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Editors

Steven Clavey
Bettina Brill
Michael Ellis

Editorial Board

William Campbell, Andrea Kurtz,
Renee Lenti, David McGraw,
Chris Flanagan

Contact us

email:
editors@thelantern.com.au

website:
www.thelantern.com.au

snail mail:
The Lantern
160 Elgin St, Carlton
Australia 3053

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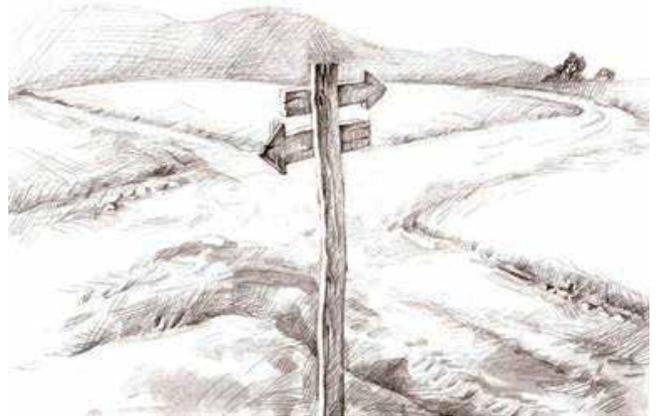
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We also encourage letters of feedback, via email or snail mail.

逢佛杀佛

If you meet the Buddha, kill him!

Yixuan of Linji Yuan in the *Records of Linji*



How do we know what is right?

In this issue, quite fortuitously, two articles begin with the question of evidence, and both suggest that practice is the most reliable criterion. This is a Big Question which, stripped down to its most basic, can be stated like this:

How do we know what is right?

The answer is, we either figure it out for ourselves, or we believe someone else.

There are dangers in both extremes.

The easier way, as usual, is the most dangerous. Best is something in between, remembering always that the responsibility is ours alone.

*In the coming world, they will not ask me:
Why were you not Moses? They will ask me:
Why were you not Zusya?*

– Rabbi Zusya, after Buber

WE START OUT in life having to believe in and trust those more knowledgeable, for our very survival. As time goes on, we try to make decisions based on our own experience. If that experience is more limited than we imagine, those decisions can have painful consequences. Fear can make us timid.

Then, too, decisions may require thinking, which is a skill very much like a muscle: it hurts when it has not been used.

Intuition, meaning a comprehensive summation of a multitude of factors presented instantaneously, is a valid input for decisions, but being much maligned in modern Western society we will leave it out of the present discussion.

Many other factors discourage us from thinking everything out for ourselves. For

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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, maintaining and restoring health, whether this be via translations of works of past centuries or observations from our own generation working with these techniques, with their undeniable variability. 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.

one, the task seems enormous. Often, too, it involves having to break out of strictures such as “tradition” or “authority” and this usually carries penalties. Sometimes the penalties are threats about the “next life,” but they can be quite immediate, because one avenue to power is the offer to relieve the burden of thinking from people and tell them what is right.

It is easy to just believe someone else. And besides, how do you know that your personally made right decision is “right”?

This hits the nub. What is the criterion for “right”?

In the beginning, “right” is whatever avoids pain for me. Then we learn that pain delayed is not pain avoided, and our viewpoint has opened up. We become more subtle, and learn that pain for others is similarly pain for ourselves. Our viewpoint has gained breadth. We learn to take a wide range of factors into consideration, learn to weigh them; we consider logic, recognise our conscious motivations and allow for our unconscious ones, add our feelings into the mix, and make a decision.

Or, we take the easy way: “Right” equals “this agrees with What the Big Man Says”. The Big Man can be any authority: a book, a tradition, a school of thought, or of course a literal man or woman, living or dead. See the article in this issue by Liu Du-Zhou in which his opening statement was the inflammatory political statement *evidence is the only criterion of truth*. It was inflammatory because the prevailing political climate not long before he wrote the article was one in which the explicit criterion of truth was “Does this accord with the thought of Chairman Mao?”

Youngsters may laugh, but not all that long ago such a laugh would have had your own melting skin dripping and sizzling past the ropes that bound you to the stake. Well, it should be no surprise. There is power to be had here: people looking for someone to tell them what to do and how to think will usually find him. Or her.

It seems too simple to be credible, but much of what is called education is really conditioning to accept this type of authority. At secondary and even at tertiary level one is frequently exposed to those who have adopted a master with a small

or big M. For example, many of those who style themselves “a sceptic” are simply those who believe science blindly.

Again, how much of the allure of evidence-based medicine is the desire to avoid having to think it all out for one’s self? Clinic can be messy, it is fast and pressured. Wouldn’t it be nice to have a row of boxes with approved treatments into which one can drop a patient’s name? But Big Man help you if you try to do something different. This is not yet the situation. It may not be far off.

The danger lies in not recognising when we are failing to take responsibility for our own decisions. On the continuum ranging between these extremes, most of our decisions are somewhere in the middle. We don’t have to think it all out for ourselves from the beginning. It is both our good fortune and our burden as humans to have a long history of recorded experience from which we can draw information to help us make our decisions. Good fortune, because each individual need not have to repeat every mistake. Burden, because often when something worked in a certain context, it is tried again and again even when the context has changed and it is not only no longer useful but dangerous.

Nigel Dawes, in his perceptive article describing the evidence drawn from direct contact with a patient’s body, points out the bias in privileging certain types of evidence over others, particularly the “abstract” over that of “direct contact”.

I would add the absurd privileging of animal trials (eg. in herbal efficacy and safety) over the extensive evidence of human usage, simply because the majority of the human usage data is a) not in a European language and b) not couched in biomedical terms, but rather in a traditional medical terminology.

Knowing where we stand along that continuum between belief and experience on a given question helps us keep a balance within ourselves and within our communities large and small. Having that balance means that the decisions we make are formed both with reference to the past experience of the whole human organism and to our individual context, and are made in the light of our responsibility to be ourselves.



Read not to contradict and confute; nor to believe and take for granted; nor to find talk and discourse; but to weigh and consider.

**Francis Bacon,
Of Studies, 1625**