitting together, heads bowed, in silence. The gatekeeper rose and, with a slight inclination of his head, left the room.

I explained to the fat monk about Xiao Fang and what we had said to the abbot, and his response.

"What the abbot means," the fat monk said, nodding, "is that we spend so much of our lives entrapped in a whirl of repetitive thoughts, conditioned responses, trained opinions and artificial passions that we hardly ever come face to face with our true

Ante Babic's

Tips for running a successful clinic

If you are treating someone for infertility, think twice about wishing her a happy birthday.

self. We look out on the world and just see this false self reflected there."

Surrounded by mirrors.

Little Fang arrived.

"The gatekeeper mentioned you were here," he said. He turned to the fat monk. "Xiaoyao told you what the abbot said, right?"

The fat monk nodded.

"Then what do we do?'

At this the fat monk laughed out loud, slapping his thigh and looking back and forth at each of us. Finally his smile slackened, his laughter slowed and stopped.

"Oh. You are not joking," he said, raising one eyebrow.

He shrugged and said "So, what do you think we've been teaching you since you arrived?"

Xiao Fang and I looked at each other.

"Of course, we don't always tell you straight out that the comfortable self that you go about your day-to-day activities in is a vampire, strangling your true potential."

"Why not?"

"Because you wouldn't believe us. You need to have some experiences that start to pry you loose, open up, even if only for a moment, a view of a different world. It takes a while to credit the notion that you are under the subjugation of what amounts to an alien being. But that might be getting too dramatic. The technical term is, as the abbot said, the 識神 *shí shén*: temporal consciousness. But there are many synonyms."

"Like what?"

Such as the thinking spirit (思虑之神 *sī lù zhī shén*), or the emotional consciousness (情識 *qíng shí*), or the human mind (人心 *rén xīn*) as opposed to the Heavenly Mind (天心 *tiān xīn*) or the trigram *Li* (☲) as opposed to the trigram *Kan* (☵), or the temperament (氣質之性 *qìzhì zhī xìng*) as opposed to True Nature (真性 *zhēn xìng*), and many others."

"And all these mean exactly the same thing?"

"No, not *exactly*, each term has its nuances." He looked at me with one eye. "You were just about to ask why we didn't just use one single term, right?"

I stayed silent. He was right, but I wasn't going to give him the satisfaction.

He chuckled to himself. "Thought so. Anyway you have to remember that these are descriptions of subtle inner states, descriptions made over hundreds of years, thousands really, if you think back to *Lao Zi*. And each practitioner might describe an identical state in a slightly different way. *Dào kě dào, fēi cháng Dào*, right? Or they might be describing a slightly different combination of inner states, or want to emphasise one aspect in contrast to another in a certain context, or for a certain audience who needs that aspect clarified in order to break through their own particular blockage. Lots of reasons."

Word salad

He stood up and walked over to the window, threw it open.

"But the terms all become clear once you have the inner experience. There is no confusion. On the other hand, if you are simply playing with the terms and don't have the inner experience of what they mean, why, then all you have is a word salad."

"How do we get these experiences, if that's the case?"

"Well, let me summarise what we have already been showing you all this time. First, you don't have to find a cave somewhere to be alone, a quiet room will suffice, not too bright, not too dark and not too cluttered with stuff. Next, develop your will; find within yourself an unshakeable aspiration to break through and let go of everything you have hitherto found indispensable. It doesn't matter whether you are in the mood or not, you keep gently at it."

I suddenly had a flash from the *Dune* movie I'd just seen: Gurney Halleck saying to young Paul Atreides, "You fight when the necessity arises, no matter the mood! Mood is a thing for cattle ..." Not for the first time, I wondered about that book. But science fiction? How could it possibly have anything important to convey? I shook my head. *I'm too easily distracted*, I thought.

Meanwhile the fat monk had continued. "Next, simplify your life. Set aside involvements. Say no to people, don't always just agree to do their stuff. Check your hobbies: how much time do they take? Do they help you? Most of the time they just confuse your mind, diffuse your attention, and distract you from the nurturing balm of your essential nature, so be careful."

He plomped down on a cushion. "Next," he said, "learn how to sit." He showed us,

I had a flash from the Dune movie I'd just seen ... not for the first time, I wondered about that book, Dune. But science fiction? How could it have anything important to convey?

crossing his legs, shifting a little to straighten his back, placing his left hand on the palm of his right, propping the thumbs against each other. His eyes were slightly open. He tilted his head backward, and showed us that the tip of his tongue was held gently behind his teeth.

