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BACK ISSUES SPECIAL OFFER – BACK PAGE

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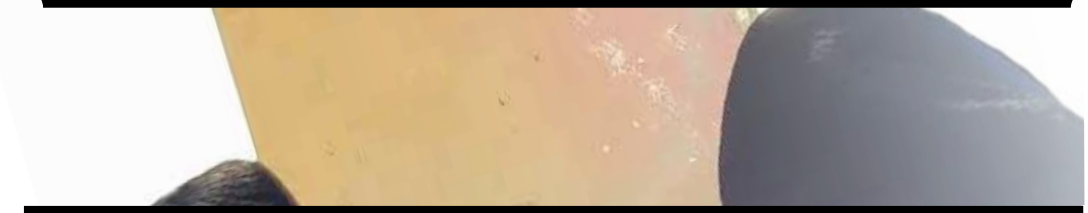
This editorial is the first we published in *The Lantern* (Vol 1:2). It seemed just as relevant today as it did way back 20 years ago, so we thought you'd indulge us giving it another run in this, our final issue ...

Tyranny of the **microscope**

And the allure of certainty



So long and thanks for all the well-wishes

... to mangle a book title of the late author and humourist Douglas Adams. Indeed, in the past several months we have been moved by, and deeply appreciative of, the many messages of gratitude and thanks (and even attempts to persuade us to continue) from subscribers and friends.

In our first issue of 60—way back in January 2004—we declared that *The Lantern*'s aim was to balance the tendency to discard aspects of Chinese medicine when they did not match the dominant paradigm of Western biomedicine, and to reflect and perhaps even cast new light on the "great treasurehouse" of this tradition. And always with an eye to clinical utility (and not taking ourselves *too* seriously). We hope we achieved a little of this, and in the process contributed something valuable to individual practices, and patients, as well as to the literature.

We still have some hard copies of back issues available. Some issues have sold out, and many are dwindling fast, so please be quick. These will no longer be available after April 2024. See the back page for details.

Individual articles, as PDFs, are still available on our website (thelantern.com.au), many of them free of charge, and all others at the most inexpensive rate. The lantern.com.au website will close at the end of June 2024.

So it is time for us to fade back into the Dao and let it just be. As *Laozi* chapter 37 says: 道常無為而無不為: Dao always does nothing, yet nothing is not done.

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.

CHINESE AND WESTERN medicine complement each other so well because of the great difference in mindset, in approach.

Chinese medicine is handicapped when there is a change at the cellular level that is not reflected in either bodily sensations or appearance of the patient (including tongue,facial colour, pulse and various bodily discharges). Western medicine can often pick this up early—for example, in a simple pap smear.

Western medicine is handicapped when the patient feels something is wrong, but none of the diagnostic tests show any changes. There is a tendency to downplay the patient's sensations of illness, or suggest that it may be stress, depression or imagination.

This is not a consciously applied technique on the part of Western medicine, it is a natural outgrowth of the technology that focuses on chemicals, cells and molecules. In this world, the world of the microscopic, it is visible physical change at this level that is significant; vague subjective sensations give only a general hint about which tests to run. Once the tests come back, there is concrete evidence of the problem, a certainty to the diagnosis; there is a clear line: complaint—test—results—diagnosis.

There is a firm foundation, someplace solid to stand. This concrete certainty is extremely alluring. You have proof for every move you make! You are Right, and you can prove it.

That is, *if* the tests come back with concrete evidence. Without clear positive results, there is no certainty, and for those reliant on certainty this would feel extremely precarious. Like sailors pre-Columbus: over there, beyond that horizon, is Chaos!

Infinitely variable life has a way of disrupting our certainties.

So what do you do? Improve the tests, by all means. Develop more sensitive scanning devices—perhaps the answer is at an even smaller level. One day surely we can control all the variables.

Or you learn to work with uncertainty. One might have methods of measurement that give you enough to go on, enough to be able to plot a course of action, without the comfort of absolute concrete evidence. One might navigate by the stars, instead of that solid dependable coastline.

This is the everyday world of Chinese medicine, our proper place, and one of our major contributions to the health care of our society: a different way of navigating. This is clinic, not the lab. We take the evidence of our own senses, together with the "vague subjective sensations" of the patient, and look for recognisable patterns. We have learnt, over hundreds of generations of humans, what to look for, the patterns to seek, which could be confused with what, how to differentiate. There is no certainty, but from these pattern constellations we plot our course, the course for doctor and patient, back home to that fluid state called health.

Evidence-based medicine is very attractive if one is uncomfortable dealing with uncertainty. There is the proof: this treatment will work, for sure. Well, at least for a certain percentage of patients; the others are non-responders. Too bad for them.

There is also the understandable tendency to try to fit the patient to the treatment instead of fitting the treatment to the patient: "Well, I know this works, it's proven, and he is almost right for the category, so ..."

This type of approach seems so undeniably right. Who can dispute that "we should use what works"? "There is proof for this treatment, it works, of course it should be used" (unfortunately this all too easily slips into the false corollary, "There is no proof for this treatment, of course it should not be used.") And again: works for who?

There are those who lament the advent of evidence-based medicine as the demise of the art of the clinic in Western medicine; the movement in this direction has been inexorable ever since Western doctors began looking more at their lab results than they do at their patients. This all may be so; it is really none of our business except perhaps to watch and learn.

It becomes our business when we are told that Chinese medicine should change its clinical approach to be more like Western medicine, when we are told we should have proof, and more certainty.

When certainty exists, by all means take advantage of it (before it moves!)—but when that coastline has disappeared behind you, and the waterfall at the edge of the world is before you, try Chinese medicine. It's been there before.

Steve Clavey

Improve the tests, by all means. Develop more sensitive scanning devices—perhaps the answer is at an even smaller level. One day surely we can control all the variables.

On poetic medicine, warmth disorders, menopause and polycystic ovaries ...

How to keep **tradition** alive

By Volker Scheid

Paul Unschuld famously remarked that Chinese medicine was to all extents and purposes a dead tradition, because the society that had once generated it no longer existed. Like the wood of a dead tree Chinese medicine might still retain some usefulness, but the root that sustained the tree as a living thing had irreversibly been cut off, curtailing any possibility of future life.[1]

UNSCHULD'S CLAIM RAISES a number of interesting questions that have long concerned me, and to which, in the course of this paper, I want to give some new answers: What is the difference between a living and a dead tradition? If there is a difference, does it matter and, if so, why? How would one keep tradition alive? Are there truly traditional or authentic ways of practising Chinese medicine, and others that are invented or un-traditional? Are any of those questions relevant to contemporary clinical practice, or are they just a form of intellectual navel-gazing? Is the search for authenticity perhaps more a matter of personal and social identities, about fulfilling a sense of belonging, or of finding a way to promote oneself in a competitive medical market rather than about raising levels of clinical practice?

None of these questions is exactly new. They have been asked—and answered—by thinkers in the Chinese medical tradition—for centuries. We may not realise this because, until quite recently, these thinkers did not use the term "tradition" with all the baggage that attaches to it. Instead, they tried to define the scope of orthodox (*zheng* 正) medical learning. They asked themselves whether there was only one gate by which one might enter (*rumen* 入門) into medicine, or whether there were many paths. They tried to distinguish between vital (*huo* 活) and dead (*si* 死, *sha* 殺) methods, those that kept tradition alive and those that rendered it ineffective and unable to renew itself.

I want to bring some of these debates into the present by focusing specifically on the distinction between vital and dead methods. I ask what this distinction can do for us, both at the micro level of clinical practice, and at the macro level of how we think of and about Chinese medicine. For whether or not we are aware of it or not, no one practising Chinese medicine can escape the tension between vital and dead methods, so we should address it directly and self-reflectively.

In our practice, for instance, we are confronted each day with the task of bringing dead texts back to life to speak to living bodies. And yet, in order to do so, we inevitably risk curtailing the overflowing vitality of life in our patients by reducing it to the limited concepts, imaginaries and patterns contained in these texts, or, at least, in our readings

1. Unschuld, Paul U. 1992. "Epistemological Issues and Changing Legitimation: Traditional Chinese Medicine in the Twentieth Century." In *Paths to Asian Medical Knowledge*, edited by Charles Leslie, and Allan Young, 44–63. Berkeley: University of California Press: 46.

of them. Who, for instance, can truly say that they work with all of the more than 30 different interpretations that contemporary commentators apply to the concept of *jing* 經 in the *Treatise on Cold Damage*? We may claim that such plurality reflects the intrinsic vitality of the Chinese medical tradition, but insist in the very next sentence that working with just one lineage's interpretation of this plurality is all we need to do for our entire lives. Is it not the case that unless we fully honour that plurality we are then led into the cul-de-sac of a dead traditionalism?

One way that physicians in the past tried to work their way through these questions was by turning to poetry and literary criticism for answers and inspiration. To understand why that should have been the case we need to grasp the status of poetry in the cultural life of premodern China. Every educated Chinese person read poetry, many tried their hands at it, and the famous poets of past and present enjoyed enormous social status and prestige. Furthermore, during the last millennium poets faced the same essential dilemma as did physicians of working within a tradition whose high points were presumed to lie in the past (usually in the Tang for poetry), and yet continue to create something relevant and transformative in the present.[2] I will argue below that such analogies between poetry and medicine are perhaps even more useful for us today, because they allow us to discuss the above questions without reducing them to the staid opposition between tradition and modernity/science, or the need to find that largely imaginary thread that ties together all of Chinese medicine into something whole and complete.

Under the influence of Chan (Zen) Buddhism, poets from the Southern Song onward came to distinguish between vital or productive methods of poetic expression and composition, and dead ones, which merely replicated a hypothesised norm by teaching students to write mechanically in a particular style.[3] Borrowed from poetry (and, indirectly from Buddhism), the term "vital methods" entered medical discourse during the 12th century,[4] and the problematic tension between creativity, innovation and traditional authority has been thematised with the help of these concepts ever since.

I will use two case studies to examine how these modes of exploring the problematic of tradition can remain productive for us today even if we know nothing about Chinese poetry or Buddhism. The first of these case studies takes us to Suzhou in the 18th century and the invention of new strategies for treating fevers. The second looks at the treatment of symptoms associated with menopause and that of polycystic ovary syndrome (PCOS) as discussed in contemporary gynaecological textbooks through the lens of my own research and clinical cases.

Poetic medicine in 18th century Suzhou

In late imperial China, most scholar physicians and all literati with an interest in medicine read poetry. Many penned the occasional poem themselves, be it in the privacy of their studies or at social gatherings that would have revolved around eating, drinking and reciting poems. Some physicians were even recognised for their poetry—or painting, calligraphy and scholarly writings—as much as they were for their medicine. The 18th century physician Xue Shengbai 薛生白 (1681–1770), one of the presumed founders of the warmth disorder (*wenbing* 溫病) current in Chinese medicine, is perhaps the most famous of these poet-physicians.

The scion of an ancient literati family, Xue, like many of his peers, was a man of many interests and talents. Besides medicine and poetry, he also excelled at painting, a field in which he was known especially for his beautiful orchids in black ink. He never succeeded in passing the civil service examination and had to give up his youthful ambitions of an official career, but he went on to publish scholarly works on the *Book of Changes* and literary criticism. Apparently, he was also good with horses and an expert practitioner of the martial arts.[5]

Whether or not we are aware of it or not, no one practising Chinese medicine can escape the tension between vital and dead methods.

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

2. The same problematic can be found in other artistic fields such as calligraphy. The calligrapher-physician Fu Shan, for instance, described the works he produced commercially for stingy Shanxi merchants as "dead calligraphy". See for instance Bai, Qianshen, 2003, *Fu Shan's World: The Transformation of Chinese Calligraphy in the Seventeenth Century*. Cambridge, Mass: Harvard University Asia Centre.

3. Owen, Stephen, 1992, *Readings in Chinese Literary Thought*, Cambridge, Mass., Harvard University.

4. Schmidt, J. D., 1978, "The Live Methods of Yang Wan-Li." In *Studies in Chinese Poetry and Poetics, Vol. 1*, edited by Ronald C. Miao, 287–320. San Francisco: Chinese Material Center; Kraushaar, F. 1999. Das Werk des Dichters Jiang Kui (ca. 1155 bis ca. 1221). PhD dissertation, Universität Hamburg.

5. In my account of Xue Shengbai I draw on: 周淑媚. 2022.

Fixed rules are dead, because they cannot capture the ever-present vitality of qi transformation, and copying dead rules can therefore only ever result in stereotypes and lifeless structures.

Xue Shengbai's biographers disagree as to his stance vis-à-vis the ideals of poetry at the time. They all, however, point to the overlap between his creativity as a poet and a physician. That is to say, for Xue there existed no essential difference between poetry and medicine. As he told his friend and patient the famous poet Yuan Mei 袁枚 (1716-1797):

> My medicine is the same as your poetry. It is simply an expression of the spirit. As the saying goes, [other] men's [spirits] are confined to their home; mine comes from beyond the heavens.[6]

Which is precisely the reason, of course, why poetry, and Xue Shengbai in particular, can help us think about medicine.

Xue Shengbai had studied poetry with Ye Xie 葉燮 (1627-1703), a poet and high official, and one of the leading literary theorists of his time. Although Xue would eventually develop his very own style of poetic composition, he claimed that he never strayed from what he had learned under Ye's tutelage. I will therefore briefly introduce Ye Xie's theory of poetry, not least because it places the distinction between vital and dead methods into a broader context of qi transformation.[7]

By the early 17th century, the field of poetry in China had split into two broad currents that held very different views on what path an aspiring poet should follow. Under the slogan "return to the ancients" (*fugu* 復古), those poets associated with the first of these currents argued that the late Tang, and specifically the poet Du Fu, should be considered as models for writing poetry in the present.

Although there exists no obvious causal connection, it is interesting to note that the idea that Zhang Zhongjing and his Discussion on Cold Damage (*Shanghan Lun* 傷寒論) be considered an absolute model for medical practice above and beyond that of any later physician, emerged during the same period as did the classicist orientation in poetry.

儒醫詩人:薛雪的生命圖景. 通識教育實踐與研究, 32, 1-114; 俞志高. 2001. 吴中名医薛生白. 江西中医药, 32(6), 56-58; and 张志远. (1991). 薛雪生平小考. 浙江中医学院学报, 15(1), 36-37.

6. 清・顾震涛《吴门补乘》卷 5.

7. My account of Ye Xie draws on Karl-Heinz Pohl. 1992. Ye Xie's "On the Origin of Poetry" (Yuan Shi). *T'oung Pao (Second Series)*, Vol. 78, Livr. 1/3 (1992), 1-32. See also 葉燮. 2006. 薛雪與沈德潛詩論研究. 宜蘭:佛光人文社會學院博士論文, 59.

By the 17th century, the "return to the ancients" movement had come under sustained critique by advocates of more individualistic, expressionist, and innovative styles of poetic composition. They argued that the worship of ancient models actually obscured access to the ancients under a mist of false interpretations, even as it simultaneously inhibited more authentic forms of poetic expression that drew their power from personal experience.

Ye Xie is usually placed in the latter camp because he held a progressive view of the history of poetry, which he depicted as a process of alternating phases of bloom and decay, whereby overall poetry kept evolving into an ever richer and more varied tradition. In the course of this process, periods of change (*bian* 變)—or as we moderns would say crisis—should be seen as those truly creative moments that eventually led to a new bloom. Ye Xie also greatly admired Du Fu, and he argued that one could never establish one's individuality as a poet unless one had first absorbed the entire poetic tradition. So his goal was not to become like Du Fu but to transcend him.

Ye Xie, therefore, rejected arbitrary imposed rules of poetic composition as inimical to the development of an authentic poetic voice. He contrasted such dead methods (*si fa* 死法) with vital methods, which he linked to natural rules (*ziran zhi fa* 自然之法): the unfathomable inherent laws of nature that can be observed in its great changes, but that equally express themselves in a poet's ingenious use of variation. Ye Xie considered both of these processes to be expressions of the unhindered movement of qi, a movement that can be understood but not ultimately contained in words. Fixed rules are dead, because they cannot capture the ever-present vitality of qi transformation, and copying dead rules can therefore only ever result in stereotypes and lifeless structures. Allowing the vitality of qi to express itself through a poem, on the other hand, allows words to communicate (*da* 達) and be coherent (*tong* 通) with what they seek to express.

Translated into the domain of medicine, dead methods are all those practices that constrain health and illness as vital processes by seeking to contain them within the boundaries of fixed categories or schemes. To think of

depression as corresponding to liver qi stagnation, or to argue that menopausal symptoms are always an expression of Kidney deficiency are examples of such dead methods. Indeed, so is any cosmological scheme that claims to capture all of life, any system that reduces named diseases to a few patterns or forces lived illness into dead disease classifications, any attempt to curtail the development of medical practice in the present by arguing that it must limit itself to following the authentic models of the past. Vital methods, instead, would be whatever facilitates a practitioner to grasp illness as a dynamic moment of transformation, and their ability to respond to it effectively in the here-and-now.

In Xue Shengbai's poetry the effort at staying sensitive to change expressed itself in his use of many different styles of poetic composition, which he further combined with concepts and images drawn from painting, calligraphy, his studies of the *Book of Changes*, and his familiarity with the art of warfare. He also held to the principle that less was more. Just as a few brushstrokes of bamboo might elicit the sensation of a spring breeze and of rain to come, so a few words put together in the right manner could convey complex images, emotions, and ideas.

Reading through Xue Shengbai's medical case histories and the medical texts he wrote or that are attributed to him, there can be little doubt that the same principles also informed his development as a physician. The Original Intention of the Medical Classic (Yijing *yuanzhi* 醫經原旨), the only medical text Xue authored and published during his lifetime, is a commentary on the Inner Canon. It demonstrates that for Xue Shengbai, as for Ye Xie, the development of individual authenticity had to be firmly rooted in the classical texts of the tradition. His clinical cases, on the other hand, allow us to glimpse a physician who drew on an extremely wide repertoire of resources, and who was able to distil his understanding of disease into prescriptions that were often composed of only six ingredients. As to the results of these prescriptions, the editors of the official Qing History (*Qingshi Gao* 清史稿) tell us:

> With regards to medicine [Xue Shengbai] held unique views. He could accurately predict whether a person would live or die, and his treatments were unusually effective.[8]

It is unclear whether or not Xue Shengbai was the author of *Shi Re Lun* (濕熱論 Discussion of Damp Heat). Assuming he was, the text would be another example of his use of vital methods, of responding to a crisis—the failure of existing cold damage treatments in the face of the devastating epidemics sweeping through China in the 16th and 17th centuries—by developing tradition into new directions. If he did not compose the book himself, it simply demonstrates that as in the field of poetry, Xue's conception of a living tradition was not exceptional but a vision shared by many other physicians at the time. Hence, in the next section I will turn to Ye Tianshi (葉天士 1664-1746), Xue Shengbai's contemporary, to outline more clearly how living methods may work in practice.

Developing new formulas

Ye Tianshi's ideas and formulas—his *wei-qi-ying-xue* four aspects diagnosis of warmth disorders, for instance, and formulas like *Yín Qiáo Sǎn* (Honeysuckle and Forsythia Powder)—will be more familiar to many readers than Xue Shengbai and thus require less explanation. Ye Tianshi's widely acknowledged status as a "masterless" physician, someone who self-consciously did not want to align himself with any single lineage of school of thought, his seamless embrace of different medical ideas, his innovative contributions to the development of medicine along multiple dimensions, and even his signature style of writing small prescriptions, however, allow me to claim that Ye embodied the same poetic approach to medicine as Xue Shengbai, even if he himself was not a celebrated poet.

Ye Tianshi is most famous today as one of the inventors of warmth disorder (*wenbing*) therapeutics, which, in turn, is widely defined by his *wei-qi-ying-xue* four aspect system of diagnosis. As in so much else in the history of Chinese medicine, this narrative is factually wrong and clinically problematic. Neither Ye Tianshi, nor Xue Shengbai, nor any of the other "founding fathers" of the so-called warmth disorder current (*wenbing pai* 溫病派) ever defined themselves as belonging to

8. 趙爾巽等. 1986. 清史稿.列傳二百八十九.藝術一. 北京: 中華書局. 第 46 , 13876.

Ye Tianshi is most famous today as one of the inventors of warmth disorder (wenbing) therapeutics, which, in turn, is widely defined by his wei-qi-ying-xue four aspect system of diagnosis. As in so much else in the history of Chinese medicine, this narrative is factually wrong and clinically problematic.

If we imagine the composition of herbal formulas as a form of poetic composition, then it is easy to see how Ye Tianshi created something completely new from within something already in existence.

this current, or as a distinctive *wenbing* tradition. Instead, in their writings on the treatment of warmth and damp-warmth disorders, Ye Tianshi and Xue Shengbai both explicitly placed their innovative ideas into a broader tradition of cold damage therapeutics. Xue Shengbai, for instance, used the framework of the six warps or divisions (*liu jing* 六經) to frame all warmth disorders.

> In short, damp heat disorders are not only different from cold damage but also from warmth disorders. Warmth disorders are combined disorders of the lesser yin and greater yang, whereas [those due to] damp heat are combined disorders of the greater yin and yang brightness.[9]

Ye Tianshi likewise stated that his *wei-qi-ying-xue* four aspects system of diagnosis was applicable equally to cold damage and warmth disorders. However, because these diseases were caused by different pathogens, they needed to be treated differently:

> Differentiating [warmth disorders according to the location of pathogens] in the *ying, wei, qi* and *xue* [aspects] is the same as that for cold damage [disorders]. However, in terms of treatment methods [those for wind warmth and damp warmth disorders] substantially differ from those for cold damage [disorders].[10]

Furthermore, already implied in the above quote and further explicated by Ye Tianshi in the same text, differentiating and treating according to the location of pathogens in the *wei, qi, ying* and *xue* aspects is applicable only for pathogens in the exterior of the body. Once they had entered into the interior, Ye Tianshi reverted back to a six warps or divisions (*liu jing*) framework.

> Moreover, if [heat in the] Triple Burner cannot be resolved via the exterior it will inevitably produce internal knotting. Where does such internal knotting occur? In the yang brightness Stomach and Intestines. In such cases one must employ a purging strategy. One cannot use the qi and blood aspect differentiation [method as a reason] for not purging.

Ye Tianshi thus clearly did not invent the *wei-qi-ying-xue* four aspect model of diagnosis to distinguish himself as a proponent of warmth therapeutics from physicians belonging to an opposing cold damage current. Instead, he argued that employing his *wei-qi-ying-xue* model allowed us to formulate better treatment strategies for all kinds of disorders located in the exterior. Practically, the need for such a rethinking of existing models arose from the epidemiological crisis of the time. Conceptually it became necessary once one allowed, as Ye Tianshi did, for the direct invasion into the exterior of the body of warm pathogens. These were the so-called newly contracted heat disorders (*xingan rebing* 新感熱病) that fell outside of the scope of existing cold damage models, where all heat was imagined to be a transformation of cold.

