

Chinese medicine

Thoughts regarding study



■ Liu Du-Zhou (above, 1917–2001) was a world-renowned expert in the teaching and study of the *Shang Han Lun* (Discussion of Cold Damage), with numerous books on the subject. He was also main editor of the educational textbook *Zhongyi Jichu Lilun* (Basic Theories in TCM). He was the teacher of a number of Shang Han experts who have lectured in Australia over the past few years.

By Liu Du-Zhou

IN THE OLD SOCIETY, teachers of Chinese medicine treated their disciples differently according to their individual natures. However, there were in general two approaches.

In the first approach, the teacher would have them read relatively shallow teaching materials, such as the *Tang Tou Ge* (Songs of Decoctions), *Yao Xing Fu* (Herb Characteristic Rhapsody), *Bin Hu Mai Xue* (Pulse Studies of Bin Hu – Li Shi-Zhen), *Yi Xue San Zi Jing* (Three-Character Classic of Medical Studies) and so on. He would have them learn these by heart, and augmented this with lectures.

In my opinion, the types of teachers who used this sort of teaching materials had one thing in common: they tended to teach from their own experience, and did not emphasise enough the study of the classics such as the *Huang Di Nei Jing* and *Shang Han Lun* (Discussion of Cold Damage). The result of this was that the students they taught tended to concentrate on clinic, and neglected to investigate theory.

The second approach was exactly opposite the first. In the very early stages of study, the teacher would begin with the four classics. Their view, although separated by centuries, was the same as that of Sun Si-Miao's *Qian Jin Yao Fang* (Thousand Ducat Prescriptions) chapter called *Da Yi Xue Ye* – “the study of the profession of medicine”.¹ Therefore, the students of this type of teacher, generally speaking, had a higher level of theoretical understanding and a much firmer

foundation for further development. This is the way of education endorsed by the majority of medical professionals throughout history.

The famous Qing dynasty physician Xu Ling-Tai once said, in his *Shen Ji Chu Yan* (A Humble Reminder to be Cautious in Treatment): “Each discipline has its origin and source; one who has never set eyes upon books from before the Han or Tang dynasty, and has simply memorised a few locally obtainable herbs, cannot call himself a doctor!” When he says “books from before the Han or Tang dynasty”, he is referring to classics like the *Huang Di Nei Jing* and the *Nan Jing* (Classic of Difficulties). It is clear Xu endorses the second method of training described above.

But in what way did I learn Chinese medicine? As I was rather sickly, I took herbs often, and thus was around doctors frequently; it was a natural thing to become interested in it. My first teacher mainly worked in Liaoning, where I grew up, and accepted three disciples, of which I was the youngest. My studies at that time, as I remember them now, seemed to be in two main stages: basic theory, and then clinical treatment; I spent six years at this.

In the basic theory stages, we studied books such as the *Huang Di Nei Jing*, the *Ben Cao San Jia Zhu* (Combined Annotations of Three Experts on the Classic of Materia Medica) as well as *Zhu Jie Shang Han Lun* (The Annotated Discussion of Cold Disorders) and *Jin Gui Yao Lue* (Golden Cabinet).

I had several years of private school education, providing a grounding in classical Chinese language, and so understanding the actual wording

of the text was not difficult. What was difficult was understanding the medical theory that my teacher was discussing. I remember once he was teaching the fifth chapter of the *Su Wen*: ‘*Yin Yang Ying Xiang Da Lun*’, especially the section that says: “East generates wind, wind generates wood, wood generates sourness, sourness generates Liver, Liver generates sinews, sinews generate Heart ...” The more he spoke, the more animated and excited he became, but no matter how he tried to clarify the meaning, it just made me giddy in the head.

The study of basic theory occupied a full three years. Despite being a bit fuzzy about some of the issues, I had at least systematically gone through several of the classics, and thus had a good foundation for progress. It was, therefore, well worth the time.

