



## The warp and weft of Qin Bo-Wei's 56 methods

**By Jason Blalack**

Have you ever been struck by the differences between the way many accomplished physicians treat disease, and the methods outlined in our modern textbooks?

I HAVE, AND CONSEQUENTLY have spent many years trying to understand the thought processes of famous physicians such as Ye Tian-Shi (叶天士) and the lineage of Ding Gan-Ren (丁甘仁), Qin Bo-Wei (秦伯未), and Wu Bo-Ping (吴伯平). I noticed their formulas and strategies were firmly rooted in classical thought, yet are very fluid and non-confining, enabling them to address unique patient presentations. How does one get to this point? How to break away from the textbook approach of “what disease”... “what pattern”... then “here is the formula”? Finally, what is the best method for teaching this? In my search, I uncovered a very practical and valuable approach developed by Qin Bo-Wei (1901–1970), based

on etiology and treatment methods.<sup>1</sup> It is the basis of my coming book, *Qin Bo-Wei's 56 Treatment Methods: Writing Precise Prescriptions* (Eastland Press: October, 2011), which includes a valuable clinical commentary by Wu Bo-Ping.

In this essay I will first present a brief introduction of Qin Bo-Wei, his system, why it is of benefit to us today, and some examples illustrating the clinical flexibility that Qin's system offers.

### Who was Qin Bo-Wei?<sup>2</sup>

Qin Bo-Wei was one of the most important scholar-physicians and synthesisers of Chinese medicine in the 20<sup>th</sup> century. He was regarded for his ability to take complex ideas and contradictions and present them in a concise, clear systematic format. Consequently, he was one of the top educators of the 20<sup>th</sup> century. He was very well read and studied many classical traditions and was known for having memorised the *Inner Classic (Nei Jing)* and subsequently was nicknamed Qin Nei-Jing. He was extremely

prolific, writing more than 50 texts and innumerable articles.

In addition, he held many positions in universities, clinics, Chinese medicine societies, journals, and was eventually asked to work at the Ministry of Health under Mao Ze-Dong, in Beijing. However when the Ministry of Health went too far and pushed for the integration of Chinese medicine into a modern medical system guided by Western medicine, Qin and four other prominent physicians spoke out and directly confronted the government on many of the reforms. They argued that the study of Chinese medicine should emphasise classical texts and utilise more traditional methods of learning, instead of using the simplified textbooks that were being produced.

These efforts ultimately failed and consequently the TCM we now study lacks much of the foundation that Qin thought was so important. Such views cost Qin dearly during the Cultural Revolution. Prevented from practising medicine, he was ridiculed and forced to clean toilets. This emotional blow likely contributed to his early death in 1970.

Qin was also a renowned clinician, with an exceptional ability to treat complicated cases such as leukemia, hemophilia, and myasthenia gravis. Subsequently he treated many high-level officials, even in foreign countries such as the Soviet Union and Mongolia. Thus his instructional material always had a strong clinical focus, teaching people how to think about Chinese medicine.

Because of this, his clarity in explanation, and my desire to understand Chinese medicine as it was taught and practised before the major changes of the past 60 years, I have spent a great deal of time trying to understand Qin's thinking and approach. I was fortunate enough in my studies in China to meet one of Qin's longest standing students, Wu Bo-Ping (吴伯平), who patiently, over years, spent countless hours explaining Qin's approach to me.

### Qin's system

There were two systems that Qin developed. The first was *New Guidelines for Treatment* (治疗新律 *Zhi Liao Xin Lu*) (c. 1953). The second was a more politically attractive version, designed to appeal to the government

agencies, entitled *The Fourteen Principle Rubrics of Pattern Differentiation* (十四纲要辨症 *Shi Si Gang Gao Bian Zheng*)<sup>3</sup>, which Qin put together with seven other people in 1959. Although similar, there were key changes that make the latter less interesting to us today. It did compete though with (and lost to) *The Outline of Chinese Medicine* (1958)<sup>4</sup> in forming the basis of modern TCM.<sup>5</sup>

A full analysis of the complex politics behind this decision is beyond the scope of this paper.<sup>6</sup> However, one key factor is that *The Outline* had a clear delineated structure based on disease names and patterns. This was more in line with Mao's vision, of creating a simplified version of Chinese medicine that could be integrated into a Western medicine model. It is worth noting that *The Outline* was developed to teach Chinese medicine to Western medicine physicians.<sup>7</sup> It became the foundational model for core Western textbooks such as Kaptchuk's *The Web that has no Weaver* (1983) and Maciocia's *The Foundations of Chinese Medicine* (1989).<sup>8</sup> Qin's system, on the other hand, was deemed a bit more complicated, did not allow for easy integration of Western diseases and was difficult to adapt for Western research models. Qin was not necessarily opposed to the use of Western medicine but believed that Chinese medicine should be understood on its own terms.