Ye Tianshi's treatment strategies for newly contracted heat disorders in the exterior help to elucidate these differences. They affirm, from yet a different perspective, that his therapeutic approach was developed out of and not in opposition to cold damage therapeutics.

According to therapeutics as developed in the *Treatise on Cold Damage,* a cold pathogen located in the greater yang exterior needs to be expelled by means of sweating. This is carried out with the help of acrid warming medicinals and formulas. *Má Huáng Tāng* (Ephedra Decoction) is the prototypical example. Although the intention of this strategy is applicable also to heat pathogens in the exterior, the use of acrid warming medicinals is inappropriate. Strong sweating would damage fluids already compromised by the heat pathogen, opening a way for the pathogen to enter more rapidly into the *ying*-blood, or into the interior. Hence, Ye Tianshi formulated a therapeutic strategy known as venting (*tou* 透) the exterior with acrid cooling medicinals. In practice, his approach closely matched the composition of *Má Huáng Tāng*, but it substituted the formula's ingredients with others more appropriate for warm pathogens. See the table (above right).

If we imagine the composition of herbal formulas as a form of poetic composition, then it is easy to see how Ye Tianshi created something completely new from within

9. 薛雪. 濕熱病篇 自注.
10. 葉天士. 1792. 溫熱論. 黃英志. 叶天士醫學全書. 北京: 中医药出版社, 339–46.

	Má Huáng Tāng (Ephedra Decoction) for cold in the *taiyang* exterior	Ye Tianshi's strategy for venting heat from the *wei* exterior	
light acrid herbs to vent pathogens from the *wei* exterior	*Má Huáng* (Ephedrae Herba)	*Bò Hé* (Menthae haplocalycis Herba)	green & light
herbs that unblock constraint in the *ying* exterior	*Guì Zhī* (Cinnamomi Ramulus)	*Lián Qiào* (Forsythiae Fructus)	reddish
herbs that unblock the Lung networks	*Xìng Rén* (Armeniacae Semen)	*Bèi Mǔ* (Fritillariae Bulbus)	white
herbs that support qi and blood via the middle burner	*Zhì Gān Cǎo* (Glycyrrhizae Radix praeparata) or *Gān Cǎo* (Glycyrrhizae Radix)		yellow

something already in existence. This, I think, is what Ye Xie and Xue Shengbai would have referred to as an exemplar of vital methods.

Note that proponents of the view that cold damage therapeutics is a complete system of medicine that covers all eventualities tend to claim that they already offered something similar to Ye Tianshi with formulas like *Má Xìng Shí Gān Tāng* (Ephedra, Apricot Kernel, Gypsum, and Licorice Decoction) or *Gé Gēn Tāng* (Kudzu Decoction). Clearly this is factually wrong, as these formulas still rely on warming herbs like *Má Huáng* (Ephedrae Herba) and *Guì Zhī* (Cinnamomi Ramulus), herbs that are most definitely not appropriate for treating newly contracted heat disorders in the exterior.

One of the advantages of viewing the practice of medicine in the Chinese medical tradition as analogous to poetry is that it allows one to focus on the creativity of vital methods rather than to be side-tracked by efforts to sustain the existence of such-and-such a lineage or current. Viewed from this perspective, Ye Tianshi's creativity resembles the use of vital methods not only by poets, but also painters, calligraphers and other craftsmen in late imperial China. The art historian Richard John Lynn has described how one develops such skills:

> It basically means that all rules have to become so internalised that they turn out to be natural. Regarding the way to achieving this ultimate state of natural creativity, it was clear that diligent practice (*gongfu* 功夫) according to masterful models was the only means. Constant practice and copying in poetry, painting and calligraphy, thus, lead to an "intuitive mastery over the artistic medium".[11]

Such diligent practice allowed poets, artists, craftsmen, and physicians to attain "spiritual mastery" (*shen* 神) by transcending the rules they had originally learnt. They employed vital methods, and in so doing affirmed tradition even as they changed it. In the second part of this paper, I want to contrast this process of production, one geared towards creative innovation, with an example of dead methods: the problematic translation of biomedical knowledge into Chinese medicine.

Translation is not innovation

Although on superficial inspection the translation of biomedical knowledge into Chinese medicine may appear to be quite inventive, existing power differentials between the two traditions demonstrate such claims to be generally false. This is because, invariably, vitality and inventiveness are allowed only for biomedicine, whereas Chinese medicine constitutes but a medium into which such knowledge is translated, and often very badly at that. I consider such translation to be an example of a dead method.

I will give two examples. The first is the translation into Chinese medicine of the biomedical proposition that the female menopause is a "disease" caused by oestrogen deficiency. In the late 1950s and early 1960s, this rather problematic proposition was translated into the Chinese medical idiom of Kidney deficiency. I have described and analysed this

11. Lynn, Richard John. 1983. "The Talent Learning Polarity in Chinese Poetics: Yan Yu and the Later Tradition." *Chinese Literature: Essays* 5 (1/2): 157–84.

All professional translators know the famous Italian saying 'tradutore, traditore'—any translation betrays the original

process in detail elsewhere.[12] In the course of my research, I had the opportunity to interview a doctor involved in this process who reiterated to me in unambiguous terms that translation was precisely what they did. Unfortunately, their subjective translation (for all translation is subjective) is today presented as an objective fact contained already within the pages of the *Inner Canon*. One consequence of having established this presumed fact is that it can no longer be changed, even as science itself has long moved on.

To wit, when I tried to publish research findings that questioned the TCM conceptualisation of menopause in an evidence-based alternative medical journal, my paper was rejected with the comment that I was contradicting TCM gynaecology textbooks. This demonstrated that I did not understand Chinese medicine, and I therefore lacked the qualifications to write about Chinese medicine. I eventually had to turn from dead Chinese medicine to vital science to get my research published in a biomedical journal.

For the same reason, the presumed fact that menopause equals Kidney deficiency has so far prevented the Chinese medical community from engaging in a meaningful way with anthropological research, which clearly demonstrates that menopausal symptoms are not the product of a universal biology but expressive of what the anthropologist Margaret Lock calls "local biologies". Chinese medicine, with its claim to treat individuals and not diseases, should be a leader in exploring such local biologies. Yet, having tied itself to an invented fact, it has curtailed its own inventiveness and vitality.

A second example of the same process is Giovanni Maciocia's problematic translation of a by-now-outdated biomedical understanding of polycystic ovary disease (PCOS) into Chinese medicine. In his teachings on the subject, Maciocia made the following claims: First that in patients with PCOS "there is nearly always damp-phlegm. The ovarian cysts are due to damp-phlegm." Second, that "there is always a Kidney deficiency in PCOS causing the hormonal imbalance".[13] As the author of the most widely used Chinese medical gynaecological textbook in the West, Maciocia's translation continues to be taught at many TCM colleges today and remembered as a fact.

Yet, according to current biomedical understanding of PCOS, cysts are no longer perceived as a defining characteristic of the disorder. Furthermore, even when they are present, PCOS is not characterised by true cysts but the presence on one side of 12 or more immature ovarian follicles. Testosterone excess and not some hormonal deficiency is viewed to be a defining feature of PCOS in women suffering from the condition.[14]

Apart from the problem of presenting subjective translations as objectively true (where, I would like to ask, is the evidence that hormone deficiency equals Kidney deficiency, or that cysts equal dampness?), such translations become a millstone around the neck of Chinese medicine once the facts change on the biomedical side, as they invariably do.

All professional translators know the famous Italian saying *tradutore, traditore*—any translation betrays the original. It curtails its meaning and, in the worst cases, depletes its vitality. With all translations we should therefore ask not only what a translation achieves, but also what it misrepresents, and what it hides. Here is a case of a young woman with PCOS from my own practice to raise these questions in a clinically applied manner.

PCOS in clinical practice

The patient was a 25-year-old woman who had been diagnosed as suffering from PCOS five years before, but who had no cysts. She had a long menstrual cycle that lasted between 40 and 45 days. Sometimes she would miss a period altogether. Her periods were painful,

12 . Scheid, V. 2009. Globalising Chinese medical understandings of menopause. *East Asia Science, Technology and Society: An International Journal*, 2(4), 485-496; Scheid, V., Tuffrey, V., & Ward, T. 2010. Comparing TCM textbook descriptions of menopausal syndrome with the lived experience of London women at midlife and the implications for Chinese medicine research. *Maturitas*, 66, 408-416, Scheid, V., Ward, T., Cha, W.-S., Watanabe, K., & Liao, X. 2010. The treatment of menopausal symptoms by traditional East Asian medicines: review and perspectives. *Maturitas*, 66, 111-130, Scheid, V., Tuffrey, V., Weijburg, T., Bovey, M., & Ward, T. 2015. Chinese medicine treatment for menopausal symptoms in the UK health service: Is a clinical trial warranted? *Maturitas*, 80(2), 179-186, Scheid, V., Tuffrey, V., & Bovey, M. 2017. Chinese herbal medicine for treating menopausal symptoms in London women: developing a good practice protocol via the factor analysis of prescribing patterns in a clinical study. *Complementary Therapies in Medicine*, 32, 33-40.

13. www.tcm.ac/2022/07/25/treatment-of-polycystic-ovary-syndrome.

14. www.nhs.uk/conditions/polycystic-ovary-syndrome-pcos.

and had been so since menarche. The pain would start before the onset of bleeding and was most pronounced in the first 36 hours. She would feel nauseous and sometimes vomit. Menstruation lasted six days. It was heavy for the first two days with big dark clots.

The patient was about 10kg overweight and had difficulty losing weight. She found it hard to get going in the mornings. She felt always hot, sweated easily, and had constantly tight shoulders. Her stools were soft, and passed twice daily. She felt emptied only if the stools became firmer. Her urination was dark and yellow, but she was not excessively thirsty.

Her tongue was very red in the centre, wet overall, and paler at the sides. The coating was greasy and yellow. Her abdomen was tender in both lower quadrants, suggesting blood stasis. I did not have the opportunity to take her pulse as the consultation was via Zoom.

My diagnosis was damp-heat drying up her blood, leading to blood deficiency and stasis. I gave her the following prescription as concentrated granules with a dosage of 5g twice daily. Judging by her actual consumption, she probably took 3-4g twice daily.

Ge Gen	10g	Puerariae Radix
Huang Qin	9g	Scutellariae Radix
Huang Lian	6g	Coptidis Rhizoma
Sheng Di Huang	18g	Rehmanniae Radix
Dang Gui	9g	Angelicae sinensis Radix
Bai Shao	14g	Paeoniae Radix alba
Chuan Xiong	6g	Chuanxiong Rhizoma
Qin Jiao	9g	Gentianae macrophyllae Radix
Shu Da Huang	5g	Rhei Radix et Rhizoma, steamed
Bai Jiang Cao	9g	Patriniae Herba
Zhi Gan Cao	9g	(Glycyrrhizae Radix praeparata

The first period after taking this prescription was significantly improved. The cycle shortened to 32 days, and she had less pain and clotting. The period lasted only five days. She also felt cooler overall, with no more tension in the neck. Her stools were firmer, and her urine less yellow. I gave her one repeat prescription from which I omitted *Gé Gēn* (Puerariae Radix). This further improved her overall condition and menstrual symptoms. As the damp-heat had been significantly cleared by then, I subsequently focused on transforming phlegm and strengthening her blood. At no point in her treatment did I ever think about hormones, the Kidneys, or about cysts as having anything to do with dampness.

To the best of my knowledge *Gé Gēn Huáng Qín Huáng Lián Tāng* (Kudzu, Scutellaria and Coptis Decoction), a key ingredient in my formula, is not cited in any modern gynaecology textbooks for treating PCOS with Chinese medicine. On the other hand, it is sometimes indicated for the treatment of diabetes (not that this influenced my clinical decision-making), and the biomedical treatment of PCOS routinely uses metformin, which regulates blood glucose.

My point is not to advocate the routine use of *Gé Gēn Huáng Qín Huáng Lián Tāng* (Kudzu, Scutellaria and Coptis Decoction) for PCOS. Rather, reflecting on this patient's treatment has created for me the possibility not of translation, which assumes one tradition to be the living producer of knowledge and the other its dead recipient, but of a creative dialogue between two living traditions.

Chinese medicine: dead or alive?

The problem of translation is an ever present reality in Chinese medical practice, whether or not this is openly acknowledged. Must we use dosages as specified in the *Treatise on Cold Damage* (assuming we know what they were) for our own patients, or should we perhaps follow modern Japanese, or Qing dynasty Chinese reformulations? Are ancient formulas even appropriate for contemporary disorders, as the Jin-Yuan medical masters asked a long time ago? Should we read ancient texts for the lively intentions (*yi* 意) of their authors and work out our own prescriptions rather than get stuck in their dead methods?

Rather than putting forward my own views at this point, I suggest Chinese medicine's relation to poetry might help us to think productively about these questions. It is a relation long embedded in the history of our tradition, but also sufficiently distant to allow for meaningful reflection and critical discussion. It is sensitive to traditional processes of knowledge production, but avoids the pitfalls that arise as soon as tradition opposes modernity and science. The purpose of such reflection would be to define in more detail how Chinese medicine as a living tradition might be nourished and cared for in the present, and which way lies death and oblivion.

Postscript in memory of Chip Chace

I dedicate this article to Chip Chace, a true practitioner of vital methods, with whom I would have loved to discuss Chinese medicine's relation to poetry. During the last years of Chip's life, we jointly searched for ways to conceptualise Chinese medicine's historical plurality as something productive rather than problematic. We ended up with a musical analogy and had plans of writing a joint paper, a plan sadly cut short by Chip's passing away. Since then, I have discovered Chinese medicine's relationship to poetry, about which I will have much more to say in the future. It does the same work as our musical analogy, but has the advantage of being rooted in the history of Chinese medicine itself, rather than the 1960s and Chip's and my personal histories. I think Chip would have approved of this change of focus. Needless to say, had we had the chance of writing this article together, it would have turned out so much better.

Where the rivers meet

Through-lines of jing over the generations

By Jason Robertson and Jonathan Chang
Case by Wang Juyi

Throughout the 20 years of the existence of this journal, many of us have been excited to see the celebration of the many styles of acupuncture which coexist in modern East Asian medicine. These pages have transmitted approaches from Japan, China, Vietnam and Korea among others. As an English language journal, it has also been a forum for the development of these traditions beyond Asia. It will be sorely missed and difficult to replace. Within the myriad traditions explored in these pages, the most-commonly cited early source for the practice of acupuncture is of course the *Huangdi Neijing* (黃帝內經). Often translated as the Inner Classic, this text is but one *jīng*/經/classic found in early China. When perusing dynastic bibliographies, one also encounters the well-known Classic of Change (易經 *Yì Jīng*), a lost medical text known as the Outer Classic (外經 *Wài Jīng*), a still-extant literary text known as the Classic of Poetry (詩經 *Shī Jīng*) and even a Classic of Tea (茶經 *Chá Jīng*).

WHILE THE TITLES of these other texts are not always translated to English as "classic", they share a common nomenclature in Chinese as "*jīng*/經". For the modern practitioner of acupuncture, it may be interesting to note that the character 經 is also the source term for our English word "channel/meridian" and thus there is some kind of implied commonality in the concepts. Originally described as a weaving "warp" or later as a longitudinal line, we might think of this thread-like character as representational of a river of ideas moving through time. Each succeeding generation interacts with these rivers from the various "classics" to (re)weave the culture of their own time and place—a cultural through-line around which each succeeding generation builds a way of life. In the case of medicine medical terms, the concept of 經 has consumed many generations in debate and clinical strategies.

In the most general sense, we might consider both the concept of a *jīng*/經 as a "classic" and as a "channel" to have a common meaning

involving "flow" and "circulation"—either of ideas or within physiology. The term also connotes an unwavering source (常道 *cháng dào*) or principle (理 *lǐ*). In the many centuries of interaction with the classical river of ideas in medicine, there have been a variety of schools of thought. If we conceptualise the *jīng* 經 as constant sources then we might consider the schools of thought to be interactive streams, creeks and rivulets branching from timeless rivers from the past. Borrowing from the work of Volker Scheid, we might then opt to translate 學派 (*xúe pài*) as a "current of thinking" instead of the more common term "school". Keeping the water metaphor afloat, in medicine we might specifically consider the multitude of currents flowing from the river of the *Neijing*. Thus, instead of a single absolute "truth" in the practice of medicine, we find a tradition embracing a dynamic diversity of interactive concepts. In fact, one hallmark of a great physician has long been an ability to synthesise many historical currents into a cohesive clinical vision.

In the modern era, one example of this synthesis would be the approach to acupuncture known in English as applied channel theory (經絡醫學 *jīng luò yī xué*). Drawing from 50 years of busy clinical work and research into the history of acupuncture by Beijing professor Wang Juyi (王居易), this approach places the 經 *jīng* at the centre. Considering the channels and collaterals (the 經絡 *jīng luò*) to be crucial participants in anatomy and physiology, Dr Wang's work has inspired a host of students (and their students) to reconsider some core assumptions in modern acupuncture education. Most importantly, Dr Wang often asserted that the anatomical place and physiological role of the channels was underemphasised in modern medical education due to an emphasis on organ function (so-called *zang-fu* theory). In his reading of the classical sources, the organs and channels are woven together as functional complements. Dr Wang never asserted (and may not have even agreed) that he was establishing a "current" in acupuncture. Instead, he believed that the concepts he described were core principles from the early practice of acupuncture. For modern students, it is nevertheless helpful to keep in mind that effective physicians through the centuries always drew inspiration from the past while crafting their own way in the time and place of their practice. The idea of currents of thinking allows for flexibility in study and helps avoid the temptations of dogma. Multiple currents come from a common source to interact, inspire and subsume.

Dr Wang would often assert that one core principle in acupuncture as described in early texts is the importance of careful examination of the channel pathways using a variety of techniques. Another fundamental concept would be a style of clinical reasoning that weaves channel examination into an overall strategy of pattern (證 *zhèng*) perception, channel differentiation and channel selection before individual points are even considered.

The following pages include selections from a coming, as-yet-untitled text) that will elucidate the clinical reasoning in applied channel theory through the lens of another important literary trend in the history of acupuncture—that of presenting case histories. Building upon material first introduced in *Applied Channel Theory in Chinese Medicine* (Eastland Press, 2008), this next volume from Dr Wang's life-work will explore theory through the demonstration of clinical practice. The first section below briefly summarises clinical concepts from this practice while the second shows these concepts in action.

Patterns and channel selection

For any practising acupuncturist, a recurring clinical dilemma involves the choice of points to needle. For Dr Wang, the process involved first thinking of channels and then thinking of points. In other words, instead of asking "which points would you needle for X complaint?", Dr Wang would ask himself "which channel is most closely linked to the constellation of signs and symptoms presenting here?" Beginning with a primary symptom or chief complaint, the goal would be to find the most likely channel involved in that complaint. To clarify, the primary symptom would be something described by the patient that leads to discomfort. In the clinical encounter this would then be the means for determining effectiveness of treatment; if the primary symptom changes then things are moving in the right direction. The primary symptom is not the same thing as an illness name such as "diabetes" or "wind-heat" but is instead "fatigue" or "fever". Dr Wang called this process of linking primary symptom to

> *Instead of asking 'which points would you needle for X complaint?', Dr Wang would ask himself 'which channel is most closely linked to the constellation of signs and symptoms?'*

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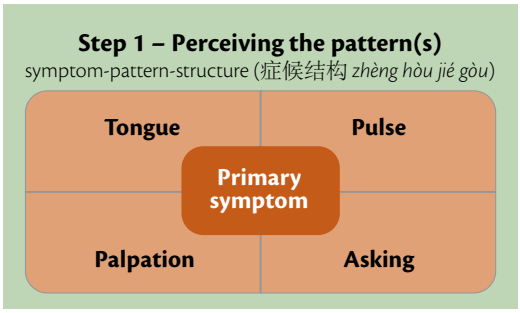
■ Jonathan Chang 张侨文graduated from Beijing University of Chinese Medicine in 2012. From 2008-17 he apprenticed with Wang Juyi in Beijing. He worked on Wang Juyi's *Applied Channel Theory Clinical Case Studies* (2014) and *An Introduction to Applied Channel Theory* (2016), both published by the China Press of TCM. For more information on the work of Jason and Jonathan, see channelpalpation.org.

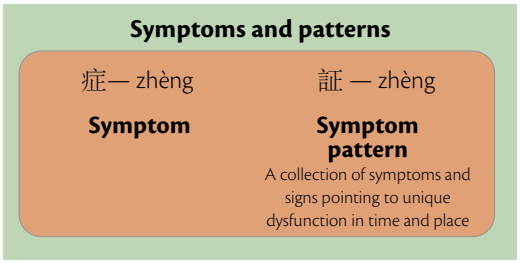
A given primary complaint may be associated with one channel in the early stages of treatment and then with another channel as concurrent signs, symptoms and palpated findings shift.

channel "channel differentiation" (辨經 *biàn jīng*). Once the channel associated with a given complaint has been determined, the second step would be to choose the channel for treatment—termed "channel selection" (選經 *xuǎn jīng*). Finally, after selecting channel(s) for treatment, then individual points would be considered based on their functions within a living, moving channel physiology. Dr Wang's term for this physiological system was "six channel qi transformation" (六經氣化 *liù jīng qì huà*). While the entire clinical vision is certainly more than can be described here, these are the basic steps. Each will be briefly summarised below and is described in much greater detail in the texts cited above.

Step 1: Pattern perception

This is a process of linking information gleaned from the patient's described symptoms with the pulse, the qualities of the tongue, the asking of careful questions and channel examination. Of course, this is an ancient concept—one most familiar to students of the Treatise on Damage by Cold (傷寒論 *Shānghán Lùn*). The history of East Asian medicine abounds with information regarding how a given symptom (i.e., fever) might have different pathomechanisms (病機 *bìng jī*) which can be more clearly ascertained by association with other presenting symptoms and signs (a rapid floating pulse, stiffness in the neck etc.). This concept represents a particular way of approaching the clinical encounter emblematic of many currents in East Asian medicine. One goes through the diagnostic process by carefully asking about the history, location, nature and co-existing signs for a given primary complaint. It is important to emphasise that this process of perceiving patterns is not always perfect. The longer one practises, the better one gets at sifting through the cacophony of information each patient presents. The key is to try to avoid thinking of all signs/symptoms as unrelated and instead to look for how multiple symptoms may be associated with a pathological pattern. At the same time, it is important to link the signs and symptoms most related to the primary complaint while setting aside signs and symptoms that may stem from other concomitant symptom patterns. In other words, certain signs, symptoms and palpated findings are much more useful for clarifying the pattern and developing a treatment strategy for the primary complaint. This general concept is likely familiar to many practitioners.