By the fourth year, my teacher then introduced the clinical coursework contained in the *Yi Zong Jin Jian* (Golden Mirror of the Medical Tradition), such as ‘Essentials of miscellaneous disorders’, ‘Essentials of gynaecology’ and ‘Essentials of paediatrics’. Because these are presented in the rhymed format of “songs”, he insisted that they be thoroughly memorised as they were studied, to the degree that they could be rattled off pat. I was no stranger to memorisation work, but this teacher was tough – he didn’t allow even a bit of fudging. You had to put in a lot of hard work, rising early and going to bed late.

As to the value of memorisation, there has been considerable debate over the years. In my opinion, there needs to be at least some memorisation. In the introduction to the *Yi Zong Jin Jian* (Golden Mirror of the Medical Tradition), it says: “A doctor unfamiliar with the books will lack clarity in principles, lack of clarity in principles will cause unclear discrimination, and thus vacillation in clinic, random diagnosis, and end up with medicines not matching the condition. Efficacy then suffers.” It goes on to point out that memorisation helps with learning and retention of the contents of the important books, which facilitates understanding of the principles, and a flow-on effect through to better clinical results. Thus it is not strange that most of the book’s content is in the form of rhyming couplets, to help memory retention.

Of course, books about Chinese medicine are multitudinous – no one could read them all, so there has to be some selectivity, such as those easily available, or those chosen by your teacher. Those in the south usually like to read books in the Meng-He school of Fei Bo-Xiong and Ma Pei-Zhi², while those in the north-east usually concentrate upon the *Yi Zong Jin Jian*.

The *Yi Zong Jin Jian* (Golden Mirror of the Medical Tradition) was a book written in the Qian Long period of the Qing dynasty, by one of the

imperial physicians named Wu Qian. When still uncompleted, the text was selected for expansion by the government to serve as a standard medical reference for the whole country, and Wu Qian was instructed to revise and complete it with this in mind, assisted by Liu Yu-Duo. They were to be guided by the principle: “evaluate the ancients to establish standards for today, eliminate the superfluous to retain the essential.” After two more years of work, it was completed in the year 1742, with 90 chapters under 11 headings. It is on a par with, or even better than, other government sponsored works such as the Tang dynasty *Xin Xiu Ben Cao* (Newly-Revised Materia Medica) or the Song dynasty *He Ji Ju Fang* (Formulary of the Bureau of Medicines of the Tai Ping Era).

Xu Ling-Tai recommends the *Yi Zong Jin Jian* (Golden Mirror of the Medical Tradition) highly, saying “Sourced in the *Ling Shu* (Divine Pivot) and *Su Wen* (Plain Questions), regarding the *Shang Han Lun* (Discussion of Cold Damage) and *Jin Gui Yao Lue* (Golden Cabinet) as its guiding principle, it draws widely from a variety of theories, then is rigorous in selection, not seduced by the new or the peculiar, with no stubbornness or prejudice.” In other words, this book is unusually valuable for study, and has been influential not only in northern China, but also throughout the country and in southeast Asia.

Under my teacher’s instruction, I bought a copy of the *Yi Zong Jin Jian* (Golden Mirror of the Medical Tradition). Through my own study, though, I found that the section ‘Amended annotations to the *Shang Han Lun*’ had gathered the best of several commentators, which along with the author’s explanations presented a very clear exposition of principles, and made for very interesting reading. From this point on I buried myself in studying the *Shang Han Lun*.

This was the beginning, for me, of the transition from “passive” study to “active” study, for the first time stepping out in the direction of self study.

LET US DISCUSS SELF STUDY. This is a road that each science worker must tread. We cannot follow a teacher for the whole of our lives; at some point we must strike out and struggle along a road we chose ourselves.

Of course, in self study you have to pay attention to method, there has to be a practical usable plan, and you may need someone to give you a few pointers. The conditions must be right, too: making good use of time, not wasting a minute, having the right books – if there is a good library nearby this is ideal.

There are three taboos in self study. The first is superficiality. This means not entering deeply into the study of the chosen text, but instead skimming and gaining only a cursory under-

■ This article is a translation from the book *Ming Lao Zhongyi zhi Lu* (The Path of the Old Chinese Doctors), by Zhou Feng-Wu and Zhang Qi-Wen, Shandong Science and Technology Press, 1981.

