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For practitioners of Chinese medicine

The Lantern

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Guest editorial
Nina Zhao-Seiler

Plenty to glean from **China's** experience

A reply to the guest editorial by Greta Young (The fall of Chinese medicine … and a plan for revival, *The Lantern* 19-3)

China has a vibrant, ongoing discussion about the place of its traditional medicine system in modern health care..

THERE ARE MANY good reasons to critically discuss the development of TCM inside China, however, Greta Young's editorial seems like it has missed the developments of the past 15 years.

Regarding the numbers of herbal medicines consumed, it contains false information. In China the value of herbal medicine consumption accounts for 30-40 per cent of the total value medicine consumption. In Europe this figure is about 5 per cent (Heuberger 2014),[1] which seems to be quite the opposite of what Young suggests.

The WHO 2019 Global Report on Traditional Medicines says: "The total value of TCM pharmaceutical products accounted for almost 28.55 per cent of the total generated by China's pharmaceutical industry. The largest part of this is consumed inside China, but a large part of the value of exported Chinese herbs is still created outside of China, mainly in Taiwan and Japan." I would like to know the source of the numbers mentioned in the previous editorial. Regarding the number of TCM practitioners in China, refer to the footnote for two recent articles on the subject as well as the book *Neither Donkey nor Horse* by Lei Xianglin[2] which offer a more differen-

1. This report is in German. I am happy to provide it on request.

2. Aw, Yiengprugsawan, and Gong: Utilization of Traditional

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.

tiated view to understand the developments. The numbers have fluctuated for many reasons and are increasing over at least the past decade.

Further, the author presents as an "erosion" of core values of Chinese medicine that the 1994-95 guidelines for standardising the process of researching efficacy of new patent medicines demands the use of disease differentiation (*bian bing*) instead of pattern differentiation (*bian zheng*). Both differentiations have been important in historical and classical TCM. The large-scale production and distribution of patent medicines for the general public without specifying for that public the subjectively felt or diagnosed conditions for which it is suitable cannot possibly be in the interests of serious medical practitioners, no matter of which system. Only naming a pattern does not seem a good solution to this.

While I agree there is a medical crisis in China, I see this not being particular to or limited to TCM. One cause is the lack of sufficiently well-trained practitioners of modern biomedicine to meet public health needs and expectations. Practitioners educated in TCM universities are just as much regarded as part of the healthcare system in China as those trained in modern biomedicine, and they need the knowledge and skills to work in either setting. Achieving this is a challenge for the curriculum that has been met only partially. Moreover, most TCM universities still receive a large proportion of less motivated students (most TCM universities are low in ranking). This adds to the difficulties of producing practitioners well rooted in both systems.

The problem of "not knowing the classics" is long discussed in China. It has been addressed by universities by establishing research institutes as well as degree programs focusing on the classics. The characterisation of China and "the West" moving in opposite directions, the former wanting to modernise TCM, the latter focusing on "core values", is very narrow. It disregards that both currents are strongly present inside China and in permanent discourse and dispute. The research institutes and degree programs for classical Chinese medicine are but one result of this. Widespread public discussion around the 2006 "abolish TCM" petition, and the book *Thinking about TCM* published in 2012 by Liu Lihong, which quickly became a bestseller in China and was spoken about far beyond TCM circles, are further signs of the intensity of the Chinese discourse. Liu's book emphasises precisely those core concepts that Young sees being focused on in "the West" and not in China.

In the past three years these discussions have intensified, triggered by the pandemic, the health authorities incorporating a TCM herbal medicine chapter (mainly consisting of "classic" and *Wenbinglun* formulas) in the evolving covid-19 guidelines, the diverse reactions to this, and a huge and wild array of other proposed treatments. This latter ranges from TCM patent medicines aggressively marketed by government agencies, as well as by Chinese herbal big pharma, to interviews

> *Characterisation of China and the West moving in opposite directions, the former wanting to modernise TCM, the latter focusing on 'core values', is very narrow.*

Nina Zhao-Seiler lives in Zurich, Switzerland where she has been running a general practice since 1998. She teaches TCM paediatrics and herbal medicine in Swiss, German and British TCM schools. Since 2002 she has led regular TCM herb study trips to China, where she takes participants to identify herbs in the wild and visit herb cultivation areas.

Chinese Medicine Practitioners in Later Life in Mainland China. *Geriatrics* 4, No. 3 (August 25, 2019).
Lei, Xianglin. *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity*, 2014.
Shi, Xuefeng, Dawei Zhu, Stephen Nicholas, Baolin Hong, Xiaowei Man, and Ping He. Is Traditional Chinese Medicine 'Mainstream' in China? Trends in Traditional Chinese Medicine Health Resources and Their Utilization in Traditional Chinese Medicine Hospitals from 2004 to 2016. Edited by Andreas Sandner-Kiesling. *Evidence-Based Complementary and Alternative Medicine 2020* (May 31, 2020).

Observing the development of TCM in China with a broader view can in fact teach us a lot about opportunities and limitations to the incorporation of TCM into a contemporary healthcare system.

with wise, solitary TCM doctors all the way to self-proclaimed healer-bloggers proclaiming TCM wonder cures. Well-known doctors of the contemporary formula current as well as from the classical current have participated in and been praised for fighting the pandemic. These are just a few examples of discourse that have become widely known.

It is my impression that we in "the West" have been unable to conceive that in a society as large and complex as China's there is never one single current of thought or discourse. Of course, it is easier to have just one box for "TCM in China". But this is so far from reality that it impedes our understanding and therefore our learning, as well as our ability to engage in meaningful and critical communication with our Chinese colleagues—unless we confine ourselves to communicating with proponents of only one current, usually the one of which we ourselves are part.

The suggestions in Young's last part, "call for renaissance", make a lot of sense. They are, however, by no means new. In fact, all of them are already being implemented in China. Even without reading Chinese we can inform ourselves about this. Dr Huang Huang in Nanjing has established a degree program facilitating transmission of traditional knowledge, so have Dr Liu Lihong in Nanning (and elsewhere) and Dr Yu Guojun in Leshan, to name but three whose work has been translated into English. There are many more. Reinforcing their call is great.

I believe such calls would have a much greater impact if they acknowledged what has already been achieved as much as criticising what has not. Observing the development of TCM in China with a broader view can in fact teach us a lot about opportunities and limitations to the incorporation of TCM into a contemporary healthcare system. Any of us who envisions TCM developing beyond being a niche approach for a small elite in order to benefit a larger part of the population can greatly profit from observing the developments in China. Even more so when comparing them with developments in Taiwan and Japan.

Learning and practising Chinese medicine in the **old days**

By Li Keshao*

From *Ming Lao Zhongyi Zhi Lu* (The Paths of Famous Old Chinese Doctors) Volume 1, Shandong Science and Technology Press, 1983, pp 160-171

WHEN I WAS young, I studied to be a primary school teacher. In the old society, however, this was not a very secure position. Furthermore, my uncle had died from a febrile disease under the clumsy ministrations of a mediocre physician, and so I decided to change course and study medicine.

But why Chinese medicine instead of Western medicine? Looking back now, the reason is actually rather ridiculous: I decided on Chinese medicine only because of anti-Chinese medicine prejudice.

Here is what I mean.

I had no guidance, and the first book I bought when I decided to study medicine was *A Study of Diagnostics* by Dr Yosai Shimodaira (下平用彩, 1863-1924), a Japanese author. It was a very popular Western medicine textbook at the time, recommended by the famous Tang Erhe (湯爾和) from Zhejiang. But Tang Erhe was virulently anti-Chinese medicine, and in his introduction to Yosai Shimodaira's book, Tang wrote this:

> Now I know that Chinese medicine can treat illnesses, and sometimes better than Western medicine, but this is only looking at clinical results. The fact remains that they are unable to explain the reasons for those results, and because they cannot explain them, and can only argue their cause based solely on clinical results, I find this very unconvincing.

This is when I discovered that even Western doctors conceded that Chinese medicine could treat illnesses as well as Western medicine, and the only reason they looked down on Chinese medicine was because they did not

Real Chinese sayings

The master craftsman can give you the guidelines, but can not make you skilful.

大匠能與人規矩，不能使人巧.

Dà jiàng néng yǔ rén guī jǔ bù néng shǐ rén qiǎo.

* 學醫行醫話當年, 李克紹 (1910-1996) Li Keshao, from Shandong, was a prominent *Shang Han Lun* scholar with a number of well-reviewed books to his name.

Relying solely on these classics won't work either, because most of the theories contained in these works are in principle and hard to employ without adding explanation, demonstration and clinical experience.

like the explanation for the results. I thought to myself: what's more important? The results? Or the reasons for the results? Now I don't know whether, if he himself had a life-threatening illness, Dr Tang would choose a clear explanation for illness and treatment over something that just worked, even if he for the moment did not know why it worked, or not. But for a worker in people's health the choice is clear, even if we might have to make an exception for Dr Tang: saving people is the priority, and choosing a treatment that works trumps limiting ourselves only to treatments for which we can offer a complete explanation. But I for one would be unable to toss out a viable treatment without consideration and then, hearing the patient had died, "state that I had no qualms" (in the words of Dr Tang Erhe).

Going a bit further, I thought: are there really results that have no reason? If Chinese medicine can cure illness, there must be some principle that leads to that cure, even if at the present time we do not have an explanation for it, or we don't understand the reason that Chinese medicine itself provides.

Even the inability to proffer a convincing argument should not be counted as proof that Chinese medicine is "not scientific". The realm of the unknown in science is just too vast, and the phenomenon of knowing things are so but being unclear about why they are so is not at all limited to Chinese medicine. Sun Yat-Sen's famous quotes "to act is easy, to understand is difficult" and "human progress originates in men not knowing and yet acting" showed his revolutionary philosophy. In the section on political psychology in his book *The International Development of China* (建國方略) he used food and drink as an example of how people can act effectively without understanding. Few people, he said, understand the precise chemical nutrients the human organism requires to function normally, or which foods contain these chemical nutrients, but they still manage to eat every day. So this shows that "ignorance" does not preclude "acting".

Yet Dr Tang insists that we must jettison the clinical efficacy of Chinese medicine without further consideration, making "knowing" the supreme commander. This is mistaken.

This acknowledgment that Chinese medicine can at times have better clinical effect than Western medicine, and believing that every effect must have a reason, were enough for me to have the confidence to choose Chinese medicine to study.

The process and its revelations

I had confidently made up my mind to study Chinese medicine, but had yet to figure out exactly how to go about it. In the several decades it took to "figure it out" I went down a number of side tracks and wasted a lot of energy, but in the end there were a lot of benefits. I would like to sum up and pass on the benefits of that experience to my younger comrades who are just now engaged in the same path of study.

Read widely, then reduce to essentials

There is an old proverb[1] "The foundations of the Six Classics are in the waves of history" meaning that if you want to write an outstanding essay you must first have consumed and digested the six classics, which are *Classic of Poetry, Book of Documents, Book of Changes, Book of Rites, Classic of Music* and the *Spring and Autumn Annals*. That lays the foundation, but then you must also know history with all its richness and colour. Only then can you produce an essay with force and style, with proof and basis, that surges like waves.

So, what are the foundations of Chinese medicine study? The *Nei Jing, Nan Jing, Ben Cao Jing, Shang Han Lun* and *Jin Gui Yao Lüe*. These classics hold important guidance regarding physiology, pathology, pharmacy, diagnosis and treatment principles, and without a firm grasp of these you will be like a sourceless stream or a rootless tree: you have nothing supporting you.

At the same time, relying solely on these classics won't work either, because most of the theories contained in these works are in principle and hard to employ without adding explanation, demonstration and clinical experience. So the aspiring Chinese medicine student should also read other works on medicine, especially those of the famous physicians over the ages. "Read a thousand tomes 'till tattered."[2] Of course, situations differ, so you may only be able to tatter 100 tomes or

1. Not really a proverb, it comes from an old door couplet that says: 五岳圭棱河气势，六经根柢史波澜.
The majesty of the Five Peaks is in their cliffs and rivers.
The foundation of the Six Classics comes from the waves of history.
2. 讀書破萬卷 *dú shū pò wàn juàn.*

10 tomes, but it is the spirit and aspiration that count.

From the Han dynasty to the present, our medicine has spanned 2000 years, and there are at least several hundred Chinese doctors worthy to be called "renowned", with enough books to make a pack horse sweat. And among all these books are different schools of thought, different theories; often they will complement each other, but not infrequently they contradict each other. If you don't do your own thinking and categorisation then the more you read the more you will get confused. You must reduce them to essentials and understand, and only then is it actually "study".

But what does "reduce to essentials" really mean?

Basically, you look for the important bits in the whole mass of data, for example, noticing when the same elements appear within different contexts. This can allow you to formulate some rules. Admittedly, it is not easy; it won't happen without a significant amount of work and digging deep into your resources. Chen Xiuyuan in his "Three Character Classic of Medicine" has a few passages like: "Li Dongyuan, mainly Spleen Stomach, does warm drying, lifts clear qi"; "Zhang Zihe, attacks and busts, on hitting target, then he stops"; "Liu Hejian, big on fire, respects the classics, but also innovates"; "Zhu Danxi, rare among peers, must tonify yin, yang won't float; internal disease method: just four words."[3]

So Chen Xiuyuan extracts the essentials of Li Dongyuan as emphasising Spleen and Stomach while lifting clear qi; of Zhang Zihe's use of herbs as mainly attacking, but stopping once the target has been hit; of Liu Hejian theories as mainly advocating fire; and of Zhu Danxi's approach as primarily tonifying yin so that yang will not flare upwards.

This is reducing complexity to useful simplicity, using easy language that is full of meaning, not difficult to grasp and easy to remember.

Besides the above, I studied the clinical techniques of the Four Masters of the Jin Yuan periods. Li Dongyuan would tonify, but not clog up—he would always have some movement within his tonification, frequently using qi level herbs such as *Sheng Ma* (Cimicifugae Rhizoma), *Chai Hu* (Bupleuri Radix), *Chen Pi* (Citri reticulatae Pericarpium) and *Mu Xiang* (Aucklandiae Radix).

The reason that Liu Hejian's formulas could be cold but not injure the digestion was all due to avoiding blockage. For example, he would use *Da Huang* (Rhei Radix et Rhizoma) and *Mang Xiao* (Natrii Sulfas) which both move without holding in,[4] and when he did have to use herbs that held in without moving such as *Huang Qin* (Scutellariae Radix), *Huang Lian* (Coptidis Rhizoma), *Shan Zhi Zi* (Gardeniae Fructus) or *Huang Bai* (Phellodendri Cortex), he would almost always combine these with qi level moving herbs such as *Zhi Shi* (Aurantii Fructus immaturus), *Hou Po* (Magnoliae officinalis Cortex) or *Mu Xiang* (Aucklandiae Radix). The point was to allow the cooling herbs to cool, but not allow them to obstruct or accumulate in the Stomach and damage digestion. Although he sometimes did use only bitter cooling herbs, such as in the formula *Huang Lian Jie Du Wan* (Coptis Resolve Toxin Pills), this was pretty rare.

Zhang Zihe advocated attacking, but applied this to channel and collateral obstruction, or excess stool obstruction in the Stomach and Intestines. If it was not excess, but rather deficiency, it was not appropriate.

Zhu Danxi nourished yin, which was especially important in an era dominated by the mistaken use of harsh Golden Elixir mineral potions that damaged the primal yin and encouraged ministerial fire to flare wildly. But if yin was excessive and yang weak, you would avoid yin tonics.

Early in my studies, seeing that the Four Masters each had a different take on things, I was confused: which one was right? But later I could grasp the essentials:

Zhang Zihe used attacking to eliminate a pathogen and seek peace. Li Dongyuan emphasised Spleen and Stomach to support

The reason that Liu Hejian's formulas could be cold but not injure the digestion was all due to avoiding blockage.

3. The "four words" being 氣血痰鬱 (*qì xuè tán yù*): qi, blood, phlegm and constraint.

4. 走而不受 *zǒu ér bù shǒu.*

Real Chinese sayings

Read ten thousand tomes 'til tattered.

讀書破萬卷.

Dú shū pò wàn juàn.

We want to extract the essence and exclude the dross ... That goes even for the most reverenced texts.

the normal qi in order to overcome a pathogen. So when the normal qi was weak, one should use Li Dongyuan's method. When the pathogenic excess is the primary factor, use Zhang Zihe's method—there really is no contradiction.

Liu Hejian's cooling approach is to drain fire due to exuberant yang; Zhu Danxi's yin tonification is to treat fire due to deficient yin. They both treat fire, but the source of the fire is different: one deficient, one excess. So clinically we look out for these differences and choose the method that works best. This is learning from the Four Masters, and is what I mean by "reduce to essentials".

Respect the ancients, but don't turn them into idols

The reason for reading widely is to have access to the experience and wisdom of our predecessors. But it isn't as though those predecessors never made a mistake, so we can respect them, but there is no call to idolise them. We want to extract the essence and exclude the dross, we don't have to take everything without evaluation. That goes even for the most reverenced texts.

Let me give you an example or two. The *Ling Shu* chapter 12, among much otherwise useful information, links each of the 12 acupuncture channels to one of the 12 rivers of China, e.g. the hand *yangming* Large Intestine channel is linked to the Jiang River, and the foot *taiyin* Spleen channel is linked to the Hu River. In my opinion, the significance of this is negligible. In another spot in the *Ling Shu*, chapter 64 which discusses Wood body types, Fire body types, Water body types and so on, along with colours of the complexion, the idea is put forth that every nine years, starting from seven years of age, is unlucky for the person. So, 16 years of age, 25 years of age, 34 years of age, 43 years of age and so on are years where the body type and the complexion are bound to mismatch, making them unlucky years for that individual. Again, this is just metaphysics.

Then there is the 41st Difficulty in the *Nan Jing* explaining why the anatomical liver has two lobes, saying that "[The period of spring] moves away from the great-yin [of winter] and is still near to it. It is separated from the great-yang [of summer] but is not far away from it. It appears to have two hearts. Hence, [the liver] has two lobes. This is also in correspondence to the leaves of the woods."[5]

In the 33rd Difficulty the *Nan Jing* uses five elements to explain Liver and Lungs, not only making the theory dogmatically mechanistic, but also using the "explanation" that raw liver sinks in water but cooked liver floats, while raw lungs float in water but cooked lungs sink, which is simply out of line with objective facts.

Finally, the 19th Difficulty is all astrology and horoscopes, saying "A male child is born in a *yin* [month]; a *yin* [month] is associated with the phase of wood and that is yang. A female child is born in a *shen* [month]; a *shen* [month is associated with the phase of] metal, and that is yin."[6] This not only makes no sense, but it would be ridiculous for any health professional to use in their practice.

Not only does one need to differentiate the good and bad in the original classics, one also needs to apply the same discrimination to the commentaries on the classics. Sometimes in fact it is not the classics themselves that hold the mistake, but it is foisted upon them by the commentaries. If it is all taken as gospel, not only will the reader be confused, but others will be adversely affected as well. And the pernicious influence can last for ages.

Here's an example. In the *taiyang* section of the *Shang Han Lun*, there is the statement that "wind damages the protective qi, cold damages the nutritive qi".[7] Now it does not matter whether this is an interpolation by Wang Shuhe or is in fact in the original text, it is one of those specious and elusive statements that, even though it has been passed on for a thousand generations in the Chinese medicine field, we really should not be pretending that we understand: we are just cheating ourselves.

The same goes for the rigid channel transmission theory, which takes an originally simple theory of external pathogenic invasion and adds all sorts of fabricated ideas about transmission in order of channel, or a skipping channel transmission, and head and tail channel transmission, a *biao li* channel transmission, a transmission to the foot but not the hand channels, and so on. The more it

5. Unschuld translation, p. 411.
6. Unschuld translation, p. 259.
7. See Guohui Liu's *Discussion of Cold Damage* pp 144-146 for a discussion of this controversy.

goes on, the more it makes the *Shang Han Lun* sound bizarre and confusing.

These are just examples of why if the reader only knows how to read reverently but not critically, he might as well not read at all. Mengzi once said *Better to have no book than blindly believe everything in a book*.[8] Respecting the elders is necessary, but while trusting and appreciating them, you should also add a layer of discrimination for your study to be meaningful.

The foregoing are only a few obvious examples, there are plenty of others scattered throughout the Chinese medicine literature, including the classics. When I was younger, I did not dare criticise and in fact was not all that good at critique and ended up wasting a lot of time and energy. Now I'm saying this to help future students and save them from my own mistakes.

Learning from masters and experienced friends is great, but the key is self-study

The Tang dynasty's Han Yü (768-824) in his "Speaking of Teachers" (韓愈師說) says, "Those who would study the ancients must have a teacher." The Confucian text *Li Ji* (禮記) says "Those who study without companions are ill-informed and ignorant." The *Yi Jing* (易經) in its discussion of the hexagram *Dui* (兌卦)[9] says "The superior person talks and studies with friends."

All of this goes to show that having teachers and friends with which to study is a great way to advance your progress. But even though they are important, they are not the key factor. A proverb says it well: "A teacher can lead you to the door, but the path must be followed by yourself."[10] And also "The master craftsman can give you the guidelines, but cannot make you skilful."[11]

The key is one's own efforts.

Most of my own study process has been learning by myself. I did not have a famous teacher, nor many brilliant friends. This was not because I could foresee that self-study would be better than learning from a teacher or friends, but simply because of my location in a remote village. Not only were there no famous teachers, even a regular doctor was as rare as hen's teeth. Who should I bow to as a teacher? Where might I find these friends? All I could do was muddle through and knuckle down.