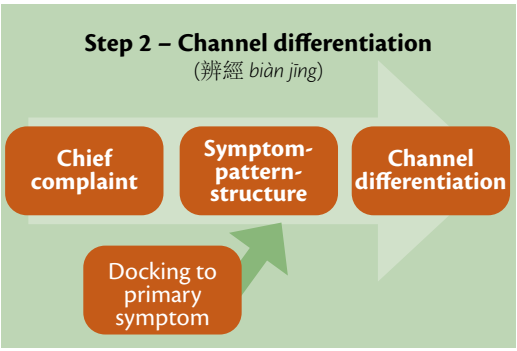


Step 2: Channel differentiation

The goal then is to "name" the perceived pattern most linked with the primary complaint as one of the six channels (*taiyang, shaoyang, yangming, taiyin, shaoyin, jueyin*). For some patients, it is quite clear that a given complaint points to one particular channel. In other cases, the linkage of signs/symptoms to a primary complaint might be likened to a strong hypothesis for the first visit. The results following acupuncture can then confirm or deny this hypothesis and each patient must be re-evaluated at every follow-up treatment.

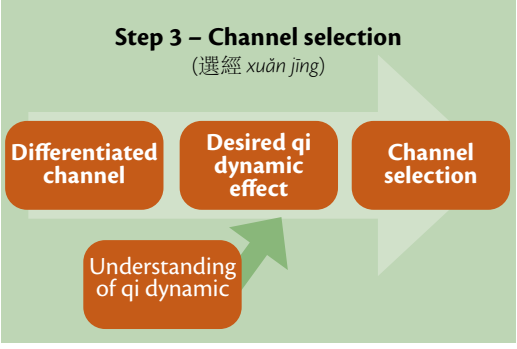
Dr Wang described the steps leading to channel differentiation as "docking" (對接 *duì jiē*). This is a process where a collection of signs and symptoms link most closely to a given channel for a given primary symptom. It might also be conceptualised as a kind of snapshot of a complex and dynamic disease process at the current time. In some cases, as treatment progresses, a given primary complaint may be associated with one channel in the early stages of treatment and then with another channel as concurrent signs, symptoms and palpated findings shift. It should be emphasised that for Dr Wang, "docking" would involve specifically considering how various findings from channel examination could elucidate what might be multiple presenting symptom patterns in a complex case.

Channel differentiation then is a process of choosing (docking) the channel most linked to palpated findings, always in concert with other signs and symptoms. One is often sifting through a variety of palpated findings and setting some of these aside when less likely associated with the primary complaint.



Step 3: Channel selection

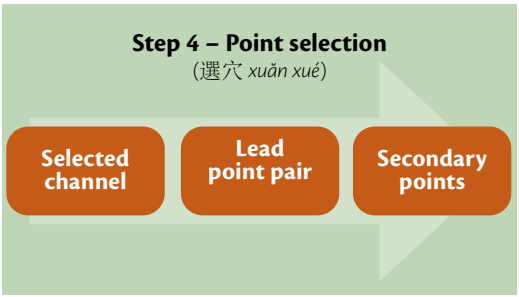
This is the step which can be most challenging for the practitioner. Here one integrates an understanding of the physiological model described in classical texts with the current state of the patient. The goal is to select a channel for treatment which would most likely cause the pattern to shift in the right direction. That shift would of course be specifically gauged by an improvement in the primary complaint. In some cases the selected channel would actually be the same as the differentiated channel. In other cases, it may be necessary to choose channels based on function to bring about a shift in the differentiated channel. The concept of channel selection was possibly as important for Dr Wang as the actual selection of points. If one chooses the most effective channel, then it might be argued that a variety of point combinations could have positive results. The concept of channel selection is also one which takes up a significant amount of space in Dr Wang's writings and teaching.



Step 4: Point selection

Now the practitioner finally chooses the points to needle. Here Dr Wang drew heavily from the classics. Any student of acupuncture has surely noted that certain points are often combined. These pairs represent the empirical observations of centuries. Through extensive clinical application, synergistic effects were observed with particular point groupings. Traditionally, these point groupings were transmitted by memorisation of the rhyming odes (歌訣 *gē jué*) drawn from classical texts and seen translated in modern English acupuncture books.

For Dr Wang, if a point grouping gave consistent results, and he could describe and conceptualise the effects of a point grouping, then that point-pair entered his clinical lexicon. This involved a long process of textual research and clinical experimentation. For students of Dr Wang, it was always fascinating to note how broad his vocabulary became after years of study and practice. Certain point combinations would be used fairly frequently while others seemed only to apply to rare cases. Dr Wang would also develop point combinations based largely on his own experience. Once the "lead point pair" had been chosen, then other points might be added to fine-tune the effects. The idea of always starting with lead point pairings in one's mind allows for a kind of logic in difficult cases. If a patient returns for a follow-up with little improvement in the primary symptom, then a glance at the lead point pair might clarify how one had perceived that patient on the previous visit. A re-evaluation of signs and symptoms to clarify (or change) the channel differentiation and selection could then flow more easily.



The idea of always starting with lead point pairings in one's mind allows for a kind of logic in difficult cases.

An illustrative case by Wang Juyi

Ms B, 63, initial visit: September 17, 2009.
Chief complaint: Oedema in the lower legs for 10 years, worse in the previous three years.

Chize (LU-5) and Yinlingquan (SP-9) became the primary point pair. As these are both sea points of the tàiyīn, when paired together they regulate the tàiyīn qi dynamic to clear, dredge and move qi in this system.

Signs and symptoms: The patient's oedema in the lower legs is more severe in the afternoons. She also feels lethargic. Her tongue is pale and puffy with teeth marks, while her tongue coat is thick and white. She has a submerged pulse. The patient underwent a number of Western medical examinations in the USA to determine the cause of the oedema, but none were able to arrive at a conclusive diagnosis.
Channel examination: Hand and foot *tàiyīn* channels are abnormal.
Channel differentiation: Illness is in the *tàiyīn* channel. There is yang qi deficiency in the *tàiyīn*, leading to poor fluid circulation.
Channel selection: *Tàiyīn* channels.
Point selection: Needle *Taiyuan* (LU-9), *Taibai* (SP-3), *Yinlingquan* (SP-9). Moxibustion at *Qihai* (RN-6).
Second and third visits (September 25 and 29): The oedema in the lower legs has significantly reduced and the patient no longer feels lethargic. The same points are selected.
Treatment outcome: After the first treatment, the patient's oedema in the legs reduced significantly. With a few more treatments, the oedema showed remarkable reduction.
Analysis: Channel examination showed clear changes on the hand and foot *tàiyīn* channels, which indicated it as the main channel system involved with the patient's lower leg oedema. The patient's *tàiyīn*, in particular her foot tàiyīn channels, presented excessive soreness, pain, swelling and distension during palpation. Her lower legs looked like those of an elephant: the circumference of the legs from the knees to the ankles was almost the same. The patient also exhibited *tàiyīn* channel deficiency symptom patterns, such as abdominal distension, lethargy, a submerged pulse, and a pale and puffy tongue with teeth marks. As a result, *Taiyuan* (LU-9) and *Taibai* (SP-3), the source points of the *tàiyīn*, were selected for their strong tonifying functions. The *tàiyīn*, we recall, is responsible for the metabolism of water and dampness in the body. This point pair has actions of strengthening the Spleen, transforming dampness and tonifying the Lung and Spleen. It increases the supply of nutrients and removal of waste products in the body, which has the final effect of reducing oedema. *Taiyuan* (LU-9) regulates qi and warms yang to treat distention and swelling as a result of qi deficiency. *Taibai* (SP-3) tonifies the Spleen and strengthens the Lung to treat swelling and distention. The Lung tonifying function of *Taibai* (SP-3) can also be conceptualised from a five-phase perspective in that it is the "mother" point for the Lung (earth point on earth channel to tonify metal). This point pair can also be used to treat other conditions of *tàiyīn* deficiency, such as chronic loose bowels and chronic cough with excellent results.

Yinlingquan (SP-9) is the sea point of the foot *tàiyīn* channel and promotes urination and transforms dampness. Moxibustion on *Qihai* (RN-6) can tonify qi. Once qi is replenished, it can not only strengthen the patient's energy and reduce lethargy, but also promote the movement of fluids to reduce oedema. After the patient's swelling was almost completely reduced and fatigue had improved, *Chize* (LU-5) and *Yinlingquan* (SP-9) became the primary point pair. As these are both sea points of the *tàiyīn*, when paired together they regulate the *tàiyīn* qi dynamic to clear, dredge and move qi in this system.

Oedema in the lower legs often involves either the foot *shàoyīn* Kidney channel or foot *tàiyīn* Spleen channel, which can sometimes make it difficult to decide which channel to select for treatment. The most important method to guide one through the process of channel selection is to analyse the relationship between the channel examination findings and the patient's symptom pattern. If there is yang deficiency associated with the foot *shàoyīn* Kidney, yang qi is unable to rise upwards. In normal situations yang qi has a tendency to rise upwards. However, when there is deficiency of source qi then yang qi will not rise and oedema can present in the lower legs and face. In *shàoyīn* patterns, there will often be concomitant low back soreness and cold in the low back region. In addition, channel palpation should also include significant changes on the foot *shàoyīn* channel such as nodules, stick-like changes, lumps, softness, or changes in temperature or texture. The foot *tàiyīn* Spleen is said to "govern the four limbs" and thus Spleen yang deficiency can lead to oedema in the lower legs, also with symptoms of abdominal distention and loose bowels. In addition, channel examination should reveal changes along the foot *tàiyīn* channel. Of course, often there are cases where leg oedema is related to both the

shàoyīn and *tàiyīn* channels together, and thus both channels can be treated simultaneously.

Final thoughts

This short and relatively simple case provides an example of clinical reasoning which can be applied to more complex situations. The primary symptom was easily determined and the other signs, symptoms and channel examination seemed to clearly "dock" with *taiyin*. Of course, the speed and dramatic nature of the results are notable. Readers of case histories also find descriptions of cases where the thicket of symptoms and signs are not so easy to traverse. In fact, some of the best cases are those where one approach proves ineffective and a re-evaluation and eventual resolution is described. The approach to clinical reasoning described above is particularly useful in exactly these kinds of situations and can also be retroactively applied when evaluating historical medical records. When reading case histories from earlier eras, the goal for the practitioner is to sift for ideas which can be applied in the 21st century. This type of research is as crucial to the continued evolution of our medicine as the important work of using the tools of modern technology to explore the mechanisms of acupuncture.

Keeping in mind the constant re-evaluation of core concepts from the classics/經/*jīng*, and the interplay of ideas represented by the currents/schools/學派 /*xúe pài,* each practitioner today can then imagine themselves to be part of a continuous tradition. What is sometimes confusing to the modern student is that this tradition is one where there might be multiple possible approaches for treating any given patient. Confronted with this reality, each practitioner is challenged to synthesise concepts from the past and draw from the experience of the present to develop their own clinically effective approach. The life work of Wang Juyi describes a long process of trusting that the original sources of our medicine still have much to teach the modern world. It was a process that he considered to be ongoing and dynamic- one now passed to the next generation. Underlying all of the complexities of clinical reasoning is a simple premise. It is that the 經/*jīng*, in all of their various meanings over the centuries, have something to tell us. The individual acupuncturist is then listening. Holding a needle, we pay attention to the river of ideas from the past and the palpable physiology of the patient before us to create…. To create something, which is somehow, always new.

Underlying all of the complexities of clinical reasoning is a simple premise. It is that the jīng, in all of their various meanings over the centuries, have something to tell us.

Endnotes

1. The earliest extant source we have for character etymology, the *Shuowen* (說文) states simply that, "*Jing* weaves/knits" (經,織也 *jīng, zhī yě*). A later commentary on the *Shuowen* adds the concept of longitudinal lines which gives way to the common English translation of "meridian" (織從絲也…大戴禮曰：南北曰經，東西曰緯… [說文解字注]). In this essay and elsewhere, we prefer to translate 經 in the medical context as "channel" in order to convey Dr Wang's understanding of the channels as a system of fluid connectivity moving in the "empty spaces'"between all of the other structures in the body. For further discussion of this concept of spaces of circulation, please see the article: Wang, Ju-Yi, trans. Jason Robertson. (2010). On The Nature of Channels. *The Lantern*, Vol:7:3, pp 5-14.

2. For example, as seen in the Warring States (appx. 227CE) dictionary 廣雅 *Guǎng yǎ* which states that the 經/*jīng*: "常道。指常行的義理、準則、法制經,常也."

3. Scheid, Volker. *Currents of Tradition in Chinese Medicine,* 1626-2006. Seattle: Eastland Press, 2007.

4. The original term Dr Wang chose to characterise his approach to medicine "经络医学" might be more literally translated to English as "the medical study of the channel-collaterals" or simply as "channel-based medicine". Early in our translational work, it was decided that the English phrase "applied channel theory" might more clearly convey Dr Wang's assertion that the study of the channel-collaterals should focus on reaching back into classical sources for concepts and methods (the theories) which could be used to benefit patients in a modern medical clinic. For this reason, the term "applied" was chosen as a means of emphasis. Earlier in his work, Dr Wang described his lectures on what might be termed "channel physiology" as lectures on "channel theory" (經絡理論 *jīng luò lǐ lùn*). This also shaped the translational choice.

5. More articles in English can be found at channelpalpation.org under the "media" tab.

6. In his work, Dr Wang drew heavily from the *Nèijīng* (內經), *Jiǎyǐjīng* (甲乙經) and *Nànjīng* (難經) classics that heavily emphasised the channels/經絡. However, he was also of the opinion that the concepts he elucidated from these other classics can further our understanding and application of texts such as the *Shāng Hán Lùn* 傷寒論 which tend to focus more on Chinese herbal medicine.

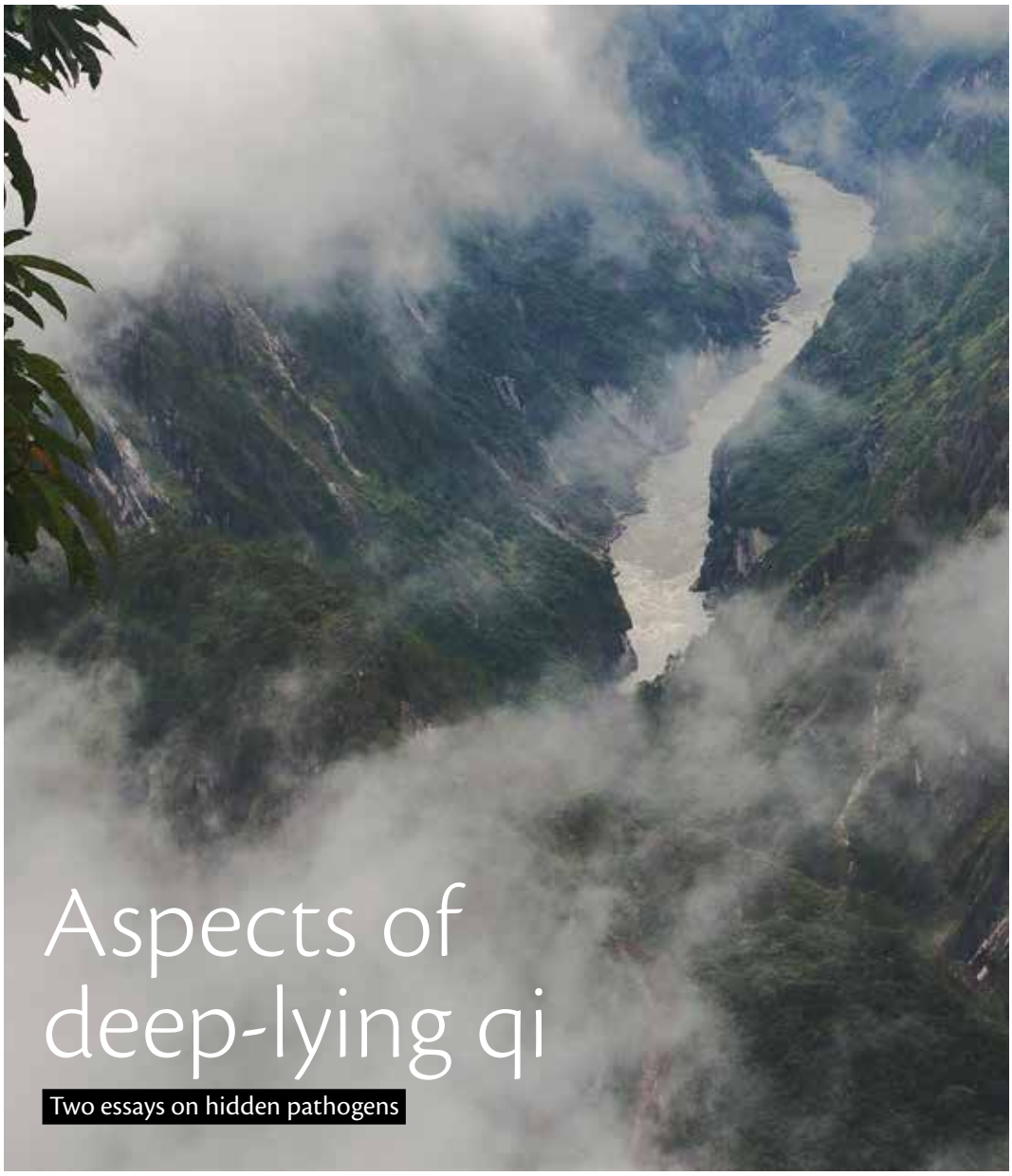
7. Dr Wang pointed out, for example that the *Neijing* describes (at least) five different methods for channel examination including: observation of channel pathways (審 *shěn*), multiple locations for pulse diagnosis (切 *qiē*), palpation of channel pathways (循 *xún*), pressing of points (按 *àn*) and feeling the texture/temperature/moisture of the body surface (捫 *mén*).

8. For example, there are many odes found in the Ming dynasty Great Compendium of Acupuncture 針灸大成 (*Zhen Jiǔ Dà Chéng*) which is translated in multiple volumes by the Chinese Medicine Database (chinesemedicinedatabase.com). For a more focused collection only of the Great Compendium odes, see Bertschinger, Richard. *The Great Intent: Acupuncture Odes, Songs and Rhymes.* Singing Dragon, 2013.

Giving the intruder a route out

In the *Yi Yuan* (醫原 Origin of Medicine, 1861), after arguing that "dry" and "damp" are the major categories of pathogenic qi that can include all others, Shi Shoutang (石壽棠) writes:

> It may be asked, how do you treat these pathogens? I answer: Treating external exposure to damp or dryness [which, as I have shown above, together represent all external exposure pathogens] involves nothing other than ensuring the pathogen has a route out of the body. All you need is to be sure that this pathway out, this exit, is provided early.
> And what are the routes out? Lungs, Stomach, Intestines and Urinary Bladder. This is because since the pathogen arrives from the outside, it must return to the outside. The surface tissues and pores are contiguous with the Lungs; the mouth and nose are orifices of Lungs and Stomach; Large Intestine and Urinary Bladder are "the surface within the interior" (在裡之表 *zài lǐ zhī biǎo*) and are also the doors to the Lungs and Stomach. Thus when a pathogen is expelled via sweating this is "external release" (外解 *wài jiě*); when a pathogen is expelled via the stool or urine this, too, is " external release".



Aspects of deep-lying qi

Two essays on hidden pathogens

Deep-lying pathogens

By Liu Baoyi[1]
Translations by Steve Clavey

Fundamental uncertainty in pulse and tongue of early stage deep-lying warm disease

Warm disease pulse was said by the ancients to be [reflected in a] right pulse surprisingly (反 *fǎn*) greater than left; this indicates that pathogenic heat has reached the Lungs and Stomach. There are cases of early stage deep-lying warm disease, when the pathogenic heat is pent up in *shaoyin*, or possibly linked with *jueyin*, when a wiry rapid pulse will very frequently be seen at the *guan* and *chi* positions of the left pulse.

Even more frequent is when the movement of the pathogen is very deep and hidden in unreachable oblivion, the pulse is extremely deep and has turned thready weak and unmotivated (不鼓 *bú gǔ*). Only after the pathogen begins to turn hot will the pulse gradually begin to float and stiffen. The pulse was like this because the Kidney qi was initially lacking, and unable to encourage the pathogen to

1. Liǔ Bǎoyí (柳寶詒) in *Wēn Rè Féng Yuán* (溫熱逢源 (卷下 Encountering the Sources of Warm-Heat Pathogen Diseases), late Qing dynasty.

reach outwards (外達 *wài dá*); the condition is certainly not mild.

In summary, the outward expression of a deep-lying pathogen must follow the weak spots in the channel qi: there is no certain pathway or route. This is the flip side of "the invasion of a pathogen results from qi deficiency". The *Nan Jing* (Classic of Difficulties) says: "The movement of a warm pathogen can be along any or all channels, one can't know which channel is affected".[2] This statement is just vague enough to be flexible – which suits exactly the nature of the condition. Since the channel affected by the movement of the pathogen is uncertain, and the perceptible symptoms are likewise uncertain, then the pulse will also be uncertain.

The colour of the tongue coat will change only when the pathogen is trapped and steaming in the Stomach so that its turbid qi smokes upward and creates a moss. If the pathogen is lying deep within the yin channels and not affecting the Stomach *fu*-organ, then even if its heat is already severe there still will not be perceptible change in the tongue coat.

The tongue body is linked to the *ying*/nutritive qi of the Heart and Spleen, so if the *ying*/nutritive level has heat, the tongue must be scarlet. If Heart fire flares, the tongue tip must be red. In the same way if the pathogen sinks to the lower *Jiao*, then even if the tongue is not purple scarlet [all the time] it will be intermittently so. Just before pathogenic heat builds up to an extreme and comes out, the thready weak aspect of the pulse suddenly changes to floating big wiry and rapid; the pale white of the tongue swiftly shifts to ash-black and dry scarlet – this shows the forest fire is already ablaze, it is too late to sound the alarm. At this stage making plans for rescue could well be too late: the pathogenic heat is overwhelming, the zangfu desiccated or festering. This is so even if the pathogen itself is battered and bruised [after its long struggle with the normal qi internally].

