Open hands, hearts

By Daniel L. Altschuler

SINCE 1998, my wife and I have been going to Nepal to help monks, nuns and locals with Chinese medicine.

My first clinic trip was arranged by a former Taiwan defence minister who is also a devout Buddhist. Over a quick two weeks, we moved from Buddhist monastery to monastery. I am not sure how effective or lasting our treatments were when seeing patients a mere three days, but there were benefits, and it gave me a taste for more. Shortly after, we returned for four months at Shechen monastery's amazing multi-practitioner clinic in Kathmandu under Rabjam Rinpoche.

In those years, I was living in Taiwan where travelling to Nepal took only about six hours. Back in the US, however, the trips are more involved with regard to time, money and logistics. Further, with just me as primary practitioner, seeing more than 100 patients a day was difficult. This spurred my dream to create a non-profit charity that could act as a vehicle to build a team of practitioners, offer a profound learn-

Cracking the case

MEDICAL PRACTICE IN TWELFTH-CENTURY CHINA – A Translation of Xu Shuwei's Ninety Discussions [Cases] on Cold Damage Disorders, by Asaf Goldschmidt, Springer 2019

Review: Sarah E. Rivkin

WHY READ CASES? Case studies act as a bridge between theory and practice. These accounts of past clinical experiences can teach us the nuances of herbal dosage and administration, the refinements that help match our individual patient to a formula or pattern described in a textbook. Case studies also fill the space between our ancient texts and modern textbooks, providing a third literary leg on which our tradition rests. They are both historical record and living form, one that attempts to convey how physicians actually practised. The historian Gianna Pomata (2014) calls the case study an "epistemic genre" meaning a specific literary form that developed alongside practice as a way to transmit knowledge. As Goldschmidt notes in his introduction, since ancient times, practitioners have been concerned with how to pass along hands-on knowledge and experience.

In antiquity, the case record was a private document for the physician's own purposes. In later times it was written for patients. A wealthy patient or their family would bring in several doctors to consult, each of whom would submit a written diagnosis and treatment plan. The patient would review these before deciding how to proceed. On rare occasions when early cases were circulated more widely, the purpose was to advertise a physician's skill, not to share information. It was not until the Ming dynasty (1368–1644) that it became routine for cases to be compiled, published and disseminated on a large scale (Andrews, 2001). A notable exception to this historical trend was the Song dynasty physician 許叔微 Xu Shuwei (1080-1154 CE).

During the Song (960-1279) the population exploded. As Goldschmidt says in his introduction, increased demand for food led to improvements in agriculture. The greater movement of people and commodities also spread disease, which led to renewed interest in medicine. Goldschmidt also says that an estimated 80 per cent of the population suffered from cold damage disorders. Recognising the value of prescriptions from ancient texts, the imperial Bureau for Revising Medical Texts was created and medical education expanded and standardised (Furth, 2007). No longer a lowly trade, medicine became an occupation for scholars and nobles, even the emperor himself. At the same time, improvements in paper-making and block printing led to an explosion in publishing (Lu and Needham, 1980).

In the roughly 800 years between when it was written in the Han dynasty and revived in the Song, the text of the *Shāng Hán Lùn* was inaccessible to most physicians. As a result, the practice of medicine had gone in a different direction. However, the new imperial medical examinations required knowledge of the classics. The *Shāng Hán Lùn* was thus regarded as important but impenetrable, prompting Xu to publish 90 of his case studies in an attempt to crack open the ancient text for his contemporaries.

Xu's didactic mission was far ahead of his time. Physicians did not share their cases outside of a small circle of students and patients, for fear that their knowledge would be stolen or misunderstood. "Chinese doctors did not think of case histories as an essential tool for teaching," Goldschmidt writes. "Xu positioned himself as an educator for his peers in the way he structured his books, especially in his choice of case records, to provide a

different perspective for other physicians on how to integrate canonical knowledge into contemporary clinical practice."

Like our medical forebears in the Song dynasty, we, too, are living through a time of epidemics, struggling to understand the *Shāng Hán Lùn* and arguing among ourselves whether it is sufficient to address contemporary challenges. In grappling with these questions, Xu's casebook is a valuable guide. Within it are many clinical pearls, including discussions of *Chi Shao* (Paeoniae Radix rubra) versus *Bai Shao* (Paeoniae Radix alba), and differentiations of *Xiao Chai Hu Tang* (Minor Bupleurum Decoction) from *Da Chai Hu Tang* (Major Bupleurum Decoction), and *Ma Huang Tang* (Ephedra Decoction) from *Gui Zhi Tang* (Cinnamon Twig Decoction) patterns. Case 79 is a whole discussion of *taiyang* versus *taiyin* sweating. The book also provides a fascinating window into medical practice at that time—honey enemas and debates on whether to sweat or purge figure prominently—and it gives a vivid account of the physician's role in society.