Compared to *Fourteen Principle Rubrics, New Guidelines for Treatment* is a more avant-garde approach. It provides a more unique clinical approach that reflects Qin's training in the Menghe (孟河) lineage. This is what will be discussed below.

The organisation of Qin's system differs from most, if not all, Western style clinical manuals. Instead of being organised by disease or chief complaint, such as headache or menstrual pain, it is arranged by causes of disease (such as phlegm, deficiency, wind, etc.) and core treatment methods to eliminate the pathology.<sup>9</sup> For each method he lists the key manifestations and his formula that crystallises the essence of the treatment principle.

Two other key points make Qin's system appealing but were viewed as problematic at the time.<sup>10</sup>

1. It is a true synthesis, integrating seem-

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ingly disconnected currents, such as warm disease and cold damage, into one system. This was problematic because many established practitioners wanted to preserve their identity and distinctiveness; for example, “I am a Cold Damage (*Shang Han*) practitioner.”

2. For each treatment method Qin constructed a seven-ingredient formula. These were based on classical formulas and took Qin over 20 years to develop. Although these formulas constitute one of the most fascinating aspects of the system, they were looked down upon because “groups or committees” did not choose them. However, they represent an important clinical side to the medicine, especially for those interested in learning how to write custom formulas with a small number of precisely combined ingredients, administered in small doses.

#### Treatment methods

Qin strove to identify the commonalities between different physicians’ formulas and approaches. He then extracted the essence of these ideas (as treatment methods) and created a cohesive system. These methods are templates that allow the physician a way to emulate the thinking behind a prescription without being tied down to the exact ingredients or original indications. Thus they give one the capability to think flexibly and modify classical ideas (formulas) for the modern patient. This provides a unique opportunity to engage the medicine on a deeper level and emulate the thinking of many great Chinese physicians.

Using treatment methods also opens up treatment possibilities that are often ignored in typical Chinese medical textbooks. They provide the foundation to address presentations that are unusual, lie in between two patterns or encompass multiple patterns. This approach crystallises the essence of Chinese herbal medicine by teaching a thinking method.

This approach is in contrast to a mere compilation of historical material. The basic premise is that there is an infinite number of diseases, patterns and formulas, but only a handful of treatment methods needed to treat the majority of complaints.

For example, literally hundreds of formulas can treat externally contracted diseases. However, almost all these formulas can be reduced to three essential treatment principles; disperse the exterior, clear heat, and diffuse the Lungs. A fourth principle emerges when concurrent symptoms need to be addressed that are related to constitutional issues or complicating factors such as phlegm or food stagnation.

Therefore instead of trying to pick the most appropriate pattern(s) and formula we determine the relative amount of each treatment principle needed to construct an individualised formula (see Example 2 and the case study below for further discussion). This is accomplished by understanding the pathodynamics of the symptoms. For example, we might ask:

- What amount do we need to disperse the exterior? Meaning, how much of the pathogen is on the exterior?
- What amount do we need to diffuse the Lungs? Meaning, how blocked are the Lungs?
- What amount of medicinals should clear heat?
- What amount of medicinals is needed to address their constitutional pattern?

Fully appreciating the difference between a pattern versus treatment method approach is not easy at first sight. For example, modifying a wind cold formula with Liver qi stagnation medicinals should not be that different than utilising the methods of disperse and release exterior cold and dredge the Liver. A good herbalist should be able to get to the same place no matter what the tools.

However, the ease with which one can obtain the end result is the issue, especially when navigating the terrain of complex patients. Therefore for students or those struggling to customise formulas for complicated patients, this system offers a valuable perspective, allowing one to break out of standard, sometimes confining, textbook patterns.

Of note, when Qin discusses Western diseases, e.g. *cirrhosis of the liver*, he does not list the most common patterns as do our modern textbooks. Instead he gives detailed

explanations on how to use key treatment principles (e.g. dredge the Liver, harmonise the collaterals, clear abdominal masses, reduce jaundice, promote urination, drain water, and support the correct).<sup>11</sup> These represent a core set of tools to guide us in creating an individualised “pattern”.