Thus when viewing patients it is crucial to carefully investigate the available evidence, then combine the complexion and pulse. This alone gives you a grasp on the problem. If you try to judge the heat, or cold, or depth of the condition solely from the pulse and tongue coat, there will be lots of mistakes. I can pass on the experience of many years and say with certainty that when a deep-lying warm pathogen first arises, whenever a disease pathogen is at an extreme depth then the pulse and other symptoms rarely coincide. The reason is that the pathogenic qi is deeply hidden and not easily manifested externally. If the person seeing the patient is bewildered by this, incorrect treatment is certain. So here the information is posted especially to make students aware of the choices in the investigation.

Zhou Yudai[3] says: The pulse of a warm or a hot disease may be floating and tight, but this is a repeat exposure to a deviant sudden cold. The cold ties up the outside while pathogenic heat stifles within. This is why the pulse is rope-tight and urgent externally but tidal and large on the inside. If this characteristic is not noted, the pulse might be called "tight" and the wrong treatment given [because a tight pulse in the *Shang Han Lun* calls for warm pungent diaphoresis with *Ma Huang Tang*]. It is because a strong full pulse so often has a wiry quality that it is mistakenly regarded as tight, and the diagnosis made as "pathogenic cold".

The pulse in warm or heat disease is not usually very superficial, but rather a bit deeper in the tissues. Also the right hand is conversely stronger than the left, showing the

The cold ties up the outside while pathogenic heat stifles within.

2. The 58th Difficulty in the *Classic of Difficulties*.

3. i.e. Zhōu Yángjùn 周揚俊 late Ming dynasty, author of *Summerheat Disease and Epidemic Disease* (溫熱暑疫全書, 1679).

It is just because Kidney qi is first deficient that the pathogen can take advantage of this weakness to lurk deep in shaoyin.

pent-up condition of the interior. When the left hand is stronger or more floating than the right, it must be a repeat attack of wind cold. Otherwise if it is not a warm or hot disease, then naturally it is an unseasonable sudden cold invasion.

Symptoms and treatment of deep-lying heat initially expressing itself from shaoyin

The classics say: Winter exposure to cold must cause warm illness in the spring. They also say: Failure to conserve jing-essence in the winter will lead to illness from warm.

Taken separately, one refers to a excess pathogen, one refers to a deficiency of the normal qi. Taken together, it means that only if the Kidney qi is weak from failure to conserve *jing*/essence will a cold pathogen have the opportunity to injure it …

It is just because Kidney qi is first deficient that the pathogen can take advantage of this weakness to lurk deep in *shaoyin*. When springtime arrives the yang qi is stirred internally and then the [lurking] pathogenic cold turns hot and comes out. This expression from the inside out is due in some instances to the internal movement of yang qi, but in other instances is due to [another] external invasion of a seasonal pathogen, which draws the deep-lying pathogen into motion and thus to expression.

When internal yang qi turns the internal cold pathogen into heat and brings the pathogen out, although there may be some slight chills felt on the surface, still the strong internal heat will prevent any significant aversion to cold, the joints will feel restless and ache, there will be thirst for warm drinks and slight sweating. (*annotation in the original:* This slight sweating can later turn profuse if the pathogen reaches outward through the yangming channel). Use herbs to assist yin qi and support the outward motion of the pathogen, so that it cannot linger inside.

When it is an instance of a seasonal pathogen drawing the deep-lying pathogen into motion and expression, differentiate which seasonal pathogen it is, whether wind warm or sudden cold or summerheat. Again treat by supporting yin qi, but also add in herbs to spread and resolve the newly invaded pathogen (*annotation in the original*: see the section on newly invading pathogens combined with deep-lying pathogens).

You also need to determine the degree of strength of the newly invaded pathogen. If the new seasonal pathogen is mild, treat both the new pathogen and the deep-lying pathogen at the same time. If the new seasonal pathogen is strong, treat it aggressively in the early stages. When the new pathogen is resolved, then treat the deep-lying pathogen. This is the only way to manage the condition effectively. It requires judging relative strengths and rates of onset before setting the approach to treatment; do not just go "by the book".

When a cold pathogen sinks deep into *shaoyin*, the cold must damage yang. Kidney yang being thus weakened, it cannot steam and transform [the pathogen] and motivate it to move.

Each time a warm pathogen begins to express itself, and the Kidney yang is already demoralised, this freezes the pathogenic process. The pathogen cannot escape even though it wants to do so. As it tosses and turns, already bogged in the depths, unavoidably beyond rescue, this is the hardest of dangerous conditions to handle.

If the pathogen has already turned hot, then the pathogenic heat can broil the original [yin] and this easily injures yin fluids. As soon as these fluids are injured, a plethora of different conditions can arise, just like a nest of disturbed hornets. Thus when treating warm disease, at each step consider the yin fluids.

In the very early stages the route out of the body has not been established. If coming out the three yang or out through the Lungs or Stomach has not been established for certain – then the pathogen is still within the confines of the *shaoyin*.

The ancients had certain methods for treating *shaoyin* conditions: the *Qian Jin Yao Fang* (Thousand Ducats) used *Gui Zhi Tang* (Cinnamon Decoction), which emphasises *taiyang*. Lu Jiuzhi[4] used *Ge Gen Qin Lian Tang* (Kudzu, Scutellaria and Coptis Decoction), which emphasised *yangming*. Zhang Shiwan[5] used *Xiao Chai Hu Tang* (Minor Bupleurum Decoction), which emphasised *shaoyang*.

4. I.e. 陸懋修 Lù Màoxiū, author of *Medical Texts from the Bettering the World Studio* (世補齋醫書 Shìbǔzhāi Yī Shū), 1884.

5. I.e. 張璐 Zhāng Lù, author of Comprehensive Medicine According to Master Zhang (張氏醫通 Zhāngshì Yī Tōng, 1695).

刻舟求劍
Kè zhōu qiú jiàn
cut boat seek sword

As to Yu Jiayan's[6] use of *Ma Huang* (Ephedra), *Fu Zi* (aconite) and *Xi Xin* (Asarum): it is overly strong; whereas Ye Tianshi's pungent cool light releasing is too shallow and superficial.

Formula reference for deep-lying qi

Gui Zhi Tang Cinnamon Decoction		
Gui Zhi	10g	Cinnamomi Ramulus
Bai Shao	10g	Paeoniae Radix alba
Sheng Jiang	10g	Zingiberis Rhizoma recens
Da Zao	12g	Zizyphi Fructus
Zhi Gan Cao	6g	Glycyrrhizae Radix preparata

Ge Gen Qin Lian Tang Kudzu, Scutellaria and Coptis Decoction		
Ge Gen	15-24g	Puerariae Radix
Huang Qin	10g	Scutellariae Radix
Huang Lian	6g	Coptidis Rhizoma
Zhi Gan Cao	6g	Glycyrrhizae Radix, preparata

Xiao Chai Hu Tang Minor Bupleurum Decoction		
Chai Hu	24g	Bupleuri Radix
Huang Qin	10g	Scutellariae Radix
Ban Xia	24g	Pinelliae Rhizoma
Ren Shen	0g	Ginseng Radix
Zhi Gan Cao	10g	Glycyrrhizae Radix preparata
Sheng Jiang	10g	Gingiberis Rhizoma recens
Da Zao	12	Zizyphi Fructus

In my humble opinion there is nothing better than using *Huang Qin Tang* (Scutellaria Decoction) plus *Dan Dou Chi* (Sojae Semen preparatum) and *Xuan Shen* (Scrophulariae Radix). It is the most appropriate method by far, with little need for alteration.

This is because *Huang Qin Tang* is specially designed to drain and cool internal heat. *Dan Dou Chi* is made from black soybeans—which themselves enter the Kidney channel—and made by steaming in a pent-up container–which is just the same as the pathogen itself before it begins to come out.

As its nature and flavour is harmonious and neutral without the drawback of strong diaphoresis or damage to yin, it is just right for assisting the expression of a deep-lying pathogen in *shaoyin*. *Xuan Shen* tonifies Kidney yin.

Huang Qin Tang Scutellaria Decoction		
Huang Qin	10g	Scutellariae Radix
Bai Shao	6g	Paeoniae Radix alba
Zhi Gan Cao	6g	Glycyrrhizae Radix preparata
Hong Zao	4	Zizyphi Fructus
plus		
Dan Dou Chi	10g	Sojae Semen preparata
Xuan Shen	6g	Scrophulariae Radix

So on the one hand draining heat, on the other venting the pathogen; this is the treatment anytime an early stage warm pathogen has not yet left the boundaries of *shaoyin*.

But when there are other pathogens involved, or other internal deficiencies; or although the pathogen has not completely left behind the territory of *shaoyin*, symptoms of the three yang channels have already appeared, then one must follow the dictates of the clinical situation. Definitely do not mark the boat to find the sword.[7]

Symptoms and treatment of deep-lying pathogenic warmth as it moves out through the three yang levels

Cold pathogens sinking deep in to *shaoyin* will turn hot when they are motivated (鼓動 *gǔ dòng*, aroused, or literally "drummed into action") by yang qi. If the Kidney qi is not weak, then the pathogen cannot remain and must reach outward. The smoothest course is when the pathogen cannot remain in the yin [level] and directly comes out through the three yang. In this case symptoms of the three yang channels will appear.

Taiyang will have chills and fever, ache in the nape of the neck and head, and stiffness of the lumbar or upper back. Treat by using *Huang Qin* (Scutellariae Radix) and *Dan Dou Chi* (Sojae Semen preparatum) plus *Yang*

6 . I.e. the famous 喻昌 Yú Chàng, (1585年—1664), author of Rules for Physicians.

7. From the story of the man who inadvertently dropped his sword over the side of his boat while crossing a river. He returned home and told his friend that he planned to go back for it after he had changed his clothes for swimming. "But how will you find it?' asked his friend. "Easy!' said the man. "I marked the side of the boat, right where it fell in!' The four-character phrase is used to say: do not try to use rigid principles when the circumstances are shifting and fluid.

The use of herbs, in summary, should change following the condition in a lively flexible manner. Only then will the condition respond and the herbs be effective.

Dan Tang (another name for *Gui Zhi Tang* Cinnamon Decoction), as below:

Huang Qin	10g	Scutellariae Radix
Dan Dou Chi	10g	Sojae Semen preparatum
Gui Zhi	10g	Cinnamomi Ramulus
Bai Shao	10g	Paeoniae Radix alba
Sheng Jiang	10g	Zingiberis Rhizoma recens
Hong Zao	6	Zizyphi Fructus
Gan Cao	6g	Glycyrrhizae Radix

[dosages not specified in original, those shown are suggestions by the translator]

Yangming will have high fever, dry nose, and insomnia. Treat by using:

Huang Qin	10g	Scutellariae Radix
Dan Dou Chi	10g	Sojae Semen preparatum
plus		
Ge Gen	15g	Puerariae Radix
Zhi Mu	10g	Anemarrhenae Radix

[dosages not specified in original; Liu added "etc" after *Ge Gen* and *Zhi Mu*, so these are not the only acceptable herbs, but alternatives or additions should share or enhance the qualities of cooling *yangming* and restoring fluids, as these two do.]

Shaoyang will have alternating chills and fever, bitter taste, and flank pain. Treat by using:

Huang Qin	10g	Scutellariae Radix
Dan Dou Chi	10g	Sojae Semen preparatum
Chai Hu	10g	Bupleuri Radix
Shan Zhi Zi	12g	Gardeniae Fructus

(dosages not specified in original; Liu added "etc" after *Chai Hu* and *Shan Zhi Zi*, so these are not the only acceptable herbs, but alternatives or additions should enhance the qualities of venting *shaoyang*, like *Chai Hu*, or cooling internal heat, like *Shan Zhi Zi*. Also refer to the Bupleurum formulas and the Gardenia formulas from the *Shang Han Lun*. Liu would have expected his readers to know these backwards and forwards.)

If there is simultaneously a new exogenous invasion, so that the surface has symptoms such as aversion to cold and no sweating, naturally consider using *Gui Zhi* (Cinnamomi Ramulus), *Ge Gen* (Puerariae Radix) and/or *Chai Hu* (Bupleuri Radix) formulas. But if internal heat is already intense do not use *Gui Zhi;* with high fever and profuse sweating do not use *Ge Gen*; and if internal wind is tending to move do not use *Chai Hu.* In these cases chop and change as needed at the time.

The *Nan Jing* (Classic of Difficulties) says: "The movement of a warm pathogen can be along any or all channels, one can't know which channel is affected". So there is no fixed channel along which these pathogens will express themselves. Generally though they will choose the channel that is weak, or link with another pathogen in their expression.

For example if *taiyang* is deficient then it will express in *taiyang*, if the yin is weak it will linger in the yin levels.

There is also the situation in which the warm pathogen, having turned hot and already come out through the three yang channels, still leaves a residual portion of pathogen lurking in *shaoyin* which has not yet transformed [into heat]. This is insufficiency of Kidney qi, and treatment must also include warming support. Or the pathogen may have completely transformed into heat, but half of it has come out through the yang, while half lingers in the yin levels. This is insufficiency of yin, unable to support [yang's warming transformation of the pathogen into ventable heat]; treatment must include nourishment of yin.

The use of herbs, in summary, should change following the condition in a lively flexible manner. Only then will the condition respond and the herbs be effective.

Deep-lying warm coupled with a new pathogenic invasion of the surface by wind, cold, summerheat or damp

The most common scenario is for a deep-lying pathogen to be steamed and brought out by the warmth of the spring or summer season. But it also happens that a wind cold invasion during spring and summer which causes chills and fever by obstructing the normal ying/nutritive and wei/defensive functioning can induce the deep-lying pathogen to move because of the chills and fever.

In the first one or two days, the new invasion's symptoms are most noticeable. A simple sweating would seem to suffice to eliminate the pathogen. After the sweating however, the surface symptoms slightly reduce but the internal heat turns worse. It makes no sense to those who don't know what is going on. They do not know that the symptoms show that a new invasion is bringing out a

deep-lying pathogen, and that it happens all the time.

Treatment requires judging the new pathogen versus the old pathogen, gauging relative strengths.

If the new pathogen is stronger, first disperse the new pathogen, while not forgetting the old deep-lying pathogen. If the deep-lying pathogen is stronger, then focus on that; the new pathogen will resolve itself. This is because the deep-lying warmth is coming from the inside out, if it travels via the three yang channels to release itself externally then the new pathogen in the surface levels naturally cannot remain.

The *Nei Jing* [Chapter 31: Discussion of Heat] says: Whenever a cold damage illness becomes warm, in the early days of summer[8] it will create a warm disease, but in the later days of summer it will become a summerheat disease. This refers to deep-lying pathogens riding the ascendancy of summertime to expression, but not yet involving a summerheat pathogen illness. The expression of a deep-lying pathogen that does involve a new invasion of a summerheat pathogen will necessarily manifest summerheat symptoms as well. This new invasion bringing out the expression of a deep-lying pathogen is similar to the wind cold situation discussed above: evaluate the actual strength of each pathogen and defining its location and sphere of influence by channel. Only then will one's moves be effective.

Damp pathogens can also become involved with deep-lying pathogens. Damp can be an external exposure, on the surface; it can also be internal. When the deep-lying pathogen begins to move, its heat comes out from the inside, steaming and disturbing the damp pathogen. It can become mixed with the deep-lying warm pathogenic heat, and the resulting illness is extremely overwhelming and involved. To treat it, see whether the damp or the heat is predominant. Make sure that each has an escape route out of the body. Do not cause them to become mixed. Then your herbal tactics will be easier.

Remember that some damp requires warm parching, such as *Ping Wei San* (Calm the Stomach Powder); some damp requires leaching diuresis, such as with *Zhu Ling* (Polypori Sclerotium), *Fu Ling* (Poria Sclerotium) and *Ze Xie* (Alismatis Rhizoma); some damp requires unbinding draining, such as with *Che Qian Cao* (Plantaginis Herba) and *Hua Shi* (Talcum). Some damp needs clearing transformation, such as with *Huang Qin* (Scutellariae Radix), *Huang Lian* (Coptidis Rhizoma), *Shan Zhi Zi* (Gardeniae Fructus) and *Huang Bo* (Phellodendri Cortex).

All of the above specifically treat pathogenic damp.

> *Remember that some damp requires warm parching ... some damp requires leaching diuresis ... some damp requires unbinding draining ... some damp needs clearing transformation.*

Ping Wei San
Calm the Stomach Powder

Cang Zhu	12g	Atractylodis Rhizoma
Hou Po	10g	Magnoliae Cortex
Chen Pi	10g	Citri reticulatae Pericarpium
Chao Gan Cao	3g	Glycyrrhizae Radix preparata

If the damp and heat have combined, then you have *shī wēn* (濕溫 damp warmth); the manifestations are most manifold and varied. To treat this the process of the changes must be traced and met. In the early stages, fragrant damp transformers can be used such as *Wei Ling Tang* (Calm the Stomach and Poria Decoction) or *Huo Xiang Zheng Qi San* (Agastache Powder to Rectify the Qi).

One can also use methods to unbind and promote circulation through the *San Jiao*, such as *San Ren Tang* (Three-Seed Decoction) or its associated Talcum formulas.

If the middle *Jiao* heat is predominant, use methods to clear and drain *yangming*, such as *Bai Hu Jia Cang Zhu Tang* (White Tiger plus Atractylodis Decoction) or other formulas with *Shi Gao* (Gypsum). Bitter draining of *taiyin* [Spleen] include *Yin Chen Hao Tang* (Virgate Wormwood Decoction) and similar formulas containing *Huang Lian* (Coptidis Rhizoma) and *Huang Qin* (Scutellariae Radix).

Formula reference

Wei Ling Tang
Calm the Stomach and Poria Decoction
This is *Wu Ling San* (Five-Ingredient Powder with Poria) plus *Ping Wei San* (Calm the Stomach Powder, see above)

8 . "Early days of summer" are those prior to the seasonal period known as 夏至 *xià zhì* "summer arrives" which is late June in the northern hemisphere, approximately the third week of the second month of summer. "Later days of summer" is following this date.

Carefully examine the manifesting symptoms; if damp is predominant, naturally treat damp; if the deep-lying pathogen is worst, then make that your main focus.

Huo Xiang Zheng Qi San
Agastache Powder to Rectify the Qi

Huo Xiang	12g	Agastaches seu Pogostemi Herba
Bai Zhu	12g	Atractylodis macrocephalae Rhizoma
Jie Geng	10g	Platycodi Radix
Zi Su Geng	6g	Perillae Caulis
Bai Zhi	6g	Angelicae dahuricae Radix
Hou Po	10g	Magnoliae Cortex
Da Fu Pi	10g	Arecae Pericarpium
Fu Ling	10g	Poria
Chen Pi	10g	Citri reticulatae Pericarpium
Gan Cao	3g	Glycyrrhizae Radix

San Ren Tang
Three-Seed Decoction

Xing Ren	15g	Pruni Armeniacae, Semen
Bai Dou Kou	6g	Amomi Cardamomi, Fructus
Hou Po	6g	Magnoliae Cortex
Ban Xia	10g	Pinelliae Rhizoma
Yi Yi Ren	18g	Coicis Semen
Tong Cao	6g	Tetrapanacis Medulla
Hua Shi	18g	Talcum
Zhu Ye	6g	Lophatheri Herba

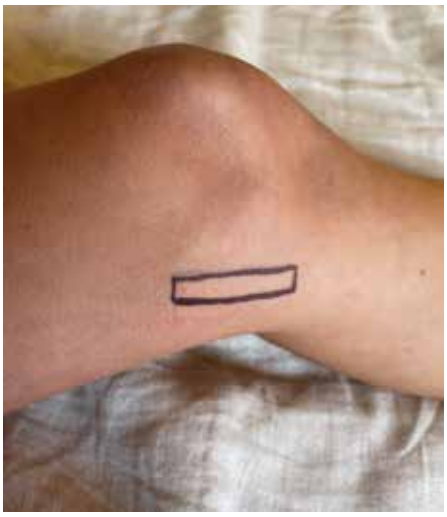
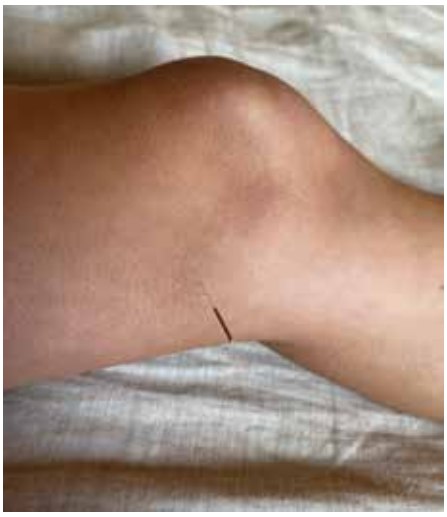
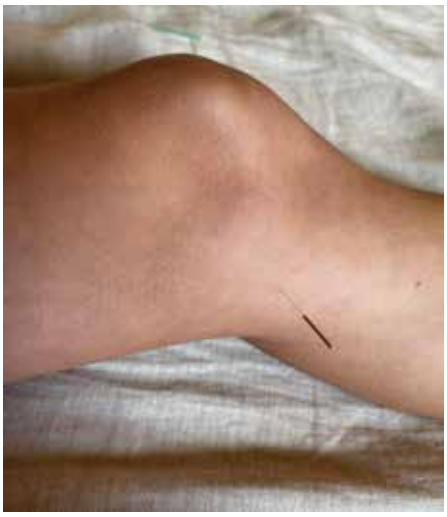
Bai Hu Jia Cang Zhu Tang
White Tiger plus Atractylodis Decoction

Shi Gao	30g	Gypsum
Zhi Mu	10g	Anemarrhenae Radix
Chao Gan Cao	3g	Glycyrrhizae Radix preparata
Cang Zhu	12g	Atractylodis Rhizoma
rice		

Yin Chen Hao Tang
Virgate Wormwood Decoction

Yin Chen Hao	18g	Artemesiae scopariae Herba
Shan Zhi Zi	10g	Gardeniae Fructus
Da Huang	6g	Rhei Radix et Rhizoma

To sum up: carefully examine the manifesting symptoms; if damp is predominant, naturally treat damp; if the deep-lying pathogen is the worst, then make that your main focus.

The 上曲泉 "*Shàng Qū Quǎn*" points (lit. "upper" *Qū Quǎn* Liv-8).

Distal needling to treat **breast tenderness** with immediate effect

By Naomi Jankowski

One of the great things about acupuncture is that it is not limited to what you read in the textbooks. If you understand the basic theories, you can extrapolate those concepts for a broader use.