"And lastly," he said, "tune your breath. Let it settle, don't force it, don't stop it, allow in and out to be gentle and smooth. Most importantly, don't fixate your attention on your breath."

"But every time I try sitting like this, I can't stop my mind racing," complained Little Fang.

"Chances are you are just not giving it enough time to settle down. It's like that old analogy about the glass of muddy water: if you keep shaking it, the mud just swirls in the glass. But set the glass down, give the mud a chance to settle, and after some time the water clears—*that* is your real mind. Its clarity holds a different kind of knowledge, more subtle." He lifted one palm toward Xiao Fang. "Your only job, while the mud is settling, is to not slip into a dreamy trance, but rather maintain a gentle awareness. After a while your breath deepens naturally—which is approaching the *primal breath* (元氣 *yuan qi*)—and when a thought arises, you no longer are compelled to go along with it: you can just watch it it come, and then go. "

He sat still for a moment, and then, in one smooth movement, stood up. "Read chapter 10 of *Laozi*," he said. "Everything you need to do next is in there."

"Um, *make the qi soft*," Little Fang said, "*like a baby*. Or something."

"That's right. And other important pointers. I'll let you work those out on your own. But think about the baby bit for a moment. It is not just soft, it is mainly focused inward. It does not have random distracting thoughts, it is totally in the present, merged with all around it."

I was still thinking about the sitting. "What do you do when your legs hurt?" I asked. A friend from the States had told me that her teacher had made a big deal about endurance and learning to transcend the pain, and that without sitting in full lotus and working through the pain this caused you had no hope of enlightenment.

"You shift and find a more comfortable posture. Why?"

I told him.

He pursed his lips. "Well, they might be training something, but practice like that is more liable to fixate your false self than reduce its influence. In any case, *I* don't recommend it. And don't forget, you are not aiming to be an expert 'meditator'. You are trying to restore access to your original spirit, and you'll have to be able to do that no matter what your posture, standing, walking, sitting or lying down."

Just then the abbot poked his head in the door. We all stood and bowed.

"Aren't you supposed to be in the library?" he asked Little Fang.

"But Abbot, you told me to go help Xiaoyao clear the field this morning."

I frowned. Wait a minute, hadn't Xiao Fang said ...

"That was this morning. And you are not clearing the field here, are you?" said the abbot.

"Let's all shift over to the library," said the fat monk, peacemaker. "We can talk there while Xiao Fang does his thing."

Dust and desire

When we pushed open the heavy door to the library, dust motes swirled in the sudden breeze.

The fat monk ran his finger along a high shelf, looked at it, then looked at Xiao Fang.

"I'm not that tall," Xiao Fang said. "And anyway, the dirt just seems to come out of nowhere!"

"Tell him," the fat monk said to me.

I told Little Fang what first Shijie and then Xiao Jing had taught me repeatedly: your everyday job is your meditative exercise, reflecting in the mundane world your own inner tasks, like a shadow play for you to examine for efficacy and flaws.

"So if you are allowing dirt to build up here," said the fat monk, gesturing around him, "then dust is gathering here," tapping his chest.

"Anyway," he said, pulling out a bench, "let's have some tea and recapitulate today." He spoke while Xiao Fang and I organised the tea utensils."

"First," he said, "You have original spirit and ordinary spirit; you have primal breath

and ordinary breath. When you first start to work, of course you will at first have distracting thoughts arise and disordered breathing instead of true breath. With a bit of experience, you find out that when you provide that peaceful undisturbed space within, after a time the primal spirit appears naturally by itself. You just wait for it with a grateful heart and peaceful mind."

He took a sip of the still hot tea, slurping, then grunting his approval. "Just give it a chance," he said. "The primal spirit will appear for sure, if you set the stage correctly. And once it has appeared, you then have an inner guide for your process of cultivation, a touchstone you can begin to learn how to use."

He helped himself to more tea, then looked at our cups, which were still full.

"But there is a subtle point here as well," he went on. "You are clearing away disturbing thoughts and desires, but what if your desire is to look for the primal spirit? Your conscious spirit intensifies that desire and what comes to matter is not the primal spirit, but the desire itself. The governing principle is that the medium you use to search with tends to determine what you find."

"Huh?!" I shook my head. This was too obscure. Little Fang was frowning. "You mean..." he said.