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standing. Naturally this type of study will have no good issue to speak of.

The second is chaos. Not having a thought-out plan to follow in ordered steps, one flits from book to book like a dragonfly skimming the surface of the water. This type of confused, unsystematic study will produce no satisfactory result.

The third is trepidation. This means fearing the difficulty of the study. In the course of study, one may encounter some aspects that are not immediately understood. Naturally, this is simply an accurate reflection of those areas where one's knowledge is as yet incomplete, and useful to note. But one should not fail to pursue the question to its depths, driving inward like a nail, until understood. If one is overwhelmed by the difficulty, and simply gives up half way, then much of your previous effort will be wasted. There are many ancient sayings encouraging one to greater exertions in study, it may be wise to recall these, stiffen one's resolve, and forge on in the face of discomfort. Only with this sort of spirit will one finally succeed.

With this spirit, I studied hard and assiduously summer and winter to gather Chinese medicine knowledge. I read widely in ancient texts, such as the four masters of the Jin and Yuan, *Shang Han Lun* commentators and Warm disease specialists in the Qing dynasty, and other outstanding examples of Chinese medicine scholarship in the Ming and Qing dynasties. This really opened my eyes to possibilities in the field I had not before considered, and greatly advanced my knowledge.

At this point, I would like to discuss the relationship between study and use. The study of Chinese medicine theory is to guide one in clinic towards solving problems of prevention and treatment. Thus the issue of bringing together "theory" and "practice" runs right through this question. Why did the Qing dynasty author Chen Xiu-Yuan advocate clinical practice during the daytime, and theoretical study at night? Simply to emphasise that these two aspects need to be unified.

I have always enjoyed the 'Dispute with the Scholars' chapter in *Romance of the Three Kingdoms*, especially the section when Zhuge Liang answers the strategist for the eastern state of Wu, Cheng De-Bin. In it Zhuge says: "There is the mean type of scholar, a pedant and nothing more. He writes constantly, when young composing odes and in his hoary age still vainly attempting to understand the classical books completely. Thousands of words flow from his pen but there is not a solid idea in his brain ... though he composes odes by the hundred, in the end, of what use is he?"

Zhuge here is satirising the bookworm scholar who may read voraciously but never learns anything of value: it doesn't matter if he moves his

lips all day reciting, it won't make him any better. In learning Chinese medicine one of the greatest taboos is "being a military expert – but only on paper". All of the famous texts deal with the problem of evaluation by clinical practice and how to develop in practice. If one does not practise, and therefore has no way to evaluate the clinical usefulness of a given text, then all too easily one can fall into blind worship, or uninformed rejection of a text or author. This "academic" style of study is absolutely to be avoided.

THE *SHANG HAN LUN* IS generally accepted as a major classical reference and guide to clinical Chinese medicine. However, as the profession has progressed continuously and a vast amount of clinical data has been gathered and systematised, we find that the *Shang Han Lun* is overly concise in describing its symptom pattern. For example, the "focal distention under the heart" (xin xia pi) of the five *Xie Xin Tang* (Drain the Heart Decoctions) is described as "painless fullness". But clinically we find that focal distention has both types: painful *and* painless. It's a fact, so there is no use being overly surprised by it.

Furthermore, epigastric focal distention can also manifest as a swelling bubble shaped like an egg and about that size. When you press it, it dissipates, but when you lift your hand it comes up again right away. This type of insubstantial swelling, with no fixed depth, is nothing but the congealing and dissipation of qi, and so this also can be called one type of "epigastric focal distention" – there is nothing else you *can* call it. This special type of focal distention has not been described before in print, as far as I know.

I think that using clinical experience to solve theoretical problems is a viable method. I would like to illustrate this using two existing theoretical disputes concerning the *Shang Han Lun*. The first is whether the "six channels" are actually related to the acupuncture channels of the same names; the second is the debate about the constituents in the formula *Gui Zhi qu Gui jia Fu Ling Bai Zhu Tang* (Cinnamon Twig minus Cinnamon plus Poria and Atractylodes), specifically whether it truly is *Gui Zhi* (cinnamon) that is removed, or whether it should be *Shao Yao* (paeonia).