A FEW YEARS AGO, I saw a patient in early pregnancy with severe breast tenderness. From a Tung perspective, it is contraindicated to use any points below the knee in early pregnancy, as these are considered too moving in nature, so I could not use some of the points on the feet I was considering. I wanted to find a point that was around the knees, or on the thigh area, as points here have a consolidating and strengthening function, and are appropriate for early pregnancy.

From a mirroring perspective, the diagrams I have found always suggest that the knee and elbow relate to the navel. I would suggest that this be taken somewhat loosely. In practice I find for instance that *Zusanli* (ST-36) works well to treat the navel itself, even though it is located below the knee. Likewise, I would suggest that points around the knee itself can be used in the broad range of targeting the breast tissue.

Aware that the knee area might be a good fit, I started palpating near the Liver channel to tap into the Liver's connection with the breast area. In doing so I noticed palpable tendon-y tissue on the medial aspect of the knee, anterior to *Qūquǎn* (LIV-8).

Needling into tendon is particularly applicable here, as tendons pertain to the Liver and needling directly into them is a more targeted approach to softening Liver qi stasis. The area anterior to *Qūquǎn* (LIV-8) feels sinewy and often a small pocket or two of palpable nodules are present. These nodules are the live acupuncture point. Image 1 (above) shows the area to palpate and look for these points on the left knee. Image 2

Naomi Jankowski is a Chinese medicine practitioner in Melbourne, with special interest in the use of Tung acupuncture for pelvic pain management.

It is always key to be flexible with exact locations of acupuncture points, and be guided by palpation, as the body will produce this kind of nodular tissue when disharmony is present.

shows an example of needling into a more proximal location, and Image 3 shows a more distal location. It is always key to be flexible with exact locations of acupuncture points, and be guided by palpation, as the body will produce this kind of nodular tissue when disharmony is present. Needling into that nodule will yield best results.

Given these points are close in location to *Qūquǎn* (LIV-8), my suggestion is to name these points 上曲泉 "*Shàng Qūquǎn*", meaning "upper" *Qūquǎn*.

The points must be needled contra-laterally, using the left to treat the right, and vice-versa. I suggest needling these points at the start of the session, so the patient has their hands free. For example, when working with the left breast, we needle right-sided *Shàng Qūquǎn.* First, ask your patient to press on their left breast to ascertain a baseline level of tenderness. They need to remember how much pressure they used and how sore it is. Once aware of their baseline of tenderness, they can stop applying pressure, while you press on the point you are considering to use near the right knee, asking if the tenderness is slightly relieved when you press down on the point. Keep in mind that the improvement will only be marginal with pressure, but much better with a needle. There may be a couple of options you can choose from, if multiple nodules are often present. This way of "testing" the point, saves you from needling unnecessarily.

Once the needle is inserted, ask the patient to continue pressing on the breast tissue (moving around and pressing through the whole breast, not just maintaining pressure in one point). As they continue to apply some pressure, the tenderness will continue to ease. This is because we need to bring the message from the acupuncture needle to the affected area. It will usually resolve substantially within 30 seconds of them applying pressure. Patients with a negative mindset may say, "It feels slightly better but is still sore in here", and point to a stubborn spot. This isn't too important, and as long as they feel approximately 70 per cent improvement initially, it will continue to improve while they rest on the table.

Repeat on the other side (if needed for bilateral breast tenderness). Ideally, needles are retained for 30 minutes.

I have had success using this treatment in a variety of clinical cases, from early pregnancy to pre-menstrual breast tenderness, as well as even chronic fibrocystic breasts (with repeated treatment). The points also have what I would describe to patients as a "hormone balancing effect", which of course we understand here is a case of gently moderating Liver qi stasis.

Thus, I have found *Shàng Qūquǎn* to be applicable in treatment of conditions such as PMDD, even where breast tenderness may only be of lesser concern than perhaps the psychological symptoms. They are my point of choice in these cases where there is a Wood-Earth imbalance when the patient has a more frail constitution, as they are harmonising in nature but not draining.

Likewise, I have extrapolated the use of these points to support IVF stimulation cycles, where intensive drug protocols prompt qi stasis, as I have found the use of these points has the ability to open qi flow through the whole body (not just the breast tissue), and can facilitate follicular growth when used appropriately. I also consider their use in working with *shaoyang* conditions, given the points' location near the knee crease which can be considered a hinge or pivot in the body.

Case study

"Elise", a 39-year-old patient, came to see me for IVF support. She had had multiple stimulation cycles which resulted in two pregnancies, but unfortunately both ended in miscarriage at eight weeks. At the time she presented to see me at the clinic, she had one final embryo remaining. Her prolactin levels were unusually high, sitting at 798. Her fertility specialist wanted her prolactin to come down before embryo transfer could take place.

Elise had a regular menstrual cycle, but heavy bleeding on days CD1-2. She was vegetarian, had a petite physique, and tended to have lower backache. In the lead-up to periods, her right-side breast was very tender, and she noted that in general her breasts were becoming more cystic with time. She noted frequent palpitations. When she drank water, she needed to urinate soon afterwards. Elise was highly stressed and had a tense disposition.

Over the course of the next five acupuncture

treatments (only one treatment per month as she lived remotely), I worked with Elise to stabilise the Kidneys and gently move Liver stasis. I used the *Shàng Qūquǎn* points in each treatment, either bilaterally or just the left-hand side (as the right breast was more cystic), depending on the stage of her cycle and what was required with each session. These points were an excellent choice for her as they could gently move Liver stasis while still being somewhat tonifying in nature. The patient's deficient constitution did not warrant use of more distal points which would be more moving.

After these five sessions, she noted her breast tissue was much softer, her lower back pain had improved and periods were no longer heavy. Palpitations stopped after two applications of *Zusanli* (ST-36) with deep needling to benefit the Heart organ, which also supported the yang qi to prevent heavy bleeds. Prolactin levels also dropped from 798 to 188, so her specialist was happy to go ahead with embryo transfer. With continued application, we were then able to use acupuncture to support a successful FET. Once pregnant, Elise found that her breasts were becoming more tender, so the *Shàng Qūquǎn* continued to be of use in the early stages of pregnancy. She noted an immediate change in her breast tenderness in these sessions.

Checking the pulse after each needle, I also noted that the points had a strengthening effect on her pulse, which confirms the points' consolidating nature. These were coupled with the Tung's *Dào Mǎ* (group of acupuncture points) named 腎通三針 (*Shèn Tōng Sān Zhēn* "three needles to unblock Kidneys"), which are irreplaceable for their ability to prevent miscarriage (especially the most distal point of this *Dao Ma: Tōng Shèn*). We were particularly cautious around the eight-week mark, as this is when she had miscarried previously, but with support from acupuncture and adequate rest, she was able to sustain a healthy pregnancy.

> *I have had success using this treatment in a variety of clinical cases, from early pregnancy to pre-menstrual breast tenderness, as well as even chronic fibrocystic breasts.*

Cheng Menxue on ...

Postpartum section of the Jin Gui Yao Lue

Translator's introduction to Cheng Menxue

"I have chosen Cheng Menxue to represent all those scholar physicians who never surrendered their version of medicine as a journey of self-development against the prevailing winds of scientism."

So begins Volker Scheid's short biography of Cheng Menxue in his book *Currents of Tradition in Chinese Medicine* 1626-2006, which examines the Menghe currrent in Chinese medicine as an example of medical traditions in general. Cheng Menxue (程門雪, 1902-1972) was a member of this current, having learnt from the famous Ding Ganren (丁甘仁 1866-1926) along with several illustrious classmates such as Qin Bowei and Zhang Cigong. Cheng was active not only in clinic, but also in the scholarly and educational fields writing a number of books. He made a deep study of Zhang Zhongjing's work, but also was fascinated by Ye Tianshi and Xue Shengbai and eventually used very small doses of herbs (commonly 0.3g) in his clinical cases. The following is from Dr Cheng's unpublished manuscript on the gynaecological sections of the *Golden Cabinet*, organised and edited by his student **He Shixi**.

He Shixi's introduction

This article by Dr Cheng apparently discusses only the three main postpartum patterns of tetany (痙 *jìng*), constraint blackout (鬱冒 *yù mào*) and constipation (大便難 *dà biàn nán*), and appends some comments on abdominal pain with lochia. He does not get involved with all the internal medicine patterns that can occur in the postpartum time, so this makes it simple, clear and usable. His article on pregnancy problems is also like this, which is right in line with Zhang Zhongjing's *Golden Cabinet* division of gynaecological patterns into pregnancy, postpartum and miscellaneous conditions.

All the specialty texts on gynaecology since Chen Ziming's *Fu Ren Liang Fang* (Fine Formulas for Women) sketch out only briefly the methods for regulating menstruation, but then go into long lists of internal medicine patterns occurring during pregnancy and postpartum, page after page documenting their treatment, some texts going on for up to 24 chapters! The thing is, because these are not patterns that occur only with pregnancy and birth, and the treatments are basically just what you would do in internal medicine, this only confuses people and is just a bad idea.

My own poor book called *Rènshēn shíyào* (Understanding the Essentials of Pregnancy) excises all the patterns like foetal cough, foetal wheeze, nosebleeds, bleeding from the bowel, cold damage, febrile disease and so on which are basically internal medicine concerns and focuses instead on a) illnesses caused by excess or deficiency of the mother's qi, b) illnesses caused by the foetus, or c) illnesses impeding the foetus. This discussed only 20 disorders.

But I learnt that from this article.

Cheng Menxue's unpublished manuscript[1]

Post-partum section (產後篇 Chǎn Hòu Piān)

The postpartum section in the *Jīn Guì Yào Lüè* (Essentials from the Golden Cabinet) names three overall patterns that occur following parturition, namely tetany (痙 *jìng*), constraint blackout (鬱冒 *yù mào*) and constipation (大便難 *dà biàn nán*).

The disorders that occur after giving birth are not limited to three, but the reason that these are singled out for mention is that they have related causes, easily appear together, and provide a snapshot of the whole postpartum pathology.[2]

Later commentators have said that these three patterns can be seen as three primary methods, in the same way as *taiyang* disorders have *Ma Huang Tang, Gui Zhi Tang* and the *Qing Long Tang* methods, but this is wrong. In fact, the three patterns are the same at root, they only seem different when looked at in juxtaposition,[3] and once you know the root the branch becomes clear of itself. After this, even though there may be unpredictable changes, you can direct your treatments with certainty.

This is why Zhang Zhongjing specifically pointed to these common patterns that appear different but have the same root, so that they could form a standard to follow in selecting methods of treatment.

Immediately after giving birth, if there is too much loss of blood then blood deficiency is to be expected. Blood is yin, so blood deficiency destroys yin. With devastated yin and deficient blood, yang qi alone prevails and heat forces sweat to drain out. This is why sweating in the postpartum period is so common and again, something to be expected.[4]

The four terms *blood deficiency*, *devastated yin, predominant yang* and *excessive sweat* are the basis of the three postpartum patterns. First become familiar with these four terms, then you can apprehend all the evolving changes that may occur.

1. The text of which can be found here: ctext.org/wiki.pl?if=gb&chapter=253318
2. 而以为产后病之大纲也.
3. 惟兼见不同.
4. 必然之理.

Tetany (痙 jìng)

For example, excessive sweating leaves the exterior deficient and the interstices and pores (*còu lǐ*) unstable, allowing pathogenic wind to take advantage of the weakness and invade. Or blood and yin, being deficient, are unable to nourish the sinews and bones. Or sweating leads to body-fluid depletion and the fluids are then unable to nourish the joints. Or yin deficiency allows yang to prevail and generate heat, and this predominant heat then in turn damages fluids and creates a vicious cycle. This in fact can incite the movement of pathogenic wind which then fans the flames, further injuring fluids and depriving bones and joints of nourishment, ending in spasms, cramps, tremors, convulsions and even opisthotonos: this is the tetany (痙 *jìng*) disorder that Zhang lists first.

Constraint blackout (鬱冒 yù mào)[5]

When the lower body is deficient in blood, this is lower collapse (下厥 *xià jué*). When yin has collapsed below, it cannot match the yang and isolated yang without support flies off upward: this is blackout (冒 *mào*, literally "covering").

When yin is weak within, yang floats outward, forcing sweat to drain out; as the sweat comes out the pores open and external cold easily attacks. This is constraint (鬱 *yù*, i.e. because the constricting cold now constrains the exterior).

With cold constraining the exterior, yang no longer drains, it only ventures upward, and when it is only the head that is dizzy and sweating, this is constraint blackout.

Constipation (大便難 dà biàn nán)

If there is great loss of blood and on top of that excessive sweating, then the yin is damaged by the blood loss and the fluids are damaged by the sweating. Stomach is the yang aspect of Earth, and the Large Intestine is the

5.The term 鬱冒 *yù mào* first appears in *Su Wen* chapter 69 and again in chapter 74. Zhang Zhongjing uses it here in the *Jin Gui Yao Lue* but also in the *Shang Han Lun*. The *Shanghan Mingli Lun* (Elucidating the Principles of Cold Damage, 1156) defines it clearly: "When the term 鬱冒 *yù mào* is used in the *Shang Han Lun*, what does it mean? The constraint (鬱 *yù*) is the constrained knotting of qi, preventing its easy movement. The blackout (冒 *mào*, literally "covering") is the clouding of the consciousness so that the spirit is not clear. In everyday language it means to lose consciousness." (伤寒郁冒。何以明之。郁为郁结而气不舒也。冒为昏冒而神不清也。世谓之昏迷者是也。)

> *Disorders that occur after giving birth are not limited to three, but the reason that these are singled out for mention is that they have related causes, easily appear together, and provide a snapshot of the whole postpartum pathology.*

Translations by Nick Dent.

The concept is good but if rising yang is causing the blackout, Chai Hu is not really the best choice, and this is particularly the case for southerners with their weak bodies.

dry aspect of Metal; because of this, when the body fluids are devastated the dryness most affects the Stomach and Intestine so that the stool cannot be moistened in its passage. You could call this "the boat is left high and dry", in other words, constipation, the third of the disorders.

Yin dried up in the lower body makes the stool hard. Qi rushing upward causes nausea. Constipation and nausea seen together with dizziness and sweating on the head are a combined constipation and constraint blackout pattern. If there is dizziness and sweating together with spasms of the limbs or convulsions, then this is combined constraint blackout and tetany.

Constipation is a mild disorder, constraint blackout somewhat more serious, but tetany is quite serious. The three patterns can appear simultaneously or gradually succeed one another. Despite the difference in superficial appearance, they have the same root.

That root is the eight words *blood deficiency, devastated yin, predominant yang* and *excessive sweat*.

Treatments

The Classic does not actually set forth treatments for these patterns, but it is easy to think them out for yourself.

Tetany (痙 jìng)

This is due to insufficiency of blood fluid with sweating and exposure to wind, so one should nourish blood to expel wind while relaxing the spasming tendons and vessels, so we can borrow *Gui Zhi jia Gua Luo Gen Tang* (Cinnamon Twig Decoction plus Trichosanthes Radix) plus *Si Wu Tang* (Four Substance Decoction) to almost perfectly match the pattern.

Later formulas such as *Qing Hun Powder* (清魂散)[6] and *Gu Bai San* (古拜散)[7] used charred *Jing Jie* to expel wind from the nutritive level and it works marvellously. If at the same time you nourish the nutritive fluids and soothe the sinews you will rarely fail in treatment.

Constraint blackout (鬱冒 yù mào)

The *Jīn Guì Yào Lüè* (Essentials from the Golden Cabinet) suggests treating this with *Xiao Chai Hu Tang* (Minor Bupleurum Decoction), using it to first disperse the constraint, because when the constraint goes the blackout will lessen. The concept is good but if rising yang is causing the blackout, *Chai Hu* (Bupleuri Radix) is not really the best choice, and this is particularly the case for southerners with their weak bodies. The herb is just not compatible.

Blackout should be treated by nourishing yin to anchor yang, while the constraint should be dispersed and resolved with pungent dispersing herbs. What we want is to disperse the constraint without inducing yang to rise up and increase the blackout; something like charred *Jing Jie* (Schizonepetae Herba) or charred *Fang Feng* (Vespae Nidus) would do.

As for later formulas, it would seem like *Qing Hun San* (清魂散 Clear the Ethereal Soul Powder) plus herbs that nourish blood to soften Liver and anchoring yang would be good.

Constipation (大便難 dà biàn nán)

This has the classical formula *Ma Zi Ren Wan* (Hemp Seed Pill) for bound Spleen, while later formulas include Wu Jutong's *Zeng Ye Tang* (Increase the Fluids Decoction) and *Zeng Ye Cheng Qi Tang* (Increase the Fluids and Order the Qi Decoction) or *Huang Long Tang* (Yellow Dragon Decoction) from Tao Hua's *Shāng Hán Liù Shū* (傷寒六書, Six Texts on Cold Damage, 1445). *Yu Zhu San* (Jade Illumination Powder)[8] is also good.

6 . *Qīng Hún Săn* (清魂散 Clear the Ethereal Soul Powder):
Ze Lan Ye 30g; *Ren Shen* 30g; *Chuan Xiong* 60g; *Jing Jie*120g; *Zhi Gan Cao* 54g.
Make a fine powder of the above. One dose is 3g mixed with a half-spoon each of hot soup and warm wine; force the unconscious patient to swallow this, as soon as it hits the throat the eyes will open, the breathing settle and they will awaken. Treats postpartum blood deficiency with pathogenic wind exposure and loss of consciousness. Benefits qi, expels wind, nourishes Liver, tonifies blood. Source: *Jì Shēng Fāng* (濟生方 Formulas to Aid the Living) by Yán Yòng-Hé 嚴用和, 1253.

7. *Gǔ Bài Săn* (古拜散 Bow to the Ancients Powder):
Jing Jie Sui (Schizonepetae Spica) powdered finely. A 9g dose is to be taken mixed with raw ginger tea or, if there is fire, with aged tea. Indications: Postpartum wind invasion causing spasms, convulsions, loss of consciousness or alternatively fever, chills and aching in the body and head, and deep-source nasal congestion.
Source: *Awakening of the Mind in Medical Studies* (醫學心悟 *Yīxué Xīnwù*) chapter 5, by Chéng Guó-Péng (程國彭), 1732.

8. *Yù Zhú Săn* (玉燭散 Jade Illumination Powder) is a combination of *Si Wu Tang* (Four Substances Decoction) and *Tiao Wei Cheng Qi Tang* (Regulate the Stomach and Order the Qi Decoction) and is used for blood deficiency with internal heat and constipation; or obstructed menstruation with abdominal pain and distention. The source text is *Rú Mén Shì Qīn* (儒門事親 Confucians' Duties to Their Parents) by Zhang Zihe, 1228. The name of the formula comes from the

But if the patient is purely deficient, then you must nourish the nutritive and moisten dryness while adding a small amount of herbs that move qi and open the bowels, such as *Zi Su Zi* (Perillae Fructus) or *Huo Ma Ren* (Cannabis Semen). If the deficiency contains some excess, then the tonifying herbs should be accompanied by such medicinals as *Hou Po* (Magnoliae officinalis Cortex), *Zhi Shi* (Aurantii Fructus immaturus), *Mang Xiao* (Natrii Sulfas) and *Da Huang* (Rhei Radix et Rhizoma).

Zhang Zhongjing in several places suggests using *Da Cheng Qi Tang* (Major Order the Qi Decoction) to treat postpartum constipation with hard dry stool, and although that is not the standard method it can be taken as an example of what is possible—it is not absolutely forbidden. One should differentiate the pattern, and only use it if there is focal distention and fullness that is hard, tender and painful.

If there is only hard stool without pain you should just use moistening, do not purge. When the *Shang Han Lun* says " ... slippery tongue coating, the purging method should not be employed"[9] we should see the word slippery as the evidence of very long clinical experience.

All the clinical indications should be considered before using purging, and this is not limited to treating cold damage.

Summary

In short, even though there are some differences in treating the three patterns described in the *Jīn Guì Yào Lüè,* the important thing is to nourish blood and tonify deficiency. Zhu Danxi has a famous comment that no matter what the pattern, all you should do in the postpartum phase is to make blood tonification your primary goal, and there is some basis to this. Nonetheless it is important to check what other patterns are present so that you know what method to use in your prescription.

astronomical, calendrical and meteorological section of the *Er Ya* (爾雅：釋天). The *Er Ya* ("Nearing the Refined") is the earliest Chinese reference work, dating from the third century BC. The relevant quote is "when the weather is harmonious in all four seasons, this is what is called Jade Illumination" (四時和氣謂之玉燭 *sì shí hé qì wèi zhī yù zhú*). When qi and blood are regulated and in balance and the bowels are open, the body is in harmony in the same way that good weather has appropriate wind, rain and sun, and so this formula is given the refined name Jade Illumination.

9. In Line 130.

Abdominal pain (腹痛 fù tòng)

Beyond the "three patterns" discussed above, the new mother can also suffer from abdominal pain. Before the lochia has stopped blood stagnates and qi congeals, and this easily leads to abdominal pain. This is why *Sheng Hua Tang* (Generation and Transformation Decoction) is something every woman should take.

In the *Jīn Guì Yào Lüè*, Zhang Zhongjing suggests the formula *Zhi Shi Shao Yao San* (Bitter Unripe Orange and Peony Powder). When charred black *Zhi Shi* (Aurantii Fructus immaturus) enters the blood to expel knotted stagnation. *Shao Yao* (Paeonia) supports this by harmonising Liver and regulating the nutritive. He advised that the powder be taken with a barley porridge. Barley (*dà mài*) harmonises Liver and nourishes Heart and Spleen. Since Heart generates blood, Spleen controls blood and Liver stores blood, and in the postpartum time blood and normal qi are both deficient, so barley is used to support the normal and tonify deficiency. In this formula both deficiency and excess are considered, and it is an excellent formula for postpartum abdominal pain when the lochia has not ceased and there is blood stasis.

Later authors spouted some nonsense about forbidding *Shao Yao* (Paeonia) in the postpartum time, but they obviously have not read Zhang Zhongjing's books. *Zhi Shi Shao Yao San* (Zhishi and Peony Powder) has only three ingredients, but both deficiency and excess are considered. When you compare it to the formulas to eliminate blood stasis for postpartum abdominal pain in later books on gynaecology, where the herbs are many but the thought behind the formula is lacking, you can really see how brilliant this formula is.

