A renaissance in Chinese medicine

Guest editorial by Philip Suger

The Western Renaissance was a period of profound cultural and philosophical development in Europe. With the rediscovery of ancient perspectives from Greece and Rome, and patronage from the powerful, the arts flourished in the 14th to 17th centuries. On the other side of the globe, centuries earlier, the Song dynasty (960–1279AD) is often considered to be the Chinese equivalent.

Emperor Taizu founded the Song dynasty by overthrowing the Later Zhou ruler Guo Zongxun. The following Song emperors not only reclaimed the territory of previous dynasties, but also allowed culture and the arts to flourish.

In terms of philosophy, notable figures such as Cheng Yi (1033–1107AD) and Zhu Xi (1130–1200AD) began to assimilate ancient Confucian concepts with other cultural mainstays like Taoism and Buddhism to form what we know as neo-Confucianism, which aimed to remove the superstitious aspects of Confucianism, Taoism and Buddhism while emphasising rationality and secularism.

In regard to Chinese medicine, the Song dynasty was a period of great development. Chinese medicine practitioners were no longer viewed as mere tradesmen, but as reputable scholars with valuable skills.

The first government text of pharmacopeia was compiled, the Tai Ping Hui Min He Ji Ju Fang (Formulary of the Pharmacy Service for Benefiting the People in the Taiping Era), which includes such beloved formulas as Si Jun Zi Tang (Four-Gentlemen Decoction) and


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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.
Xiao Yao San (Rambling Powder). Cheng Wuji wrote his commentary on the Shang Han Lun (Discussion of Cold Damage) that would influence generations to come.

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In the 1960s there was an attempt to standardise Chinese medicine, bringing all its components under one theoretical framework to align it with the Western medical paradigm.

This reshaping of Chinese medicine is what we now know as TCM, and has been taught in Chinese medicine colleges around the world. In parts of this education system, the wisdom of the classics is little more than a historical footnote reserved for one or two classes in the curriculum, if that.

While this approach has been moderately successful in the clinic, it has left many practitioners unsatisfied. Seeking answers, some returned to the classics, and using their new insights and clinical success they have been influencing recent development in the field.

Separate movements in acupuncture and herbal medicine have fuelled this renaissance: the classical acupuncture movement, specifically applied channel theory; and the jing fang (classical formulas) movement.

Applied channel theory was a term coined by the late Professor Wang Juyi. Through decades of scholastic and clinical research he realised that classical acupuncturists diagnosed and treated patients based on the nature of the channels rather than just by the indications of the points. He maintained that ancient acupuncturists emphasised palpation of the channels to diagnose a disease's location.

While many lines in the Huang Di Nei Jing (Yellow Emperor's Internal Classic) discuss this, it is most explicitly stated in chapter 75 of the Ling Shu (Divine Pivot): “Before using needles one must first scrutinise the channels to determine excess or deficiency. One must separate and palpate. One must press and pluck. Observe how the channel responds and moves before continuing.”

Finding this practice to be useful, Professor Wang went on to develop his channel palpation diagnostic system. Palpation, encompassed within the larger framework of applied channel theory, provides an effective diagnostic tool that combines Chinese medical theory with objective reality.

By palpating the 14 major channels with the medial aspect of the thumb one is able to find an array of changes, allowing the practitioner to assess the internal physiology of the channels and their associated organs. Also, rather than relying on textbook locations of points, palpation aids in finding their exact locations.

While Professor Wang developed his methods over decades, he received relatively little acclaim outside his local area, despite holding prestigious positions and enjoying clinical success. Though he taught internationally it was not until his American student, Jason Robertson, compiled his lectures into a book titled Applied Channel Theory in Chinese Medicine that many foreigners were inspired to travel to Beijing to study with Professor Wang. The constant flow of students helped his reputation to grow within China, and the Chinese government recognised him as a national treasure.

Jing fang have been in continuous use for two millennia, though their popularity has ebbed and flowed over time. Jing fang can be defined as formulas from the Shang Han Za Bing Lun (Discussion of Cold Damage and Miscellaneous Diseases) and those found in Tang dynasty (618–907AD) texts like Wai Tai Mi Yao (Arcane Essentials from the Imperial Library) and Qian Jun Yao Fang (Important Formulas Worth a Thousand Gold Pieces). In general, jing fang are concise and synergistic, and are influenced by the Shen Nong Ben Cao Jing (Divine Husbandman’s Classic of the Materia Medica) and the lost Tang Ye Jing Fa (The Decoction Classic).

The formulas from the primary jing fang text, the Shang Han Za Bing Lun, have been studied, used and commented on by many.

Today a renaissance movement is apparent in Chinese medicine, a reinvigorated push to analyse the classics to help practitioners deal with modern patients.

It does not get lost in an over-intellectualised mire of theory, or the pitfalls created by trying to standardise herbal and acupuncture theory.