1. Are the Six Channels in the *Shang Han Lun* related to the acupuncture channels of the same name?

One year, I was doing the rounds in the Tianjin area of countryside when I was called to a farmer's family whose 15-year-old son had just come down with a high fever and headache. His temperature was 39.6°C, and taking his pulse I found it floating. His tongue coat was thin, white and moist. So I said to his father, "Your son has an

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externally-contracted wind-cold, have him take sweat-inducing herbs and he'll be better.” The father said that the village had no medicines; one had to go into the city for that, but as it was already late afternoon, there would be no way to get there in time before closing. They would have to wait until tomorrow.

But then he said, “Sir, why don't you use acupuncture to treat him? Why do you have to have herbs?” He didn't know that I am not really very good at acupuncture, but to make him feel better I thought that it wouldn't hurt to try.

So I needled *Da Zhui* (DU-14), *Feng Chi* (GB-20) and *Feng Fu* (DU-16), without really expecting it to work, but surprisingly after the needling the patient came out in a thorough sweat, the fever broke, he cooled down, and was cured.

I am no acupuncturist, so in doing my rounds in the countryside it was lucky that I had taken a small parcel of acupuncture needles with me. As to my selection of points, these were according to the spirit of the passage in the *Shang Han Lun* that says “choose *Feng Chi* and *Feng Fu* to pierce” and “one should needle *Da Zhui* at the first vertebral interval”.

So the use of acupuncture to induce sweating and release the exterior was a clinical fact, informing me that “Tai Yang” and the actual acupuncture channels are intimately connected. And it becomes particularly pertinent if we review the fact that the Tai Yang Urinary Bladder channel links to the brain, descends the neck, and then travels over

the back, and compare this to the sentence from the *Shang Han Lun* that says: “Tai Yang means the three yang, whose channels link *Feng Fu* (‘Palace of Wind’ DU-16) and thus controls the qi for all the yang.”

When choosing acupuncture points according to the channel, locating accurately along the channel is more important than the precise location of the point, so we can see that the channel is primary and the points secondary. But this also demonstrates the existence of the channels. The key to Tai Yang's control of the exterior lies in its pathway over the wide expanse of the back, its link above to *Feng Fu* DU-16, and therefore its control of the yang qi. We can extrapolate from this the connection between the channel and its fu-organ, the Urinary Bladder, which is the Palace of Water. Water can emerge from it only after qi-transformation, and the quote “San Jiao and Urinary Bladder are reflected in the state of the surface tissues (cou li) and body hair” shows that both qi and yang body-fluids travel through the exterior.

And from that we know that “Tai Yang” is in fact the generalisation of the function of the Urinary Bladder and its channel, not just an empty phrase. We knew that anyway, from tradition and our teachers – but it is nice to think it out and prove it to ourselves.

2. The controversy regarding *Gui Zhi qu Gui jia Fu Ling Bai Zhu Tang*.

One should come to see that those 398 clauses comprise an organic unit, each related to the other, whether that relationship is obvious or hidden, or whether the related clauses occur in order or not; they are all linked.

Clause 28 of the *Shang Han Lun* discusses the decoction Cinnamon Twig minus Cinnamon plus Poria and Atractylodes. In this context, the *Yi Zong Jin Jian* (Golden Mirror of the Medical Tradition) states that it should be *Shao Yao* (paeonia) that is removed, not *Gui Zhi* (cinnamon). Many people have agreed with this, but just as many disagree, and controversy has been hot for centuries. I would like to present two case histories below which prove there is no mistake in the title; this should clarify the matter.