When you learn on your own, one problem follows another, you lose sleep, you don't eat, you puzzle out a thread and likely as not do not come up with an answer. But when I did finally have insight into a problem, it stuck, and stuck hard. In terms of making an impression, this is far and away more impactful than simply having someone explain it to you, without putting in any work of your own. It does mean though that I will often have a different take from others on certain medical issues, different views. This is not because I am trying to set myself up as something wonderful and special, but is probably just because I never got much exposure to the usual stereotypes. So this has made me think that whenever something needs analysis, not having a teacher or wise friends forces me to think hard on my own, and the loss on one front is a gain on another.

But coming back to the point, even if you do have a great teacher and intelligent friends, you still have to use your own efforts to transform your teacher's ideas into your own knowledge. If you don't, those ideas will not become your own. Perhaps you are one of those who, even with a lot of work, cannot bring these two things together, who always feels some disagreement between what you are told by your teacher and what you think yourself. At this point there are two things to consider: (one) perhaps your comprehension is not quite as good as you think it is, or (two) your teacher's theories themselves are problematic.

One should always address a teacher's transmission of knowledge with humility. But after all a teacher is also just a human being, not a mystic sage who is flawless in every respect. Finding the balance between these two views is the best attitude for study from a teacher,

One should always address a teacher's transmission of knowledge with humility. But after all a teacher is also just a human being, not a mystic sage who is flawless in every respect.

Ante Babic's

Tips for running a successful clinic

Courage and caution must balance each other.

8. 盡信書不如無書。
9. Usually numbered 58 in the *Book of Changes*, the hexagram *Dui* (兌卦) has two of the same trigram, also named *Duì* (☱) stacked on top of each other with the inner trigrams of *Xùn* (☴) and *Lí* (☲). Among many other meanings, *Dui* means "joy" and "mouth" while *Xun* means wind (also breath, also discussing, and to penetrate into things) and *Li* means "eye" (also reading, and also "to see each other"). The structure of the character *Dui* (兌) is made up of the three characters eight (丿八 *bā*), mouth (口 *kǒu*), and people (人 *rén*), hence giving the idea of "friends" discussing together and going deep into things.
10. 師傅領進門, 修行在個人. *Shīfu lǐng jìnmén, xiūxíng zài gè rén.* Also translated as "The master initiates the apprentices, but they can sharpen their skills only through their own efforts."
11. 大匠能與人規矩, 不能使人巧. *Dà jiàng néng yǔ rén guī jǔ, bù néng shǐ rén qiǎo.*

> *As Confucius said: From a group of three people, one at least will be able to teach me something.*

and when I myself teach students, I encourage them to foster such a frame of mind.

While encouraging the seeking out of teachers or knowledgeable friends, I must say that these do not need to be famous or even old. Old and wise can be good, of course, but you can gain inspiration and education from your colleagues all the time. Even the dullest may have worked out a clinical gem or two. As Confucius said: "From a group of three people, one at least will be able to teach me something."

Dive deep, but be able to jump out

When studying ancient medicine, there are basically two approaches, based upon different material. There are the fundamental basics such as physiology, pathology, pharmacology and so on which you must know in depth, learning it step-by-step and thoroughly. This is the stuff you can't "sort-of" get, you must know it deep in the bone.

Then there are the more symbolic and conceptual materials, such as "five element generating and controlling" cycles, or "Heart is the sovereign organ" type of thing, which are important for general guidance, but once you get the drift, that's enough; you don't need to spend a lot of time going into minute detail or split hairs trying to analyse it—it's just a dead end.

I am speaking from personal experience here. For example, the topic I mentioned before from the *Shang Han Lun* regarding "wind affecting the protective qi" and "cold affects the nutritive qi". At what point do you call it wind? At what point is it cold? How does wind come to select only the protective qi for its influence, and cold the nutritive?

Questions like these are not just splitting hairs, this is a proper attitude for study, and to solve these questions I turned to all the famous commentators on cold damage, looking for a reasonable explanation. But for the most part they just said: wind is yang, protective qi is yang; cold is yin, nutritive qi is relatively yin, and this is why wind affects protective qi and cold affects nutritive qi, because yang goes with yang and yin goes with yin.

Well, I'm sorry, but that is rather obscure reasoning, and really just mouthing words without actually saying anything. The problem is, this is one of those areas I spoke of: fundamental basics that impact on daily clinical effectiveness. You can't just fake it. So I went deeper, combining *Nei Jing* study with clinical outcomes, reading in detail, thinking it over, and finally realised that the reason underlying "wind affecting the protective qi" and "cold affects the nutritive qi" was not in the "wind" or in the "cold" but rather in the opening and closing aspect of the pores, in other words, simply the impaired *kai he* functioning (開合失司) of the protective qi. Once I had satisfied myself as to the correct pathological mechanism behind the *Shang Han Lun* statements, I could both claim to understand it and to use it effectively in clinic.

This also applies to some very important technical terms and phrases in Chinese medical physiology and pathology, such as "clear yang sinking downward", "yin fire rushing upward", "yang not returning to yin", "yin not settling yang", "qi within the blood", "blood within the qi" and so on. All of these are materially important concepts that must be thoroughly comprehended, you can't just apply them mechanically, pretending to know what you are talking about.

Now drilling down to the bedrock is great, but not everything is worthy of your time in doing so. Similarly, if you try to drill the wrong way, you may just end up stuck in mud from which it is hard to extricate yourself. Here is a simple example. The *Su Wen* chapter five says: *If you can know the seven injuries and the eight benefits, then you can regulate the two*.

What are the seven injuries and the eight benefits? The commentators have been fighting over this for centuries, but at present they have whittled it down to four explanations, all of which look for the identities of the "seven" and the "eight" and all of which disagree.

In my opinion, the "seven" and "eight" are simply indicating "numerous," like in the phrases "seven high eight low"[12] or "seven buckets coming up and eight buckets going down"[13] or your "seven sisters-in-law and eight aunts",[14] which just means all your distant relatives, there is no point in arguing

12. 七高八低 *qī gāo bā dī*. Meaning "with bumps and depressions," ie not flat.
13. 七上八落 *qī shàng bā luò*. Seven buckets coming up the well, and eight buckets going down, meaning to be agitated or perturbed, or as we might say "at sixes and sevens".
14. 七大姑八大姨 *qī dà gū bā dà yí*. Seven paternal sisters in law and eight maternal aunts, meaning all sorts of miscellaneous relatives.

over which seven and what eight. Once you escape from this type of trap, you are ahead of the game.

Being able to drill down, however, is often the means of escape, and is certainly fundamental to differentiating symptom patterns. For example, Wu Jutong[15] was able to leap out of the enclosing trap of *Shang Han Lun*, not because he avoided drilling down into its study, but on the contrary precisely because he had spent so much time in its study, and still found clinical dead-ends when using only those methods.

Thus, he was able to expand the six channel theory to *wei-qi-ying-xue* and *san jiao* pattern differentiation, and to go beyond acrid warm diaphoretics to acrid cool exterior releasing methods. He found he was not restricted to first clearing the exterior before purging, but could do both at once, and even better: following the purge the qi could flow freely and the exterior pathogen was all the more easily expelled.

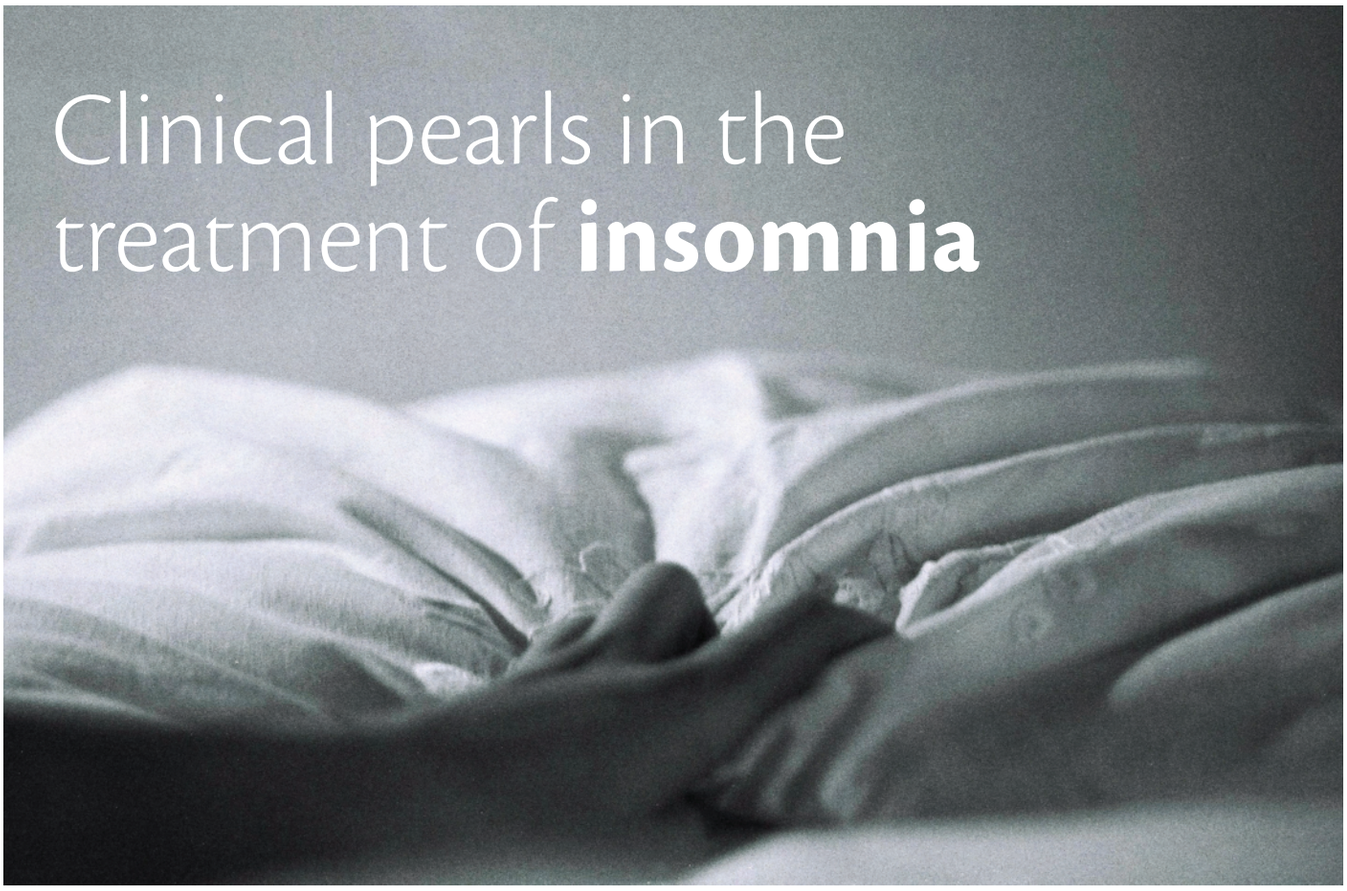
Still, it must be admitted that both drilling down and jumping out are neither of them simple tasks. Everyone is going to have different experiences and different insights.

What I have introduced above is what I have gleaned from a lifetime of study and practice.

Wu Jutong was able to leap out of the enclosing trap of Shang Han Lun, not because he avoided drilling down into its study, but on the contrary precisely because he had spent so much time in its study, and still found clinical dead-ends when using only those methods.

15. 吳鞠通 (1758-1836) author of *Wēn Bìng Tiáo Biàn* (溫病條辨 Systematic Differentiation of Warm Pathogen Diseases, 1798), an important classic of warm disease studies.

Clinical pearls in the treatment of **insomnia**



By Yoann Birling BMed, MMed, PhD

As part of my PhD thesis, I analysed 500 clinical experience reports in which Chinese clinicians reported their experience in the treatment of insomnia. The result of this massive work was compiled in a book published by Singing Dragon titled Treating Insomnia with Chinese Medicine—A Synthesis of Clinical Experience. In this article I would like to share some of the most clinically significant clinical pearls I identified in these reports.

The Yellow Emperor's Inner Classic states that "insomnia happens when the Stomach is not harmonious". Does that mean I should focus my treatment on the Spleen and Stomach?

Although Spleen protection should always be kept in mind when treating insomnia, Chinese clinicians consider Liver constraint to be the core mechanism of insomnia, not Spleen and Stomach impairment. However, Stomach disharmony is a potential pattern of insomnia that is commonly seen in patients with digestive and metabolic comorbidities. Although *Bao He Wan* (Preserve Harmony Pill) can be useful, especially when treating insomnia in children, many other formulas can be considered, including *Wen Dan Tang* (Warm the Gallbladder Decoction), *Xiang Sha Liu Jun Zi Tang* (Six-Gentlemen Decoction with Cyperus and Amomum), *Ban Xia Xie Xin Tang* (Pinellia Decoction to Drain the Epigastrium) and *Zhi Zhu Wan* (Immature Bitter Orange and Atractylodes Macrocephala Pill).

Should I treat difficulty falling asleep, frequent awakenings, frequent dreams and early morning awakenings differently?

Yes and no. If the patient presents a combination of the above symptoms (which is the majority of cases) the type of insomnia symptoms will not guide your clinical reasoning. However, if the present presents a single type of insomnia only, the type of insomnia will influence diagnosis and treatment. Difficulty falling asleep is related to the inability of the

yang to penetrate the yin due to stagnation (qi, phlegm, blood stasis) or excessive yang/fire. Frequent awakenings are associated with blood deficiency, frequent dreams are associated with Liver impairment (blood deficiency, constraint, and blood stasis), and early morning awakenings are associated with Kidney deficiency (both yin and yang).

What can I do if the pattern is not obvious?

If the pattern of the patient is not obvious, consider the disease-based approach. This approach focuses on the core mechanism of insomnia, which is known from experience, as well as its main characteristic (i.e., agitated *shen*). This includes using *Suan Zao Ren Tang* (Sour Jujube Decoction), which addresses the various aspects of the mechanism of insomnia (heat, constraint, yin deficiency, phlegm); or using a Liver-soothing formula such as *Xiao Chai Hu Tang* (Minor Bupleurum Decoction) or *Xiao Yao San* (Rambling Powder) to address Liver constraint as the core mechanism of insomnia; or using a large formula that covers all the aspects of the mechanism of insomnia, and using a formula with a majority of *shen*-calming herbs (this approach can be useful for the acute management of severe symptoms). These approaches should be used carefully when required, not as a complete replacement of pattern differentiation.

What can I do if my treatment did not work?

If you are sure of the pattern diagnosis but the disease is treatment-resistant, consider blood stasis as it may be difficult to identify from signs and symptoms. The colour of the tongue and the status of the sublingual vessels can help to identify blood stasis but the blood moving treatment can be used even in the absence of signs of blood stasis if the disease is persistent. Additionally, consider transforming phlegm, even in the absence of obvious signs of phlegm such as greasy coating. Finally, treatment-resistant insomnia can be related to Kidney yang deficiency, especially if the patient has previously taken yang-damaging treatments such as hypnotic drugs and heat-clearing herbs.

> The formula *Xue Fu Zhu Yu Tang* (Drive Out Stasis in the Mansion of Blood Decoction) is miraculous when there is insomnia and the *shen*-calming blood-nurturing herbs are not effective.
>
> *Xue Zheng Lun*

How can I prevent damage to the Spleen?

A strong Spleen is crucial to keep the Liver balanced, make the Heart and Kidney interact, produce qi and blood, and prevent phlegm, dampness and food stagnation, therefore Spleen damage should be prevented for all patterns of insomnia. Heavy sedative herbs such as *Long Gu* (Draconis Os) and *Zhen Zhu Mu* (Margaritifera Concha) and bitter-cold herbs such as *Huang Qin* (Scutellariae Radix) and *Huang Lian* (Coptidis Rhizoma) tend to inhibit and damage the Spleen and Stomach. Yin-nurturing herbs such as *Sheng Di* (Rehmanniae Radix) and *Shu Di Huang* (Rehmanniae Radix Praeparata) can create dampness and overwhelm the Spleen. These herbs are all commonly used for insomnia. Consider reducing the dosage of Spleen-harming herbs and shortening the duration of the treatment. You can also use Spleen-protecting herbs such as *Bai Zhu* (Atractylodis macrocephalae Rhizoma), *Ji Nei Jin* (Galli gigerii Endothelium Corneum) and *Sha Ren* (Amomi Fructus). Qi-moving and dampness-transforming herbs such as *Chen Pi* (Citri Reticulatae Pericarpium), *Mu Xiang* (Aucklandiae Radix) and *Sha Ren* (Amomi Fructus) can counteract the dampening effects of yin-nurturing herbs and Spleen-warming herbs can be used in low dosages to counteract the damaging effect of bitter-cold herbs.

Can I use warm and hot herbs for insomnia?

Although warm and hot herbs are prohibited for most types of insomnia, they are essential in the treatment of qi and yang deficiency types of insomnia. Qi/yang deficiency types of insomnia are relatively common in older adults and can be subdivided into Kidney qi/yang deficiency, Spleen qi/yang deficiency and Heart qi/yang deficiency. For Kidney qi/yang deficiency, there are generally signs of heat in the upper *jiao* and coldness in the lower jiao. Warming herbs should be combined with essence-nurturing herbs and heavy herbs to avoid a rise of fire. Consider using *Jin Gui Shen Qi Wan* (Kidney Qi Pill from the Golden Cabinet), *Si Ni Tang* (Frigid Extremities Decoction), and *Qian Yang Dan* (Immersing

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Shen calming herbs work better when taken just before bedtime, either in addition to the daytime formula or as part of a separate formula that is taken in the evening only.

the Yang Pill). For Spleen qi/yang deficiency and Heart qi/yang deficiency, consider formulas such as *Bu Zhong Yi Qi Tang* (Tonify the Middle and Augment the Qi Decoction) and *Gui Zhi Gan Cao Long Gu Mu Li Tang* (Cinnamon Twig, Licorice, Dragon Bone and Oyster Shell Decoction), respectively.

Case history: A 29-year-old female presented in August 2014 for difficulty falling asleep and frequent dreams for three months. She had a weak constitution since childhood and easily caught common colds. She had work stress and had been working late at night for three months and started to experience difficulty falling asleep, frequent dreams, light sleep and difficulty getting back to sleep after waking up. She slept about three hours per night, had dizziness, fatigue, agitation, irritability, abundant sweating on the head, lower back weakness, aversion to cold, cold limbs (especially the lower limbs), abdominal pain before menstruation, and the menstruation was in small amount and dark. The appetite and urine were normal, the stools were soft. The tongue was pale and large with teeth marks, the coating was thin and yellow, the pulse was deep and weak. She was diagnosed with Kidney yang deficiency and ascension of deficient yang, and prescribed the following herbs: *Shu Di Huang* (Rehmanniae Radix Praeparata) 20g, *Shan Yao* (Dioscoreae Rhizoma) 10g, *Shan Zhu Yu* (Corni Fructus) 15g, *Fu Ling* (Poria) 12g, *Ze Xie* (Alismatis Rhizoma) 10g, *Wu Wei Zi* (Schisandrae chinensis Fructus) 12g, *Zhi Fu Zi* (Aconiti Radix Lateralis Praeparata) 12g, *Rou Gui* (Cinnamomi Cortex) 3g—powdered to be swallowed directly, *Gui Jia* (Testudinis Carapax et Plastrum) 12g, *Pao Jiang* (Zingiberis Rhizoma Praeparatum) 10g, *Shou Wu Teng* (Polygoni multiflori Caulis) 18g, and *Deng Xin Cao* (Junci Medulla) 15g. After 21 bags, the insomnia was cured.

How to use shen calming herbs appropriately?

Shen-calming herbs typically account for 20 per cent of the composition of formula for insomnia, regardless of the pattern. An overwhelming majority of clinicians stand against using a formula with a majority of *shen* calming herbs and advocate for the importance of pattern differentiation. The choice of *shen* nurturing herbs such as *Suan Zao Ren* (Ziziphi spinosae Semen) and *Bai Zi Ren* (Platycladi Semen) or heavy-sedative herbs such as *Long Gu* (Draconis Os) and *Mu Li* (Ostreae Concha), can be based on the duration of the disease and the type of pattern. *Shen* nurturing herbs are more appropriate for deficiency patterns, especially Heart-Spleen deficiency and yin deficiency with fire patterns, and for long-term insomnia. Heavy-sedative herbs are more appropriate for Liver fire and the acute stage of the treatment. Some clinicians recommend using high dosages of *shen* nurturing herbs, up to 120g or even 180g for *Suan Zao Ren* (Ziziphi Spinosae Semen) and up to 80g for *Shou Wu Teng* (Polygoni Multiflori Caulis). However, heavy-sedative herbs should not be used in high dosages due to the risk of adverse reactions, potential damage to the Spleen and Stomach and risk of dementia with long-term use. Some clinicians propose the use of *Ban Xia* (Pinelliae Rhizoma) and *Huang Lian* (Coptidis Rhizoma) as *shen*-calming herbs, although this effect is generally not recognised in manuals. High dosages, 30g and even higher, may be required for *Ban Xia* (Pinelliae Rhizoma) to exert its *shen* calming effect. The secondary effects of *shen* calming herbs, such as the blood-moving effect of *Hu Po* (Amber), the phlegm-removing effect of *Fu Ling* (Poria), and the Liver-soothing effect of *He Huan Pi* (Albiziae Cortex) can be also considered for a pattern-based selection of *shen* calming herbs. Finally, another aspect to consider when using *shen* calming herbs is the timing of administration. *Shen* calming herbs work better when taken just before bedtime, either in addition to the daytime formula or as part of a separate formula that is taken in the evening only.