Zhi Shi (Aurantii Fructus immaturus) and *Shao Yao* (Paeonia) harmonise the Liver and expel stasis, so this is a harmonising formula. Zhang Zhongjing set this out as the standard formula to be used when lochia has not stopped, there is postpartum blood deficiency, and Liver wood is overcoming earth. And from this outstanding example we can derive the two methods of attacking and tonifying. The original text has a line that says:

產後腹中疠痛當歸生薑羊肉湯主之。
并治腹中寒疝,虛癆不足

> *If there is only hard stool without pain you should just use moistening, do not purge.*

No matter whether it is chronic pain, acute pain, or intense pain, as long as it improves with pressure, improves significantly with heat and feels better when lying down in a curled position, these are key diagnostic signs.

> After giving birth, chronic aching in the abdomen is mastered by *Dang Gui Sheng Jiang Yang Rou Tang* (Dang Gui, Sheng Jiang and Mutton Decoction); it also treats cold bulging disorder and exhaustion due to overwork.

Although this formula is stated to be for postpartum abdominal pain, we can see from the last part of the line that it tends to treat deficient type pain. The meaning of *xiǔ tòng* (疒痛) that appears in the quote has long been glossed as drawn-out chronic pain, and this type of pain tends to be deficient. But not all deficient pain is drawn-out and chronic; similarly, the words "chronic pain" do not cover all the manifestations of deficient cold. But no matter whether it is chronic pain, acute pain or intense pain, as long as it improves with pressure, improves significantly with heat and feels better when lying down in a curled position, these are key diagnostic signs. If these signs appear and when you check the pulse and there is not the slightest sign of heat, then you can be sure it is deficient cold.

The two characters "chronic aching" though likely refer to all the various symptoms of deficient cold, not just one. *Dang Gui* (Angelicae Sinensis Radix) warms the blood, the mutton tonifies deficiency, raw ginger disperses cold—this is a really superior formula for deficient cold in the sea of blood.

During the postpartum time when blood is lacking, the uterus is deficient and empty, so it is vulnerable to invasion by intruding cold. The cold congeals the little blood that remains so that it fails to flow, and if blood fails to flow qi stagnates and causes pain. The reason the pain improves with heat is that heat helps movement; the reason it improves with pressure is because it makes the emptiness feel fuller.[10] The reason the pain improves with lying curled up is that cold is contracting and the curled posture concentrates the yang qi and makes the interior warmer in an effort to overcome the cold.

For all of these reasons, *Dang Gui Sheng Jiang Yang Rou Tang* (Dang Gui, Sheng Jiang and Mutton Decoction) is perfect. Someone might say that the mutton is too tonifying to use in a painful situation, but that is forgetting that it has both a strong flavour and a warm qi. The strong flavour is tonifying, but the warm qi can unblock, so this is a tonification that unblocks (通補 *tōng bǔ*), not the type of tonification that causes obstruction (呆補 *dāi bǔ*). Furthermore, *Dang Gui* (Angelicae Sinensis Radix) is warm and moving, *Sheng Jiang* (raw ginger) is pungent and dispersing, so overall it is a formula that tonifies and unblocks the extra channels.

Even though the pain is due to deficiency, the cold still needs to be dispersed; even though the deficiency needs tonification, the stagnation still needs to be moved. The ancients used to say that there is no tonification that works for pain (痛無補法 *tòng wú bǔ fǎ*) but this does not mean that you can absolutely not use any tonifying herbs; it is only pure tonification or obstructing tonification (呆補 *dāi bǔ*) that should not be used. This formula treats deficient pain, and it's wonderful that it uses tonifying substances and even more wonderful that such a formula which both tonifies and opens obstruction is one that contains only three substances! I've used it many times, and found it successful each of those times.

For patients whose digestion is too weak to eat mutton and they might vomit, when all else fails you could substitute *Jiao Ai Tang* (Ass-hide Gelatin and Mugwort Decoction) but the effect is nowhere near as good.

The original text records:

> The teacher said, when a woman who has just given birth has abdominal pain, the method is to give *Zhishi Shaoyao San* (Bitter Unripe Orange and Peony Decoction), but if she does not improve, then this is blood stasis stuck in the abdomen below the umbilicus. You should use *Xia Yu Xue Tang* (Stasis Precipitating Decoction) to treat it. This also treats impaired menstrual flow.

These are the primary formulas to use when postpartum abdominal pain is due more to excess stasis. If the pain does not respond or if there are any signs of deficiency, treat it as deficiency. When treating it as deficiency, if the pain does not improve but otherwise everything is fine, this just means the herbs are not strong enough. However, if the pain has not improved with the deficiency treatment but you also start seeing more signs of excess, then you need to reassess. When blood stasis

10. 其喜按者, 虛則喜實也.

is stuck under the umbilicus, *Tao Ren* (Persicae Semen) attacks the stasis, and the *Zhe Chong* (Eupolyphaga/Steleophaga) breaks up the collaterals: it is really a very strong formula. So since in the postpartum state the woman is deficient, then when there is excess you want to get rid of it as quickly as possible lest it damage the normal qi. Making the formula into pills with prepared honey allows the moderating sweetness to harmonize the herbal qualities. Boiling it with rice wine before taking it uses warm movement to assist the effects of the herbs.

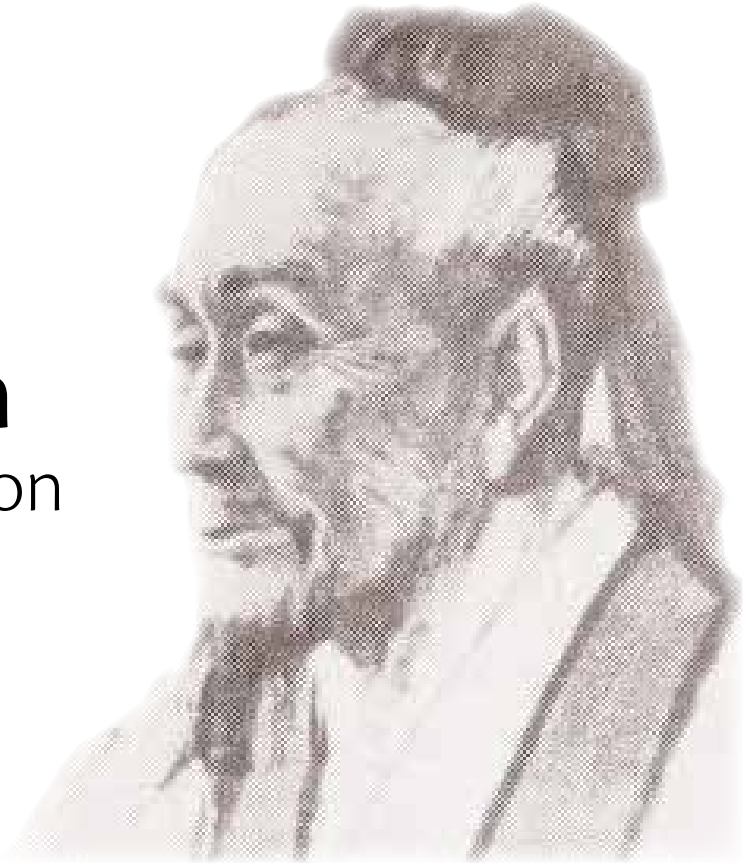
In terms of symptoms there must be all the signs of blood stasis: hard knotting below the umbilicus which is worse with pressure and intensely painful; there should be black stool and dark rings under the eyes. You must have clear signs of severe blood stasis, you can't just decide to use *Xia Yu Xue Tang* (Stasis Precipitating Decoction) simply because the *Zhishi Shaoyao San* (Bitter Unripe Orange and Peony Decoction) has not worked.

Summary of postpartum abdominal pain

So pain in the abdomen after giving birth has these three methods, using as the primary method the formula *Zhishi Shaoyao San* (Bitter Unripe Orange and Peony Decoction) to harmonise Liver and eliminate stasis. For those who are more deficient, warm and tonify with *Dang Gui Sheng Jiang Yang Rou Tang* (Dang Gui, Sheng Jiang and Mutton Decoction). For those who are more excess, attack with *Xia Yu Xue Tang* (Stasis Precipitating Decoction) which is very powerful. If you think it is too strong, however, you can choose *Sheng Hua jia Shen Tang* (Generating and Transforming Decoction plus Ginseng) or *Sheng Hua Tang* (Generating and Transforming Decoction) adding *Wu Ling Zhi* (Trogopterori Faeces) and *Yan Hu Suo* (Corydalis Rhizoma). It all depends upon your clinical assessment.

> *If the pain does not respond or if there are any signs of deficiency, treat it as deficiency.*

Shang Han Lun
A preliminary discussion



By Joon Hee Lee

Shang Han Lun (Discourse on Cold Damage) has been one of the most commented and discussed texts in the history of Traditional East Asian medicine. This fact testifies to the importance of the text on clinical and theoretical levels, and at the same time, it also suggests that there is much room for different explanations and interpretations of the text on its textual and conceptual level. It appears that the former aspect has been well noted in modern *Shang Han Lun* materials. The latter aspect, however, has been less emphasied and discussed in a way that could help readers and students of the *Shang Han Lun* make a relatively unbiased evaluation of those different explanations and interpretations. This article hopes to bring such discussion to the table so that one could be informed when he or she reads, examines, and studies the *Shang Han Lun* and various concepts and theories spun from it. For that purpose, the author will trace evidence surrounding the text and its transmission, explore their implications from the textual perspective, and then raise questions and discussion on the conceptual level.

Discussion on textual level

The *Shang Han Lun* we have now is not the exact original text, *Shang Han Za Bing Lun* (Discourse on Cold Damage and Other Disease), written by Zhang Zhongjing. It is important for us to know that there are different versions of *Shang Han Lun* that have survived other than the most commonly used Song dynasty version. Furthermore, readers need to note that the standard 398 lines of the *Shang Han Lun* are not the entirety of the Song dynasty version. They comprise only chapters five through 14 out of the total of 22 chapters from the 10-scroll Song dynasty version *Shang Han Lun*.

What is a version (版本 bǎn běn)?

In the English-speaking world, the term "version" is often used as a corresponding word for 版本 (*bǎn běn*) in Chinese. *Bǎn běn* is a term that is used to indicate the original copies produced from a specific printing frame of a certain book. For example, "宋版本 *Sòng bǎn běn* (Song dynasty version)" of the *Shang Han Lun* indicates the text and its copies produced based on a specific printing frame

constructed during the Song dynasty. When this particular printing frame is no longer available, later generations may remake a new printing frame based on an available copy of the earlier print. This is called "復刻本 *fù kè běn* (remake print version)". In general, these copies are also considered as the same original version, especially when the originally printed copies are no longer extant. As an example, the so-called Song dynasty version of *Shang Han Lun* in present time originated from the "*fù kè běn*" of the Ming dynasty but it is still called "Song dynasty version". This means there are no surviving copies printed during the Song dynasty but there are surviving copies printed during the Ming dynasty. They are preserved in several locations in China and Taiwan. In this case it is assumed that the content of the Ming dynasty print is the same as the Song dynasty predecessor based on the printer's explanation written in the prefaces.

Versions OF *Shang Han Lun* vs books ON *Shang Han Lun*

Now, it is necessary to differentiate books on *Shang Han Lun* from the versions of *Shang Han Lun* to avoid confusion. All the commentaries on *Shang Han Lun* and books that attempt to explain the text can be categorised as books on *Shang Han Lun* when their base text is one of the known versions of *Shang Han Lun*. In time, such a book can also become a "version" when its original base text is no longer extant.

This is especially applicable to those produced by authors from earlier than the Song dynasty. Sun Simiao's *Qian Jin Yi Fang* (Supplement to Formulas Worth a Thousand Gold Pieces) contains the *Shang Hang Lun* text in its scrolls of nine and 10. This is considered an important version of *Shang Han Lun* because the text on which Sun based his writing is unknown and no longer available.

The *Zhu Jie Shang Han Lun* (Annotation and Explanation of the Discourse on Cold Damage), the first known commentary of the *Shang Han Lun* by Jin dynasty's Cheng Wuji, is also considered another version of *Shang Han Lun* because there are some discrepancies between the original lines underlying his commentaries and the lines of Song dynasty version. These different versions are important sources to be cross-examined in order for scholars to authenticate the textual information because the original *Shang Han Za Bing Lun* written by Zhang Zhongjing is no longer extant.

Emergence of the Shang Han Lun

When the text "*Shang Han Lun*" first appeared is not absolutely clear. Commonly accepted theory is the one stating that third century Wang Shuhe compiled the *Shang Han Lun*. It originates from Huangfu Mi's statement in his preface of the *Zhen Jiu Jia Yi Jing* (Systematic Classic of Acupuncture and Moxibustion). The statement, however, does not specify whether Wang Shuhe's compilation was limited to the discussion of *shang han* (cold damage) or not.

There is no question about the fact that there must have been someone, whether it was Wang Shuhe or not, who took certain parts out of the original Zhang Zhongjing text or the one available to them and compiled it as a separate text, what we now know as "*Shang Han Lun*".

It is not clear that it was *Shang Han Lun* then, or had been circulated under some other titles. Historically, the first record of the name "*Shang Han Lun*" appears in *Wai Tai Mi Yao* (Arcane Essentials from the Imperial Library) of the Tang dynasty.

There is a record indicating the presence of a book called "*Zhang Zhongjing Bian Shang Han* (Zhang Zhongjing's Differentiation of Cold Damage) *10 scrolls*" according to the bibliographical treaties of the history of the Sui dynasty.

Shang Han Lun is NOT the same text as written by Zhang Zhongjing

Various ancient texts have survived and been transmitted through history but it is rare that they preserved the exact original form. What we have and call the "Song dynasty version of the *Shang Han Lun*" is not the original form of Zhang Zhongjing's writing, according to the bibliographical and textual evidences. The evidence includes Zhang Zhongjing's own preface in the *Shang Han Lun*. It stated that he wrote "16 scrolls of *Shang Han Za Bing Lun*". What we have today is 10 scrolls of *Shang Han Lun*. We do not have 16 scrolls. In the same reasoning, *Jin Gui Yao Lue* (Essentials of Golden Cabinet) is also not the original form of Zhang Zhongjing's writing.

The original text was known to be written

> *It is necessary to differentiate books on Shang Han Lun from the versions of Shang Han Lun to avoid confusion.*

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Another common misapprehension surrounding Zhang Zhongjing's text is that his original Shang Han Za Bing Lun has been divided and perfectly preserved in Shang Han Lun and Jin Gui Yao Lue.

during the Han dynasty. It has long been lost. Today's *Shang Han Lun* 10 scrolls are unlikely to be the exact same 10 scrolls taken out of the original 16 scrolls of *Shan Han Za Bing Lun*. One obvious evidence for this statement can be found in the second scroll of the text where it says,

> Now, [I] searched for and collected the Zhongjing's old discourse. [The reason for] recording its patterns and symptoms, the assessment of pulse, voice, and complexion, and authentic formulas for corresponding diseases that yield great results is to be ready for the urgent needs for the society.
> 今搜採仲景舊論，錄其證候、診脈、聲色，對病真方，有神驗者，擬防世急也。

The different versions of the *Shang Han Lun* demonstrate varying degree of discrepancies from each other. A long period of time passed between the writing of the text by Zhang Zhongjing and the Song dynasty scholars' work on the *Shang Han Lun*. Intact preservation of the original texts for such a long period of time is unrealistic.

Another common misapprehension surrounding Zhang Zhongjing's text is that his original *Shang Han Za Bing Lun* has been divided and perfectly preserved in *Shang Han Lun* and *Jin Gui Yao Lue*. The transmission of the original text had gone through much more complicated upheavals. Bibliographical research shows that there had been various titles of Zhang Zhongjing texts in different periods before the Song dynasty. The careful examination of the *Shang Han Lun* can reveal the evidence of editing and modification from the original text. A few earlier physician-scholars realised this and expressed their criticism over the fact. Qing dynasty's Ke Qin writes,

> This book, *Shang Han Lun*, ever since Shuhe edited, is no longer Zhongjing's book. There are many Zhongjing's words missing and left out. Also, there are many Shuhe's words attached and attempted to make sense [on his own right]".
> 傷寒論一書, 經叔和編次, 已非仲景之書. 仲景之文遺失者多, 叔和之文附會者亦多矣.

In 18th century Japan, Yoshimasu Nangai also commented,

> Wang Shuhe edited it. By adding his own words, he tried to make the meaning clearer but instead it disarranged the truth.
> 王叔和撰次之, 加以己之說 欲明其意, 反紊其眞

Furthermore, one of the remaining parts of

Shang Han Za Bing Lun, *Jin Gui Yao Lue,* illustrates similar obscurity in its compilation according to the editing scholars of the Song dynasty. In the preface of the text, they explained how they edited and compiled *Jin Gui Yao Lue* from the newly discovered abbreviated version of Zhang Zhongjing text, called *Jin Gui Yu Han Yao Lue Fang Lun* (Formulas and Discourse on the Essentials of Golden Cabinet Jade Chest). According to the preface, it contained an abbreviated version of the *Shang Han* section but they let go of that part in the making of *Jin Gui Yao Lue*.

Other than *Jin Gui Yao Lue*, non *Shang Han* fragments of the *Shang Han Za Bing Lun* can be found in the various pre-Song texts, such as *Mai Jing* (Pulse Classic), *Wai Tai Mi Yao* (Arcane Essentials from Imperial Library), and *Qian Jin Yao Fang* (Formulas Worth a Thousand Gold Pieces). Therefore, we can only glimpse what Zhang Zhongjing's original text might have looked like through the examination of all these texts but we cannot make a truly convincing argument about how much had been lost and how much added by later generations.

Transmission errors

Other than intentional addition or omission through editing the original, we need to keep in mind that unintended changes and modifications could occur during the transmission of an ancient text. The possibility of transmission errors cannot be ignored in examining classical texts. Because the main forms of transmission in antiquity were hand copying or oral transcription, human errors can readily occur during such processes. One example can be found in the Song dynasty version *Shang Han Lun* line 110, where it says,

太陽病二日，反躁，凡熨其背而大汗出，大熱入胃, 胃中水竭，躁煩，必發譫語.

Readers need to remember that in ancient writing there were no commas and no space between characters. They are later efforts to differentiate meaning units. In original writing, this line should be like the following but written from top to bottom instead from left to right as in modern writing system.

太陽病二日反躁凡熨其背而大汗出
大熱入胃火氣入胃胃中水竭躁煩必發譫語.

Translation of this line is not easy, because of an awkwardly placed character 凡 (*fán*) and the redundancy of the character 躁 (*zào*). Eventually, an attempt of translation can become a speculative interpretation by adding extra words or not translating characters in question. One may translate the above as something like,

> *Taiyang* disease [lasted] two days, but [there is] restlessness. Generally, ironing the [patient's] back [results in] profuse sweating, [causing] major heat to enter the Stomach. [Therefore], water in the Stomach exhausts, restless and vexation occurs and [patient] will have delirious speech.

Another version of the *Shang Han Lun*, *Jin Gui Yu Han Jing* (Golden Cabinet Jade Chest Classic) is written slightly differently (see the three underlined characters) which are oddly similar in shape to the three characters used in the Song version.

太陽病二日,而反燒瓦熨背, 而大汗出, 火熱入胃，胃中水竭，躁煩，必發譫語.
Taiyang disease [lasted] two days but a scorched brick [was used] to iron the [patient's] back and profuse sweat came out. [As] fire heat enters Stomach, water in the Stomach exhausts, restless and vexation occurs, and there will be delirious speech.

This version makes much more sense without the need of speculation in translation. The careful cross-examination reveals an answer to why the Song version line 110 is awkward and hard to translate. It might be because the line 110 from the Song dynasty version was erroneously transcribed. Due to their similar appearances of the characters, one can deduce that the character 躁 (*zào*) was mistakenly transcribed from 燒 (*shāo*) and 凡 (*fán*) from 瓦 (*wǎ*). These characters in handwriting can be mistaken if the transcriber is not careful.

Other possible transcription error can occur when a transcriber mistakenly writes comments previously written in smaller size

> *Readers need to be careful not to extrapolate the lines but to keep in mind a possibility of mistake when they are not reasonable, syntactically as well as contextually.*

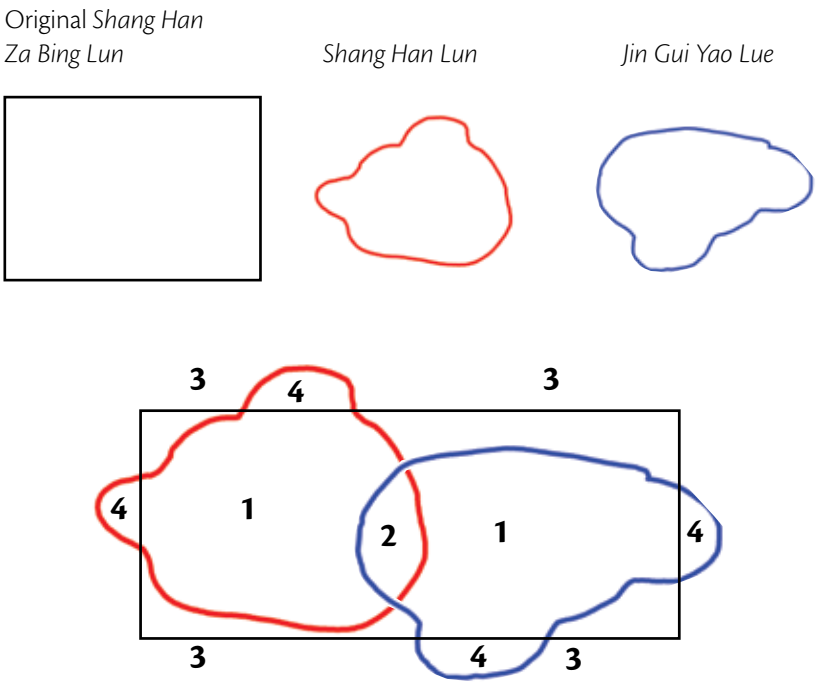
characters into the same size characters as the original. This is how what was previously a comment becomes recognised as the original by mistake. There are quite a few areas in the Song version where one might suspect this type of error occurred in the *Shang Han Lun* transmission.

Knowing these errors are not uncommon, readers need to be careful not to extrapolate the lines but to keep in mind a possibility of mistake when they are not reasonable, syntactically as well as contextually.

Hypothetical illustration of the relation between the original and current two texts

As we have seen, the likelihood is that some parts in the current texts might have been added by later generation either by intention or by mistake. Also, it is reasonable to suspect that there were parts omitted from the original text in the midst of turbulence of time. Parts of incongruence, missing formula patterns and formulas mentioned but with no ingredients in the texts support such suspicion. For the purpose of simple illustration on the state of the current two texts *Shang Han Lun* and *Jin Gui Yao Lue* in relation to the original Zhang Zhongjing's *Shang Han Za Bing Lun*, a hypothetical diagram can be drawn as below.