"Yes. If you use the conscious spirit to search for the primal spirit, what you find will simply be a dressed up conscious spirit. You end up making spurious images that you label *primal spirit*, but it's just a false idol. It all comes back to *doing* and *not-doing*. You use just enough *doing* to begin the search, but then allow *not-doing* to take over; you allow the conscious spirit to wind down, slow and quiet, like that cloudy murk we talked about, settling in a glass. The *not-doing* allows the primal spirit to manifest by itself, the primal breath to begin to operate by itself. *Then* all you have to do is not get excited, but just stay calm and observe, like Laozi advises us in chapter 16."

"Um, t*en thousand things all returning together*," Xiao Fang said. Then he murmured, "or something".

With that I remembered. *Reaching extreme emptiness, remaining steadily calm, as the myriad beings act, I thereby watch their return.* The quotation silently rolled in my mind.

"So," the fat monk said, "it comes down to developing a fine distinction of qualities, very subtle qualities of your inner states. Desire can take many forms, some very obvious. But what if you are greedy for 'enlightenment'?"

We were silent for a moment, thinking.

"Wouldn't that be a good thing?" I asked, finally. "It would keep you focused, at least."

"Oh, I agree totally," the fat monk said. "You are focused, all right. The problem is that the focus, the intent, the aim, is heading off in the wrong direction. You might achieve the appearance of a saintly man, have ten thousand people swear that you are a sage, and you may even believe it yourself. But all you will have really achieved is a fixation on enlightenment."

He shook his head. "Sadly," he said, "Greed for enlightenment is still just ... greed."

We again sat silently, eyes closed. Finally he shook himself and cleared his throat. I opened my eyes.

"But you know," he said, "in the end all of this can only be known through your own practice. If you read too much about it too early on, or hear too much about it, it just ends up confusing you. You guess what the technical terms mean, and chase after that phantasm, and it gets you nowhere. Having a teacher can save you from that. But even on your own, you work from experiential verification first, recognising the terms you read or hear about through your own experience, rather than reading and just guessing what it might mean, or setting up images that will only lead you astray."

Xiao Fang bit his lip, and shook his head. "Is it really that hard?"

"No, it is not hard at all. But it is subtle. The key is that *theory*, meaning what you read and what you hear *about* internal cultivation, should go forward hand in hand with *practice*. Verify what you read by your own internal experience. This is how you progress, with harmony and balance."

Empty the mind

Just then we heard the food hall bell begin to ring. The fat monk stood and rubbed his stomach. "Time to nourish the body!" he said.

"*Shí qí fù*," said Little Fang. "Or something. Chapter three. Right?"

Investigation in broad strokes and scholarly detail

AN ARCHAEOLOGY OF THE QIAO VESSELS, by Will Ceurvels, 239pp, soft cover, Purple Cloud Press, 2021

Review: Jade Ouk

THE INTRIGUING WATERCOLOUR on the cover caught my attention as I took up this book. Then my heart did a dance as I felt the tactile allure of the book and the obvious precision, love of detail and calligraphy evident in the design. Then within the initial pages, a Michel Foucault quote from *An Archaeology of Knowledge* is presented, hinting at a recognition and appreciation of diverse interpretations on life across time as foundational. After all, as I am ever grateful to Volker Scheid for championing into English, Chinese medicine has always been a living practice through which plurality exists and is contingent on progressive history and entangled with ensembles beyond us. And as a world practice, a Chinua Achebe quote comes to mind: "The price a world language must be prepared to pay is submission to many different kinds of use."

To this end, Ceurvels' work on the *Qiao* vessels is an exciting contribution to plurality. Humbly described as an essay arguing six points, his *An Archaeology of the Qiao Vessels* comprises a dense composition of references to acupuncture and channel theory, Daoist alchemy and Chinese herbalism. Ceurvels explores the *Yang* then the *Yin Qiao*, followed by an extensive postscript section inviting further scholarship on related concepts and details.

Of note, many pre-Song dynasty references to the *Qiao* scarcely found in English literature such as the *Classic of the Bright Hall* are included. Armed with these, Ceurvels questions the constructs of the *Qiao* vessels and contends for greater consideration of their channels for other pathomechanisms at play in clinical practice.

Ceurvels highlights a parallel between the *Yin/Yang Qiao* interface through BL-1 with the brain and the anatomical eye-brain complex, and emphasises the role of the *Yang Qiao*'s circulation of qi in the brain as a fundamental pathomechanism for this channel's pathology. These include backed-up qi in the brain distending out into the *Yang Qiao* that may be seen as extreme anger, a raised pulse or telengiactases at BL-62, or with a bulging inner canthus as the first signs of daytime epilepsy.