Case history: A 47-year-old female presented in March 2002 with recurring insomnia for two years. She tried Chinese herbal medicine and Western medicine drugs without frank success. The insomnia was aggravated during the menses, the menstes were irregular, and she could sleep only one to two hours a night. In the past six months, she started to experience weakness in the lower back, vertigo, five Heart agitation and heat, dry mouth with little water intake, and distension in the chest and Stomach. The tip of the tongue was red, the coating was thin, greasy and slightly yellow, and the pulse was thin and slippery. She was treated with *Er Xian Tang* (Two-Im-

mortal Decoction): *Huang Bai* (Phellodendri Cortex, stir-fried with salt) 10g, *Zhi Mu* (Anemarrhenae Rhizoma, stir-fried with salt) 10g, *Yin Yang Huo* (Epimedii Folium) 15g, *Xian Mao* (Curculiginis Rhizoma) 15g, *Ba Ji Tian* (Morindae officinalis Radix) 15g, *Dang Gui* (Angelicae sinensis Radix) 10g, *He Huan Pi* (Albiziae Cortex) 30g. She was asked to take the decoction in the morning, evening and before bedtime. After six bags there was no significant improvement. The symptoms of distension in chest and Stomach, the tongue and the pulse were considered and *Fa Ban Xia* (Pinelliae Rhizoma praeparatum) 20g and *Shu Mi* (Setaria italica) 30g were added to the decoction. After 10 bags the symptoms disappeared, and she could sleep for eight hours a night. [See also Page 49]

Which channels are the most important in the treatment of insomnia?

Not the Heart channel, nor the Pericardium, and not even the Liver channel! The two channels that are the most commonly used in the treatment of insomnia are the *Du Mai* and the Bladder channels. Both penetrate the brain, which is the part of the body that is impaired in insomnia, are associated with the Kidney, which produces marrow (the brain is the sea of marrow) and are important to regulate the level of yangqi/fire. For the *Du Mai*, *Baihui* (DU-20), *Shenting* (DU-24) and *Yintang* (EX-HN-3) are by far the most popular, but you can also consider using *Zhiyang* (DU-9), *Dazhu* (DU-11), *Dazhui* (DU-14), *Fengfu* (DU-16) and *Renzhong* (DU-26).

For the Bladder channel, the back *shu* points are very popular, as expected, but *Shenmai* (BL-62) (due to its connection with the eyes through the *yangqiao* vessel) and the five *shen* points (which are on the second line of the Bladder at the same level as the five organs back *shu* points) can also be considered. In addition to filiform needling, the *Du Mai* and the Bladder channel can be treated with massage, cupping, guasha and plum-blossom needle.

What points should I use for constraint?

In addition to the four barriers and points on the Liver channel such as *Taichong* (LIV-3), *Ligou* (LIV-5), and *Ququan* (LIV-8), consider points connected to the Liver channel such as *Sanyinjiao* (SP-6) and *Baihui* (DU-20), points of the Gallbladder (which is the paired organ of the Liver) channel such as *Benshen* (GB-13), *Fengchi* (GB-20), and *Yanglingquan* (GB-34), the back *shu* point of the Liver *Ganshu* (BL-18), and *Danzhong* (REN-17) which, as the meeting point of qi, can regulate Liver qi. As the three *jiao* are the pathway of qi, *San Jiao* channel points such as *Waiguan* (SJ-5) and *Neiguan* (P-6) (which is the *luo*-connecting point of the Pericardium channel) can be considered for Liver constraint.

How can I help the Heart and Kidney communicate using acupuncture?

In addition to points on the *shaoyin* channels and the combination of *Xinshu* (BL-15) and *Shenshu* (BL-23), consider the combination using points from the upper and lower part of

> *Consider also using bloodletting in the upper part of the body and moxibustion, herbal patches and foot bath in the lower part of the body,*

Keep Liver constraint in mind when treating insomnia patients who live in stressful environments such as large cities.

the body, especially from the *Du* and *Ren* vessels such as *Baihui* (DU-20) and *Guanyuan* (REN-4). Consider also using bloodletting in the upper part of the body such as on the ear apex and *Dazhui* (DU-14) and moxibustion, herbal patches and foot baths in the lower part of the body, for example *Yongquan* (KID-1), *Taixi* (KID-3), and *Guanyuan* (REN-4). The abdominal acupuncture point combination 'Guiding Qi to the Origin', which is composed of *Zhongji* (REN-3), *Qihai* (REN-6), *Xiawan* (REN-10), and *Zhongwan* (REN-12), can also be considered to make the top and bottom communicate.

Case history: A 56-year-old female presented in September 2016 with insomnia for more than two years. At that time, without significant reason, the patient started to experience depressed mood, trouble falling asleep, frequent awakenings, low energy during the day, irritability, hot flushes and agitation. She was diagnosed with perimenopausal syndrome and prescribed estazolam. She presented with trouble falling asleep, severe agitation, suffering face, dry mouth, dark urine, dry stools, dizziness, and tinnitus. The menstruation has been irregular for the last two years. The tongue was thin and red with a yellow dry coating and congested veins below the tongue. The pulse was wiry and rapid. The pattern was Kidney yin deficiency with non-communication between Heart and Kidney. She was treated with neutral manipulation at the following points: *Baihui* (DU-20), *Yintang* (EX-HN-3), *Taiyang* (EX-HN-5), *Anmian* (EX anmian), *Shenmen* (HE-7), *Zhongwan* (REN-12), *Xiawan* (REN-10), *Qihai* (REN-6), Guanyuan (REN-4), *Daheng* (SP-15), and *Sanyinjiao* (SP-6). She was also treated with tongue acupuncture on Heart point, Liver point, *Jinjin* (EX-HN-12) and *Yuye* (EX-HN-13). Quick needling was performed two to three times at 1-2 *fen* depth (without bleeding). She was treated once every two days. After five sessions the sleep was significantly improved, and she discontinued estazolam. After one month she reported having no trouble sleeping, her mood was stable and the tinnitus stopped.

How should I manage comorbidities?

Many people with a complaint of insomnia present psychological (depression, anxiety) and medical (diabetes, hypertension) comorbidities. The treatment strategy depends on the relationship between insomnia and the comorbidity. When insomnia is caused directly by the comorbidity or its symptoms, the treatment should focus on the comorbidity. Consider *Ge Gen Tang* (Kudzu Decoction) for cervical spondylitis-related insomnia and *San Zi Yang Qin Tang* (Three-Seed Decoction to Nourish One's Parent) for cough-related insomnia, for example. When the comorbidity, such as chronic renal failure or AIDS, is not directly related with insomnia you can use a normal strategy for insomnia treatment. When insomnia and the comorbidity share a common mechanism, the formula should be targeted at the pattern. For example, *Wen Dan Tang* (Warm the Gallbladder Decoction) can be used for insomnia comorbid with stroke when phlegm is the shared mechanism. A mixed pattern approach can be used when insomnia or comorbidity is more significant. In this case, the pattern-based formula targets the most significant conditions and disease-based herbs are added for the other condition. Finally, when the two conditions do not share a common mechanism, a combination of two formulas can be used. For example, insomnia comorbid with coronary heart disease can be treated with a combination of *Suan Zao Ren Tang* (Sour Jujube Decoction) and *Dan Shen Yin* (Salvia Decoction).

What local factors should I consider?

Factors such as climate, local food and local lifestyle generally do not determine the direction of the treatment, yet can be important in the modification of treatment. For example, when treating patients in humid environments, you should be careful about rich herbs such as *Shu Di Huang* (Rehmanniae Radix Praeparata) and *Zhi Gan Cao* (Glycyrrhizae Radix et Rhizoma Praeparata) as they may create dampness and impair the Spleen. Qi-moving herbs such as *Chen Pi* (Citri reticulatae Pericarpium) and *Mu Xiang* (Aucklandiae Radix) and Spleen-reinforcing herbs such as *Bai Zhu* (Atractylodis macrocephalae Rhizoma) and *Fu Ling* (Poria) can be used in prevention. People who live in areas in which high-fat, sweet and meat-rich diet is prevalent are more susceptible to damp-heat and phlegm-heat types of insomnia. Finally, keep Liver constraint in mind when treating insomnia patients who live in stressful environments such as large cities.

Xu Shu treats **insomnia**

Using Six Channels identification

Translation by Dr Greta Young Jie De

Insomnia is a common sleep disorder when a person finds it difficult to fall asleep, or wakes up too early and is unable to fall back to sleep. Clinically, it can be categorised as primary insomnia or secondary insomnia. Chronic insomniacs account for about a quarter of sufferers. The TCM term is *bu mei* 不寐 or inability to close the eyes 目不瞑. This is the treatment approach of Professor Xu Shu, a contemporary physician in Beijing.

Chinese medicine perspectives

One TCM theory that underlies the disorder concerns the inability of yang qi to merge with the *ying*. The *Ling Shu*[1] states that the "*Wei qi*'s inability to enter the yin will result in stagnation in the yang; if the yang stagnates this will result in the yang being overwhelmed; if the yang qi is overwhelmed then the *Yang Qiao* 阳跷 (one of the eight extraordinary vessels) will be exuberant with the inability to enter the yin, resulting in qi deficiency, hence the person cannot close the eyes and fall asleep."

The pathogenesis is due to irregularity of *zangfu* function, and disharmony of the *ying* and *wei* with the *wei* yang's inability to merge with the yin. The clinical presentations are difficulty falling asleep or early waking, or inability to sleep all night often accompanied by dizziness, headache, palpitations, forgetfulness or restlessness. The renowned Ming practitioner Zhang Jingyue said in his book *Jing Yue Quan Shu:*

> *Bu mei*: If there is a pathogen, it is an excess pattern; and the absence of a pathogen can be due to deficiency.

Zhang Jingyue's approach is from a *zangfu* organ perspective.

Treatment by Six Channels patterns

In general, the TCM treatment principle is mainly attributed to exuberant pathogenic fire with yin and blood deficiency characterised by a "lack of anchoring of the *shen*" or spirit resulting in excess in yang and deficiency in yin. Treatment is based on nourishing the Heart and calming the *shen* using herbs to nourish the yin and drain the fire. Some of the frequently used herbs are to tonify qi, nourish yin, and clear heat. Rarely is a treatment principle based on yang deficiency.

The difference between Chinese and Western medicine is that the TCM approach is based on pattern identification based on aetiology such as deficiency versus excess; heat and cold and complex heat and cold. If the treatment approach is simply based on yin deficiency with interior yang heat, the treatment principle is based on tonifying the Heart and Spleen which in reality is departing from the TCM spirit of *bian zheng lun zhi* 辩证论治.

Difficulty falling asleep can be due to fire,

1. *Ling Shu*: *Da Huo Lun*

which can be further differentiated into excess and deficiency, or complex excess and deficiency. Excess fire can often be reflected in the *shaoyang* and *yangming,* while deficient fire is often associated with deficiency of the Kidney essence and treatment involves the *shaoyin*. Superficial sleep is mainly associated with *jueyin* with *jueyin* complex heat and cold patterns the most prevalent.

The contemporary treatment approach is to harmonise the Liver. For an excess pattern such as constrained Liver qi, treatment involves using *Si Ni San* (Frigid Extremities Powder) and *Xiao Yao San* (Rambling Powder); while for a deficiency pattern characterized by deficient Gallbladder with constrained heat, *Chai Qin Wen Dan Tang* (Warm the Gallbladder Decoction with Bupleurum and Scutellaria) is indicated; and for disharmony of the Stomach, the suggested formulas include *Bao He Wan* (Preserve Harmony Pill), *Ban Xia Xie Xin Tang* (Pinellia Decoction to Drain the Epigastrium) and *Ban Xia Shu Mi Tang* (Pinellia and Millet Decoction) with the dosage of *Ban Xia* (Pinelliae Rhizoma praeparatum) in the range of 30g-60g and the dosage of *Shu Mi* (Millet) being 30g.

As for the simple deficiency pattern, the frequently used formulas are *Gan Mai Da Zao Tang* (Licorice and JujubeDecoction), plus *Yuan Zhi* (Polygalae Radix) and *Bai He* (Lilii Bulbus), and *Suan Zao Ren Tang* (Ziziphi spinosae Semen) for the Liver blood deficiency pattern. The formula is sometimes not effective, especially for serious insomnia patients presenting with patterns such as complex heat and cold coupled with phlegm turbidity and blood stasis.

In accordance with the disease location, insomnia is intimately associated with the Heart, Kidney, Liver and Spleen *zang*. From the physiological perspective, the Heart and Kidney are intimately connected. The Heart fire is yang while the Kidney water is yin, the ascent of the Kidney water is dependent on the descent of the Heart fire, often termed as "communication of the Heart fire and Kidney water".

Professor Xu categorises the treatment of insomnia into: (1) s*haoyang, yangming* and *taiyin* concurrent pattern; (2) *shaoyin* yin deficiency with upcast yang pattern; and (3) *jueyin* complex heat and cold pattern.

Shaoyang, yangming, taiyin pattern: The patient generally has difficulty falling asleep with anxiety compounded by occasional excitation such as talkativeness, or taciturnity; dizziness, headache or cardiovascular diseases characterised by chest oppression, palpitations, red tongue tip with thick greasy tongue coating and a wiry pulse or left *guan* pulse being wiry and slippery and a weak right *guan* pulse. The indicated formula is *Chai Hu Long Gu Mu Li Tang* (Bupleurum plus Dragon Bone and Oyster Shell Decoction—this is *Xiao Chai Hu Tang* (Minor Bupleurum Decoction) plus *Long Gu* (Fossilia Ossis Mastodi), *Mu Li* (Ostreae Concha), *Gui Zhi* (Cinnamomi Ramulus), *Fu Ling* (Poria) and *Da Huang* (Rhei Radix et Rhizoma)).

This formula is indicated for interior heat with phlegm heat obstruction resulting in a *shaoyang* inhibited pivot qi dynamic disorder. *Chai Hu* (Bupleuri Radix) and *Huang Qin* (Scutellariae Radix) disperse *shaoyang* pivot obstruction, clear the ministerial fire and regulate the qi dynamic; *Ban Xia* (Pinelliae Rhizoma praeparatum), *Fu Ling* (Poria) and *Gui Zhi* (Cinnamomi Ramulus) enter *taiyin* to tonify the Spleen earth and transform phlegm, *Da Huang* (Rhei Radix et Rhizoma) acts as a purging herb to preserve the yin; *Long Gu* (Fossilia Ossis Mastodi) and *Mu Li* (Ostreae Concha)) sedate and calm the Heart *shen* and downbear the floating yang. Thus, the outcome is to restore the communication between the Heart and Kidney so that yang can enter the yin.

Jueyin pattern: The *jueyin* channel can be regarded as the body's interaction of the yin and yang qi and it can be summarised as: the terminal stage of the two yin with the exuberant yin engendering the yang. In other words, at the *jueyin* stage, if given the correct treatment, the disease can revert from *jueyin* to *shaoyang*. In the *Shang Han Lun,* clause 328: "The time that *jueyin* disease will resolve is from *chou* to *mao*."

Jueyin stands in an exterior-interior relationship with *shaoyang.* The recovery period for *jueyin* is between 1am and 7am, which represents the axis of transformation from yin to yang, where yin ends and yang returns. This period is intimately associated with sleep.

Jueyin complex heat and cold pattern: A patient with this presentation will present with

> *Difficulty falling asleep can be due to fire, which can be further differentiated into excess and deficiency, or complex excess and deficiency.*

early waking and an inability to return to sleep after waking. Symptoms are parched mouth or bitter taste in the mouth, sloppy stool, red tongue tip; thick greasy tongue coat and the left guan pulse is weak. The indicated formula is modified *Wu Mei Wan* (Mume Pill). *Huang Lian* (Coptidis Rhizoma) and *Huang Bai* (Phellodendri Cortex) clear the upsurge of ministerial fire; *Wu Mei* and *Huang Lian* are sour and bitter and act to purge heat; *Wu Mei* with *Dang Gui* (Angelicae Sinensis Radix), *Ren Shen* (Ginseng Radix) tonify the *jueyin*; *Gan Jiang* (Zingiberis Rhizoma) and *Fu Zi* (Aconiti Radix Lateralis praeparata) relieve the cold congelation of *jueyin* coldness which in turn enhances the restoration of yang; *Rou Gui* (Cinnamomi Cortex) sedates the yang facilitating the anchoring of the yin; *Xi Xin* (Asari Herba) serves as a link for the communication of the upper *jiao* and the lower *jiao* thereby enabling the yang to enter the yin.

Shaoyin pattern: *Shaoyin* belongs to the Heart and the Kidney. The Heart governs blood and belongs to fire while the Kidney stores the essence and belongs to water. The Gate of Life (命门) is the abode for both fire and water. The Kidney is the abode for the dragon fire and if the Heart fire is not descending then the Kidney is unable to house the dragon fire; likewise, if the Kidney water is deficient then it is unable to store the dragon fire leading to the upsurge of the deficient fire and the non-interaction of the yin and yang manifesting as insomnia.

The *shaoyin* insomnia patterns are (1) *shaoyin* yin deficiency with upcast yang; and (2) *shaoyin* deficient cold with floating yang.

Shaoyin yin deficiency with upcast yang: This pattern is often characterized by patients suffering from superficial sleep who are alerted by the slightest disturbance and fatigue on waking accompanied by lumbar pain, constipation, red tongue and a weak pulse. Treatment principle is to induce the fire to return to its source with *Yin Huo Tang* (Yin Fire Decoction) plus *Qian Yang Feng Sui Dan* (潜阳封髓丹 Subdue Yang and Seal Marrow Special Pill) modified. A large dosage of *Shu Di* (Rehmanniae Radix preparata) is to strongly tonify the Kidney water to generate the true yin and at the same time downbear the deficient fire. *Mai Dong* (Ophiopogonis Radix) and *Wu Wei Zi* (Schisandrae Fructus) nourish the Lung yin to restrain the upsurge fire; *Fu Ling* (Poria) disinhibits dampness while *Ba Ji Tian* (Morindae officinalis Radix) is warm and will induce the fire back to its source by warming the Life Gate fire.

Shaoyin deficient cold with floating yang: This pattern is characterised by the patient suffering from overstimulation and anxiety resulting in the floating of the yang, tantamount to yang deficiency with an inability to anchor the yang. This pattern is generally prevalent in patients suffering from neurasthenia, fatigue and who are easily excitable. The indicated herbs are *Ling Ci Shi* (Magnetitum), *Zhi Fu Zi* (Aconiti Radix Lateralis praeparata), *Sheng Long Gu* (Fossilia Ossis Mastodi), *Sheng Mu Li* (Ostreae Concha). If the tongue coating is thick and greasy, the formula can incorporate *Xiao Ban Xia Tang* (Minor Pinellia Decoction).

Case study

Zhang X, 36, first consultation: January 18, 2018. She suffered from insomnia starting six months previously due to work pressure and had been taking sleeping tablets. She complained of difficulty falling asleep, emotional stress, thirst, parched mouth, no bitter taste, and had a red tongue tip, a slightly greasy, thin yellow tongue coat, sloppy stool and her left *guan* pulse was weak.

Diagnosis: *Jueyin* complex heat and cold pattern, requiring *Wu Mei Wan* (Mume Pill).

Wu Mei	10g	Mume Fructus
Xi Xin	5g	Asari Herba
Rou Gui	3g	Cinnamomi Cortex
Dang Gui	10g	Angelicae Sinensis Radix
Hong Ren Shen	10g	Ginseng Radix, red
Zhi Fu Zi	7g	Aconiti Radix Lateralis praeparata
Gan Jiang	3g	Zingiberis Rhizoma
Huang Lian	3g	Coptidis Rhizoma
Huang Bai	6g	Phellodendri Cortex
Xiang Fu	10g	Cyperi Rhizoma
Yu Jin	10g	Curcumae Radix
Yuan Hu	10g	Corydalis Rhizoma
Suan Zao Ren	20g	Ziziphi spinosae Semen
Jiang Ban Xia	12g	Pinelliae Rhizoma praeparatum
Fu Shen	30g	Poriae Sclerotium pararadicis
Da Zao	10g	Jujubae Fructus
Sheng Jiang	10g	Zingiberis Rhizoma recens
10 packs		

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Second consultation: January 29. The patient recounted that there was much improvement in her sleep after taking seven packs of medication.

She is again prescribed the original formula, with *Jiang Ban Xia* (Pinelliae Rhizoma praeparatum) omitted, the *Huang Bai* (Phellodendri Cortex) dosage reduced to 3g, and *Sheng Long Mu* (Fossilia Ossis Mastodi and Ostreae Concha) 30g added. Seven packs were prescribed.

Third consultation: February 6. Her sleep had continued to improve, her tongue was pale red with a white coating, spontaneous sweating occurred during the day, she had normal bowel movement, right pulse was floating, with a left weak pulse.