Relation between two texts and the original



This diagram and its each numbered areas imply the following factors:
There are Zhang Zhongjing's original writing preserved in *Shang Han Lun* and *Jin Gui Yao Lue* (1)
There are parts both in *Shang Han Lun* and *Jin Gui Yao Lue* (2)
There are missing parts of original Zhang Zhongjing (3)
There might be added parts not original Zhang Zhongjing's writing (4)

Discussion on conceptual level

With above textual discussion in mind, we can examine and investigate current *Shang Han Lun* understanding on the conceptual level.

Tracing the compiler/editor's intention

Realising that the *Shang Han Lun* is not the original *Shang Han Za Bing Lun*, one needs to ask an important question. Why did someone, commonly known as Wang Shuhe, break some parts out of the original whole, and rearrange them to compile those parts only? A simplistic answer to this question may be that he had no choice but to do that because other parts had already been missing and unavailable to him. If that person is indeed Wang Shuhe, who is also believed to be the author of the *Mai Jing* (Pulse Classic), the answer is not likely to reflect the reality. The fact that the *Mai Jing* includes the contents found in *Jin Gui Yao Lue* indicates the author had access to other parts of *Shang Han Za Bing Lun*. Therefore, a more reasonable and likely answer to the question may be that he edited and compiled *Shang Han Lun* out of what was closer to the original because he saw benefits in doing so. The major value of compiling the *Shang Han Lun* out of *Shang Han Za Bing Lun* might be to draw more attention and emphasis on dealing with externally contracted diseases as impending needs. Another value seen by the editor and projected from this compilation could be the possibility of narrowing down the original whole into the categorisation of six. Because the former aspect is self-explanatory, it is worthwhile to discuss the latter aspect of possible intention of the *Shang Han Lun* compilation.

Six Disease vs Six Conformation

Drawing the theory of six conformation from original six disease is a shift of the framework. Zhang Zhongjing's six disease is a part of *Shang Han* and *Za Bing*, whereas the theory of six conformation is an attempt to categorise the whole into six. Readers of Zhang

Zhongjing texts need to have a clear understanding on the difference between Zhang Zhongjing's six disease and this later interpretational model of six conformation.

The multitude of interpretations and explanations of the *Shang Han Lun* stems, in large part, from its employment of this six-fold structure in categorising and nominating the diseases presented in *Shang Han Lun* that has multiple layers of attached meaning in Chinese medical and philosophical context. The six channel, or *liu jing* in Chinese, refers to six different terms of which three belong to yang and three to yin. They are *taiyang, yangming, shaoyang, taiyin, shaoyin* and *jueyin*. Because this set of terms is inherently related to the multitude of Chinese medicine concepts, it allows for many different interpretations.

Liu jing can be associated with 12 *jingluo* channels, six qi that includes time, space, climatic quality of the universe, the stage of yin yang progress/regress, or the status of opening/closing that is analogous to a gate structure and mechanism. Further it can relate to five phase and organs secondarily through the channels and six qi connection.

For example, the term *taiyang* in six conformation can be associated with foot *taiyang* Bladder and hand *taiyang* Small Intestine channel in channel theory. It is then related to Urinary Bladder and Small Intestine *fu* organs through channel connection in organ theory. Its channels and organs are consequently linked to five phases: in this case, water and fire. In addition, the term *taiyang* is associated with one of six qi, which is the quality of cold water. This again leads to the association of five phase and organs, and further to the connection of time, space and quality of climate, and its implication to the body.

These concepts, which the original text did not elaborate, are largely derived from the tenets of *Huang Di Nei Jing* (Yellow Emperor's Inner Classic). It can be said, therefore, that scholars who extrapolated *Shang Han Lun* theories based on six conformational categorisation have been attempting to understand Zhang Zhongjing's texts though the calibre of *Huang Di Nei Jing*, rather than to understand the text within the context of the text itself. This appears to have been a major trend throughout Chinese medical history after the Han dynasty. On one hand, it contributed to the richness and new developments of herbal medicine in theory and practice. On the other side of the coin, it could allow later generations to deviate from the course Zhang Zhongjing originally presented.

Conclusion

The two surviving texts of *Shang Han Lun* and *Jin Gui Yao Lue* are undoubtedly the heritage of Zhang Zhongjing and have demonstrated unrivalled clinical value over a long period of time. In addition, they have played an invaluable role in the development of herbal medicine practice in the East Asian medicine. Nevertheless, the reality is that the original Zhang Zhongjing's text is long gone and its transmission has not been perfect. It is reasonable to acknowledge that the current *Shang Han Lun* and *Jin Gui Yao Lue* are broken texts, in which not every bit of information can be validated. This realisation can help readers and students read the material with more critical minds and avoid unnecessary speculation and extrapolation of things that may add more confusion than clarity.

It is also important, on the conceptual level, for readers to realise and understand the reality of the currently available texts in order for them to critically evaluate its theories and perspectives derived from the content. Various theories of the *Shang Han Lun* are the products of later generation's learning and conceptualising process. When the original compiler edited and assembled the *Shang Han Lun* out of *Shang Han Za Bing Lun*, his value system may have been inherently embedded in the text. It, in turn, has inevitably influenced the readers of later generations. It might have long been influencing the learners of the *Shang Han Lun* historically, and hence to the development of theories. When we are open to acknowledge such, we are ready to bypass the lenses of these theories and look straight at the text as it is.

Scholars who extrapolated Shang Han Lun theories based on six conformational categorisation have been attempting to understand Zhang Zhongjing's texts though the calibre of Huang Di Nei Jing, rather than to understand the text within the context of the text itself.

Endnotes

1. Such as *Zhu Jie Shang Han Lun* 註解傷寒論, Qian Jin Yi Fang 千金翼方, *Jin Gui Yu Han Jing* 金匱玉函經, Kang Ping version 康平本, etc.

2. Zhang, ZJ. (Han dynasty). *Shang Han Lun* (Discourse on Cold Damage). Ming dynasty copy preserved in Taipei National Palace Museum. Photographed and published in 2009 by Japanese East Asian Medical Association: Tokyo, pp 4-238.

3. Park CG. (2000). *Euih Hak Han Mun* (Medical literary Chinese). Seong Bo Sa: Seoul

4. Qian CQ. (2006). Research on Song version Shang Han Lun. *Journal of Korean Medical Classics*. Vol 19, No1, pp 215-216.

5. Sun SM. (Tang dynasty). *Qian Jin Yi Fang* (supplement to formulas worth a thousand gold pieces). Reprinted in 2009 by Zi You Publishing Company: Taipei, pp 97-121.

6. Zhao, KW. (Ming dynasty). *Zhongjing Quan Shu* (Complete Collection of Zhongjing). Reprinted in 1984 by Ji Wen Bookstore: Taipei, pp 1-318.

7. Huangfu M. (Jin dynasty). *Zhen Jiu Jia Yi Jing* (Systematic Classic of Acupuncture and Moxibustion). Reprinted in 2019 by Da Zhuan Publishing Company: Taipei, p 5.

8. Wang T. (Tang dynasty). *Wai Tai Mi Yao* (Arcane essentials from imperial library). Reprinted in 1965 by National Medicine and Herbs Institute: Taipei.

9. *Book of Sui, Scroll 34*, Chapter 29. 隋書 卷三十四 志第二十九 經籍三. https://ctext.org/wiki.pl?if=gb&chapter=134368

10. Zhang, ZJ. (Han dynasty). *Shang Han Lun* (Discourse on Cold Damage). Ming dynasty copy preserved in Taipei National Palace Museum. Photographed and published in 2009 by Japanese East Asian Medical Association: Tokyo, p 18.

11. ibid. 為傷寒雜病論合十六卷

12. ibid. p 37.

13. Wiseman N. & Wilms S. (2000). *Jin Gui Yao Lue*, *Essential Prescriptions of the Colden Cabinet: Translation and Commentaries.* Paradigm Publications: Taos, pp viii. In their introduction, the authors state, "He arranged them into two separate books: the *Shang Han Lun* in 10 scrolls, and another text on "miscellaneous diseases" in six scrolls, which in later centuries became known as the *Jin Gui Yao Lue*."

14. Lee, JH. (2011). Hierarchy of Patterns in the Clinical Application of Zhang Zhongjing's Formulas: An Empirical Approach. *Journal of Chinese Medicine*. No 95, p 24.

15. Ke Q. (Qing dynasty). *Shang Han Lai Su Ji* (Collected Writings on Renewal of the Discussion of Cold Damage Revival). Reprinted in 1999 by Zhi Yuan Bookstore: Taipei, p 8.

16. Yoshimasu N. (1800) *Sho Kan Lon Sei Gi* (Refined Meaning of the Discourse on Cold Damage). Japan Old Texts Database: https://kokusho.nijl.ac.jp/biblio/100311012.

17. Zhao, KW. (Ming dynasty). *Zhongjing Quan Shu* (Complete Collection of Zhongjing). Reprinted in 1984 by Ji Wen Bookstore: Taipei, p 321.

18. Mitchell C., Wiseman N., & Feng Y. (1999). *Shang Han Lun: On Cold Damage*. Paradigm: Brooklyn, p 250.

19. Zhang, ZJ. (Han dynasty). *Shang Han Lun* (Discourse on Cold Damage). Ming dynasty copy preserved in Taipei National Palace Museum. Photographed and published in 2009 by Japanese East Asian Medical Association: Tokyo, p 79.

20. Zhang, ZJ. (Han dynasty). *Jin Gui Yu Han Jing* (Golden Cabinet Jade Chest Classic). Reprinted in 1985 by Xin Wen Feng Publishing Company: Taipei, p 34.

21. Otsuka K. (1967). *Sho Kan Lon Kai Setsu* (Explanation of the Discourse on Cold Damage). Cho Yen Sha: Tokyo.

Kang Ping version discovered in Japan illustrates this possibility of alteration in Song version since it kept smaller typeface passages as inlayed comments that were all treated as regular passages in Song version.

22. As an example, *jueyin* disease lines 360 through 381 in *Shang Han Lun*, except 369, 373, and 380, are found in chapter 17 of *Jing Gui Yao Lue* as well.

23. As an example, in *Jing Gui Yao Lue,* some formulas whose names are listed do not have ingredients and other formulas have ingredients but do not have patterns with them.

24. As Ke Qin and Yoshimasu Nangai stated as such. See endnote 15 and 16.

25. Wang SH. (Jin dynasty). *Mai Jing* (Pulse Classic). Reprinted in 2004 Wu Zhou Publishing Company: Taipei. In this work, the scroll seven contains *Shang Han* lines and the scroll eight organises a big portion of lines and diseases found in *Jing Gui Yao Lue*.

26. Lee, JH. (2011). Hierarchy of Patterns in the Clinical Application of Zhang Zhongjing's Formulas: An Empirical Approach. *Journal of Chinese Medicine.* No 95, pp 24-33.

Real Chinese sayings

Truth becomes fiction when the fiction's true;
Real becomes not-real where the unreal's real.

—The Story of the Stone

假作真時真亦假，無為有處有還無。

Jiǎ zuò zhēn shí zhēn yì jiǎ, wú wéi yǒu chǔ yǒu huán wǔ.

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Readers have revelled in **Xiaoyao Xingzhe**'s 25-part journey towards enlightenment —Daoism style—with fellow wayfarer the Fat Monk. When we asked Xiaoyao for a final installment, he insisted the only way to conclude was ... "read my first one again"

Talks
at a monastery

There was no sign, early that foggy morning, of the noisy crowds that later would mill around the base of the mountain and swarm toward the temple up the road, the one with the massive golden Buddha, exotic rock carvings and lines of knick-knack stalls lining the road to its gate. Though it was the same mountain, I took another path. Entering a smaller stone archway almost hidden here in the undergrowth, its keystone marked with the characters Embrace Simplicity, the way led off through a tunnel of trees before beginning its ascent up the steep slope.

The key is to relax that fierce need to be right all the time, and let go of most of the things you are so sure you already know! Tai Chi teaches that...

MY GOAL WAS a small Daoist *Guan*, boarded up and abandoned due to political oppression at the time I had first stumbled across it, many years before, but hopefully now restored. Working my way through boulders and groves of green thick-waisted bamboo, the worn stone steps gradually narrowed as the leaf-strewn path climbed higher. In the pre-dawn quiet, the fog gathered slowly until there was only the path, the boulders, the bamboo and my feet. Then the sun rose, and the gently descending mist around me shone with a golden efflorescence before gradually dissipating in the warm rays.

I was seeking an ancient text long out of print, Liu Yi-Ming's *Dao Shu Shi Er Zhong*, for which I had been searching for years in the dusty bookshops and backstreets of Shanghai and Hong Kong. A smaller Daoist monastery might well possess a copy unavailable elsewhere, as they often supplemented their income with the sale of Daoist books. But was this monastery even inhabited?

Sweating in the cool mist that gently echoed my foot-falls, I became aware of a subtle waft of fragrance. Incense! My spirits lifted. The path led around a deep rock pool with goldfish fed by a small waterfall, and there were the gates.

An undulating wall resembling the back of a dragon was topped with black tiles, and arched upward over the opening. The heavy wooden gates each held a large brass knocker in the shape of a beast with fierce staring eyes and a broad nose. I had just lifted the knocker when the other door of the gate swung back a fraction, exposing two eyes that peered out at about the level of my chest, then lifted to my face. "*Shifu hao!*" I greeted the doorman. "Forgive my disturbing you, but …" I enquired about their library, and whether it might be possible to visit. He stepped back, wordlessly, but as I came through the gateway he gestured toward some wooden steps at the rear of the wide courtyard.

The courtyard was dusty, and in the middle a large black cauldron smoked. It was a *ting*, a cauldron with three legs; writhing dragons stood out on its sides, and the clouds of incense seemed to issue from them. Legend said this area of the mountain was the original laboratory site for a reclusive alchemist in the Jin dynasty well over a thousand years before.

It took some wandering through the recesses of the labyrinthine wooden passageways before I found the library. It was resolutely closed with a beam lifted into brackets on the outside of the door. Yet as I turned away in some disappointment, I heard the thud-thud-thud of rushing feet approaching from the rear of the compound. "*Wei! Shi Zhu!* Did you want the library?"

The Daoist was ruddy-cheeked, rather corpulent, and smiling; he looked about 35 as he lightly lifted down the beam, pushed open the double doors and led the way into the dark and musty space. "Liu Yi-Ming you say? Good choice! Now let's see …"

As he rummaged we talked. He had been ordained at Wu Dang monastery in Hubei, he told me proudly. "Do you know *Taiji*?" he asked. "I can teach you!" His enthusiasm was infectious. There, he said, the monastery was built directly on the precipitous ridges of the Tian Zu Peak. "Talk about dragons—the qi at that place was incredible. Built right on the high back of the dragon ridge."

I asked him what spurred him to become a Daoist, and he laughed quietly, sobering down somewhat. He had no choice, he explained. Even as a kid he felt there was more to life than what everyone else seemed to find important. "It was an urge to know what life was for. Later I found that knowing intellectually was not enough, you have to embody that knowledge, to be it, to know where you have come from, and where you are going to. Daoism seemed to be a path that would help me do so."

But why not a Buddhist, say? His answer surprised me.

"That would have been just as good. You know it's funny how people get hung up on the externals, when the heart of the matter is what is important. My teacher at Wu Dang said that. Lao Zi said it too, in the very first chapter of his *Dao De Jing*." Incongruously, as I thought of people mistaking the container for the content, there popped into my head an image of tiny children ignoring their Christmas presents to play with the wrapping paper.

"Liu Yi-Ming himself constantly emphasized that Buddhism, Daoism and even Confucianism were all one stream. *San Jiao wei Yi, ba! Hei, zhao dao le!* Hey! Found it!"

He held up a dusty blue cloth-bound box with two bone clasps holding it together and,

blowing off some of the dust, set it on the wooden library counter. As he lifted out the group of books, which were bound traditionally with silk stitch-binding on blue paper, he remarked: "My teacher at Wu Dang came from the far west of China, and became a Daoist only later in his life. He had studied other things before that. But he said that the very first thing people need to learn in this endeavour is to recognise the common pitfalls. Getting stuck on what a person or a teaching looks like, and either rejecting them or blindly attaching oneself to them, is a common problem. But it's only one of many things that can stop you from learning more. He said it is crucial to learn how and where one can go wrong, because these things happen to everyone, again and again. It is such a pity when people get caught at a level so far below their capacity. If you learn to recognise what can trap you—the pitfalls in learning—you have a much better chance of getting far enough along to make a difference."[1]

I was confused. "Pitfalls of learning? But I thought you'd start with meditation or ..."

"Pah! You're just like all the rest," he said, with a mock-ferocious look, then smiled. "*Xing ming shuang xiu, ba!* Equal development of essence and life! That's why we do internal martial arts at Wu Dang, we learn to stretch and relax the outside, which helps us to stretch and relax the inside. Everybody can do this much. My teacher said the key is to relax that fierce need to be right all the time, and let go of most of the things you are so sure you already know! *Tai Chi* teaches that—say, why don't you come up here at dawn, and we can practise together while you are here?"

I agreed happily, and he bustled around gathering implements to make tea. I tried to remember where Lao Zi had talked about appearances and externals, and finally asked.

"In the very first two lines of the first chapter—that's how important it is. In fact, almost every chapter has something on a common beginner's pitfall, and sometimes how to avoid it. The first chapter warns us not to confuse the label with the thing itself, and the limitations of craving. The second warns us that over-reliance on authorities means that you give up your own ability to perceive the truth. 'Everyone knows beauty is beauty …' but what if you disagree? Would you speak up? Or would you censor yourself before you even recognised the thought?"

He put a kettle on to an ancient looking *feng lu,* a three-legged "wind stove" used for heating water for tea, and threw a bit of burning paper onto the chips of kindling inside before continuing: "The third chapter in *Lao Zi* points out that some people mistake cleverness for wisdom—but 'wisdom' and 'cleverness' are different usages of mind. Similarly, some people imagine that the only way of knowing is in the head—but Lao Zi says: *'xu qi xin, shi qi fu:* empty the mind and fill the belly'. When you 'fill your belly' and move from the *Dan Tian*—the Cinnabar Field in the lower abdomen—the quality of your movements changes fundamentally, and often the quality and nature of your mentation as well."

I told him about my hippie friends who took that phrase "empty the mind and fill the belly" quite literally, saying smugly "but Laoh Tzoo says it's the Way!"

"You know," he answered, "you can't read *Lao Zi* like a novel. Books in this area require a different type of reading. You have to mull them over, holding the ideas in your head. It's sort of like hard candy" – here a wistful look appeared on his round face – "you sort of suck the nutrition out of the idea, slowly and persistently. And the longer you do, the sweeter it is! Ideas like these really do feed a deeper part of ourselves, a part that's usually starved. It's not this belly that needs to be filled!" he said, patting his substantial yet solid abdomen and laughing.

Just then the water boiled and he poured it into the already prepared teapot, then immediately poured the steaming water out again, over the teacups sitting in a shallow plate. He then filled the teapot again and replaced the cover while he set out our tiny cups, and paused while he gathered his thoughts.

"Chapter five of the *Dao De Jing* is really a slap in the face of our tremendous self-importance. *Tian Di bu ren, yi wanwu wei chugou* – 'Heaven and Earth are not humane, they treat all beings as straw dogs [to sacrifice].' Every-

> *All things come into and go out of existence, like air through a bellows, a giant bellows as big as the universe. In the face of that immensity, what can you say? One is simply speechless ...*

1. I later realised that this is also contained in *Lao Zi*, in Chapter 71: "Only by recognising the sickness of sickness is it possible not to be sick." A friend pointed out that the works of Idries Shah—especially the later works—exhaustively explore the pitfalls for learners. Whatever opinion one may have of the person, or the claims made by or for him, the educational value of the materials speak for themselves.

The key is to relax your fierce need to be right all the time, and let go of most of the things you are so sure you already know.

thing in creation is sacrificed! Everything. All things come into and go out of existence, like air through a bellows, a giant bellows as big as the universe. In the face of that immensity, what can you say? One is simply speechless."

He shook his head as he poured our tea and handed me my cup. "When you have a perspective like that, saying things like 'If God was truly God, he would not let my little dog die!' is instantly recognisable as infantile thinking. How important do we think we are?!"

The fat monk shut his eyes for a moment after taking his first mouthful. "This really is an exquisitely aged *tuo cha* tea, can you feel the richness on your tongue?" He raised his eyebrows briefly in query, but went on before I could answer: "but that chapter in *Lao Zi* is a bit of a shock, isn't it? A good example of how books in this area work: it delivers a very deliberate shock to your self-importance that helps to loosen up your hard shell a bit, and gives a chance for a different type of knowledge—wisdom—to seep through.

"It goes right back to what my teacher said in the beginning: the key is to relax your fierce need to be right all the time, and let go of most of the things you are so sure you already know! Even yourself: the number one big pitfall. *Lao Zi* said: 'without a self, what worries could you have?!'

"Now, what about that book?" he went on. "We should finish that business because I am supposed to meet the Abbott about something this morning. And what about *Tai Chi* tomorrow morning?"

We agreed to meet early the next day, and in fact I spent quite a bit of time with him over the next week. We talked about any number of things, as I found his perspective uniquely fresh and fascinating. But relating to the main topic of today, during the course of our talks the Daoist pointed out a number of common "Pitfalls of the Path" as he put it, which I noted down as best I could.

Later, to make them clear in my own mind, I organised and stripped them of cultural baggage. This is what I came up with, for those who may find them interesting or useful:

- Failure to recognise a need for change. This is the first and the final pitfall for most people. If you sometimes feel "this can't be all there is to life!" you are right, it isn't;
- The need for change is often signalled by discomfort, and the second pitfall is simply grabbing at anything that offers to take away that discomfort. Sex, drugs, rock 'n' roll or the local cult are the usual pits many people end up in;
- Recognising the need, but lacking sufficient desire to change. The Daoist said that it actually takes accumulation of enough energy to make a change, what Lao Zi calls "*De*" – the *De* in the *Dao De Jing*. Most people do not realise this and lose heart too early. Accumulation of enough energy can be done through:
  a) Reading about human possibilities (which inspires you to work);
  b) Acting against your own current of habitual activities (an important way to generate this energy and also begin to develop the discipline that will be needed);
  c) Reducing your focus on yourself (one must be careful not to simply feed the ego with the energy one is trying to accumulate, and reducing the focus on self will help prevent this, and also reduce the amount of energy that customarily goes into supporting your restrictive view of yourself) and expanding your breadth of vision.
- Lack of a broad enough base of information. If you read widely enough in this general area for a period of time, several things (he said) become clear:
  a) The essential human experience underlying all religions is the same, and is an important part of being truly human;
  b) This essential experience is not deep emotion, although deep emotion is often mistaken for it; the real experience is different from emotion in source and quality;
  c) Not everyone can reach this experience at all times in their lives;
  d) Different sections of society, or different cultures, or different periods in history, may need a different "package" to be enabled to reach this experience;
  e) A "package" previously effective for a different time, place or people may not work, or may even become a trap;
  f) People often enjoy adopting the trappings of an old package for entertainment, but that's all it is: eg. they like dressing up as 14th century Hindus or ancient Egyptians, or Celtic Druids, and think that makes them "spiritual". It does not; it just evokes emotion.