a). Chen Xiu-Yuan in the Qing dynasty once treated an ill relative of Mr Xie Zhi-Tian in the diplomatic service. The symptoms were stiff neck and headache, aching discomfort all over the body, and a fullness in the epigastric area. On questioning, it was found that the urine did not flow freely. The patient had taken exterior-releasing diaphoretic herbs, but did not sweat – in fact it increased his restless heat. His pulse came on full and strong (*hong mai*) and rapid. Chen Xiu-Yuan felt that it highly resembled a pattern of Tai Yang combined with Yang Ming, but after long consideration he had a minor enlightenment, realising that the disorder had originally been located at the insubstantial qi level of Tai Yang, whereas now it was at the substantial water level of Tai Yang. For treatment, all it needed was to free the flow of urine, thus releasing the substantial water level of Tai Yang, and the pathogen would flow out with the water, while the insubstantial qi would again be able to flow through the channel. This would naturally clear the exterior symptoms, and also all the rest of the symptoms all at once. So he used *Gui Zhi qu Gui jia Fu Ling Bai Zhu Tang* (Cinnamon Twig minus Cinnamon plus Poria and Atractylodes), and one bag cured the patient.

b). A famous old doctor at the school where I teach, who has now unfortunately passed away, was Chen Shen-Wu. He once treated a case of stubborn low-grade fever that had proven resistant to a wide variety of methods. He found the pulse wiry, the tongue watery and also found, on questioning, that the urine did not flow freely.

Old Chen felt that this was internal retention of water pathogen (*shui xie nei xu*) which was blocking the exterior yang qi, and the fever was due to this obstruction of the flow of yang qi. He also felt that this was similar to the idea in the *Shang Han Lun* clause 28, and thus chose to use *Gui Zhi qu Gui jia Fu Ling Bai Zhu Tang* (Cinnamon Twig minus Cinnamon plus Poria and Atractylodes). After three bags the urine flowed smoothly, and the fever went with it.

These two cases demonstrate totally that the “Six Channels” are related to the channels, collaterals and organs, and that it is cinnamon that is deleted from Cinnamon Twig minus Cinnamon plus Poria and Atractylodes.

How to study the Shang Han Lun

I would like to take this opportunity to discuss how to study the *Shang Han Lun* (Discussion of Cold Damage). First one must lay a good foundation by becoming familiar with the concept of yin-yang and the yin-yang differentiation theory contained in the *Huang Di Nei Jing*. At the same time, one should read and understand the section on the *Shang Han Lun* contained in the *Yi Zong Jin Jian* (Golden Mirror of the Medical Tradition), and look at Chen Xiu-Yuan's *Chang Sha Fang Ge Kuo* (Summary of Changsha Formula Songs). It is best, in fact, to memorise them. That is step one.

On this basis, one should then look at the original text of the *Shang Han Lun* – that is, the text without annotations – looking particularly at the order of the clauses. The best text to use is the Zhao Kai-Mei reprint of Lin Yi's Song dynasty *Shang Han Lun*, which has 398 clauses.

Since the *Shang Han Lun* used clauses to convey its author's ideas about diagnosis and treatment, then a basic requirement should be understanding the meaning of the relationship of the clauses to each other. One should come to see that those 398 clauses comprise an organic unit, each related to the other, whether that relationship is obvious or hidden, or whether the related clauses occur in order or not; they are all linked.

The author used a complex method of writing that involved emphasising some aspects while implying others, alternating the main point and subsidiary ones in a way that succeeds in conveying the complexity of differentiation and treatment like no other method could. One must become familiar with the text to the degree that the meaning of the arrangement of the clauses becomes apparent.

After this one knows, when reading a given clause, what the author's intent was in arranging it so, and from knowing this, one will come to understand other aspects which are not actually written into the text. You will resonate with the intent of the author, from long familiarity, and thus grasp the true significance of the book.

You must read the book this way, without annotations, at least four or five times, and meanwhile also have thoroughly memorised the outlines for the Six Channels, and the indications for each of the 113 formulas. This stage of the process will be, perhaps, utterly dry and boring, but it will not matter as long as you persist, for only in this way will you succeed. This is the second stage.

On the basis of this thorough familiarisation, one can then begin to read the annotated text of the *Shang Han Lun*. Of these there are at least several hundred annotations by different authors available: which one is the best? They often have different understandings of the text, as well. My

suggestion is to read Cheng Wu-Ji's *Zhu Jie Shang Han Lun* (Annotated Explanation to the Discussion of Cold Damage), because his annotations are very even-handed and impartial, using the classics in his explanations, and he is one of the most clear of the commentators, always to the point.