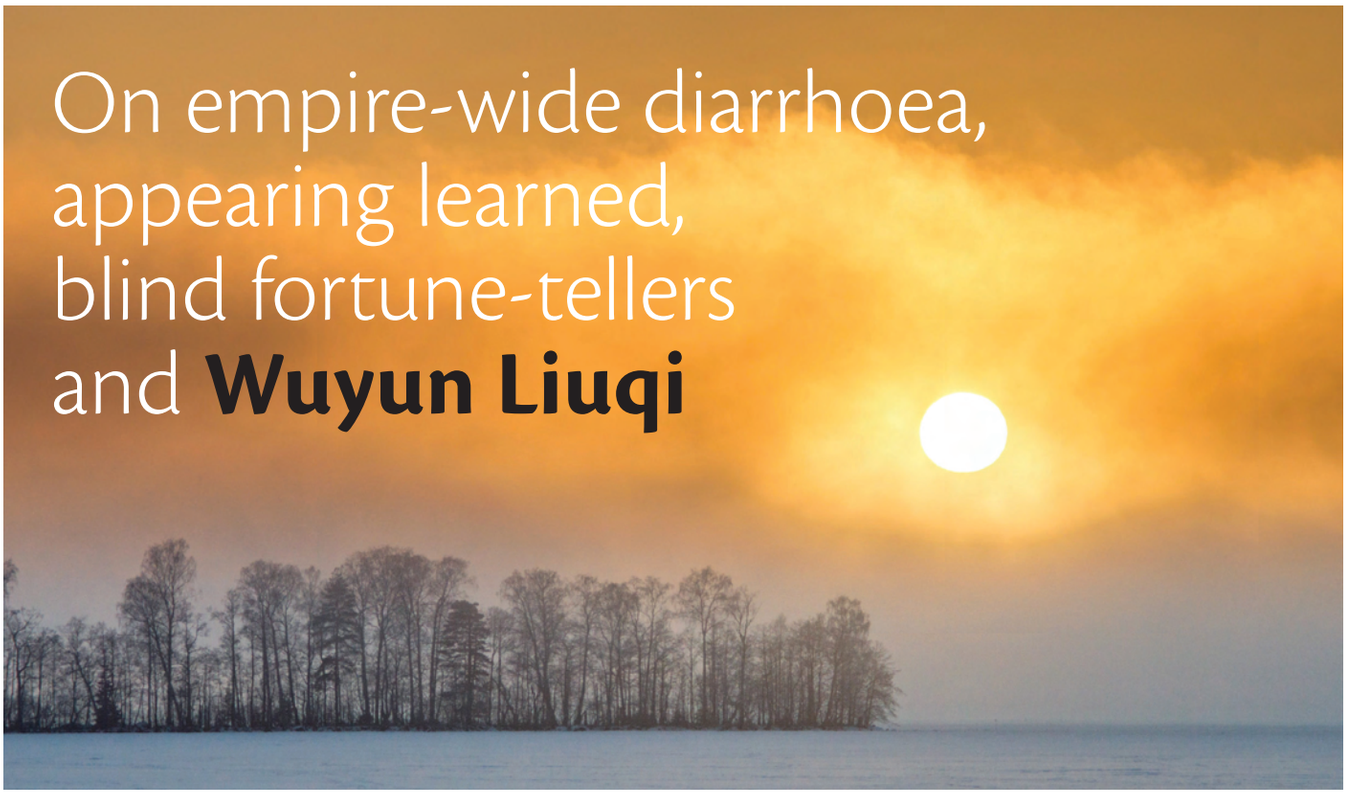
Gui Zhi Tang (Cinnamon Twig Decoction) was prescribed to harmonise yin and yang, in *Gui Zhi jia Long Gu Mu Li Tang* (Cinnamon Decodtion with Dragon Bone and Oyster Shell) modified:

Gui Zhi	10g	Cinnamomi Ramulus
Bai Shao	12g	Paeoniae Radix alba
Zhi Gan Cao	6g	Glycyrrhizae Radix praeparata
Sheng Long Gu	30g	Fossilia Ossis Mastodi
Sheng Mu Li	30g	Ostreae Concha
Bai Wei	2g	Cynanchi atrati Radix
Lu Han Cao	15g	Pyrolae Herba
Sheng Jiang	10g	Zingiberis Rhizoma recens
Da Zao	10g	Jujubae Fructus
20 packs		

Summary

The key principle for insomnia can be summarised as to whether the yang can enter the yin at night; if the ascending, descending, entering and exiting pathways of the qi dynamic are blocked and whether the blockage is due to blood stasis or phlegm damp, or whether the function of *zang-fu* organs is normal to determine the ratio of yin and yang. The treatment can be based on the Six Channels identification of patterns with a focus on the interaction of yin and yang.

On empire-wide diarrhoea, appearing learned, blind fortune-tellers and **Wuyun Liuqi**



By Tyler Rowe

《內經素問。六節藏象論第九篇》故曰：不知年之所加，氣之盛衰，虛實之所起，不可以為工矣。

Suwen 9: Hence it is said: those who do not know what a year contributes [to a person's state of health], when the qi abounds and weakens, and why deficiency and excess emerge, they cannot serve as a practitioner.

THE *SUWEN* (BASIC QUESTIONS) suggests here that it is essential to good practice to be knowledgeable of chrono-medicine, in particular the *Wuyun Liuqi* (Five Phases and Six Qi). There are many similar passages throughout the *Huangdi Neijing* (Yellow Emperor's Inner Classic). Of course, one can effectively practise Chinese medicine without having ever studied chrono-medicine, yet the insights such study offers have for a long time been considered synonymous with mastery of the art of Chinese medicine. The 五運六氣 *Wuyun Liuqi* (or simply 運氣 *Yunqi*) is a chrono-herbal system that has been receiving increasing interest in recent years, and particularly due to the Covid-19 pandemic. Among its proponents there appears to exist some degree of knowledge in performing the basic calculations required and then basing predictions on these. Nevertheless, there is scant discussion on modification and practical application of the system, which is a problem identified as far back as the Song dynasty by famous authors such as Shen Kuo (沈括 1031-1095 C.E.), Liu Wansu (劉完素 1110-1200 C.E.) and Chen Yan (陳言 1161-1174 C.E.). These three, among other *Wuyun Liuqi* experts, were critical of inflexible application of the calculations without considering variation according to place. Shen Kuo famously queried the misconception that if one adheres strictly to the calculations, a whole empire could have diarrhoea; Liu Wansu criticised practitioners lacking understanding and using the system only in vain attempts to appear learned, unfortunately invalidating it in the process, and Chen Yan likened a fixed approach to a blind diviner predicting good or bad fortune—the implication being by palm reading no less![1]

This article briefly investigates the source material and an introduction to *Yunqi* theory,

1. Despeux 2001.

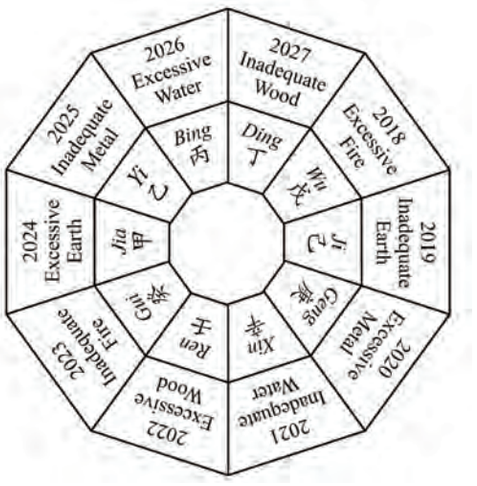
and looks at key areas that may require further consideration—the nature of prediction and its role in the clinical setting, the importance of local observation, and consideration of geography. The second part of this article focuses on application to the southern hemisphere, epidemics and case histories.[2]

Source material

Chapters 66 to 71 and 74 of the *Suwen* are commonly considered the earliest source material on the subject of the *Wuyun Liuqi.* These chapters were (by his own words) added by Wang Bing (王冰) in his 762 C.E. Tang dynasty edition of the *Neijing*, derived from his teacher's library.[3] There has been much debate over the centuries as to the antiquity of the material, which I will leave to the medical historians. It is worth mentioning, though, that it has at different times, and from a number of different commentators, been associated with the text *Yinyang Dalun* (陰陽大論 Great Discussion of Yin and Yang)[4] referenced in Zhang Zhongjing's introduction to the *Shang Han Lun* (Discussion of Cold Damage).[5] These vastly important chapters are also the origin of significant information on pathology—病機十九條 *Bingji Shijiu Tiao* (The 19 Lines on Pathology), physiology—表本中氣 *Biao Ben Zhongqi* (Tip Root and Middle Qi), formula composition theory—君臣佐使 *Jun Chen Zuo Shi* (Emperor Minister Assistant Envoy), and the 內經七方 *Qifang* (Seven Formula Structures of the Inner Classic).

While these chapters are certainly the most complete on the subject, there are other early references of note. *Suwen* chapter nine *Liujie Zangxiang Lun* (Treatise on the Six Terms and Images of the Viscera) contains considerable references to seasonal measures, units of time and the *Wuyun* (Five Phases/Movements).[6] The 33rd Difficulty of the *Nan Jing* (Classic of Difficulties) also clearly references the *Wuyun* (Five Phases) when it discusses the 天干 *Tiangan* (Heavenly Stem) pairings,[7] while the Seventh Difficulty examines the initial arrangement of the *Liuqi* (six qi).[8] As mentioned, Zhang Zhongjing's introduction to the *Shang Han Lun* references the *Yinyang Dalun*. Although not directly referencing the name *Wuyun Liuqi,*[9] significant portions of the third chapter of the Song dynasty edition of the *Shang Han Lun,*[10] the *Shanghan Li* (Outline of Cold Damage), discuss seasonal measures of time, climate and resultant illnesses akin to the theories of the *Wuyun Liuqi*. So too does the introduction to the *Jingui Yaolue* (Essentials from the Golden Cabinet)[11] with regard to seasonal pathology according to the calendar, using terminology remarkably similar to the *Neijing* chapters. These references alone do not unequivocally confirm the *Neijing* chapters as the *Yinyang Dalun*, nor that the said material is of the Han dynasty classical period, but they do shed some light on the pre-Wang Bing origin of the *Yunqi* system.

Wuyun Liuqi theory



2. The application of this system to acupuncture is not discussed here. Indeed, there are no references to acupuncture in the original seven chapters, it appears only briefly in the later additions of the apocryphal chapters 72 and 73. An article on the 太一九宮 *Taiyi Juigong* (Nine Palaces of the Great Unity) classical chrono-acupuncture system of *Lingshu* 77-79 planned for future publication by the author will explore this further.
3. Unschuld 2003.
4. ibid.
5. Mitchell 1999
6. If the aforementioned chapters are to be denied authenticity, then this chapter too must succumb to speculation.
7. Attested to by a number of historical commentators, although there does seem to be some confusion as to the purpose of the *Yunqi* as a "political" system possibly derived from the use of terminology such as 政 *zheng* (policy/affair/administration) and 司 *Si* (government).
8 The Guest Qi in a *taiyang* year (the initial year when presented in sequence) are outlined with one discrepancy—the positions of *Jueyin* and *taiyin* are reversed.
9. The name 五運六氣 *Wuyun Liuqi* was itself a fitting later addition to the body of knowledge. The system is not clearly identified by this name in the *Huangdi Neijing*. It appears only twice as a composite term in *Suwen* 71, however, the terms 五運 *Wuyun* and 六氣 *Liuqi* separately appear many times throughout the chapters. This can lead to some confusion in searching for early references to the system.
10. Excluded in many modern editions but available in Schell 2018.
11. Wiseman 2000.

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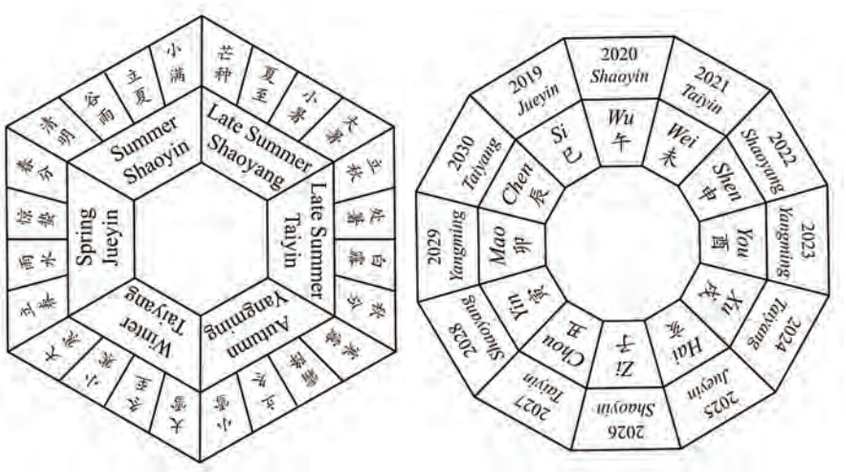
Without going into too much detail as to the mechanisms behind the calculations, here is an outline of the two main working parts of the system.

The *Wuyun* (Five Phases or Movements) correspond to the five elemental phases and the 天干 *Tiangan* (heavenly stems). When arranged in a circular fashion, opposite stems are paired and the correlated to an Annual Phase—yin stems to a 不及 *Buji* (inadequate/deficient) year and yang to a 太過 *Taiguo* (greatly excessive/full) year. This Annual Phase then determines the elemental correspondences of the year—potential climate, likely pathology and flavours for treatment.

For example, a major metal year (excessive) is described thus:

> 《內經素問。五常政大論第七十篇》堅成之紀… 燥行其政… 其象秋… 其病喘喝胸憑仰息… 其病欬。
>
> **Suwen 70**: In an arrangement of Firm Completion… dryness carries out its policy… its image is autumn… its illness is loud panting; one has [a feeling of] fullness in the chest and breathes in an upright position… its illness is cough.[12]



As for the *Liuqi* (Six Qi or Climates), these correspond to the *Liujing* (six conformations) as discussed in *Suwen* chapter 31 *Re Lun* (Fever Treatise) and of course most famously in the *Shang Han Lun,*[13] combined with the 地支 *Dizhi* (earthly branches). There are two aspects to the Six Qi. The 主氣 *Zhuqi* (Host Qi) is the regular seasonal arrangement of the Six Qi according to the generation cycle of the five elemental phases—*Jueyin* (Ceasing Yin) Wood/Spring, *Shaoyin* (Minor Yin) Fire/Summer, *Shaoyang* (Minor Yang) Fire/Late Summer, *Taiyin* (Major Yin) Earth/Late Summer, *Yangming* (Yang Brightness) Metal/Autumn and *Taiyang* (Major Yang) Water/Winter.[14] This is a six-step seasonal model with exact dates determined by the 24 節氣 *Jieqi* (Seasonal Nodes).[15] This is compared to the 客氣 *Keqi* (Guest Qi) conformation visiting in the first and second halves of the year.[16] Again, when arranged in a circular fashion by the "physiological order" of the three yang and the three yin (*jueyin-shaoyin-taiyin, shaoyang-yangming-taiyang*, ie. the reverse of the more commonly known "pathological sequence" *taiyang-yangming-shaoyang, taiyin-shaoyin-jueyin*), opposite branches are paired and correlated to a conformation, climate, pathological tendency and treatment flavours to become the Guest Qi for the first half of the year—司天 *Sitian* (Governing the Heavens). The paired conformation, climate and pathological tendency visiting in the second half of the year—在泉 *Zaiquan* (At the Springs) is always the conformation three steps along in the sequence.[17]

For example, *taiyin* years are described thus:

> 《內經素問。六元正紀大論第七十一篇》太陰所至為濕生，終為注雨…太陰所至為積飲否隔… 太陰所至為中滿霍

12. The chosen example along with a similar passage regarding Excess Metal years in *Suwen* 69 correspond quite neatly with the key symptoms discussed in *Jingui Yaolue* chapter seven—Lung Wilting, Pulmonary Welling-Abscess, and Cough with Qi Ascent.

13. Of the three main descriptions given of the Six Qi in the *Yunqi* chapters, the 十二化常 *Shier Huachang* (Twelve Normal Transformations) of *Suwen* 71 most closely match those of *Suwen* 31 and the *Shang Han Lun*. The other two differ in their approach but can be understood via the generation cycle of the five elemental-phases, the control cycle, or both.

14. The astute reader will notice here this is the opposite of the usual pathological sequence given in the *Shang Han Lun*, with *taiyin* and *shaoyang* swapped to match the sequence of the five elemental phases.

15. Each seasonal node is approximately 15 days, there are four seasonal nodes in each of the six seasonal steps of the year making them around 60 days each.

16. According to the Chinese Lunar-solar calendar starting in February, therefore the first half is February to July and the second August to January (of the following year).

17. At the risk of becoming too technical for an article of this length and depth, there is a visiting conformation for each of the six steps of the year, known as the Intermediate Qi, but the main influence comes from the Qi Governing the Heavens in the first half of the year and the Qi At the Springs in the second half.

亂吐下… 太陰所至為重。
Suwen 71: Where the *taiyin* [qi] arrives, there is generation of dampness; in the end there is pouring rain… Where the *taiyin* [qi] arrives, there is accumulation of rheum, as well as glomus obstruction… Where the *taiyin* [qi] arrives, there is central fullness, sudden turmoil, vomiting and diarrhoea… Where the *taiyin* [qi] arrives, there is heaviness.[18]

Together the Annual Phase with the Host Qi and Guest Qi for the first and the second halves of a year, constitute the main parameters of a Yearly Arrangement. This fixed calculation portion is in many cases the limit of *Yunqi* knowledge expressed in both academic and clinical settings outside of China. It is however, of little practical value without the modification based on geography and local observation discussed below, built into the system.

Medical prediction

There is a common misconception that the *Wuyun Liuqi* is a form of medical divination, sadly often propagated by practitioners with only limited knowledge on the subject, perhaps in some vague attempt to further mystify the information and cloud any deeper inquiry into their own competence. A quasi-spiritual mystique has been cultivated around the *Wuyun Liuqi* based on the idea that it is a form of astrology or fortune telling. While sharing some calendrical details common to fate calculation, it was never intended to be applied to an individual's birth date (a "birth chart"). And beyond a few references to delirium, mania and absurd speech as pathological symptoms, there is no mention of *shen* (spirit) or things of that nature in the aforementioned chapters. Any detailed study reveals that the system of the *Wuyun Liuqi* is mathematical, and based on astronomical, not astrological, parameters.

The problem comes then with our perception of the idea of prediction immediately conjuring ideas of seers, smoky rooms and the 易經 *Yijing* (*I Ching*, Classic of Change). Looking at what the *Yijing* has to say about prediction, in the 說卦傳 *Shuo Gua Zhuan* (Discussion of the Trigrams Commentary) we find the line:

> 《易經。說卦傳》數往者順，知來者逆，是故《易》逆數也。
> To count what has passed, go with; to know what is coming, go against; therefore the Changes counts against.

The meaning is deceptively simple. Divination, according to the *Yijing*, is merely a matter of understanding cycles. Knowing that four, five and six come after one, two and three, that day follows night or that spring follows winter. When we combine this knowledge with the understand that all things are cyclical and return to the beginning, we start to see that these "predictions" are not so esoteric. It is no more a prediction when we say "winter is coming" than it is to identify the next number in a numerical sequence.

Language also plays a role. We are familiar and comfortable with certain terms that I prefer to use when describing "predictions" in the *Wuyun Liuqi*. A weather "forecast" is a prediction based on mathematic modelling, as is the *Yunqi* system, with regard to climate. The only real difference (apart from the fact that computers are used in meteorology nowadays) being that of duration—the length of weather cycles discussed.

A "prognosis", coming from the same Latin root as prognosticate, is a prediction of the development of an illness based on previously collected data. When the *Yunqi* system looks ahead to the future, it is merely making a forecast of the unseasonable weather and a

The problem comes with our perception of the idea of prediction immediately conjuring ideas of seers, smoky rooms and the Yijing.

18. As noted above, the 十二化常 "Twelve Normal Transformations" of *Suwen* 71 most closely match the Six Conformations as detailed in the *Shang Han Lun*.

These modifiers require the practitioner to be present and 'take the pulse' of the location in question, to step outside, to see and feel the temperature, humidity, wind etc.

resultant prognosis of how that will affect illness.[19]

Local observation

There are two main methods accounting for observation of weather conditions when using the *Wuyun Liuqi* system correctly. These are of key importance, along with geography as discussed below, in modifying the system to suit local conditions. To work without these could be likened to forming a diagnosis without taking a pulse, only general conclusions can be made, and resultant treatment will be non-specific.[20]

The first of these is 勝復 *Sheng Fu* (Overcoming and Restoring). The theory states that if a climate is overly dominating in a given period, a controlling climate can later return and balance the situation, according to the five elemental-phase cycle. If, for example, Wood-wind is very strong in the late summer (when Earth-dampness should rule), Metal-dryness may "take revenge" and control Wood-wind in autumn. This can occur on a seasonal basis with regard to the Annual Phase, or in the first and second halves of the year, with regard to the Guest Qi.

The second 郁发 *Yu Fa* (Oppressing and Effusing) is similar but requires some explanation. In this case, when a climate has overly dominated in a given season, the controlled climate has been so oppressed it has eventually 'broken out' and fought back against the 'oppressor'. In this situation the dominant climate is now called Oppressing instead of Overcoming but the five elemental-phases control cycle is still followed. In the above example then, when Wood-wind became very strong in Late Summer, Earth-dampness would "effuse" and become the main climate in this instance, instead of Metal-dryness Restoring and it fights back alone.

Both of these modifiers require the practitioner to be present and "take the pulse" of the location in question, to step outside, to see and feel the temperature, humidity, wind etc. This limits proper use of the system to a specific area at a specific time and makes vague long-term predictions on the other side of the world problematic. This also means it is far more relevant for the patient standing in front of you and your success with their treatment than for predicting an epidemic about which you can do nothing. It is my belief that this was the original intention of the *Yunqi*—practical clinical application to the individual.

Consideration of geography

The novice *Yunqi* enthusiast will often ask questions like "what about places where it is always cold, do they become hot? Or places where it is always dry, will they experience dampness?" The answer is always relative. What is considered cold in one region may be thought of as quite warm to the people of another. We are conditioned to our local environment and its temperature variations. When Taiyang cold arrives in the north of China, it can be very cold, when it arrives in the south, it can be somewhat colder than normal. The same applies to other climates and regions within reason. It is because of this that a slight drop in temperature that I may still think is a warm day, could be catastrophic to someone else's health.

The *Yunqi* takes this into account, but only when practiced to its fullest extent. In *Suwen* chapters 70 and 71, several variations according to geography are discussed, such as the climatic tendencies of certain directions. The north is cold, the south is hot, the east windy, the west dry and centre damp (based on China's geography and the northern hemisphere, some obvious adjustments need to be made

19. As stated in the *Yijing* quote above, this can go both ways and *Yunqi* can be employed to look back, into the past, and help understand the aetiology of a disease, but this is perhaps better explained through case studies.

20. This is not meant as a critique of remote consultation as used by many practitioners in recent years, merely that it is undoubtedly inferior to a face-to-face clinical encounter.

elsewhere in the world). Proximity to mountains and altitudinal effects on health is also considered. *Suwen* chapter 12 the *Yifa fangyi lun* (The treatise on different methods appropriate to directions), though not a *Yunqi* chapter, discusses this in much greater detail with information on directional climates, the characteristics of the people, their common illnesses and recommended therapeutic interventions. This shows the clear link between people and their environment—the "microcosm as a mirror of the macrocosm" fundamental to Chinese medicine.