Ceurvels' rigorous referencing on its pathomechanism adds significantly to scholarship on the *Qiao* vessels as well as to the crucial ability clinically to act from a lucid understanding of pathophysiology.

Ceurvels champions Zhang Jingyue's work multiple times to highlight the concept of the *Yin Qiao* as circulating *wei* qi of the abdomen and emptying into it rather than the eye, and that the diseases of the *Yin Qiao* are from its corresponding *shaoyin* Kidney channel.

Some of the pathological sequelae discussed are similar to yin fire pathology, but also reference interesting concepts such as "reverting yin Liver wood running cross counterflow", "Liver qi *xu* with cold bind" exampling an inability to sneeze or always wanting to sleep, "reverting yin Liver wood qi upward counterflow" causing "boiling reversal, unilateral withering", or "failure of yang to descend causing counterflow or floating upward" as possible causes for stroke and epilepsy.

Significant weight is also placed on the *Classic of the Bright Hall* reference to *Yin Qiao* as the name for KID-6, and also *Yang Qiao* as the name for BL-62, resulting in Ceurvels' argument that the *Qiao* channels were theoretical constructs formed after discoveries of each point's clinical efficacies.

Nevertheless, Ceurvels examples a reference to moxa on KID-6 to treat a source problem of long-term cold excess in the abdomen, and rationalises it to a larger concept of *wei* qi then being able to circulate outward and yang qi to circulate downward to resolve afflictions of the *Yin Qiao*.

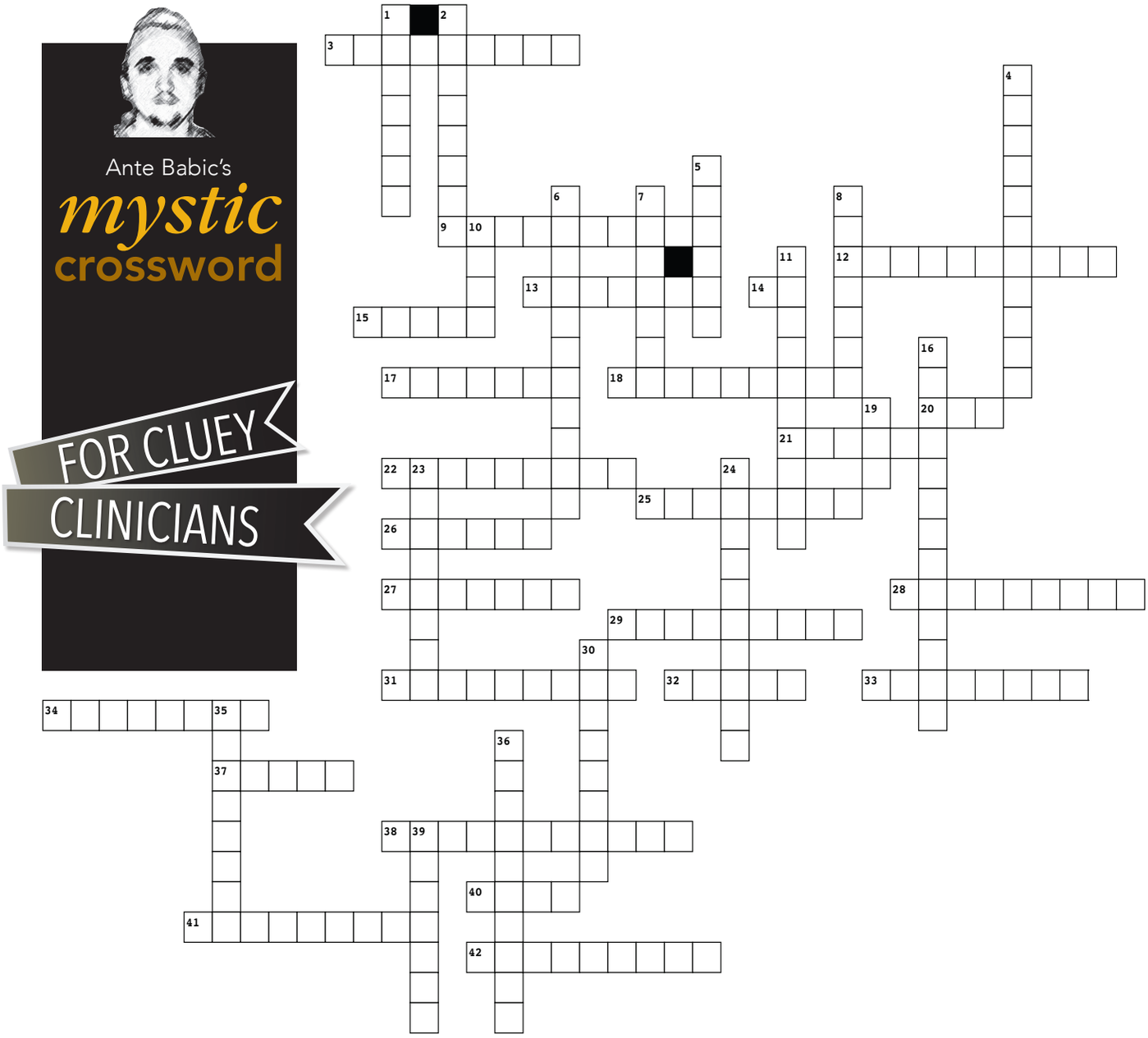
So much of the last half of the book described as "Postscripts" caught my attention. These included illuminating detail on *Ban Xia Tang*, foxtail millet, thousand water *Li* energetics, *Wen Dan Tang*, and interstitial blockage pathologies, as well as much to contemplate on the exploration of the apertures on the *Ren* and *Du* channels, and the influence of war on the Chinese medical canon.