#### Brief comparison: Methods vs Patterns

Quite simply, from treatment methods one can deduce the pattern. However, a pattern does not necessarily infer the correct treatment principles. A single pattern can be addressed by any number of possible combinations of treatment principles, as in Example 1 below. Thus using patterns alone is too vague for the precision that many of us are after. That is, when constructing an individualised approach, stringing patterns together is not as precise as combining treatment methods.

When using a pattern approach, an additional problem occurs when patients manifest in the middle of two patterns, or a standard pattern (for their presentation) does not exist. One option is to combine two or more patterns and their associated formulas. Take for example, a cough due to external wind, where there is no predominance of cold or heat. This usually does not have a specific pattern identified in textbooks. Hence to be precise, one must create a formula.

One attempt is to merge two formulas such as *Ma Huang Tang* (Ephedra Decoction) (c. 220), for wind cold, and *Sang Ju Yin* (Mulberry Leaf and Chrysanthemum Drink) (1798) for wind heat. One hurdle is that formulas from different authors and time periods often have dramatically different ideas based on patient populations, fundamental understanding of medicine and even differing views on an herb's function. Therefore combining herbs directly from each formula can be challenging.

In contrast, grasping the underlying principles both will provide a template for the formula and more importantly will prevent one from being confined to the specific herbs in the original formulas. It also allows one to use medicinals in a manner consistent with one's own understanding.

To elaborate, there is not a major dis-

inction between the methods needed to resolve a wind cold and wind heat cough. Their respective methods of treatment are *acid warm diffuse the Lungs* and *acid cool diffuse the Lungs*. Therefore, one can simply use an *acid balanced diffuse the Lungs* method, using Qin's formula of: *Zhi Ma Huang* (prepared Ephedrae Herba) 2.4g, *Chao Niu Bang Zi* (dry-fried Arctii Fructus) 6g, *Xing Ren* (Armeniaca Semen Amarum) 9g, *Zhe Bei Mu* (Fritillariae Thunbergii Bulbus) 9g, *Ju Hong* (Citri Reticulatae Exocarpium Rubrum) 9g, *Zhi Gan Cao* (Glycyrrhizae Radix Preparata) 2.4g. This formula also transforms phlegm.

This is not to say that patterns may not have their value, but I believe that Qin organised his material by treatment principles because it is a core concept that one needs to learn to create individualised formulas. Thus a formula that addresses a cough due to wind-cold attack should be identical to one that uses an *acid warm diffuse the Lungs* method. The advantage is seen when patients do not fit nicely into a single pattern.

#### Flexibility of treatment methods

##### **Example 1**

There are multiple formulas recommended for a Liver-Spleen disharmony, such as *Xiao Yao San* (Rambling Powder), *Tong Xie Yao Fang* (Important Formula for Painful Diarrhea), *Si Ni San* (Frigid Extremities Powder), *Jie Gan Jian* (Resolve the Liver Powder)<sup>12</sup> and even *Wu Mei Wan* (Mume Pill). Each, though, has a different set and emphasis of treatment principles.

Naming a pattern as Liver-Spleen disharmony really tells us only that there is a blockage of Liver qi and impaired Spleen movement and transportation (or Spleen deficiency). Thus resolving this pattern with precision is much more involved than just giving the quintessential formula *Xiao Yao San* (Rambling Powder) or trying to find the best fitting classic formula. One approach for navigating this terrain, to create customised formulas, is to understand the principal treatment methods needed.

Dredging Liver qi is the core treatment method needed in nearly all Liver-Spleen disharmonies. Therefore, understanding this method in its most fundamental form



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Understanding how individual herbs and groups of herbs specifically define a single treatment principle enables one to flexibly weave multiple principles together.

is essential when addressing the full spectrum of possible presentations. One of Qin's 56 methods is *dredge and facilitate the movement of stagnant qi* (疏利气滞 *shu li qi zhi*). Its key manifestations are anger, melancholy, and inhibited flow of the qi level with fullness and stifling sensation in the chest and flanks. Qin's seven-ingredient formula for this method is:

<i>Ci Ji Li</i>	9g	Tribuli Fructus
<i>Zhi Xiang Fu</i>	4.5g	Cyperi Rhizoma, prepared
<i>Chao Qing Pi</i>	4.5g	Citri Reticulatae Viride Pericarpium, dry fried
<i>Gao Liang Jiang</i>	9g	Alpiniae Officinarum Rhizoma
<i>Zhi Ke</i>	4.5g	Aurantii Fructus
<i>Yu Jin</i>	4.5g	Curcumae Radix
<i>Jin Ju Bing</i>	3pc	Fortunellae Fructus, prepared

This formula addresses an excessive amount of Liver qi that overwhelms the Spleen and Stomach (leading to stagnation). This can be understood as excess wood restraining earth (木克土 *mu ke tu*), which is a horizontal counterflow pattern caused by (what Qin calls) Liver qi (肝气 *gan qi*). Qin's formula can certainly be used on its own or it can be combined with other treatment principles. Thus it may be best understood as a template that can be used as a central component for Liver stagnation patterns that potentially involve the Spleen and Stomach.

"Liver qi" should be contrasted with wood not dredging earth (木不疏土 *mu bu shu tu*)<sup>13</sup> which is caused by Liver constraint (肝郁 *gan yu*). This is from deficiency and is a loss of free coursing of the Liver's qi, which slows the Spleen and Stomach's function. This pattern requires tonification of the Liver and Spleen and is the opposite of Liver qi (above). The flagship formula is *Xiao Yao San* (Rambling Powder), whereas Qin's formula is not appropriate (unless modified). The essential theme of dredging qi is still contained within the multi-dimensional approach of *Xiao Yao San* (Rambling Powder).<sup>14</sup>

More important than drawing a distinct line between these two patterns is to understand their methods on a continuum allowing for many possibilities in between.

For example, Qin's above formula may be modified by adding the treatment principle of protecting the yin or tonifying the blood and consequently adding *Dang Gui* (Angelicae Sinensis Radix) and/or *Bai Shao* (Paeoniae Radix Alba), and removing *Qing Pi* (Citri Reticulatae Viride Pericarpium). Further adding the principle of strengthen the Spleen bring us that much closer to *Xiao Yao San* (Rambling Powder).

Liver Spleen disharmonies also can occur with a primary manifestation of blockage and stagnation of the Spleen and Stomach, which influences the Liver qi's orderly reaching. This is called earth conversely rebelling against wood (土反侮木 *tu fan wu mu*). The primary strategy is to improve the Spleen's transportation function and harmonise the Stomach so that the Liver recovers on its own with formulas such as *Jie Gan San* (Resolve the Liver Powder). This formula is also on the opposite end of the spectrum compared to Qin's above formula, with the only medicinal that dredges the qi being *Zi Su Ye* (Perillae Folium).

Accordingly, we have three core, somewhat vague, patterns differentiating wood-earth disharmonies. There are boundless possible formulas between these three patterns, but all will involve some aspect of dredging and facilitating the movement of stagnant qi.

To specifically address the individual patient within the spectrum of patterns we must utilise treatment principles in varying amounts. Thus we have artificial lines based on patterns that become slightly blurred in the clinical arena. They become clearer once we assign treatment principles, then even more defined when we choose individual herbs that align with the principles. Understanding how individual herbs and groups of herbs specifically define a single treatment principle enables one to flexibly weave multiple principles together.

Consequently, it is not necessary to strictly adhere to the exact ingredients in a standard formula or approach. Using treatment methods as the overarching construct, you can select medicinals based on the patient's presentation and corresponding methods. For example, instead of using *Chai Hu* (Bupleuri Radix) to dredge the Liver, choose *Yin Chai Hu* (Stellariae Radix) (if using a

method of clearing deficiency fire and protecting the yin) or *Ba Yue Zha* (Akebiae Fructus) or *Suo Luo Zi* (Aesculi Semen) (if using the strategy of tonifying Spleen yin), since *Chai Hu* (Bupleuri Radix) is said to “plunder the yin”. The most refined choices are those that accomplish two or more treatment principles simultaneously, reducing the number of herbs needed. In the end, for example, the idea of *Xiao Yao San* (Rambling Powder) may be prescribed without actually giving any of the original formula’s ingredients. Of course paying attention to how specific medicinals interact is vital, which can be understood through the methods being used.

In the beginning though, following Qin’s formulas more closely is helpful.