This then leads to one more important environment to be considered, the internal environment or the "geography of a person". We are aware in Chinese medicine that our physiology mirrors the external environment. This point of view is particularly emphasised in study of the classics. Taking that into account, pathologies must also always be relative, as the inherent constitution plays a major role in susceptibility to pathogens. If the 衛氣 *weiqi* (protective qi) is weak, we are more likely to succumb to external influences. When there is already an existing deficiency or predisposition to certain types of illness, then some pathologies indicated by the *Yunqi* may be more likely to manifest. Whereas in others, with strong protective and health bodies, the predictions of the Yunqi system are less likely to be an issue.

Southern hemisphere considerations

The opposite seasons must be addressed when applying the *Yunqi* system in the southern hemisphere.[21] Though it seems obvious, it is important to remembered however, that the seasons are not reversed.[22] Put simply, if all the yang is in the northern hemisphere (summer) then it is not in the southern hemisphere (winter) and vice versa. To determine how to modify for the southern hemisphere we must first establish the start point for the year.

The *Yunqi* system use the 24 *Jieqi* to determine the six steps of a year. The node 立春 *Lichun* (Beginning of Spring), around February 4 in China and the northern hemisphere, is the start of the year. This is confirmed in *Suwen* chapter nine and again in 71:[23]

> 《內經素問。六節藏象論第九篇》求其至也，皆歸始春… 謹候其時，氣可與期。
>
> **Suwen 9**: Look for their arrival, always return to the beginning of spring… Carefully observe its time, and the qi can be predetermined.

> 《內經素問。六元正紀大論第七十一篇》 夫六氣者，行有次，止有位，故常以正月朔日平旦視之，覩其位而知其所在矣。
>
> **Suwen 71**: Now the six qi, their movement has a sequence, when they stop they have position, hence normally at the first month on the first day at dawn observe, look for their position to know their place indeed.

The 24 *Jieqi* are determined by the angle of the sun – from solstice to solstice, with equinoxes as midpoints and the remainder divided equally between by increments of 15° (24 x 15 = 360°). The southern hemisphere equivalent of *Lichun* (Beginning of Spring) is about August 8, traditionally the node associated with the 立秋 *Liqiu* (Beginning of Autumn) in the northern hemisphere, the opposite node. Therefore, with this information in mind, it is now merely a case of determining does the year start six months ahead, or behind, in the northern hemisphere? To start in the previous year would mean the stem and branch for the year would be different so in my teaching of *Yunqi* I use six months behind, with the year starting in August of the same year for the southern hemisphere. I have been practising this way for more than a decade and the data

Pathologies must also always be relative, as the inherent constitution plays a major role in susceptibility to pathogens.

21. The near universal belief in modern *fengshui* and Chinese astrology that nothing is altered for the southern hemisphere cannot stand up in the face of the 24 *Jieqi*. The middle of winter in the southern hemisphere around June 21 is not and never will be 'summer solstice'.

22. This common misconception and the Coriolis force have often been cited as reason to change the direction of the flow for the southern hemisphere. I have seen all manner of charts, diagrams and devices showing the heavenly stems and earthly branch cycles reversed among other things. It is interesting to note that these are often produced by practitioners in the northern hemisphere who have spent little or no time south of the equator. 逆 *Ni* (counterflow) in the *Neijing* is pathology and reversing any aspect of the *Yunqi* has a cascading effect eventually resulting in yin yang, pulses and more being opposites in the southern hemisphere, which is just not true.

23. There is some disagreement among proponents as to the beginning of the *Yunqi* cycle. At various points in the *Neijing* different dates are given for the beginning of the year. Winter Solstice is one of these but relates to the aforementioned Taiyi Jiugong chrono-acupuncture system. Each of the different date applies to a specific system or situation, *Lichun* is the date for the *Yunqi*.

The idea of predicting an epidemic with Yunqi is undoubtedly attractive—who wouldn't want to have had advance information on our current pandemic? But ... what could you do with the information?

becomes more convincing each year.[24] This decision was made to a large part based on this enigmatic quote from *Suwen* nine:

> 《內經素問。六節藏象論第九篇》立端於始，表正於中，推餘於終，而天度畢矣。
> **Suwen 9**: Position the onset at the beginning [of spring], show the first at the middle, push the excess to the end, and thus Heaven's day-degrees are complete.

Without going into an overly wordy analysis of this cryptic line, the simple takeaway is this: line up all the steps of the year after *Lichun* (Beginning of Spring) by their set number of days, and leftover days (eg. in a leap year) are added to the end. In the southern hemisphere this can be interpreted to consider any steps that run over to the following year as "remainder". This is not without precedent; even in the northern hemisphere the *Yunqi* year carries over to following Western calendar year. Applied in this way the practitioner can then look at the *Yunqi* and all its modifications for place, in exactly the same as is done in the northern hemisphere, just six months behind. Every part of the system will work the same.

Application to epidemics

The idea of predicting an epidemic with *Yunqi* is undoubtedly attractive—who wouldn't want to have had advance information on our current pandemic? But it can only ever be just a prediction, a possibility based on the right conditions being present for inception and spread of a contagious disease. And if one was able to predict such events, what could you do with the information? Perhaps stock up on certain herbs or prepare some of your clients, but you cannot prevent it happening, nor treat it on a wide scale. There are stories of Pu Fuzhou (蒲輔周) "saving Chinese medicine with *Wuyin Liuqi*" (Scheid 2002) and I even heard one contemporary practitioner claiming to have predicted SARS and informed the Center for Disease Control, which, unsurprisingly, did not respond. This is outside the scope of most clinicians and as is evident from what is written above, I do not subscribe to the use of *Yunqi* in this way. However, there are undeniably certain combinations that can be seen in the yearly arrangements (*Yunqi* "charts"), that are more likely to promote infectious disease and a few differing theories regarding this. Perhaps one of the best methods for finding a pattern is to research historical data on epidemics and compare this to yearly arrangements, as I have been engaged in doing for many years. Even with only a limited knowledge of *Yunqi* it doesn't take long to see there are certain "special charts"—combinations indicated in the text to be particularly disastrous—that have a higher prevalence of plagues and the like. One of the simplest, most elegant solutions is to analyse the interaction of the Host (regular season) and Guest (visiting confirmation) qi. When their elemental-phases are in the 生 *sheng* (generation) cycle, they are harmonious—climate and pathology are proportional. When their relation is according to the 克 *ke* (control) cycle the climate and pathology will be more chaotic, with weather extremes and 疫氣 *Yiqi* (pestilent qi). The most severe combination is when the host controls the guest, for example, when *shaoyin* imperial fire or *shaoyang* ministerial fire arrives in winter—the water host controls the fire guest. This occurred in the second half of 2019, the onset of the Covid-19 pandemic (see case study 2 below).

Case study 1

Aetiology in treatment of food intolerance

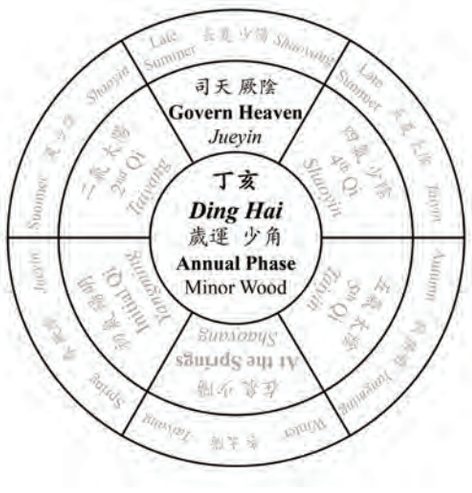
Mrs Si, 46, entered the clinic with a chief complaint of long-term multiple food intolerances. Her presenting symptoms were chronic diarrhoea, nausea and vomiting, anxiety with palpitations and chest pain aggravated by food intake with increasing sensitivity. Her pulse was wiry in the *guan* position. The onset of illness was sudden and dramatic in the late summer, nine years previous to the initial consultation (in late 2016). The patient had sought multiple treatments from different modalities, including acupuncture and

24. This was not an arbitrary decision. As a fiercely loyal citizen of the southern hemisphere, I did not wish our northern oppressors to be put ahead of us yet again, we're still getting over the whole globe of the world thing. But try as I might to prove otherwise, all the evidence led to this. I did for many years try practising without modifying or by modifying in different ways but found each had its flaws, particularly when using *Sheng Fu* (Overcoming and Restoring) theory (see above). While not everyone will be satisfied or agree with my answer, it is to date my best working theory. I consider myself as close to an expert on southern hemisphere *Yunqi* as is possible—bearing in mind it is a tiny field of expertise.

Chinese herbs without result.

In 2007 the Qi Governing the Heavens (guest qi in the first half of the year) was *Jueyin* Wind. The annual phase was Minor Wood (deficient/inadequate). *Suwen* 71 contains the full cycle of yearly arrangements in a tabular form; on 丁亥 *Dinghai* (2007) years it has this to say:

> 《內經素問。六元正紀大論第七十一篇》熱病行於下，風病行於上… 丁亥歲。上厥陰木，中少角木運，下少陽相火… 其化上辛涼，中辛和，下鹹寒，藥食宜也。
>
> **Suwen 71**: Heat illness prevails below, wind illness prevails above … *Dinghai* (2007). In the upper [half of the year] *jueyin* wood, in the centre minor wood [annual] phase, in the lower [half of the year] *shaoyang* ministerial fire… these transformations in the upper [half of the year require] pungent cool, in the centre [annual phase require] pungent neutral and in the lower [half of the year require] salty cold, these are the appropriate medicinals and foods.



Wind illness above here refers to the first half of the year being governed by *jueyin*, not the upper part of the body (below to the second half, governed by *shaoyang*). The flavour palate for treatment would require combining the recommended flavours of the annual phase (it continues throughout the year) and the flavour for the first half of the year (the flavour for the second half is not yet relevant) – pungent cool and pungent neutral respectively. In the other instance, the flavour used for the conformation arriving in the first half of the year is the reducing flavour of the elemental-phase according to the functional flavours found in *Suwen* 22. In the second half of the year, the corresponding tonifying flavour is applied. This is because the guest qi in the first half of the year is inherently excessive (arriving in the yang seasons of spring and summer) and the guest qi in the second half is inherently deficient (arriving in the yin seasons of autumn and winter). The appropriate flavour to balance this excess or deficiency is recommended. In the case of *jueyin* though, whether through error or some unknown reason, the same flavour is recommended for both halves of the year. In line with the other guest qi and to match the theory, sour can be substituted in this case.

Perhaps the most famous of the *jueyin* formulas is *Wu Mei Wan* (Mume Pill), which treats upward rushing of *jueyin* Liver wind created by a disparity of temperature with cold below and heat above. It contains sour neutral *Wu Mei* (Fructus Mume)[25] and five pungent herbs—*Gui Zhi* (Ramulus Cinnamomi), *Gan Jiang* (Rhizoma Zingiberis Officinalis), *Chuan Jiao* (Pericarpium Zanthoxyli), *Fu Zi* (Radix Aconiti Lateralis) and *Xi Xin* (Herba Asari)[26] to match the modified flavour palate. According to *Shang Han Lun* (line 338) it can be used to treat vomiting (don't be confused by the roundworms, there doesn't need to be actual roundworms for the formula to work), vexation and also governs longstanding diarrhoea.

The formula was administered as powdered raw herbs (with substitutes for the scheduled herbs) prepared according to the formula post-script in the *Shang Han Lun*[27] and adhering to all recommended dietary guidelines included therein.[28] A complete resolution of symptoms was achieved after six months of use.

25. According to the 神農本草經 *Shen Nong Ben Cao Jing* (Divine Husbandman's Classic of Materia Medica), while not a perfect match, cool is the recommended temperature, some flexibility must be exhibited when applying *Yunqi* flavour palates in clinic or risk never matching a formula to a yearly arrangement, climate and pathology.
26. According to the 神農本草經 *Shen Nong Ben Cao Jing* (Divine Husbandman's Classic of Materia Medica), also not a perfect match, pungent neutral is recommended and all these are warm, refer to note 24 above.
27. The mume soaked in vinegar, kernels removed, then steamed with rice, honey added.
28. Avoiding raw and cold foods, slimy foods (interpreted to include oily and greasy foods) and odorous foods (interpreted to include fermented foods).

Ante Babic's

Tips for running a successful clinic

The crazier the patient, the more important that they eat regularly..

In 2019 the Guest Qi in the second half of the year was shaoyang ministerial fire. The fire arrived in the Host Qi (season) of winter, so the water host controls the fire guest. This is the one of the worst combinations for climate and pathology, resulting in unseasonably warm days in what should be winter and is an indicator for pestilent qi.

Yunqi was not being used here in a predictive capacity, however, it can be seen that when applied to help understand the aetiology of a disease, it can be useful in resolving difficult illnesses.

Case Study 2

Diagnosis in treatment of Covid-19

In 2019 the Guest Qi in the second half of the year was *shaoyang* ministerial fire. The fire arrived in the Host Qi (season) of winter, so the water host controls the fire guest. This is the one of the worst combinations for climate and pathology, resulting in unseasonably warm days in what should be winter[29] and is an indicator for pestilent qi as mentioned above. *Suwen* 71 on 己亥 *Jihai* (2019) years has this to say:

> 《內經素問。六元正紀大論第七十一篇》終之氣，畏火司令，陽迺大化，蟄蟲出見，流水不冰，地氣大發，草生，人迺舒，其病溫厲… 己亥歲。上厥陰木，中少宮土運，下少陽相火… 其化上辛涼，中甘和，下鹹寒，所謂藥食宜也。
>
> **Suwen 71**: The final qi, frightening fire governs and commands, yang then transforms greatly, hibernating creatures emerge and are seen, running water does not freeze, earth qi greatly effuses, herbs grow, people are then at ease, their illnesses are warm epidemics…. *Jihai* (2019). In the upper [half of the year] *jueyin* wood, in the centre minor earth [annual] phase, in the lower [half of the year] *shaoyang* ministerial fire… these transformations in the upper [half of the year require] pungent cool, in the centre [the annual phase requires] sweet neutral and in the lower [half of the year require] salty cold, these are the so called appropriate medicinals and foods.

According to this text there was a likelihood of a warm epidemic in the second half of 2019. This would present as a *shaoyang* pathology. The flavour palate for treatment would require combining the recommended flavours of the annual phase (it continues throughout the year) and the flavour for the second half of the year (the flavour for the first half is no longer active)—sweet neutral and salty cold respectively. Sweet to tonify deficient earth and salty to tonify *shaoyang* fire, again according to the functional flavours outlined in *Suwen* 22.

Shaoyang pathologies are treated with *Chai Hu* (Bupleuri Radix) formulas such as *Xiao Chai Hu Tang* (Minor Bupleurum Decoction) and its variations. While *Xiao Chai Hu Tang* (Minor Bupleurum Decoction) does contain sweet neutral *Zhi Gan Cao* (Glycyrrhizae Radix praeparata),[30] it contains no salty herbs. However, in the postscript to the formula are a series of modifications, some of which are of interest here. Firstly, for hard glomus under the rib-side (perhaps pain and distention from coughing) remove *Da Zao* (Jujubae Fructus) and add salty cold *Mu Li* (Ostreae Concha),[31] fulfilling the required flavour palate. Other modifications that might be relevant include for cough remove *Ren Shen* (Ginseng), *Da Zao* (Jujubae Fructus) and *Sheng Jiang* (Zingiberis Rhizoma recens) and add *Wu Wei Zi* (Schisandrae Fruc-

29. In theory this sounds good but keep in mind that in winter the yang is stored (*Lingshu* 44) and there is less peripheral circulation, so going outside without being properly protected could have dire consequences.

30. According to the 神農本草經 *Shen Nong Ben Cao Jing* (Divine Husbandman's Classic of Materia Medica).

31. Salty and neutral according to the 神農本草經 *Shen Nong Ben Cao Jing* (Divine Husbandman's Classic of Materia Medica) but in later texts such as the 名醫別錄 *Ming Yi Bie Lu* (Miscellaneous Records of Famous Physicians) it is often listed as cool or cold.

tus) and *Gan Jiang* (Rhizoma Zingiberis Officinalis); for fever remove *Ren Shen* (Ginseng Radix) and add *Gui Zhi* (Cinnamomi Ramulus). The resulting formula makes an excellent early-stage treatment for the Covid-19 virus.[32]

While *Yunqi* was not being used here to predict the pandemic, it can be applied to help diagnose and treat the resultant pathology in much the same way Pu Fuzhou did in the Beijing meningitis outbreak of 1956.[33]

Case study 3

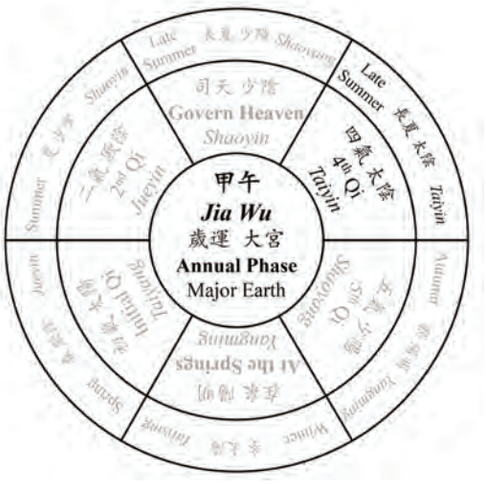
Prognosis in treatment of fatigue

Mr Bonso, 44, entered the clinic with a chief complaint of fatigue. His presenting symptoms were recurrent sore throat, loose stools, abdominal pain and a wiry pulse in the guan position. The patient worked as professional singer, so the condition of his throat was of particular importance. Initial diagnosis determined a *shaoyang* pathology and treatment took the form of a *Chai Hu* (Bupleuri Radix) formula to harmonise. As the condition of the throat improved and the pulse responded, this was changed to a combination of *Zhen Wu Tang* (True Warrior Decoction) and *Jie Geng Tang* (Platycodon Decoction) to warm *shaoyin*, with good results. On occasions when the *shaoyang* pathology flared, *Chai Hu* formulas would be prescribed. In 2014, after an extended period of good health, the patient consulted me pending a tour due to take place in China in August with concerns once again for the condition of his throat.

In 2014 the Qi Governing the Heavens (guest qi in the first half of the year) was *shaoyin* heat with *yangming* dryness At the Springs (guest qi in the second half of the year). The annual phase was major earth (excessive/full). However, the intermediate qi (see note 17 above, these are the conformations that visit between the Qi Governing the Heavens and At the Springs) in August of that year for the northern hemisphere was *taiyin* damp, and it was arriving in *taiyin* late summer, during a year of excess damp! *Suwen* 71 says about 甲午 *Jia Wu* (2014) years and their fourth intermediate qi (approximately August and September):

《內經素問。六元正紀大論第七十一篇》甲午，其運陰雨，其化柔潤時雨… 其病中滿身重… 四之氣，溽暑至，大雨時行，寒熱互至，民病寒熱，嗌乾黃癉，鼽衄飲發… 其化上鹹寒，中苦熱，下酸熱，所謂藥食宜也。

Suwen 71: *Jia Wu* (2014), its phase is overcast and raining, its transformation is gentle moisture and at times rain, its illnesses are central fullness and heaviness of the body … The fourth qi, humidity and summer-heat arrive, great rains at times prevail, cold and heat arrive alternately, people's illnesses are chills, fever, throat dryness, jaundice, stuffy nose, nosebleed and fluid accumulation develops … these transformations in the upper [half of the year require] salty cold, in the centre [the annual phase requires] bitter warm and in the lower [half of the year require] sour warm, these are the so called appropriate medicinals and foods.



The key symptoms here are of dampness. There is also a mixture of some cold and some heat signs in the fourth qi (August and September) as it falls between *shaoyin* heat in the first half of the year and *yangming* (cooler autumn) dryness in the second half. In addition, pathology of the throat is again noted. The flavour palate for the second half of the year (where the fourth qi falls) is bitter warm to reduce excessive earth and sour warm to tonify *yangming* metal (once again according to *Suwen* 22).

It was tempting to send such a patient with both a *Chai Hu* (Bupleuri Radix) formula in case of an acute flaring of symptoms and also

> *While Yunqi was not being used here to predict the pandemic, it can be applied to help diagnose and treat the resultant pathology in much the same way Pu Fuzhou did in the Beijing meningitis outbreak of 1956.*

32. Indeed, this and similar formulations have been used frequently by the author and colleges throughout the duration of the pandemic.
33. Scheid 2002.

GONG TINGXIAN'S CHEAT SHEET

From his encyclopedic 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 to use for all human illnesses:

Lumbar pain: Du Zhong & Bu Gu Zhi.
Flank pain: Bai Jie Zi & Qing Pi.
Hand & arm pain: Gui Zhi & Qiang Huo.
Bulging qi disorder: [1] Xiao Hui Xiang & Chuan Lian Zi.
Leg qi damp-heat: Cang Zhu & Huang Bai.
Deficiency & weakness of the Lower Base: Niu Xi & Mu Gua.
Atrophy obstruction: Ren Shen & Huang Qi.
Joint pain of the limbs: Qiang Huo.
Hemiplegia: He Shou Wu, Chuan Wu & Cao Wu.
All pain above pertains to Wind: Qiang Huo, Jie Geng, Gui Zhi & Wei Ling Xian.
All pain below pertains to Dampness: Niu Xi, Mu Tong, Fang Ji & Huang Bai.
Wasting & thirsting disorder: Tian Hua Fen.
To generate the fluids: Ren Shen, Wu Wei Zi & Mai Men Dong.
Seminal emissions: Long Gu & Mu Li.
Obstructed urination: Mu Tong & Che Qian Zi.