Xiaoyao Xingzhe remains at large. This article first appeared in Vol 5:1, which is no longer available in print.

Niche appeal, incredible value

DÀODÉJĪNG 道德經 A Contextual, Contemplative & Annotated Bilingual Translation, by Louis Komjathy (修靜), Square Inch Press, Ravinia Illinois, 2023, hardcover, 522pp

形意拳 DRAGON BODY, TIGER SPIRIT, A Translation and Explanation of the Classic Texts of Xingyi Quan, by Byron Jacob, Mushin Martial Culture Ltd, Limassol, Cyprus, 2023, hardcover, 349pp (softcover also available)

Reviews: Steve Clavey

IT USED TO be that we would have a slight sneer if we heard a book was self-published. They were usually poorly designed, shoddily printed, badly edited and never should have seen the light of day in the first place.

No longer.

In a few cases at least, the books now being self-published are much better quality than the major publishers are putting out, in terms of print quality, design and editing. It also means access to high-quality content that, because of their subject matter's niche appeal, limited audience and therefore probably small print runs, a major publisher would just not bother with.

I would like to review two such books, both purchased directly from the authors' own publishing entity (and each therefore comes with the completely cost-free middle finger to Amazon), both of which arrived in less time than a usual book order, and each of which has become a rare and treasured gem on my library shelf, valued not only for its hard-to-come-by content, but for the sheer excellence of the binding, the paper, and general *feel* of high quality.

DÀODÉJĪNG, A Contextual, Contemplative & Annotated Bilingual Translation, by Louis Komjathy

This is a large format book in a solid hardcover with good size print for old eyes, altogether a joy to hold and read, which is good because there is a lot of reading to enjoy here. Importantly, there are characters with pinyin and tones for those who like to know what the actual Chinese says, and copious notes, very illuminating all on their own.

This is a book for people interested not just in reading the *Dàodé Jīng*, but immersing themselves in it as a guide to Daoist meditation. It really is a radical interpretation on several fronts. For example, 老子 *Lǎo Zǐ* is read as plural: "the old *masters*" rather than the moniker for a single author. By that reading, the book is then more clearly seen as a compilation of teachings (something historians have been gradually coming around to) by different lineages of Daoist teachers, an approach that continues and carries further the work of Harold Roth in his many publications (especially his *Original Dao*, Columbia, 1999) and Michael LaFargue in his *Tao of the Tao Te Ching* which was published in 1992.

The first chapter is entitled "In search of the old masters" and lays this argument out in convincing historical detail based on the latest archeological finds as well as linguistic analysis of the various redactions of the text that have been passed down to us. Komjathy says:

An asset for the waiting room

AN INTRODUCTION TO CHINESE MEDICINE—A PATIENT'S GUIDE TO ACUPUNCTURE, HERBAL MEDICINE, NUTRITION & MORE, by Toby Daly, 75pp.

Review: Gabriel Beh

THIS BOOK PROVIDES a succinct overview of Chinese medicine, particularly its suite of treatment modalities. With the general public, especially new patients, as its target demographic, discussions are kept brief and accessible with simple explanations.

The principles of yin and yang and the diagnostic process are briefly explained. This is followed by an exploration and discussion on the main Chinese medicine treatments, namely acupuncture, moxibustion and herbal medicines, as well as ancillary techniques such as cupping, guasha and tuina. Diet therapy and health maintenance are also considered.

Additionally, a ☛

"A proto-*Lǎozǐ* no doubt pre-dates the legend of Lǎozǐ, and oral teachings, eventually collected in the *Lǎozǐ*, are attributed to *Lǎo Dān* in the *Zhuāngzǐ* … That is, it in entirely possible that *Lǎozǐ* originally designated a *group* or *community* of Daoist teacher-elders, rather than a single person. It simply meant 'an old master [taught]' …"

The second very long but fascinating chapter is called "Contemplative practice in the inner cultivation lineages" and draws examples of the masters and their lineages from the *Zhuangzi* in order to engage with the *Dàodé Jīng*. From this vantage point, Komjathy posits a series of "spiritual conversations" embedded within the *Dàodé Jīng*, such as:

> [A disciple asked "How does one realise the Dao?"
> [The master said] "Carrying *yíng* and *pò*, embracing the One, can you be without separation?" (ch. 10)
>
> or
>
> [A disciple said, "I want to change the world."
> [The master said,] "You wish to take the world by acting on it; I see that you will not succeed. The world is a divine vessel; it cannot be acted upon." (ch. 29; also ch. 48; ZZ 4, passim)

The second half of this chapter delves deeply into "techniques of the Dao" looking at aspects of meditation and contemplation through deeper definitions of many of the technical terms found in the *Dàodé Jīng*, terms such as **Embracing the One** (*bǎoyī*—抱一), **Guarding stillness** (*shǒujīng*—守靜), **Returning to the Root/Source** (*guǐgēn*—歸根) and [**Tracing**] **the threads of the Dao** (*dàojì*—道紀). Again, passages from the Zhuangzi are used to flesh out the meaning and clarify the praxis described by the inner cultivation lineages that originated both texts.

The third chapter is entitled "Towards a hermeneutics of retrieval" that looks at the specifically Daoist ways of reading and interpreting the *Dàodé Jīng* through investigating the scholarship on the hundred commentaries preserved in the Daoist Canon. I am probably not competent enough to provide an intelligent review of these deeply academic aspects of this part of the book, despite having worn the binding off the first *Dao De Jing* text we studied in Taiwan in the '70s[1] and continuous self-study since, but probably only a few of the readers of this journal would wish to dive into the details of the hermeneutical retrieval undertaken with great labour by the author. Those few would find it fascinating, however. The last part of this chapter describes the translation process and the choices involved.

Then comes the translation itself, which is in bilingual format: characters on one page, the translation on the facing page. Younger readers would probably not even notice, but I found both the characters and the English font quite small, and could not see the reason for it. Sure, some of the longer chapters, like chapter 39, *almost* fill the page, but there is still room for a larger font without the design looking crowded.

As one would expect, the translation itself is excellent and comes with several pages of commentary, including a plain English paraphrase. I suppose it goes without saying that no translation of the *Dàodé Jīng* will capture every nuance of the original Chinese, which is why most of us have several translations to contrast and compare, but as mentioned in the beginning this is one that emphasises and reveals the inner cultivation aspects of the text, and that is relatively rare.

The translation, notes and commentary on each chapter take up the bulk of the book, but there are a number of appendices at the end, along with a glossary of "Classical Daoist Chinese Technical Terms" which is valuable and interesting.

You can get a look at the cover and see a bit inside if you go to the Amazon listing. It is however marked "unavailable" there and the potential buyer is encouraged to purchase the book directly from the author (which is what I did) through the following procedure:[2]

"We are offering a complimentary copy to anyone who donates $72 or more to the Daoist Foundation. When making this contribution, please put "for Daode jing" in the subject line and include your preferred mailing address."

1. The 新釋老子讀本 (New Explanation *Textbook of Laozi*, Sanmin Publishing, Taipei, 3rd edition 1978). I wore this one out and bought another because the *zhuyin fuhao* was convenient. I didn't use the "new explanation" much.
2. daoistfoundation.org/imprint

DRAGON BODY, TIGER SPIRIT, A Translation and Explanation of the Classic Texts of Xingyi Quan, by Byron Jacobs

This even more beautifully bound book won't be for everyone, but those it *is* for will treasure it like few others.

While most appropriate for those studying Xingyi Quan, it is useful for any internal martial arts practitioner, as the principles it explains so lucidly underly all of these arts.

Xingyi Quan is the oldest and least popular (in the West, at least) of the internal martial arts. This is good, in a way, since there exist far fewer watered-down versions being taught than, say, Taiji Quan.

The classic texts of Xingyi Quan have been translated before, for example in Sun Lu Tang's book first published in English in the '90s entitled *Yi Quan Xue: The Study of Form-Mind Boxing*, and in several other formats. But, at least in that latter book, one gleans more from the photos of Sun himself and the alignment of his body than one does from the bare-bones translation of the texts.

This book is different. Not only are there the translations[3] but commentaries on the meaning of each line and its practical use. The most important thing is that the author, Byron Jacobs, has been through the full course of Xingyi training, living in China for decades (he still does) and studying with one of the modern exemplars of the art, Master Di Guoyong.[4] Master Di used to love to interrogate his own teachers and kept copious notebooks on their answers; Byron Jacobs had the same habit, and the answers to his questions were forthcoming and clear. No more of the "you will know when you are ready" pablum that Western students have been fed for years.

So what *are* these classic texts that apply not only to Xingyi but also can be useful for Taichi or Bagua?

There are 12:

- The Three Sections
- The Four Extremities
- The Five Element Poems
- The Six Body Shapes
- The Seven Fists
- The Eight Words Poems
- Yue Fei's Nine Essential Requirements Treatise
- Cao Jiwu's Key Extracts of the Ten Methods
- Method of Crossing Hands
- Twelve Animals Poems
- Nei Gong Four Classics

The latter text, the *Nei Gong Four Classics,* is usually not considered part of the core Xingyi classical texts, but rather comes from the Shanxi lineage of the Song family. As Jacobs says "The text itself is full of Chinese philosophical and medical theory. Although general aspects pertaining to martial arts are mentioned, the text itself does not seem to be style specific, but rather extrapolates on aspects related to all martial arts in general."

I should have mentioned that in the first part of the book is a very interesting chapter entitled "Xingyiquan—A Story of a History" by Jarek Szymanski[5] which traces back the earliest textual history of Xingyi Quan, debunking some theories and investigating the reliability of others (hence the "a story of a history" in the title).

The last part of the book is a collection of more than 30 short biographies of various prominent practitioners of Xingyi Quan. It is not meant to be exhaustive, but more delivers the idea of their diligent study and practice that contributed to the development of the art.

I bought the book directly from the author's website,[6] the current price being €60 for the hardcopy version and €45 for the softcover. Some may find that expensive but considering the quality of the printing and the otherwise unavailable content I thought it a bargain. It arrived in good time, the author himself packing the books and shipping, a homey detail I found quite admirable.

section is dedicated to modern research on Chinese medicine. This is where the book gets wordy with extensive use of scientific or biomedical terms. As such, there is a risk the general reader might skim through this section. On the flip side, readers who enjoy analytical topics such as research may appreciate such lengthy discussions.

It is also worth pointing out that, due to the introductory nature of this book, key concepts such as the five elements, vital substances, *zangfu* theory and pathogenic factors are understandably absent. This gap means practitioners would need to explain these concepts to patients when necessary.

While I was reading, I contemplated its use and who it is best suited for. As a student in a multimodality clinic, I regularly get new patients who have no prior experience with Chinese medicine. Hence, this would be a useful addition to the reading material in a clinic waiting room, or perhaps as a gift to someone who is thinking of trying Chinese medicine.

In summary, this book should give patients a basic understanding of Chinese medicine, as well as what to expect during consultation and treatment. The more we empower our patients with knowledge, the easier it is to engage them on their healing journeys.

3. Including translations of the variants of the poems from different lineages.

4. Plenty of Xingyi instructional videos by Di Guoyong can be found on YouTube, so one may judge his skill for oneself.

5 . Another long-term China resident who has been researching the practical, theoretical and historical aspects of the internal martial arts since the early 90's. Just by the way, his facebook page is currently running a very interesting travel blog describing Jarek's occasionally hair-raising search for lost Daoist temples and other Daoist historical sites.

6. mushinmartialculture.com

Sun Simiao on **retirement**

By Professor He Ren 何任
Translated by Steve Clavey

The word 退 *tuì* means a lot of things in ancient Chinese, including retreat, modestly declining, being good natured and compliant, to deduct, and so on. But here, in the word 退居 *tuìjū* "retirement" it has the meaning of the old phrase from Laozi: "Fulfilling your task, you withdraw yourself, the way Heaven does."[1] In other words, you have made your contribution to society, but now that you are older it makes sense to give up your office or position and retire.

1. 功遂,身退,天之道 *Gōngsuì, shēntùi, tiān zhī dào*. From chapter nine.

SUN SIMIAO SAYS that one should have a plan for the time after you leave your original employment, one that is multi-faceted and allows you to nourish your body and have a good life. He describes such a plan in his *Supplementary Priceless Formulas*[1] and I would like to extract some of the most useful ideas for modern times and present them here.

Sun Simiao says, in beginning his layout of retirement plans, that "one's life passes in a flash" so one should really give some thought to how to beneficially regulate and care for your life. His own thoughts have seven aspects.

Number one is 澤地 *zédì*, to choose a place. After retirement, choosing the right environment is important. Distant mountains and forests are beautiful, but lonely places and long distances to travel are also not convenient. Try, he says, to find a place "close to both people and wilderness, a place where your heart can roam and you feel far away. Backing on to a mountain, with water close by, with a clear fresh climate, fertile soil, and beautiful fresh spring water. Not too cramped, but not too big to manage, either." You should not be too demanding: as long as you feel comfortable and at ease in that place, it is suitable.

Number two is 締創 *dìchuàng*, to construct a dwelling. In ancient times, after selecting a locale to live in, the person retiring would construct a compound with a few rooms and lay out some surrounding walls so that they could live in peace and safety. The first requirement was that the terrain should be good. Then you could build a residence with high ceilings and a wall surrounding the whole area to keep out the wind, keeping it warm in winter and cool in summer. Then you must have a rear door, and besides your primary residence a guest room as well and a place to receive guests that is not the main living area. The main idea for this was to isolate potential contagions. And you mustn't forget a well-designed kitchen, not too close to the bedrooms, lest smoke or even fire break out. In the vicinity of the sleeping areas there should be water features with lotus, water chestnut, water lily [ie Euryale ferox, *Qian Shi*] and other edible plants, and then on the land around chrysanthemums and sweet plants that are good for the eye and the palate. Nowadays, some of these ideas might sound quaint or unsuited to modern conditions, but the underlying rationale still applies and they are worth thinking about.

Number three is 服藥 *fúyào*, taking herbs, meaning herbs that are good for immunity and regulating the *zangfu*. Sun Simiao says "People are not made of iron or stone, and there will always be exposure to wind, cold, excessive heat and miasmic environments. So if you are not regulating you will inevitably get sick, you should take herbs often."[2] Wherever people live there will be exposure to contagions and the natural elements, so one needs to be aware of one's sensations to monitor for internal imbalance, and quickly take herbs to redress the normal functioning of the body. When you are feeling normal, of course, you do not need to take herbs.

Number four is 飲食 *yǐnshí*, eating and drinking. Sun Simiao is particularly careful to warn that "you must not damage your life for the sake of eating".[3] Providing sustenance and nourishing life with herbs that are also foods, cooking and preparing food properly, all these are beneficial. For example, he says, turnips can be pickled, chives, leeks and so on can be mixed with rice, millet or other grains to make congee. He does not, however, advocate slaughtering animals for meat, but if you must eat meat, he says, make sure it is absolutely fresh: the slightest hint of stink and it must not be consumed. This standpoint comes of course from Sun Simiao's Daoist lifestyle, but in any case more vegetables than meat or no meat whatsoever is definitely good for nourishing life.

Sun also recommends warming your hands after a meal and gently massaging the epigastric and abdominal area while slowly strolling around in order to help digestion. Under no circumstances should the walking make you pant. Upon return from your stroll, you should lie down briefly and stretch out your limbs. Depending upon the circumstances you could also imbibe a variety of light medicinal drinks to tonify qi, strengthen Spleen, nourish yin or clear heat. Vigorous exercise after eating is a bad idea; when you are hun-

Vigorous exercise after eating is a bad idea; when you are hungry, speaking or shouting loudly is also not good.

1. 孫思邈,千金翼方; *Qiān jīn yì fāng* by Sūn Sīmiǎo, c. 650.
2. 既不調理必生疾病常宜服藥.
3 . 不可為食損命.

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Keep your body clean, too: it really helps your mood.

gry, speaking or shouting loudly is also not good. When you feel hungry, eat. Don't fast. Also don't eat foods that are raw, hard, sticky or slimy: these easily disrupt the digestion. In autumn and winter be sure to keep the abdomen warm, and at the first sign of disharmony make things like ginger and Hou Po (Magnoliae officinalis Cortex) into a light soup and drink that.

Number five is 養性 "cultivating your nature" which here means regulating your emotions. When you wake at dawn, before rising you should perform a few *daoyin* (導引) exercises, then get up, wash your face, brush your hair and so on. Sit for a moment, feel what the weather is like, then eat an appropriate breakfast. If you are taking herbs, take the herbs after breakfast, then rest for a bit, preparing for your morning meditation. Finally organise yourself, burn a stick of incense, regulate your breathing and enter stillness. If you don't do breathing exercises (服氣 lit. "imbibing qi") you can chant softly, wash and clear the source of mind, extinguishing any worries or concerns.[4] When you are finished, get up and stroll slowly in your garden to disperse qi. If the garden is wet, don't walk there but rather in your house. Don't worry too much about housework. Also don't let your kids or other relatives come over too often and disturb you with noise and commotion. Don't let yourself fret over any particular thing, and don't mull over past grievances, or get angry over things you cannot change. Don't be loud or shout or over-exert in the doing of anything. Don't get drunk. When the weather is good, take a walk for a mile or so, or even less than that. But again, measure yourself: don't push it to the limits until you are panting and gasping for breath. If family or friends do come over to visit, greet them warmly and sit around talking, or perhaps all go for a stroll together —but not a hike.

In short, everything in measure. Talking and laughing are fine, just don't overdo it. When encountering sadness or worry, what's the best way of dealing with it? Have prepared a shelf of books that you like [such as *Laozi*, *Zhuangzi* or the *Yijing*],[5] and when you are annoyed or upset, page through them. Even if you don't take much in, it is better than sitting there stewing in your unhappiness.

As for clothing, you don't need anything fancy, just enough to be warm and comfortable. Be sure however to keep them clean and change them often, but if you want to add a touch of fragrance that is OK. Keep your body clean, too: it really helps your mood.

Try to get along with everyone around you. Of course it is hard to avoid people getting angry sometimes, but do your best to smooth it over—no one benefits from drawn-out disputes. All the above are in the realm of 養性 *yángxìng*, "cultivating nature".

4. 入靜燒香靜念，不服氣者亦能念誦，洗雪心源，息其煩慮.

5. The words within brackets were in Sun Simiao's original, but would not have been very welcome in the mid-80s in Communist China, so the article's author He Ren prudently pruned them. The translator has added them back in.

Number six is 種造藥 *zhòngzàoyào*, planting and creating medicines. Sun Simiao advocates planting Lycium, chrysanthemum, Rehmannia, lotus plantago, Albizzia, bamboo, apricot and citrus among others, then processing them as needed to create your own medicinal supply. Of course it depends upon your available space, and you should also take into account your own physical ability to tend to these crops in your retirement. [This is actually the longest section in the original "retirement" chapter, with lengthy descriptions of how to grow and process over 28 herbs.]

Number seven is 雜忌 *zájì*, miscellaneous prohibitions. [Here the original article says "Because these are all Daoist superstitions, we have no need to go into them at this point." But the translator has added them back in so that you can make up your own mind.]

After you have completed construction of your dwelling, unless something collapses or is damaged, don't make renovations or disturb the earth. Once you dig deeper than two feet there is earth qi: it is best to be careful. Right after completion [of the initial construction], for fear of earth wood qi, wait until the clay is all dry and you have finished the invocation ceremonies in the main hall, then you can pick a propitious day to move in. The next morning, burn incense to designate the boundaries of this your now sacred space, then make a vow that you will unremittingly search for enlightenment, and that when you succeed the power-virtue medicine will not be wasted or allowed to degenerate.[6] After you have established those boundaries, rinse your mouth with clean water, go to the southeast edge, turn left and say *Jinsha jialuo* [Sanskrit?]. Go to the southwestern corner and say *Zishouyang* ("you harm yourself"). Go again to the southeast corner and say *Jinsha jialuo*, then return to the southwest corner and say *Zishouyang*.

Repeat this seven times and robbers and thieves will no longer have any desire or ability to cause harm. When you go into the wild mountains you can also use this method, or when the path narrows making for an easy ambush by footpads, then fix your heart on vanquishing and say *Jinsha jialuo Jinsha jialuo* until your breath runs out and they will naturally be defeated. This is a deeply secret Buddhist method which can save all living creatures with great compassion.

So don't let your children bring hunters or fishers into your residence, or those who talk loudly or shout, and when you cut down trees first consider whether it is absolutely necessary for your needs, don't accumulate a load of wood that could last for years.

Following these guidelines is good for your life and your spirit, helping you know contentment and be an upright noble person.]

Conclusion

Even though this was written in the Tang dynasty, the chapter is full of practical advice that is valuable for us today in the context of pulling back from the grind of daily work. Modern research and observation has backed much of it up, from the value of moderate exercise to the importance of healthy diet with plenty of vegetables and fresh fruit to maintaining psychological balance and the effect one's environment has on that. Having some enjoyable activities such as painting or calligraphy maintains creativity, while moderate labour involved in gardening and growing things that are beneficial for oneself and others gives one a worthy goal.

Paying attention to the changes in weather, dealing with minor cold and flu exposures while they remain minor, enhancing immunity at the other times, all will keep one from getting seriously ill. Moderation in smoking and drinking, keeping clean and neat, having regular times for arising and sleeping, these will keep order in one's life.

Not cutting oneself off from others, but also reducing avoidable disturbance from others will keep the mind peaceful. In fact, one's emotional state occupies a crucial position in maintaining a healthy retirement. Happiness, humour, contentment, the ability to access quiet stillness, [the aspiration to continue spiritual cultivation][7] all form the bedrock of a fulfilling retirement.

Don't let your kids or other relatives come over too often and disturb you with noise and commotion.

Ante Babic's
Tips for running a successful clinic
Know when to quit.

6. 成功德藥不敗壞。

7. This was added by the translator as clearly present in Sun Simiao's original piece, but of course in the context of this 1980s article in Communist China could never be mentioned.

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