### Example 2

Qin developed the next prescription for the method of *disperse wind and diffuse the Lungs*:

<i>Jing Jie Sui</i>	4.5g	Schizonepetae Spica
<i>Sang Ye</i>	4.5g	Mori Folium
<i>Bo He</i>	2.4g	Menthae Haplocalycis Herba
<i>Man Jing Zi</i>	4.5g	Vitidis Fructus
<i>Dan Dou Chi</i>	9g	Sojae Semen Preparatum
<i>Ju Hua</i>	4.5g	Chrysanthemi Flos
<i>Cong Bai</i>	2pc	Allii Fistulosi Bulbus

This is an acrid balanced approach that treats a wind attack with key symptoms of aversion to wind, fever, headache, and dizziness. Such an approach is common and rests in between wind cold and wind heat. It is quite useful as is, or with only minor alterations.

For example, if this pattern is on the warm side, we add the treatment principle of clearing heat, adding one to two heat clearing medicinals such as *Lian Qiao* (Forsythiae Fructus) and *Jin Yin Hua* (Lonicerae Flos) and/or decreasing some of the warmer medicinals such as *Cong Bai* (Allii fistulosi Bulbus). One may end up with a formula such as *Jing Jie Sui* (Schizonepetae Spica), *Sang Ye* (Mori Folium), *Bo He* (Menthae Haplocalycis Herba), *Dan Dou Chi* (Sojae Semen Preparatum) and *Jin Yin Hua* (Lonicerae Flos), which would disperse wind, clear heat, and lightly diffuse the Lungs. However, what if the presenta-

tion also has a mild cough and itchy throat? This indicates the need to further diffuse the Lungs with medicinals such as *Chan Tui* (Cicadae Periostracum) and *Chao Niu Bang Zi* (dry-fried Arctii Fructus). Addressing symptoms via treatment principles forces one to understand the pathodynamics behind the herb choices instead of merely selecting herbs based on symptoms. For example, *Chao Niu Bang Zi* (dry-fried Arctii Fructus) is good for cough. However, it is not good for any cough, but a cough from non-diffusion of the Lungs.

The more one understands the individual treatment principles, the more one can intertwine these to fit complicated individual presentations. Take this case record, by Qin Bo-Wei, as an example.

### Case study

An adult female had a constitutional propensity towards headache, high blood pressure, and stomach pain. She caught a common cold (*gan mao*) and on the second day developed an unsurfaced generalised fever, yet her skin felt dry and hot. She had a sensation of severe cold on her back, a headache, heavy eyes, irritability, stifling sensation in her chest, occasional belching and nausea, and her bowels had not moved in two days. Her pulse was thin, slippery, and rapid, and her tongue coat was thin and yellow. Prescription:

<i>Bo He</i>	3g	Menthae haplocalycis Herba
<i>Sang Ye</i>	4.5g	Mori Folium
<i>Ju Hua</i>	4.5g	Chrysanthemi Flos
<i>Ci Ji Li</i>	9g	Tribuli Fructus
<i>Man Jing Zi</i>	4.5g	Vitidis Fructus
<i>Gou Teng</i>	9g	Uncariae Ramulus Cum Uncis
<i>Zhi Shi</i>	4.5g	Aurantii Fructus immaturus
<i>Zhu Ru</i>	4.5g	Bambusae Caulis In Taeniam

**Jason’s commentary:** Qin used slightly acrid cool herbs to release the exterior, clear heat, calm the Liver, and harmonise the Stomach. He chooses herbs in a building-block fashion to simultaneously address both the root and branch aspects of this complex presentation. For example he picks Liver herbs that also address the exterior (and vice versa). Qin notes, “If I had just dispersed and scattered, this would certain-



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ly have stirred up the Liver yang and the headache would have become more severe. If I had just aggressively cleared [heat] and released [the exterior] then this would have provoked the Stomach qi, leading to pain. Therefore I used a slightly acrid, slightly cool, clear and discharging method, assisted by harmonising the middle.” Utilising treatment principles allowed Qin to arrive at this precise formula.

### Conclusion

The value of Qin’s approach in today’s time is that it gives us a way of thinking that pre-dates our more westernised system, TCM. It is a well thought-out, cohesive system that integrates multiple currents of Chinese medicine practice that can teach us to emulate the thinking of many famous pre-modern/modern clinicians.

At first sight it may seem a little challenging for us modern practitioners trained in the more Western algorithmic manner. However, because Qin was an instrumental influence in the beginning stages of TCM, his approach ultimately should not be as overly foreign to us as some more unconventional Chinese medicine traditions or systems.