It is also notable to see Xu's heterodoxy on display. While certainly an expert on the *Shāng Hán Lùn*, he acknowledges its limits. As he writes, "I once said that if you study the Treatise as a single source, without other medical books, in order to clarify its intricacies, you will not have glimpsed its power. It is essential to use formularies, old and new, to cast light on its deepest meanings."

In his opinion, not all disease is cold damage. He brings in other classical texts, including the 素问 *Sù Wèn*, to explain his clinical decisions. Xu was a pragmatist and a synthesist and "although he greatly relied on the Treatise, he did not hesitate to criticise it and look at other sources for medications. He wished to show that in the everyday struggle to cure patients, unlike competitors, he was pragmatic and did not hesitate to choose a proven treatment regardless of its origin."

Xu assumes his readers are conversant in the *Shǎng Hán Lùn*; when a formula choice seems self evident he offers no further explanation and Goldschmidt gives no gloss, either. Because of this, Goldschmidt's translation may present some challenges to the clinical reader. Although he does an excellent job of providing historical context, he cannot add the additional layer of interpretation a practitioner might want.

Goldschmidt also uses English terminology that would be more familiar to historians of Chinese medicine than to most clinicians. For example, 證 *zhèng* is translated as "manifestation type" rather than pattern; 太陽 *taiyang* as "mature yang"; 味 *wèi* as "sapor" rather than taste or flavour. Since sapor also includes the experience of tasting, the choice of this term adds an interesting dimension. However, Goldschmidt provides neither the pinyin nor the characters in the body of his translation, requiring some sleuthing by the reader. (Those with Chinese-language facility can look to the original, which appears at the end of each case.) Other terms while not standard are easier to understand; he prefers "sudorific" to "diaphoretic" and "moisture" to "damp". Formula names are given in English.

Despite these minor encumbrances, Goldschmidt's English translation is of great historical and clinical importance. As 姚若琴 Yao Ruoqin said in his 1933 book *The Classified Case Histories of Eminent Physicians of the Song, Yuan and Ming Dynasties* (宋元明清名醫類案 *Sòng Yuán Míng Qīng Míngyī Lèi'àn)*, "A carpenter or a wheelwright can give someone a compass and a setsquare, but cannot make him a skilled workman ... [The medical classics] are the compass and setsquare of medical practice ... [But] it is medical case statements that are the traces left by the good practitioner's use of his skill. The very essence of Chinese medicine is preserved in them (Cullen, 2001, p. 299)."

Works cited

Andrews, B. (2001). From case records to case histories: the modernisation of a Chinese medical genre, 1912-49. In E. Hsu (Ed.) *Innovation in Chinese Medicine*. Cambridge: Cambridge University Press.

Cullen, C. (2001). Yi'an 醫案 (case statements): the origins of a genre of Chinese medical literature. In E. Hsu (Ed.) *Innovation in Chinese Medicine*. Cambridge: Cambridge University Press.

Furth, C. (2007) *Producing Medical Knowledge through Cases: History, Evidence, and Action*. In C. Furth, J. T. Zeitlin & P. C. Hsiung (Eds.) Thinking With Cases. Honolulu: University of Hawai'i Press.

Lu, G. D. & Needham, J. (1980) *Celestial Lancets: A History and Rationale of Acupuncture and Moxa*. Cambridge: Cambridge University Press.

Pomata, G. (2014) The Medical Case Narrative: Distant Reading of an Epistemic Genre. Medical Case Histories as Genre, special issue of *Literature and Medicine* 32, no. 1, pp. 1-23.

ing experience for students and practitioners.

Eventually in 2015, I created Open Hands Medicine (OHM), a charity organisation. With incredible support from my community of friends, patients and students, we raised enough money to send our first clinic trip to Pharping, Nepal, an area sacred to Hindus and Vajrayana Buddhists.

Seeing patients in Nepal is a profound experience. Being in one of the poorest nations on Earth, with beggars everywhere and garbage burned on roadsides, is a humbling experience.

Patients present with any number of symptoms that may or may not have a reliable diagnosis or treatment. My team has treated a plethora of common and uncommon, simple and complex conditions.

I have had incredible teams join me. Some practitioners have participated two or three times and have been part of the formation of OHM, each participant bringing their own styles and experience. We train every non-specialist who joins in basic techniques such as moxa, gua sha and simple body work.

OHM regularly brings a team to Nepal every August for 2½ weeks.

There are so many stories to tell, and I hope one day you will have an opportunity be part of our mission. To find out more visit our website openhandsmedicine.org or our Facebook page of the same name.