1. 疝氣, usually translated in modern terms as hernia.

the *Zhen Wu Tang* (True Warrior Decoction) and *Jie Geng Tang* (Platycodon Decoction) combination to treat the ongoing chronic pathology. Considering the *Yunqi* however, a prognosis could be made that the climate would probably not cause the condition to flare acutely or remain in the same chronic state. Instead, an element of *taiyin* damp earth may manifest. The prescription sent for the journey was *Da Xuan Wu Tang* (Major Dark Warrior Decoction) from the 湯液經 *Tang Ye Jing* (Decoction and Brews Classic).[34] The formula contains the ingredients of *Zhen Wu Tang* (True Warrior Decoction)[35], with *Gan Jiang* (Zingiberis Rhizoma) substituted for *Sheng Jiang* (Zingiberis Rhizoma recens) and the additions of *Ren Shen* (Ginseng Radix), *Bai Zhu* (Atractylodis macrocephalae Rhizoma) and *Zhi Gan Cao* (Glycyrrhizae Radix praeparata) – something like a *Zhen Wu Tang* (True Warrior Decoction) plus *Li Zhong Wan* (Regulate the Middle Pill) addressing both *taiyin* and *shaoyin* conformations with bitter warm *Bai Zhu*[36] and sour *Bai Shao* (Paeoniae Radix alba).[37] The formula proved necessary and with excellent results when the patient developed a cold painful abdomen with liquid stools and heavy cold extremities whilst on tour.

Yunqi was being used here in a limited predictive capacity; not so much as a broad prognostication, but more as a short-term individualised clinical prognosis.

Conclusion

These three cases exemplify how *Yunqi* can be applied to the past (understanding aetiology), the present (informing diagnosis) and the future (making a prognosis). Practical clinical outcomes cannot, however, be expected unless the practitioner knows how to modify the system according to observation and geography, both of which require considerable knowledge of the local area in question. Though this does make empire-wide or even global predictions problematic, it should not be seen as a limitation of the system. Instead, this emphasises a more pragmatic view, a return to regarding the interaction between the individual and their environment as of greater importance. As *Suwen* 69 tells us:

> 《內經素問。氣交變大論第六十九篇》上經曰：夫道者，上知天文，下知地理，中知人事，可以長久。
> **Suwen 69**: The *Upper Classic* says: The Way is to know the patterns of heaven above, to know the principles of earth below, and to know human affairs in the centre, and one can live a long time.

34. As cited in the 輔行訣臟腑用藥法要 *Fu Xing Jue Zang Fu Yong Yao Fa Yao* (Secret Instructions for Assisting the Body: Essential Methods for the Application of Drugs to the Viscera and Bowels).
35 .Originally called *Xiao Xuan Wu Tang* (Minor Dark Warrior Decoction).
36. 神農本草經 *Shen Nong Ben Cao Jing* (Divine Husbandman's Classic of Materia Medica).
37.According to the aforementioned 湯液經 *Tang Ye Jing* (Decoction and Brews Classic) as cited in the 輔行訣臟腑用藥法要 *Fu Xing Jue Zang Fu Yong Yao Fa Yao* (Secret Instructions for Assisting the Body: Essential Methods for the Application of Drugs to the Viscera and Bowels).

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Calculations in addition and **subtraction**

Effective use of Gui Zhi qu Gui jia Fu Ling Bai Zhu Tang

A preview of *Discussion of Cold Damage with Commentaries for the Clinic* by Shouchun Ma and Dan Bensky due out in April 2023.

Paragraph 28

服桂枝湯，或下之，仍頭項強痛，翕翕發熱，無汗，心下滿微痛，小便不利者，桂枝去桂加茯苓白朮湯主之。

Translation: If after taking *Guì Zhī Tāng* (Cinnamon Twig Decoction) or after purging there is still a stiff and painful head and nape, shuddering fever, lack of sweating, fullness and slight pain in the epigastrium, and impeded urination, *Guì Zhī qù Guì jiā Fú Líng Bái Zhú Tāng* (Cinnamon Twig Decoction minus Cinnamon Twig plus Poria and Atractylodes) masters it.

Explanation: In this paragraph, the original symptoms have not gone away after taking *Guì Zhī Tāng* (or mistaken purging), but the lack of sweating and fullness with slight pain in the epigastrium make it clear that this is no longer a *Guì Zhī Tāng* presentation. No signs or symptoms are described that are related to other common progressions, such as *yángmíng* receptacle full excess. This presentation is one of internal stoppage of pathogenic water blocking and obstructing the qi dynamic that, in some ways, mimics a *tàiyáng* wind strike. The proper strategy is to promote urination. After the water and fluids are unblocked and move properly, the various symptoms will disappear automatically. The formula that works best here is *Guì Zhī qù Guì jiā Fú Líng Bái Zhú Tāng* (Cinnamon Twig Decoction minus Cinnamon Twig plus Poria and Atractylodes).

桂枝去桂加茯苓白朮湯方：
芍藥三兩炙甘草二兩 生薑切 白朮 茯苓各三兩 大棗擘十二枚
右六味，以水八升，煮取三升，去滓，溫服一升，小便利則愈。本雲桂枝湯，今去桂枝，加茯苓白朮。

Guì Zhī qù Guì jiā Fú Líng Bái Zhú Tāng
Cinnamon Twig Decoction minus Cinnamon Twig plus Poria and Atractylodes

Shao Yao	3 liang [9g]	Paeoniae Radix
Zhi Gan Cao	2 liang [6g]	Glycyrrhizae Radix, honey-toasted
Sheng Jiang	3 liang [9g]	Zingiberis Rhizoma recens, sliced
Bai Zhu	3 liang [9g]	Atractylodis macrocephalae
Fu Ling	3 liang [9g]	Poria
Da Zao	12 pieces	Jujubae Fructus, broken apart

Tke 8 *shēng* of water, cook until 3 *shēng* remain, remove the dregs, and take 1 *shēng* warm. When the urine comes freely then they will recover. It originally said *Guì Zhī Tāng* (Cinnamon Twig Decoction), now we delete *Guì Zhī* and add *Fú Líng* and *Bái Zhú*. [At present, the above are placed in 1600ml of water, decocted until 600ml remain, the dregs removed, and the resulting liquid taken warm in three equal doses.]

As there is no sweating, the exterior pathogen has no route by which to exit to the outside; as there is impeded urination, the interior pathogen has no route by which to exit below.

Explanation: *Bái Zhú* (Atractylodis macrocephalae Rhizoma) strengthens the Spleen while *Fú Líng* (Poria) leaches out dampness and promotes urination. Together, this combination of herbs is especially appropriate for water stoppage in the middle burner with Spleen deficiency. The softening effect on the liver of *Bái Sháo* (Paeoniae Radix alba) indirectly aids the dredging effect. (*Shēng Jiāng (*Zingiberis Rhizoma recens) disseminates and promotes the movement of the pathogenic water in the Stomach while *Gān Cǎo* (Glycyrrhizae Radix) and *Dà Zǎo* (Jujubae Fructus) together harmonise the middle. Altogether this formula strengthens the Spleen and Stomach, dredges the Liver and promotes urination.

Selected commentaries

Cheng Wu-Ji: Although there has been sweating and purging, with a stiff and painful head and nape and shuddering fever, the pathogenic qi is still in the exterior. If there is fullness and slight pain in the epigastrium with smooth urination, clumping in the chest is about to form. Here the exterior presentation is not finished, there is no sweating, urination is impeded, and there is fullness and slight pain in the epigastrium. This is a stoppage of thin mucus and [the patient] is given *Guì Zhī Tāng* (Cinnamon Twig Decoction) to relieve the external part with the addition of *Fú Líng* (Poria) and *Bái Zhú* (Atractylodis macrocephalae Rhizoma) to promote urination and move the lodged thin mucus.

You Zai-Jing: With a stiff and painful head and nape, shuddering fever, and lack of sweating, there is a pathogen in the exterior. With fullness and slight pain in the epigastrium and impeded urination, there is thin mucus in the interior. As the pathogen in the midst of the exterior and the thin mucus in the epigastrium meet together and are not resolved, if we just discharge [via sweating], it does not come out of the exterior, and if we guide out [via urination], it does not come out from below. When an exterior condition comes with thin mucus, you cannot attack the exterior but must first treat the thin mucus and the exterior can be released later. *Guì Zhī qù Guì jiā Fú Líng Bái Zhú Tāng* does not try to disperse the pathogen in the exterior but only chases out the thin mucus from the interior. When the thin mucus is gone, not only will the fullness and pain be eliminated, but the exterior pathogen will have nothing to attach to and will resolve by itself.

Ke Qin: If one hastily purges after a sweat that is not thorough, pathogenic water congeals in the epigastrium. This is why there is now no [longer any] sweating yet the external [problem] has not been released and there is fullness and slight pain in the epigastrium. While the pathodynamic is located in the Bladder, the root of the disease is in the epigastrium. If urination is unimpeded with a disease in the exterior, it would still be appropriate to induce sweating. As urination is impeded, the disease is in the interior.

This is a disease affecting the root [receptacle] of the *tàiyáng*, and not a *Guì Zhī Tāng* presentation that is not yet over [in the exterior]. For this reason, *Guì Zhī* is deleted, *Fú Líng* and *Bái Zhú* are made the chief [herbs], and with *Shēng Jiāng* and *Bái Sháo* the strategy is to disperse the pathogen and promote the movement of water. As assistants, *Gān Cǎo* and *Dà Zǎo* have the effect of nurturing earth to control water. With water clumping in the middle burner like this, one should facilitate, not disperse, so this is a different strategy than those used for *Xiǎo Qīng Lóng Tāng* (Minor Bluegreen Dragon Decoction) or *Wǔ Líng Sǎn* (Five-Ingredient Powder with Poria). However, as both the exterior and interior *tàiyáng* presentations will be eliminated once the Bladder's water is removed, this shows that to treat a disease one must search for its root.

Xu Da-Chun: Headache and fever show that the presentation of *Guì Zhī Tāng* still exists. However, as there is no sweating, it is inappropriate to use *Guì Zhī* again. For fullness in the epigastrium, use *Bái Zhú*; for impeded urination, use *Fú Líng*. This presentation is exhaustion of the fluids with stoppage of thin mucus.

Zhang Jian-Shan: One may ask if the stiff and painful head and nape that is talked about in this paragraph means that the pathogenic qi, which remains in the exterior, has not been released, although there has been sweating and purging, so that it is still appropriate to release and disperse it. If this was the case, why would *Guì Zhī* be deleted and *Fú Líng* and *Bái Zhú* be added, as this has no import at all for the exterior? I would say that this is not a *Guì Zhī Tāng* presentation but per-

tains to people with [pre-existing] thin mucus. A stiff and painful head and nape after [a pathogen] has not been released by sweating or purging, along with epigastric fullness and slight pain and impeded urination, is from [pathogenic] water and thin mucus having built up internally, not from a pathogen in the exterior. This is why it says to delete *Guì Zhī* and add *Fú Líng* and *Bái Zhú*. If one is able to get the urine functioning [well], the [pathogenic] water and thin mucus can move, the abdominal fullness will decrease, and the fever will be eliminated automatically while the stiff and painful head and nape will completely clear up.

Golden Mirror of the Medical Tradition: Minus *Guì Zhī* should be minus *Sháo Yào*. As this formula deletes *Guì Zhī*, how can it still treat the exterior symptoms of stiff and painful head and nape, fever, and no sweating? The reason is that *Guì Zhī Tāng* minus the sour, restraining *Sháo Yào* clears away the lack of sweating and epigastric fullness. Adding the drying and leaching [functions] of *Fú Líng* and *Bái Zhú* resolves both the exterior and interior so that the various external and internal presentations all get better by themselves.

Chen Nian-Zu: After having given *Guì Zhī Tāng* for a *tàiyáng* disease, which does not get better, doctors who do not carefully examine why it does not get better or come to believe that *Guì Zhī Tāng* was inappropriate, purge the patient. The result is that the exterior presentation is not released, so there is a stiff and painful head and nape, shuddering fever, and a lack of sweating. In addition, now there is an interior presentation with fullness and slight pain in the epigastrium and impeded urination. As there is no sweating, the exterior pathogen has no route by which to exit to the outside; as there is impeded urination, the interior pathogen has no route by which to exit below. This is all due to the pathogen sinking into the Spleen, which loses its transporting function and ends up with the Bladder not obtaining the qi to [cause] exiting to the outside and the Triple Burner not clearing drains to cause exiting below. The *Inner Classic* [Divine Pivot, chapter 47] says, "The Triple Burner and the Bladder resonate with the pores, interstices, and body hair." This is speaking of the *tàiyáng* that penetrates throughout the body. In these circumstances one must be aware that the strategy of facilitating urination depends in large part on the skillful use of transporting and shifting, but also includes the induction of sweating, so *Guì Zhī qù Guì jiā Fú Líng Bái Zhú Tāng* masters it. *Guì Zhī* is deleted in order not to transgress against the prohibition of sweating. *Fú Líng* and *Bái Zhú* are added to aid the transporting functions of the Spleen. Once the urine is unimpeded, then all the various diseases will be cured quickly.

Discussion

As can be seen from these commentaries, there has been much controversy about different aspects of this paragraph for a long time. One particular area of dispute is what pathological situation is being described. Basically, as shown above, there have been three main opinions:

- A combination of an exterior presentation with internal stoppage of thin mucus;
- The pathogen is in the Triple Burner; and
- There is an internal stoppage of water and thin mucus without exterior presentation.

This last interpretation is the most reasonable. The question then is if this presentation has no exterior component, why are there a stiff and painful head and nape and fever? The pathodynamic here is that the water and thin mucus obstruct the qi dynamic and cause it to be constrained and blocked. This blockage can lead to fever. Impeded urination adversely affects the qi of the *tàiyáng* Bladder channel, which then manifests as a stiff and painful head and nape. The main evidence for this understanding is that treatment with this formula, which has no exterior-releasing functions, works for this presentation.

Another area of controversy involves the composition of this formula. Again, there are three main opinions: that it is correct as written, that *Guì Zhī* should not be eliminated, or that *Sháo Yào* is the ingredient that should be eliminated.

We see no reason to suspect textual corruption here and accept the text as it is. This question, of course, relates to the immediately preceding one. As the problem here is not due to a pathogen in the exterior, but rather from a form of fluid buildup in the middle burner, *Guì Zhī* is deleted. With this understanding of the problem, the addition of *Fú Líng* and

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■ Dan Bensky obtained a diploma in Chinese medicine from the Macau Institute of Chinese Medicine in 1975, a Masters in Classical Chinese from the University of Washington in 1996, and a doctorate in the *Discussion of Cold Damage* from the China Academy of Chinese Medical Sciences in 2006. He is a co-founder of Eastland Press (1981), where he serves as medical editor, and of the Seattle Institute of Oriental Medicine (1994).

If the stoppage of thin mucus comes about because a deficiency of yang leads to the qi not transforming water, Gui Zhi should be added. If due to a congealing of yin qi, then Bai Shao should be deleted.

Bái Zhú also makes good sense. One reasonable question about the ingredients of this formula is the purpose of *Bái Sháo* (Paeoniae Radix alba). Its use here highlights one aspect of what it means to soften the Liver (柔筋 *róu gān*). The Liver governs spreading and dispersing. When dysfunctional, it can adversely affect the Spleen and Stomach. Softening the Liver with *Bái Sháo* keeps the Liver's spreading and dispersing functions normal, indirectly aiding the recovery of the Spleen and helping its transforming and transporting functions, especially in relation to fluids.

As a rule, it is a bad idea to blithely change the text of the *Shanghanlun* (Discussion of Cold Damage) when it doesn't quite match your understanding. Unless there is evidence of textual corruption, it is always better to work with the text. However, it is also important for us to realise that most changes proposed by commentators also have a basis, which may be the clinical experience of the commentator instead of textual criticism, and it is still worthy of note. On the three opinions above, a formula following any one can be used in the proper circumstances. It is a question of using the correct herbs for the correct differentiation. If the stoppage of thin mucus comes about because a deficiency of yang leads to the qi not transforming water, *Guì Zhī* should be added. If due to a congealing of yin qi, then *Bái Sháo* should be deleted.

In this paragraph the term impeded urination (小便不利 *xiǎo biàn bú lì*) does not refer to a problem in the qi of the Bladder with a stoppage of water in the Bladder, as in ¶71 with *Wǔ Líng Sǎn* (Five-Ingredient Powder with Poria), which includes *Guì Zhī*. Here it refers to a stoppage of thin mucus in the middle burner such that insufficient fluids seep down to the Bladder.

Case histories

(1) A venerated doctor, Chen Shen-Wu, treated a patient with a fever who had been treated by many doctors, but the fever had not receded. The patient stated that his urine was impeded and there was uncomfortable distention and fullness in the epigastrium. His pulse was submerged and wiry and the tongue coating was moist and slippery. Dr Chen diagnosed him as having internal stoppage of water and thin mucus. The fever was from the yang qi being constrained externally. Treatment should be focused on the water, not the fever. After using three packets of *Guì Zhī qù Guì jiā Fú Líng Bái Zhú Tāng* (Cinnamon Twig Decoction minus Cinnamon Twig plus Poria and Atractylodes) the fever receded and the patient was fine.[1]

(2) When I lived in China, I often had my hair cut by a travelling barber. Once in the early 1970s, when the barber was about 50 years old, as he was cutting my hair, he told me it was perhaps the last time he could see me. When I asked him why, he told me that a month previously, during an oppressive heatwave in Chongqing, he had become extremely thirsty. He drank an excessive amount of cold water and felt that his sweat had run into that water.[2] He experienced distention and fullness in the epigastrium, scanty and dark urine, a lack of sweating even in the sweltering heat, diarrhea, irritability and a sensation of heat. About a week after this he noticed a slightly hard mass the size of a fist below his stomach. Also his nape was stiff and it was not easy to turn his head. His tongue was red with a moist, slippery coating and his pulse was wiry, slippery and rapid. He had taken some unknown herbal formula and also had an injection of penicillin without effect.

My ability to differentiate was not particularly developed and my first impression was that this was a case of clumping in the chest. However, because of the diarrhea, I was not comfortable using *Da Huang* (Radix et Rhizoma Rhei), an important component of formulas that treat this condition. After thinking it over I decided to use *Guì Zhī qù Guì jiā Fú Líng Bái Zhú Tāng* (Cinnamon Twig Decoction minus Cinnamon Twig plus Poria and Atractylodes). If it did not work, then I would switch to *Dà Xiàn Xiōng Tān* (Major Sinking into the Chest Decoction. After taking three packets of the former all signs and symptoms went away. Many years later when I was out with my family I happened to run into this man. He was still extremely grateful and said to my daughters, "If your dad hadn't saved me, by now my bones would be dry enough for monks to mark time with." (Shouchun Ma)

1. Liu Du-Zhou 劉渡舟, Nie Hui-Min 聶惠民, Fu Shi-Yuan 傅世垣. *Elaboration of Cold-Damage* 傷寒挈要. Beijing: People's Medical Publishing House, 1983, p. 39.
2. Drinking water that your own sweat has dripped into is also known as "water that returns to the dragon" (回龍水 *huí lóng shuǐ*.). This is considered very detrimental to one's health.

■ *Discussion of Cold Damage with Commentaries for the Clinic* by Shouchun Ma and Dan Bensky will have a main text of 659 pages, while the total, including back matter and endnotes will be just under 700 pages. It is scheduled for release in April 2023 by Eastland Press.

Beng lou

Deficiency, heat or stasis?

By Wang Dazeng 王大增
Translated by Chris Flanagan

The three main differentiations for *beng lou* are qi deficiency, blood heat and blood stasis.

■ Source: 王大增, "崩漏治从虚热瘀", published in 古今名医临证金鉴： 妇科卷（上), Dazeng, Wang. "The Treatment of Beng Lou from Deficiency, Heat and Stasis", Golden Mirror of Clinical Patterns from Famous Doctors of Past and Present: volume one on gynaecology, pp. 368-371.

Qi deficiency

Beng lou is a bleeding disorder; the relationship of blood and qi is that qi commands blood. If qi is deficient, it cannot retain, so qi deficiency sinking downwards causes *beng lou* and this is why, when treating *beng lou*, do not forget to treat the qi.

Diagnosing qi deficiency emphasises the facial colour, the tongue body and the menstrual blood quality.

The face is often puffy, yellowish white and without lustre; the tongue body is pale, fat and has toothmarks; the menstrual blood is pale coloured and of thin quality.

It is important to understand the relationship of qi to the menstrual blood flow: if the menstrual blood comes out ferociously, but also stops quickly, qi is not yet deficient, but if the menses comes and does not stop, this is *beng lou* and qi deficiency.

The two treatment methods are: one, boost qi to retain the blood, and two, boost qi to draw it upwards.

The key herbs for boosting qi are *Ren Shen* (Ginseng Radix), *Huang Qi* (Astragali Radix), and *Bai Zhu* (Atractylodis macrocephalae Rhizoma). The dosage of *Huang Qi* is especially important to be in amounts of 15-30g and even up to 60g, or *Sheng Ma* (Cimicifugae Rhizoma) can be added in order to boost qi and draw up, which is particularly suitable for sore lumbus, and a sinking sense and distention of the lower abdomen. As bleeding is always blood dripping downwards, *Sheng Ma* can draw it up and also clear heat. If there is a sense of rectal sinking and distention, add *Mu Xiang* (Aucklandiae Radix), to regulate the Intestinal qi mechanism in order to eliminate

The start of this disease tends to be excess, and the main treatment methods are to cool blood or dispel stasis, assisted by boosting qi. Conversely, long-term illness often tends to be deficient, so the main method is to boost qi, assisted by cooling blood or dispelling stasis.

the tenesmus. If there is both qi deficiency and yang insufficiency, *Pao Jiang* (Zingiberis Rhizoma preparatum) works very well; and if there is long-term and unceasing *lou*, one must combine it with *Bai Shao* (Paeoniae Radix alba), which balances its sour cold nature against the acrid hot *Pao Jiang*.