Actually, some might ask, isn’t this just Chinese medicine? The simple answer is yes! Qin is just teaching a method of thinking that master physicians have practised for centuries. He has gathered fundamental ideas and created a practical approach that modern practitioners can easily follow.

Therefore this may offer a breath of fresh air for those that were not taught a deeper thinking method and wish to write individualised prescriptions. We may even find that teaching students this approach from the beginning will greatly enhance their ability to grasp Chinese medicine. This was Qin’s intention!

Consequently, I use this type of methodology when discussing cases with colleagues, as well as when teaching students. I’ve used these methods, and Qin’s associated formulas, in the clinic now for years, and have seen my results greatly improve while prescribing smaller and tighter formulas. More importantly it has provided me an outline to better organise my treatment strategies. I hope others find Qin’s perspective as useful as I have.

### Endnotes

1. While proper terminology is an important issue in Chinese medicine, for the purposes of this article the term “method” is used interchangeably with “principle”. Thus the 56 treatment methods are often understood as treatment principles, and consequently both terms are used.
2. Qin’s biographical information comes from Wu Da-Zhen (吴大真), Wang Feng-Qi (王凤岐) (2006), *Complete Famous Medical Works of Qin Bo-Wei* (秦伯未医学名著全书 *Qin Bo-Wei Yixue Mingzhu Quanshu*). Chinese Medicine Ancient Works Publishing House (中国中医药学报 *Zhongguo Zhongyi Yaoxue Bao*), personal communication with Wu Bo-Ping, and Volker Scheid’s *Chinese Medicine in Contemporary China; Plurality and Synthesis*. (2002) Duke University Press, Durham and London.
3. It was published under the title *Chinese Medicine’s Rubrics of Pattern Differentiation and Treatment Determination* (中医辨证论治纲要 *Zhongyi Bianzheng Lunzhi Gangyao*) in the Beijing College of Chinese Medicine Journal (北京中医学院学报 *Beijing Zhongyi Xueyuan Xuebao*) (1959-1960) (spanned articles).
4. From Nanjing College of Chinese Medicine.
5. There were actually a few competing systems that occurred in TCM’s early development, with all varying strengths and weaknesses. Although *The Outlines* prevailed, it was not necessarily the most authentic, complete or flexible, but one that fit the agenda of the times.
6. For a detailed analysis of the historical development and complex political issues involved in the development of Chinese medicine as we see it today, see Scheid, V. (2002) and Taylor, K. (2005). *Chinese medicine in early communist China, 1945-63: a medicine of revolution*. New York, NY: RoutledgeCurzon.
7. Taylor, K. (2005). *Chinese medicine in early communist China, 1945-63: a medicine of revolution*. New York, NY: RoutledgeCurzon.
8. *ibid* & Scheid, V. (2002). *Chinese Medicine in Contemporary China; Plurality and Synthesis*. Duke University Press: Durham and London.
9. Of note, there is a long history of doctors organising material by treatment principle. For example, Ding Gan-Ren, Qin’s teacher, developed his own list of treatment methods, which inspired Qin’s creation; Wang Xu-Gao (1798-1862) created 30 methods for the treatment of Liver disorders, and the famous Ye Tian-Shi case record book, *A Genuine Collection of Mr Ye’s Case Records with Analysis and Commentary* (叶氏医案存真疏注), is organised by treatment principles.
10. A third more political reason why Qin’s system did not thrive was because it lacked institutional authority and support. There were major contentions between universities and cities at the time and amassing power and network support for one’s system was imperative for success.
11. From Qin Bo-Wei’s *Experience in Treating Cirrhosis* (March, 1957).
12. *Bai Shao* (Paeoniae Radix Alba), *Zi Su Ye* (Perillae Folium), *Zhi Ban Xia* (Pinelliae Rhizoma Preparatum), *Chen Pi* (Citri Reticulatae Pericarpium), *Sha Ren* (Amomum Fructus), *Hou Po* (Magnoliae Officinalis Cortex), and *Fu Ling* (Poria).
13. Also called wood not restraining earth (木不克土 *mu bu ke tu*).
14. In this context, the term “soothing” (舒 *shu*) is often used instead of “dredging” because of the deficiency involved. Therefore, *Chai Hu* (Bupleuri Radix) can be referred to as a soothing or dredging medicinal depending on context/paired herbs.

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