In all, this is a refreshingly rigorous academic review of the *Yin* and *Yang Qiao* vessels that offers invaluable practical perspectives for clinical practice.

Ultimately, defining how we think is significant, particularly in terms of clinical decision-making and to this end Ceurvels has added tremendously.

The pathology and significance of the *Qiao* vessels is beautifully conjured by the cover art—inspiring a reframing of how a patient can be diagnosed and treated.

Indeed, this book is, as Mazin Al-Khafaji testifies, "a must read for any serious student of the Eight Extras" and as Steven Clavey states, "there is so much to revel in here ... one to contemplate slowly with a fine pot of Taiwan oolong."



ACROSS

3. A skin disease
9. When the three yin meet
12. Lifting qi tonic
13. Yellow Emperor
14. Poison made from centipedes in a jar
15. Palpatory diagnostic technique
17. Pool of Wind
18. Bright Four Catcalls
20. Shows you are hot
21. Tongue coat with turbid dampness
22. Three miles
25. Bitter taste, dry throat, dizziness
26. One hundred meetings
27. *Classic of Difficulties*
28. SHL author given name
29. When loose stool gets worse
31. Tang
32. Who said you couldn't say it
33. Where the needle goes
34. When you gotta go in the dark
37. The only thing you want to do in *shaoyin*
38. Fine writing
40. What you never refuse
41. Antitoxic herb from the garden
42. "Brain Leakage"

DOWN

1. Our new obsession
2. One sign of Kidney deficiency
4. The type of chills and fever in *shaoyang*
5. *Wu Zhu Yu*
6. Four Gentlemen
7. Author of famous manual of gynaecology
8. Author of the fat monk chronicles
10. Best crossword maker
11. Where you might check for blood stasis
16. Good flower for eyes
19. What you couldn't say
23. A good use for *Man Jing Zi*
24. *Yi Mu Cao*
30. Bubbling spring
35. What keeps you awake at night
36. One use of the *Yi Jing*
39. *Fu Zi*

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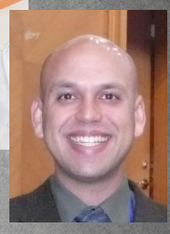

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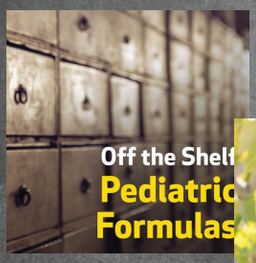

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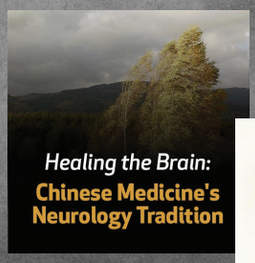

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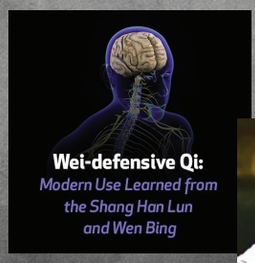

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