Blood heat

When blood receives warmth, it moves, but if it receives heat, it moves recklessly, this is why, when treating *beng lou*, do not forget to treat heat.

Diagnosing blood heat emphasises the menses colour: fresh red or deep red shows blood heat. Also, the tongue is red with prickles which show the heat.

The two treatment methods are: one, clear heat and cool blood, and two, nourish yin in order to clear heat.

The herbs to use to clear heat are *Huang Qin* (Scutellariae Radix), *Huang Lian* (Coptidis Rhizoma), *Zhi Mu* (Anemarrhenae Rhizoma) and *Huang Bai* (Phellodendri Cortex). *Huang Qin* is commonly used in doses of 9g. *Huang Lian* clears Heart fire, is bitter and cold and firms up the yin, however, it is not suitable to use a lot, usually only 3g doses.

The most commonly used herbs to nourish yin and simultaneously cool blood are *Sheng Di* (Rehmanniae Radix), *Han Lian Cao* (Ecliptae Herba), and *E Jiao* (Asini Corii Colla). *Sheng Di* can be in doses of 30-60g, or combined with *Shu Di* (Rehmanniae Radix preparata).

Blood stasis

Beng lou is a bleeding disorder and bleeding easily tends to create stasis, if the static blood is not eliminated, the new blood cannot go to the menses. Incomplete miscarriage, endometrial polyps, uterine bleeding, or inflammation can lead to *beng lou*, so one should consider blood stasis as the pattern.

The primary sign is the presence or absence of lower abdominal distending pain, and second is if the menstrual blood has a concentrated quality and dark colour, with clots or pieces of tissue; we should not read the tongue having stasis spots alone as certain proof. Also, if there has been unceasing lou for many days, one should consider blood stasis—sometimes if unblocking treatment methods are used, the bleeding stops.

The treatment methods are to invigorate the blood to transform the stasis, and to dispel stasis to generate new (blood).

Commonly used herbs to transform stasis and dispel stasis are *Shi Xiao San* (Sudden Smile Powder), *Hua Rui Shi* (花蕊是 Ophicalcitum), *Xue Jie* (Daemonoropis Resina), *Tao Ren* (Persicae Semen), *Hong Hua* (Carthami Flos), and *Yi Mu Cao* (Leonuri Herba). *Hua Rui Shi* in dosages of 15-30g, and *Xue Jie* 3g are ground to powder and taken with decoctions. Additionally, *Zhen Ling Dan* (震灵丹 Rouse the Spirit Special Pill) can be used to dispel stasis and consolidate the menses, *San Qi* (Notoginseng Radix) and *Dan Shen* (Salviae miltiorrhizae Radix) have the functions of dispelling stasis as well as tonifying and boosting. If the clots look like pieces of uterine lining tissue, have the patient take this formula 10 days before:

Shi Xiao San 30g, *San Qi* (Notoginseng Radix) 6g, *Rou Gui* (Cinnamomi Cortex) powder 6g. Grind together as a powder and take 4.5g every day until the menses starts. This formula can transform stasis.

Depending on the amount of bleeding in the above-mentioned treatments of qi deficiency, blood heat and blood stasis, the patient usually takes two packets a day, divided into four doses.

Furthermore, the start of this disease tends to be excess, and the main treatment methods are to cool blood or dispel stasis, assisted by boosting qi. Conversely, long-term illness often tends to be deficient, so the main method is to boost qi, assisted by cooling blood or dispelling stasis.

Over the course of a long time in bleeding, there will often emerge patterns of dual deficiency of qi and yin, or yang damage. The sufferer will have a bright white complexion, puffiness, a pulse that is rapid, big and forceless or thin and rapid, a pale and fat tongue, and palpitations.

It is suitable to use *Ren Shen* (Ginseng Radix), *Fu Zi* (Aconiti Radix Lateralis praeparata), *Long Gu* (Fossilia Ossis Mastodi), and *Mu Li* (Ostreae Concha) to return the yang, consolidate the qi and subdue the downbearing. Adding *Huang Qi* (Astragali Radix) and *Pao Jiang* (Zingiberis Rhizoma preparatum) boosts qi and assists yang, and warms the menses to stop bleeding.

Beng lou is mainly seen as anovulatory uterine bleeding, so its treatment can involve triggering the ovulation. Commonly used methods to do so are to tonify Kidney, or to warm and unblock the flow, or one can also use the draining Liver method—in all cases, the correct differentiation is key. Besides using herbs like *Xian Ling Pi* (Epimedii Herba) and *Wu Zi Yan Zong Wan* (Five-Seed Developing Ancestors Pill) to warm the Kidney, one can add *Rou Gui* (Cinnamomi Cortex), and *Zi Shi Ying* (Fluoritum) to warm the uterus and increase the development of the ovulatory mechanism. The warm and unblocking method uses *Tao Hong Si Wu Tang* (Peach Kernel, Carthamus Four Herb Decoction) plus *Yi Mu Cao* (Leonuri Herba) 15g, and *Yue Yue Hong* (月月红 Chinese rose) 3g.

Case 1

Ms Wang, 15. One year before, her menses stopped, then returned with prolonged menses, usually without clots. She had a puffy face, dizziness, no strength and loose watery stools. Her tongue was pale and fat, and her pulse was rapid.

Her differentiation was Spleen deficiency unable to collect (the blood), and the chosen treatment principle was to boost qi and strengthen the Spleen, raise and consolidate the menses.

Dang Shen	9g	Codonopsis Radix
Bai Zhu	9g	Atractylodis macrocephalae Rhizoma
Fu Ling	9g	Poria
Sheng Ma	6g	Cimicifugae Rhizoma
Huang Qi	15g	Astragali Radix
Shan Yao	12g	Dioscoreae Rhizoma
E Jiao	9g	Asini Corii Colla
Pao Jiang tan	4.5g	Zingiberis Rhizoma preparatum charred

Between menses, she took *Huang Qi* slices, and *Gui Pi Wan* (Restore the Spleen Decoction). After treatment over three cycles, her menstrual cycle timing became normal, the bleeding time shortened to five to six days, and the menstrual volume reduced by 50 per cent.

Case 2

Ms Wang, 31.Three years before, after childbirth and the end of her postpartum stage, her menstrual volume increased, the menstrual colour was bright red with clots, and she had premenstrual breast distention and constipation. Her tongue was red with a yellow coating, and her pulse was wiry and thin. Her differentiation was Liver exuberance and-blood heat.

This formula was drafted to be taken during her menses:

Sheng Di	15-30g	Rehmanniae Radix
Huang Qin	9g	Scutellariae Radix
Mu Dan Pi	9g	Moutan Cortex
Huang Bai	9g	Phellodendri Cortex
E Jiao	9g	Asini Corii Colla
Ce Bai Ye	9g	Platycladi Cacumen
Ou Jie	15g	Nelumbinis Nodus Rhizomatis

Between periods, she took *Gu Jing Wan* (Stabilise the Menses Pill). After treatment over four cycles, her menstrual cycle had lengthened to 27-28 days, and the menstrual volume decreased by more than 50 per cent.

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開眼作夢

Kāi yǎn zuò mèng.
Dreaming with open eyes..

– Zen saying

Pacing the Cosmos

A BROWNISH LEAF drifted down to land on the surface of the goldfish pool. I had always walked by, on the way up the path to the monastery, but today I stopped and sat down on the raised rocks at the edge. Peering in, I saw that the water was deeper than I had imagined, with little flashes of gold as the fish moved amongst the weeds in the depths.

It reminded me of the pool at the pavilion across the river, and I recalled what the fat monk had told me one day as we rested there on our way up the mountain to see the hermit.

"If you are ever looking for a subject of meditation," he said, "you could do a lot worse than water. It's not for nothing that Laozi said *water is close to the Dao*."

He paused and looked at me. "Water is all one, you know."

"What do you mean?"

"I mean it is all one thing, changing its state. One thing as it flows and pools; as it changes, melting from solid ice into a mercury-like liquid. Then it vaporises, losing its heavy form and becoming mist and clouds to move through the sky with the wind, generating thunder and lightning, then falling again to earth to gather, becoming lakes, rivers and seas, or even blood, mucous and urine. But it is all water, all one, the beginning and end of life."

I had never thought of it like that, and said so.

"We ignore the commonplace," retorted the fat monk.

I gazed for a while longer into the pool, until the chill wind urged me to rise and resume my trek upward.

As soon as I arrived at the monastery, the gatekeeper led me to a passage that I had never seen before. A large oak door with a round bronze knocker in the middle barred our way. He tugged at it, but the door barely shifted, so I too grabbed the knocker

and pulled with him. We were just able to haul it open enough to enter the musty passage beyond. It led downward, worn steps on the rock floor, little grottos with statues of immortals hewn from the native stone walls on either side. I could feel a slight breeze upon my face, but the air was replete with mineral smells, a sharp metallic tinge. I could hear a tinkling sound, water moving in a channel somewhere close by.

The gatekeeper carried no torch, but the passage had a slight luminescence that made no sense. I was just about to ask him about it when he turned, shook his head and pointed further down the passage. Our steps echoed in my ears.

Finally we reached another door, outlined in light coming from within. This one opened easily and we stepped into a large round room illuminated by lights around the walls. A beautiful round carpet, intricately woven with geometric designs through and around which writhed a sinuous dragon in brilliant green. I had never seen anything so beautiful, and was just about to fall to my knees and examine it, when I became aware that in the shadows between the lights around the walls were people sitting on cushions. An almost inaudible humming rose and fell, as if they were chanting in unison some low murmured incantation.

The gatekeeper tugged me by the arm over to a cushion in the middle of the room, in the centre of the rug, a cushion I saw was placed over the pearl that the dragon was pursuing and just about to grab in his gaping fanged mouth. The little gatekeeper then found his way to an unoccupied cushion by the wall and faded into the darkness between the lights.

There was silence. I could smell incense, the deep mind-altering fragrance of rich Tibetan *Samye*, known for its ability to assist one to reach deep absorption. I could feel my mind quiet down and still as I sat, the murmured chant mingling with my mind.

Time ceased to have meaning.

The chanting slowed and stopped. A bulky figure moved in the shadows, and the fat monk stepped forward, gesturing me to remain seated. He moved to a point on the carpet where an intricate geometric symbol was woven, turned, took a step to another of the symbols, then a half step to another, turned again and took two full steps, each time landing on one of the symbols in the large carpet. He continued this curious staggered dance that made him look as is he were limping or crippled, moving counter-clockwise around me, until once again he stood before me, still and silent.

It is hard to describe, but each of his moves seemed seared into my mind, as if they had been carved with a stylus into the wax of my soul.

Now the fat monk retired as the Abbot emerged from the shadows and repeated the dance, this time moving clockwise. The moves were exact, but subtly different, lighter, more agile, with a smattering of humour. It was as if I could perceive the essence of the Abbot through his dance, and I realised it had been the same with the fat monk.

Now it was Cook's turn as he stepped smiling from the shadows and took his place on the carpet. Still the staggered step, still the precise moving from symbol to symbol in widdershins movement, but at each step Cook's body changed, from heavy fullness in one part to light emptiness in another, alternating in endless changes until he too stood in stillness before me.

The others joined him then and the Abbot gestured for me to stand, then led the way across the carpet, out of the round cavern, and into a smaller adjoining room also dug out of the rock.

From silence to speech

But this one was appointed with a table and chairs, and on the table were charts and illustrations, paper and brush.

"We move from silence into speech," said the Abbot, pulling a curtain over the doorway, cutting off the larger cavern. The four of them took seats, the fat monk, Abbot and Cook at the table, the gatekeeper next to the door. They left me standing.

"This is a graduation ceremony, of sorts," said the Abbot. "Of course you are not graduating into anything, but rather into nothing, and the path has at one and the same time no gradations, but different levels of subtle capacity which can be gently increased with infusions of …"

"Medicine," said the fat monk, grinning. "That's what we are here to discuss. The

This is a graduation ceremony, of sorts. Of course you are not graduating into anything, but rather into nothing ...

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

What people call 'a normal life' is as if lived in a fog, a misty half-forgetfulness. It just passes by like a dream. To begin to change this, one of the first things we do is train attention ...

hermit said you did very well in the valley, although he seemed amused by something that he did not share, and merely indicated that we could begin to explain the exoteric aspects of dealing with medicine."

I found my voice. "Exoteric?"

Cook smiled. "The esoteric aspects cannot be spoken, they are learned through essence. Within, if you will, although that is actually inaccurate and also illustrates the problem."

"What problem?"

"That you cannot speak of it."

They all laughed.

"OK," said the fat monk. "Let's get down to business. We Daoists have made a special study of techniques to gather medicine, and in fact our literature describes them in great detail, but without some individual guidance it is hard to employ those techniques. But there are two broad categories: external medicine and internal medicine. Internal medicine is the crucial one."

"And I guess the most complicated, right?" I said.

"Quite the contrary," he replied with a smile. "It is very simple. It basically operates itself. The processes involved in gathering external medicine, though, can be complicated and need careful supervision lest one go astray."

"Go astray how, exactly?"

"Well, the whole 'Daoist sexual technique' area, for example, is extremely dangerous..."

"A trap for fools," interjected the Abbot, shaking his head.

"... and is also explicitly warned against in most authoritative literature. But even in areas just involving breathing techniques—*qi gong*—unless carefully instructed one can imagine that you need to force qi through certain channels, or hold a ball of qi in the lower abdomen, or force qi into certain organs."

Bags under her eyes

Cook was giggling.

"What?" We all turned to him.

"I was at the market the other day and one of the vegetable sellers was asking me why she had these bags under her eyes, since she thinks monks all know about medicine. Turns out she'd been following a *qi gong* 'master' who had advised her that to maintain health in her eyes she should force tears from her eyes every morning and night."

"Unbelievable," said the fat monk. "No wonder she had bags, all that qi forced up into the eye sockets."

The power of attention

"Most of the time," the abbot said, "people start with the terminology and get confused. I am going to start with the actual process, and move from that to the terminology. So here we go: what people call 'a normal life' is as if lived in a fog, a misty half-forgetfulness. It just passes by like a dream. To begin to change this, one of the first things we do is train attention, and very often we will begin by focusing our attention on the physical body. This is where training in *gongfu* techniques, *Taiji Quan*, *Xingyi* or *Bagua* come in. Or sometimes we just do simple *yangsheng*. The point is the same: to learn in exquisite detail the subtle actions of physical sensing."

At the end of the table, the fat monk was grinding ink, slowly circling the inkstick in a tiny pool of water.

The abbot continued, "The advantage in starting with physical sensing is that the body is always present, and therefore improving our awareness of our bodily sensations itself brings a kind of 'presence' into our being. Others can sense this presence, sometimes, and it very easily leads practitioners into thinking that they are somehow 'special'."

Cook chuckled and shook his head.

"This, of course, is to be resisted or at least downplayed," said the abbot. "The second thing that increasing your attention on the physical body does is to 'decongest the head' in the sense of reducing the intensity of compulsive thoughts. You may have noticed that there are different types of thinking which you could crudely call 'heavy' and 'light'. This is over-simplified, of course, but most people should be able to recall the experience of being sharp and agile in mind, with answers seeming to appear without effort. That is the 'light' type of thinking. 'Heavy' thinking is just how it sounds: dull, uninspired and slow."

I knew what he meant.

"By pouring your attention into your body," he continued, "those heavy thoughts

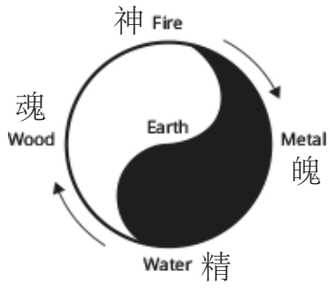
descend, and allow the light thoughts to arise in clarity. It is as if that mist that we were living in starts to separate, murky waters settling below, light pure mist ascending above, and allowing dry land to reveal itself in the middle. This is the Earth of Will or Intent."

The fat monk took up a brush and dashed off two characters.

意 土

"Earth is all the muscles and flesh of the body, as well as the centre," he said, "and *yì* (意) as you know is thought or intent or Will, in the sense of the direction of your attention."

He drew a larger circle around the two characters, then placed four other characters at each of the cardinal points.



"When you place your attention on your body, silencing your random thoughts, looking and listening inward, then attention gathers in the centre, ie Earth."[1]

He tapped the centre two characters.

"This is an important step, because for the first time the individual begins to sense an ability to make clear decisions, to direct attention purposefully, and encourage through proper choice the continuing clarification. It can be incredibly fascinating, all the things you discover …"

"Like what?" I interrupted.

They looked at each other.

The fat monk spoke first. "Well, like the connection between awareness of the breath and the activation of different acupuncture points and channels. Say you are walking along, thinking only of the weight of the body on the soles of the feet, the feel of the wind on your skin, your breath as it enters your lungs and moves downward into the *Dan Tian*. At this point you will often spontaneously notice that *Yongquan* and *Laogong* start to feel a bit distended and heavy, and that the *shaoyin* and *jueyin* channels are throbbing."

"And why is that important?"

"It isn't." They all laughed. "But that doesn't stop people from getting fixated on interesting physical sensations."

"Look," said the fat monk, "All of this activity is in the realm of 'external medicine', and is also considered what our Buddhist brethren call *fāng biàn* (方便), an expedient means, just used for convenience to help you along the way. So you want to take care that you do not turn medicine into poison by getting stuck, focusing on the body and being unable to let go."

"This is an important concept," interrupted the abbot. "All means, all methods, all concepts are useful *while they are useful* and then should be relinquished."

"*Once you have caught the fish, you can then drop the net*," quoted Cook.

"Is that an old Chinese proverb?" I asked.

"Actually I think it is from one of the boatman's stories," said Cook with a sheepish grin.

"But I don't get it. If it is not important, why do it? What's the point?"

"Let's take a walk," said the abbot.

The hidden garden

He led the way out of the small room, but not through the large chamber with the rug. A door behind a tapestry curtain led to steps which inclined upward along a narrow stone passageway. I could see light ahead, and then we stepped out into a confined grotto, weirdly shaped rocks with crevices and nooks all around.

We did not pause but followed the abbot through the grotto out into a garden with a pond covered in lotus leaves. A few lotus flowers braved the cooler temperatures. We settled in a small pavilion bordering the pond. I thought I had been everywhere in the monastery, but I had never seen this spot before. It was as if it existed on another plane, a land unsullied and pure.

Trust works both ways

The abbot spoke. "Now let us say what we can of the inner medicine," he said.

1. 精神魂魄聚于意土也. *Jīng shén hún pò jú yú yì tǔ yě.*

GONG TINGXIAN'S CHEAT SHEET

Blood in the stool: Huai Hua & Di Yu.
Piles: Huang Lian & Huai Jiao.
Rectal prolapse: Sheng Ma & Chai Hu.
All parasitic worms: Shi Jun Zi & Bing Lang.
All women's diseases: Xiang Fu.
Menstrual pain: Wu Zhu Yu & Xiang Fu.
Amenorrhea: Tao Ren & Hong Hua.
Menstrual flooding: Chao Pu Huang.
To calm the fetus: Twig Huang Qin[1] & Bai Zhu.
Postpartum fever: Pao Jiang.
Retained lochia: Yi Mu Cao.
Difficult childbirth: Chuan Xiong & Dang Gui.
No breastmilk: Chuan Shan Jia.
Breast abscesses: Bai Zhi & Zhi Mu.
At first stage of sores: Roast with moxibustion.
Carbuncles on the back: Huai Hua.
Toxic swellings: Jin Yin Hua.
Scabies: Bai Fan.
Patch disease:[2] Mi Tuo Seng.
All swollen toxic sores: Lian Qiao & Niu Bang Zi.
Lockjaw: Nan Xing & Fang Feng.
Soup scalds & burns: Bai Fan & Da Huang.

1. 條芩 The young roots of *Huang Qin*.
2. 癜風 *dian feng*, or *bai dian feng*, usually translated as vitiligo.

"Most of the time our senses are directed outward, and reinforce the feeling that we are one solid body, individual, separate from everything. You need to learn to sense within, to lessen that sense of being individual, and detach from the feeling of mere physical existence. You know, it takes us a lot of work, a lot of energy, to constantly create and recreate this sense of individuality. That is what the books mean when they say that *the average person uses their mind to create their body*.[2]

"Here though 'the body' does not just mean the physical body, but the lower soul, which is associated with everyday consciousness."[3]

He sketched the word *pò* (魄) in his palm.

"When you can free that energy from obsessive clinging, that saved energy can then go toward combining the higher and lower souls into their original completeness."

Cook took up the guidon. "There is another aspect to Earth," he said, "and that is trust (信). Trust, trustworthiness and sincerity, all are associated with Earth, and all are essential aspects of this path. I think it was Huang Yuanji who said 'If people can be perfectly sincere all the time, then what makes the elixir is herein.'[4]

"I know that quote!" said the fat monk. "I was reading that chapter of his last night. Just before it he said:

Trust is associated with earth. The entire process of cultivating refinement makes subtle use of the earth of intent. Therefore Laozi says, 'That vitality is very real; there is trustworthiness in it.' This is the basis of the alchemical elixir; nothing but perfect sincerity.[5]

"Yes!" said the abbot. "Trust that you will be guided, earnestness in your search, and you begin to notice that little indications are laid out for you along the path. If you notice these, more will be supplied."

"Who is doing this?" I asked.

"Not a who," smiled Cook.

"You know what I found interesting?" said the fat monk to the abbot, "I noticed that this seems to stop at a certain stage."

"Yes," said the abbot, "because it can become an encumbrance, and subject to abuse. When you no longer need it, it happens to you less. You do not lose it, as such, but it no longer functions without your participation."

"Another good example of medicine turning into poison," the fat monk agreed.

