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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 thrived 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.¹

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.²

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.³ 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

1. Kuhn, D. (2009) *The Age of Confucian Rule*, Cambridge: Belknap Press.

2. Angle, S. and Tiwald, J. (2017) *Neo-Confucianism*, Cambridge: Polity.

3. Goldschmidt, A. (2008) *The Evolution of Chinese Medicine: Song Dynasty, 960-1200*, Abingdon: Routledge.



Xiao Yao San (Rambling Powder).⁴ Cheng Wuji wrote his commentary on the *Shang Han Lun* (Discussion of Cold Damage) that would influence generations to come.⁵

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

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."⁶

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 Jin Yao Fang* (Important Formulas Worth a Thousand Gold Pieces).⁷

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).⁸

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

4. Liu, JY. (2017). *Formulas of the Pharmacy Service for Benefiting the People in the Tai Ping Era*, Beijing: The People's Public Health Publishing House.

5. Cheng, WJ (2015) *Commentary on The Discussion of Cold Damage*, Beijing: The People's Public Health Publishing House.

6. Wang, JY and Robertson, J. (2008). *Applied Channel Theory in Chinese Medicine*, Seattle: Eastland Press.

7. Huang, H. (2011). *The Charm of Classical Formulas*, Beijing: The People's Public Health Publishing House.

8. Liu, GH. (2015). *Foundations of Theory for Ancient Chinese Medicine*, London: Singing Dragon.

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countless times in the past 2000 years, possibly representing the longest and biggest empirical research project in all of medicine.

What makes *jing fang* effective? First, the author of the *Shang Han Za Bing Lun*, Zhang Zhongjing, wrote a text that was relatively easy to understand, rather than concealing concepts in elaborate metaphors familiar only to fellow scholars. This is a boon to contemporary students. The *fang zheng* (formula pattern) associated with each *jing fang* is clear and straightforward, allowing the practitioner to understand the conditions under which they should be prescribed.

Secondly, with the amount of research and case studies done on *Shang Han Za Bing Lun* formulas, practitioners have vast resources to consult when treating the modern patient. While the *Shang Han Za Bing Lun* contains more than 200 formulas, continuous research has shown which are most useful, and has expanded their therapeutic scope. Many skilled practitioners have mastered the use of several *jing fang* and can modify them to treat a wide range of conditions.

There has been a resurgence of interest in *jing fang* in China. Two master practitioners, Professor Huang Huang in the south and Professor Feng Shilun in the north, among others, have worked tirelessly to promote *jing fang*. Both prolific writers, they have penned well-received books, some of which are translated into English. While each has his own approach, they for the most part use the same formulas and get great results.

Jing fang seminars, courses and conferences have become wildly popular, selling out large auditoriums in China. There are also several active e-journals and forum boards dedicated to *jing fang*. Professor Huang recently founded the first international *jing fang* college within the Nanjing University of Chinese Medicine.

During one recent seminar, an elderly professor commented on the state of Chinese medicine textbooks, noting that with each new edition the books got thicker yet contained less clinically relevant information. Students were being taught how to pass tests rather than to treat patients. Rather than studying the classics, they learned a hodgepodge of formulas and had vague theoretical explanations for their use. Instead of famous case studies they were

forced to memorise obscure herbs rarely used. Without being taught the wisdom of the past, students were required to either discover it after graduation or were doomed to mediocrity, the professor said.

The formulas from the *Shang Han Za Bing Lun*, the primary corpus of *jing fang*, have the longest track record in Chinese medicine. They have been shown to be safe, reliable and effective over a 2000-year period. In my view, students should learn the herbs, formulas and patterns of the classic as their main focus, with more contemporary schools of thought such as the Jin-Yuan and warm disease relegated to electives or studied after graduation. Such training would provide a strong foundation in herbal medicine.

While being a relatively new term, applied channel theory originates at the source of classical acupuncture. It represents a return to the concepts, methods and treatments created by the original innovators in the field. Providing objective and practical approaches to acupuncture, it does not get lost in an over-intellectualised mire of theory, or the pitfalls created by trying to standardise herbal and acupuncture theory.

This is by no means a call for classical purism or a disregard for integrative approaches. Combining various aspects of Western medicine is essential for the further development of Chinese medicine. Western medical diagnostics can provide a tool for monitoring the progress of patients. Professor Huang often uses Western biomarkers to guide his treatments. Failing to incorporate the strengths of the Western paradigm can only hinder a practitioner.

Renaissance, meaning rebirth in French, is a time of new insight garnered from looking to the past. Whether in Europe or China, it is a period of cultural, technological and artistic development.

In Chinese medicine we are enjoying a renaissance, propelled by an urge to return to the classics to seek the wisdom of our predecessors. The curricula of our colleges should fall in step with this change and have students focus on the most clinically important material.

As it states in the *Dao De Jing*: returning to the source there is serenity; in serenity there is rebirth.⁹

9. Wen, RY. (2013) *Dao De Jing*, Beijing: China