Cheng also has two other books that should be read at the same time, like a tripod with three legs: *Shang Han Ming Li Lun* (Clarification of the Theory of Cold Damage, c. 1156) and *Fang Jie* (Formulae Explained). In fact it is probably best to read these first, before reading his annotated *Shang Han Lun*, as this will help understand his discussion of "50 symptoms" and how they are linked in differentiation and treatment.

After reading Cheng's three books, next look at Xu Da-Chun's *Shang Han Lun Lei Fang* (Categorized Formulae for Cold Damage), Ke Yun-Bo's *Shang Han Lai Su Ji*, and You Zai-Jing's *Shang Han Guan Zhu Ji*.

These three commentators have had a deep impact on *Shang Han* studies. Their commentaries may be arranged by formula, or arranged by symptom pattern, or by treatment method, but they all reach the goal via these different routes, and most importantly all of them help open new avenues of thought on the topic. One can so easily become trapped by old assumptions or confused by partial explanations.

The advantage of Ke Yun-Bo, particularly, is that he points out that the *Shang Han Lun* is not a text limited only to the disease "injury by cold". The Six Channel system of differentiation can actually be used for a hundred disorders. His comments are judicious and penetrating, and resonate completely with the thoughts of Zhang Zhong-Jing. His limitation is that he explains the Six Channels as simply a scheme of differentiation, and is alone in explaining Tai Yang Urinary Bladder as Heart Yang, an interpretation which is rather forced and out of line with Zhang Zhong-Jing's intent.

You Zai-Jing is rather more bold than Ke Yun-Bo, even though Ke's writing is more fluent, vivid and forceful. However, You Zai-Jing was part of the lineage of Mr Ma Yuan-Yi, receiving the true transmission from him, and You writes simply but with penetrating incisiveness into the underlying concepts of the *Shang Han Lun*. He quotes the *Nei Jing* and the *Nan Jing*, with examples from a multitude of commentators, and has definitely not stinted in his time and trouble. He is also more down-to-earth than Ke Jun-Bo; it is really a pity that he is not more appreciated.

After reading through the specialist books mentioned above, one can have a look at some of the more generalist works available; an ideal one is the *Shang Han Lun Ji Yi* (A Summary of the *Shang Han Lun*) by the Japanese author Tanba

Genkan.³ This completes step 3.

If one has persisted in following the three steps outlined above through to the end, one could be said to have made a relatively good study of the Chinese medicine classic text *Shang Han Lun*.

I have taught this text now for more than 20 years, but even now preparing for classes I still find questions to study that interest me, still find things that I misunderstood. The book has depths that are hard to plumb. Don't be satisfied with just dipping your toe into these waters: the pearls are deeper! And don't be too pleased with yourself or your own present level of knowledge either – that is a sure road to stagnation.

Conclusion

To summarise: when studying Chinese medicine, start with the classic texts. Do not fear difficulty or hard work, go at it with spirit!

The second thing is to employ both understanding and memorisation, each one feeding the other, when learning herbs, formulas, or points.

The third is to throw off passive learning, where you simply accept a teacher's words, and liberate yourself by active study. You guide yourself, not as a temporary expedient, but as a lifelong habit of dissatisfaction with how you are at present.

The last is to make your study live by using it, changing theory to practice, and verifying each point by your own experience.

In such a way do you make this knowledge truly your own.

Endnotes

1. This is the first chapter of the *Thousand Ducat Prescriptions*, the main idea of which is that one who wishes to study Chinese medicine must not only be familiar with medical classics, but also should read widely in other areas, including philosophy, military theory, natural science, politics, economics, and so on.

2. Meng-He is an area of Jiangsu around Wuxi and the great lake Taihu. The Meng-He "school" – like that represented by the *Yi Zong Jin Jian* in the north – is characterised by an emphasis on return to the "true lineage" of Chinese medicine, but without being trapped by out-moded techniques. One of its more modern proponents was the famous doctor Ding Gan-Ren (1865-1926).

3. The Tanba family is the premier medical family in Japan, and has been for centuries. For example, Japan's major medical classic, the *Ishinpo* (984AD) was composed by Tanba Yasuyori.