I had a faint inkling of what they were talking about. Every so often I would be concentrating on a question or studying a concept, and someone would make an off-handed comment that shed new light on it, or let me see it from a new angle. Or I would open a book at random and there would be the perfect quote to illuminate what was holding me back.

Hidden tussle

We sat in silence, looking out over the pool. Wind played amongst the lotus leaves, rippling the surface of the water. A sudden swirling in one corner was the only indication of a sub-surface tussle, two goldfish chasing the same bug or little shrimp.

The fat monk had brought his paper with the circle on it. 'We have spoken of this in the past," he said, "but not in the context of medicine. This is some of the technical terminology the abbot mentioned just now."

He pointed to the paper. "See *hún* (魂) on the left, this is linked to Wood and has an ascending quality, lifting your spirit. On the right is *pò* (魄), linked to metal and sinking…"

"That is why we call it the lower consciousness," interrupted the abbot. "*Hún* is part of the higher consciousness."

"Part of?" I asked.

"Yes. Its ascending tendencies must be linked to *shén* (神)," the abbot reached over and indicated the top of the circle. "*Pò* on the other hand is linked into the physical vitality of *jīng* (精)." He pointed to the bottom of the circle.

"Seems simple enough," I said.

They all laughed. "That's because we've kept it simple," Cook said. "We haven't mentioned that each of these five, the *hún*, *pò*, *jīng*, *shén* along with *yì* in the middle, each has its higher and lower forms, its everyday and transcendent actions. But

2. 凡人以意生身 *fán rén yǐ yì shēng shēn*. Secret of the Golden Flower, chapter two, section 10.
3. 識依魄而生 *shí yī pò ér shēng*.
4. 人能至誠無息，則丹之為丹即在是矣. *Rén néng zhì chéng wú xī, zé dān zhī wéi dān jì zài shì yǐ*.
5. Cleary translation, from Huang Yuanji's *Tao Te Ching: The Science of Life*, chapter 17. 道德經真義， 黃元吉.

again, this is stuff that you must verify on your own, not just take it on faith."

The teacher appears

The abbot sat up.

"OK, I think that is enough to go over today. But let's recap the fundamental ideas here," he said. "To begin gathering medicine, a person should attend closely to their physical sensations for a certain period of time each day, reducing the tendency to be swept away in thoughts and drained of energy. Attend to the breath, imitate the bellows-like action of heaven and earth. Quietly rising, gently descending, you will start to feel a single qi circulating among the hundred joints of the body, closing and opening. As it opens the qi will emerge, as it closes the qi will enter. The qi emerging is like earthly qi ascending upward. Qi entering is like heavenly qi dropping in descent."

"This is a great exercise in increasing longevity, even if you get nothing else from it," remarked Cook. The abbot stood, swept his arm around and declaimed, "But if you gallop around the realm of dust and flowers, and contend in the arena of true and false, your true qi will be dispersed and wasted, no longer yours. Don't do it! Nourishing your true qi in emptiness and quiet, hold to the centre."

He gave me a long look. "When you can do that, your true teacher will appear."

"My true teacher? Appear from where?"

He touched my chest.

A goldfish leapt free of the water and fell back with a splash.

Real Chinese sayings

The master leads to the door, but the path is refined alone.

師傅領進門，修行在個人

Shīfu lǐng jìnmén, xiūxíng zài gè rén.

Pattern differentiation for **brain tumours**

By Wang Shiying
translated by Steve Clavey

Differentiation of brain tumour in Chinese medicine has a rather indefinite history comprising disparate mentions in texts over the centuries, but these scattered mentions do contribute significantly to our present day clinical approach. The tumour is related to the constitution of the patient, not only related to the brain, in the Chinese medicine view, so the differentiation and treatment from one angle is to suppress and eliminate the cancer cells in order to shrink the tumour and control its spread, but from another angle is to regulate the functioning of the whole body, strengthening the patient's immune system and ability to fight off the cancer, and meanwhile improving duration and quality of life.

Professor Wang Shiying (above) is chief physician at the Beijing Shijingshan District Tongxin Hospital, specialising in brain lesions.

Know your categories

Ancient Chinese medicine did not have the term *nǎo liú* (腦瘤) or "brain tumour" but rather approached treatment under the categories that grouped the most prominent symptoms, such as 頭暈 *tóu yūn* (dizziness), 頭痛 *tóu tòng* (headache), 嘔吐 *ǒu tù* (vomiting), 半身不遂 *bàn shēn bù suí* (hemiplegia), 肢體抽搐 *zhītǐ chōuchù* (limb spasms or convulsions) and so on. These symptoms will usually be found grouped under the overall Chinese medicine illness categories of 頭風 *tóu fēng* (head wind), 頭痛 *tóu tòng* (headache), 中風 *zhòng fēng* (wind strike) and 嘔吐 *ǒu tù* (vomiting).

By knowing which illness categories apply, and which symptoms, you can use these to research ancient texts for insightful techniques when you have a difficult patient.

Pathology and pathogens

The primary pathological mechanisms are a deficiency of marrow (腦髓 *nǎosuǐ*) in the brain and spine, and pathogens such as 風 *fēng*, 火 *huǒ*, 痰 *tán*, 瘀 *yū*, or 毒 *dú* (ie. wind, fire, phlegm, blood stasis, or toxin). Any of these pathogens, singly or in combination, may take advantage of the marrow deficiency to encroach, gather and establish themselves in the brain, eventually transforming into a lump that develops into a brain tumour.

The internal setup for this complex mix of deficiency and excess is long illness injuriously depleting the qi and blood such that

they can no longer ascend to nourish the marrow of the brain, leaving it vulnerable. Other injuries to Kidneys, which support the marrow, are also possible, such as excessive sexual activity or severe fright injuring the Kidneys, or constitutional factors leaving the primal resources of the Kidney (先天腎元不足 *xiāntiān shènyuán bùzú*) weak and unable to maintain the marrow.

External factors can also play a part: poor eating habits or external invasion by pathological toxins can cause the body to internally generate wind, fire, phlegm, damp, blood stasis or toxic pathogenic factors which then encroach on the weakened brain and marrow, taking the place of clear yang and normal qi. The pathogens accumulate over time and develop into the tumour. Due to this mix of weakness and excess, the normal qi is unable to eliminate the pathogens, or unable to completely eliminate them, which leads to progress in treatment and then relapses as the residual pathogen that has not been eliminated flares again. This makes for a stubborn illness that often confounds even a combined Chinese-Western treatment approach.

Therefore careful differentiation will help in targeting precisely what should be done so that one is not wasting effort where it will not be profitable.

Primary patterns

In my long experience treating tumours of the brain, I have found the following five patterns most common.

I. Kidney deficiency failing to nourish the marrow, leaving it empty and weak

This type is often seen after surgery or radiotherapy, the most common symptoms being dizziness, feelings of distention in the head, forgetfulness, tinnitus, restlessness and insomnia, sore and weak lower back and knees, frequent urination at night, pale red tongue with thin white tongue coat, and a thready wiry pulse or thready choppy pulse.

2. Phlegm heat rising to disturb and occlude mental clarity

This type presents with muddled consciousness, the sound of phlegm in the throat, heavy head or vertigo, and stiff tongue making speech difficult. These can be accompanied by nausea, vomiting, possibly profuse yellow phlegm that is difficult to expel, possibly dry mouth, dry stool or constipation. The tongue coat will be thick yellow and greasy, the pulse slippery and strong.

3. Qi deficiency unable to transport with phlegm and blood stasis obstructing the brain

This type is often seen in brain tumour patients following surgery. They present with vertigo, dizziness, paralysis of the limbs or impeded movement, palsy of the mouth with drooling, difficulty speaking and difficulty extending the tongue or deviated tongue. The pulse is wiry and choppy, the tongue colour pale purple with other signs of blood stasis such as purple patches or distended veins.

4. Liver yang rushing upward with internal disturbance from Liver wind

This type is often seen with multiple tumours that are inoperable, or that have recurred following surgery making further surgery inadvisable. The speed of the tumour's growth creates compression symptoms such as severe headaches, visual distortion, impeded eye movement, nausea, vomiting, spasming of the limbs, a sensation of top-heaviness and loss of balance making walking unstable, red face, anger, thirst, constipation, red tongue, yellow dry or yellow greasy dry tongue coat, pulse rapid, or slippery rapid, or wiry rapid.

5. Yang deficiency unable to transform with watery qi flooding upward

This type is mainly seen after surgery for the tumour, or after repeated radiotherapy, both of which have injured the normal qi such that the lesion stubbornly fails to heal, while the mass affects the surrounding tissue and leads to oedema in the brain. The patient will often feel exhausted and look pale, and be dizzy with a heavy head, poor memory, vertigo, tinnitus, nausea, vomiting, sensitivity to cold, weak lower back and knees.

There may also be difficulty breathing, palpitations, and oedema in the limbs; the tongue will be pale, flabby with toothmarks and a white wet tongue coat that might be greasy. The pulse will be deep. The treatment should be to warm the Kidney yang, and transform qi to move water.

Careful differentiation will help in targeting precisely what should be done so that one is not wasting effort where it will not be profitable.

Making syrup

After soaking the herbs for one hour, boil them three times, pouring off the liquid each time into a storage container.
Combine the liquids from the three boilings and gently boil the combined liquid until it is thick, then strain the dregs out. At this point the rock sugar, honey or molasses are added to the liquid.
The liquid is then boiled on a low flame until a syrup forms.
One tablespoon is to be taken in water morning and evening daily, on an empty stomach, or after meals if the patient finds the syrup on an empty stomach causes problems.

How Chinese medicine fits in

In the context of overall treatment, generally the first step is surgery followed by elective radiotherapy and Chinese medicine as a combined approach to management. As long as the tumour is in an operable position, this should be considered as the first choice. If surgery is not an option due to location or the number of lesions, then Chinese medicine can be used as a conservative treatment. Chinese herbs are important in the process of management together with surgery and radiotherapy, aiming at ameliorating the depleting effects of surgery and reducing the side effects of radiotherapy, while improving the efficacy of both.

Because of the unfortunate tendency for surgery on malignant tumours to encourage the recurrence of those tumours (rather like cutting chives just makes them grow thicker), an operation by itself can often increase the speed of recurrence and level of malignancy, and makes the use of Chinese medicine and elective radiotherapy both essential adjuncts to surgery for the treatment of brain tumours. The Chinese herbs will aim at reducing the growth and spread of the tumour itself while supporting the patient and reducing side-effects from other types of treatment, which means that the Western treatments used can actually be stronger than usual since they have less concern with the ability of the patient to withstand the ill-effects. For many years now in China this approach has been improving survival times and quality of life for countless numbers of patients.

Prognosis

I have found that Chinese herbs greatly reduce the recurrence of tumours after surgery, while also assisting the patient's recovery from the surgery itself. Other factors influencing the patient's progress will be providing high-quality nourishing foods that they can digest, and helping them maintain a positive outlook and optimism.

My direct advice to the patient is: early treatment is important, as is first carefully selecting your treating physician and surgeon. But once selected, trust them and follow directions. Don't randomly search out and try all sorts of other miscellaneous treatments: most often these will simply interfere with the carefully constructed several-pronged approach put together by your multi-disciplinary team.

■ The article from Wang Shiying ends at this point, but the following are some suggestions for designing a treatment that fit in with her differentiation patterns:

Base formula and modifications

Bǔ Shèn Huà Tán Tāng (補腎化痰湯 Tonify Kidneys, Transform Phlegm Decoction)

The base formula is as follows, with additions below based on pattern differentiation. The prescription is then boiled into a syrup using 200g of rock sugar (honey or molasses can also be used; see instructions below after the modification guidelines).

Ban Xia	15g	Pinelliae Rhizoma praeparatum
Dan Nan Xing	15g	Arisaema cum Bile
Shi Chang Pu	9g	Acori tatarinowii Rhizoma
Dang Gui	9g	Angelicae Sinensis Radix
Shan Zhu Yu	9g	Corni Fructus
Chi Shao	9g	Paeoniae Radix rubra

Modifications: For phlegm damp-retention, use *Wen Dan Tang* (Warm Gallbladder Decoction) or *Dao Tan Tang* (Guide Out Phlegm Decoction) herbs as modifications;

For Liver and Gallbladder phlegm heat, use *Long Dan Xie Gan Tang* (Gentian Decoction to Drain the Liver) herbs as modifications;

For Liver and Kidney yin deficiency, use *Qi Ju Di Huang* (Lycium Fruit, Chrysanthemum, and Rehmannia Pill) or *Yi Guan Jian* (Linking Decoction) herbs as modifications;

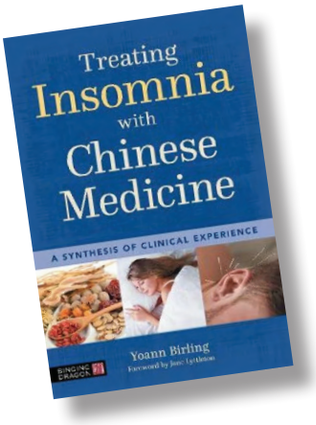
For blood stasis and qi constraint use *Xue Fu Zhu Yu Tang* (Drive Out Stasis from the Mansion of Blood Decoction) or *Bu Yang Huan Wu Tang* (Tonify the Yang to Restore the Five[-tenths] Decoction) herbs as modifications;

For Liver wind moving internally, use *Tian Ma Gou Teng Yin* (Gastrodia and Uncaria Drink) type herbs as modifications.

As noted above, once the modifications are added to the base formula, the prescription should be boiled up as a syrup (instructions above, left), making it tasty, easy and convenient for the patient to take, and taking into consideration the delicate digestions of these suffering patients.

Approach works like a dream

TREATING INSOMNIA WITH CHINESE MEDICINE by Yoann Birling, 288 pages, Singing Dragon



Review: Kylie Freemantle

YOANN STATES IN his introduction that this text is a synthesis of his research strategy he developed to make sense of the plethora of reports on this topic. The concept is to pool the clinical experience of hundreds of physicians, rather than a biased interpretation of which elements of them might be most important or relevant.

The text focuses heavily on herbal treatment. If you are an acupuncturist who doesn't use herbs, you are likely to find it limited. Compared to the 144 pages discussing herbal medicine, there are just 27 on acupuncture and related modalities (including eight on tuina, which I found impressive due to the modality often being glossed over).

Yoann does not try to identify the best formula or acupuncture point for symptoms or patterns, but rather to demonstrate the varied and sometimes contradictory ideas used in clinical situations. Throughout most of the book, this approach works well. However, parts I found heavy and difficult to focus on due to the dry content. For lovers of statistics, chapters of this book will titillate. For lovers of clinical application, some pages will have you cross-eyed and wondering if there is any method whatsoever in Chinese medicine diagnosis and treatment. I found myself rereading lines, trying to make sense of content and how it would be relevant to my own practice.

At this point I began to really question who the intended audience was. Some chapters were heavily weighted towards the Western science model, others appeared written for people well versed in Chinese medicine, while others again spoke more to those in the early stages of learning Chinese medicine. In fairness, Yoann's introduction does set out a guide as to who would benefit from which chapter, but I believe that if I were setting out on my journey through learning Chinese medicine, chapter 6, which he suggests would be a good place to start for those unfamiliar with the treatment of insomnia, would make me question if it were worth continuing on!

However, I did continue, and was glad I did. I found Yoann's compilation became more accessible. He wanted to remain unbiased in the presentation of information, and there is great merit in this, as it leaves the reader to work out what is important, to challenge their own thinking and form their own views.

Case studies support the collated information. At times, I found myself thinking some cases to be a stretch to have been placed within a category. An example is in the chapter on Shen Calming. The case presented uses *Er Xian Tang* with *He Huan Pi*. When the formula doesn't give the desired result, the physician adds *Ban Xia* and *Shu Mi,* citing distention in the chest and stomach, a greasy tongue coat and thin and slippery pulse as reasons for the adjustment. My initial interpretation phlegm-damp in the middle *jiao*, for which *Ban Xia* and *Shu Mi* would be appropriate. So wouldn't this case be a better representation of using pattern-based treatment? However, on going back through the details leading into this case study, there is discussion on the use of *Ban Xia* at a higher dose as a *shen* calming herb. In this case study, the physician used 20g. It got me wondering and wanting to test the concept in my own clinic. And again, my love of the beauty, depth and layers of Chinese medicine had been stimulated!

I will definitely be going back to reread the ideas that challenged my understanding, or I naively thought were less nuanced, in the hope that I can extract more such pearls. And I believe, in this, I finally worked out who the target audience is. It is for all in the Chinese medicine community—there is absolutely something for everyone.

Change of life ... ain't it grand

MENOPAUSE—A COMPREHENSIVE GUIDE FOR PRACTITIONERS by Katherine Berry and Natalie Chandra Saunders (with Suzanne Cochrane and Brian Grosam; foreword by Honora Lee Wolfe)

Review: Bettina Brill

MENOPAUSE, EVOLUTIONARY QUIRK or "grandmother phenomenon"? I would like to think that women are as unique as some whales, which are the only other species that go through menopause, and that this happens for a purpose—to conserve energy in old age so one can take care of the grandchildren. Thus, menopause is reframed as a positive experience, as highlighted by the authors.[1]

With an impressive background in acupuncture education and research the authors have compiled a detailed clinical manual for treating menopausal women. Western approaches are combined with Eastern medicine and this is a great advantage of this book. In fact, only about half the book discusses Chinese medicine treatments and clinical approaches, the rest is dedicated to Western medicine, naturopathy, self-care and psychology.

The book is structured into eight sections, starting with an introduction of terminology and definitions.

Section two focuses on hormones, menopausal hormonal treatments (advantages and disadvantages), other pharmaceutical treatments, medical and surgical menopause, premature ovarian failure (a link to pre- or post heaven *jing* deficiency is made in the next section) and breast cancer. The reader is introduced to the concept of traditional Chinese and East Asian medicine in section three. The authors point out that in historical Chinese texts there was no mention of menopause, but rather a list of symptoms that occurred in older women.[2] This section also has a discussion of the "gates of life" (stages during a woman's life according to Chinese and Western medicine), body types, facial reading, and a detailed section on Five Element acupuncture.

The most detailed information on Chinese and Eastern medicine syndromes and treatments can be found in section four. Rather than discussing the treatment of "menopausal syndrome" the authors list the common signs and symptoms of menopause and their associated syndromes, treatment with acupuncture and basic herbal formulas and dietary advice.

The list includes vasomotor symptoms, mood disorders, insomnia, urogenital problems, uterine bleeding, sexual dysfunction, musculoskeletal pain, osteopenia and osteoporosis, metabolic syndrome, cardiovascular problems and cognitive decline.

At the end of each section is a list of references that may be useful if seeking extra information going beyond general herbal formulas (eg. a clinical trial for vulvar atrophy, using modified *Er Zhi Tang;* or a discussion of Chinese herbs for the treatment of alzheimer's disease).

1. This theory is also discussed by Dagmar Hemm: Menopause: natural process or disease? Part 2 *The Lantern,* Vol 5.1

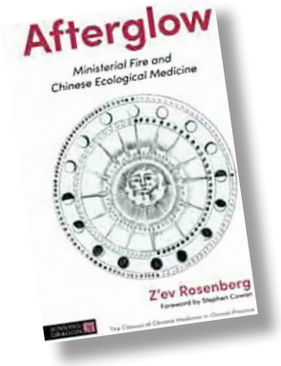
2. See also discussion by Dagmar Hemm: Menopause: natural process or disease? Part 1 *The Lantern*, Vol 4.3

There is a strong focus on lifestyle in section five (metabolism, weight, exercise, stress, sleep, sexual disturbances, mainly from a Western perspective with short references to TCEAM). Diet and nutrition are also mainly covered from a Western view, including Western herbs and botanicals, but there is reference to the effects of some Chinese herbs such as *Dang Gui*, gingko and turmeric. Section seven discusses the importance of self-care, including the concept of *yangsheng*, the benefits of drinking tea (normal tea and Chinese herbal flowers (eg. fresh plums, green tea and honey for Liver qi stagnation) and foot soaks (such as *Gou Qi Ye, Ju Hua, Chuan Xin Lian* and *Ku Ding Cha* for menopause syndrome with Liver fire).

A list of the formulas (57 in total) can be found in the appendix (section eight) which also has a section on evidence-based acupuncture protocols and a flowchart for practitioners for managing menopause (Western medicine—based on Monash University Women's Health Research Program).

The authors have compiled a remarkable amount of information from different backgrounds into an accessible textbook. I found the combination of Eastern and Western information really useful since many menopausal women we see in our clinics take prescribed and self-prescribed medicines and supplements and need lifestyle and dietary guidance as well as informed discussion on their other treatment protocols.

Having all the information at hand in a manual is certainly helpful.



The story of fire and jing

AFTERGLOW—MINISTERIAL FIRE AND CHINESE ECOLOGICAL MEDICINE by Z'ev Rosenberg. Singing Dragon, Great Britain, 2023

Review: Christian De Caux

AFTERGLOW IS Z'EV Rosenberg's third book in his series presenting concise distillations of essential concepts from classical Chinese medical texts.

Z'ev's succinct interpretation of ministerial fire in the *Shāng Hán Lùn, Nán Jīng, Pi Wei Lùn* and other source material is interlinked with the ecological application of these occasionally contradictory fundamental theories.

At its core, *Afterglow* is a sobering warning of the perils facing us in the current environmental and sociological climate.

Written over the past two years, it places pandemics and natural disasters as a direct result of industrialisation, our yin fire petroleum civilisation consuming the *jing* of the Earth, leading to climate change and the state of the macrocosm.

Although not explicitly a historical survey or clinical manual, this book does also provide three case studies and musings on modern practice: particularly the over-supplementation of yin and ignoring the pathological movement of ministerial fire.

A thought provoking read, Z'ev's *Afterglow* will have you revisiting the classics with a fresh interpretation.

This book presents the hopeful message that now, more than ever before, the planet needs the ecological cohesion of Chinese medicine.