

Person ... illness ... prescription

An interview with Huang Huang



Professor Huang Huang is the author and editor of a number of books concerning the classic formulas of the *Shang Han Lun* (Discussion of Cold Damage) and the *Jin Gui Yao Lue* (Essentials from the Golden Cabinet). He is a professor at the Nanjing TCM University, carries on an active clinical practice, and lectures widely on herbal medicine and educational issues. **Michael Max** travelled to Nanjing to interview him.

■ Michael Max L.Ac cannot seem to keep his feet on either side of the ocean. He has an active practice in Seattle, WA, and regularly travels to China to collaborate with Professor Huang on the translation of his book *Ten Major Formula Families*. Professor Huang has a fine website dedicated to the study of classic formulas (in Chinese): <http://hhjf.51.net/>. Read more about the classic formulas in English at: www.classicformulas.com

MM: Your thinking is not traditionally taught at schools in China or abroad. What got you started with this way of thinking, and how did you develop your ideas on the use of “classic formulas”?

HH: Chinese medicine has six major schools of thought when it comes to differentiation of illness, and these are the “eight principles,” “five elements,” “six stages,” “qi/blood-excess/deficiency,” “zang fu,” and “wei-qi-blood-nutritive”. It does not matter which method of differentiation you use, in the end what you need to end up with is a prescription. The herbs are the key! We have been taught that from the theory we choose the herbs. This is backwards, it is actually from the herbs that we can draw a theory of what is happening for a patient. I have spent lots of time developing my ideas and getting to this point because, of course, my education also began from yin, yang, five elements, and zang fu. In the beginning the study was difficult. What was the difficult part? It was to know what herbs to use! I was a really hard-working student, but it was rather depressing, I memorised formulas, all the important lines of the classics and chewed through my textbooks.

But clinically, my results just were not that good. It was hard to see much progress happening with my patients. I had some real doubts about the educational system. Luckily for me, I followed some excellent old doctors in the clinic. Interestingly enough, they did not really know much about all this theory I was studying. They would just look at a patient and say “for this kind illness, they need to take *Dà Huáng* (Rhei Radix et Rhizoma), for that illness, take *Ròu Guì* (Cinnamomi Cortex) and *Huáng Lián* (Coptidis Rhizoma) together.” They showed me that herbs and their function are the key. I learned to ask them, “in what situation is *Zhì Fù Zǐ* (Aconiti Radix lateralis preparata) appropriate, or what would a *Ròu Guì* (Cinnamomi Cortex) and *Huáng Lián* (Coptidis Rhizoma) condition look like?” For example, these old teachers would say “for *Gān Jiāng* (Zingiberis Rhizoma) paired with *Huáng Lián* (Coptidis Rhizoma), there are watery sounds in the stomach, loose stools, discomfort in the epigastrium when pressed, fever and a red tongue.” Or, “for palpitations with a thick tongue coat use *Ròu Guì* (Cinnamomi Cortex) and *Huáng Lián* (Coptidis Rhizoma).” This was the first influence I had that gave me the idea of considering herb confirmations and formula presentations.

MM: What else did you learn from these doctors?

HH: These old doctors also would palpate the abdomen. If they felt pulsation in the abdomen, they would see that as a confirmation for using cinnamon (both twig and bark). Why? Because these people are for the most part thin, it is easy to feel the pulsation of the aorta because there is not much flesh. Likewise, these people generally



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have a floating pulse. What is a floating pulse? It is a pulse you can feel as soon as you touch it. Most thin people have floating pulses because there is not much flesh, you touch it and there it is. You can say it this way: “Thin people are floating pulse people.” There are those who say this is a pattern of symptoms, but I got the idea this was not so much a set of symptoms, as it was just who a person was, a constitutional type, in this case the cinnamon twig constitution. In 1978-79 I was practising and saw a lot of patients. Later, in 1979, I came to the Nanjing TCM University to study as a graduate student in the Master’s program. I was in a work-study program, and my focus was studying the theories of the different schools of medical thought, and the various methods of famous doctors through the centuries. So, I frequented the library, and read voraciously. I had never had a chance before to read like this. Reading all these famous doctors works opened up my eyes. There were two Qing dynasty doctors in particular that had a powerful influence on me. The first was *Collected Writings on Renewal of the Discussion of Cold Damage* (傷寒來蘇集 *Shāng Hán Lái Sū Jí*) written by Ke Yun-Bo. This book started to get me thinking in some new directions, but it still was looking at the *Shang Han Lun* from the point of reading each line as a way of understanding illness progression. My vision was still too narrow. Later, after graduating and when I had already begun to teach, there was yet another doctor that really opened my eyes. During that time, I was very much a follower of Ye Tian-Shi and his theories. But then I ran into the writing of Xu Da-Chun (aka Xu Ling-Tai), and this guy totally blew my mind with the *On the Origins and Development of Medicine* (醫學源流論 *Yī Xué Yuán Liú Lùn*) and *Categorisation of Formulas from the Discussion of Cold Damage* (傷寒論類方 *Shāng Hán Lùn Lèi Fāng*). *On the Origins and Development of Medicine* discussed all kinds of problems with Chinese medical theory, especially from the historical point of view. It completely changed my perspective on things. Originally I loved all that interesting theory stuff, I was a big fan of the Four Masters of the Jin/Yuan dynasty, and Zhao Xian-Ke in the Ming dynasty with his mingmen theory. Later, I thought all this abstract theory was just not much use in the clinic. The *Categorisation of Formulas from the Discussion of Cold Damage* was the result of Xu Da-Chun’s 30 years of research on the *Shang Han Lun* combined with his extensive clinical experience. While living in Shanghai it took him seven years to write the book. Furthermore, it was revised five times. Unlike most scholars of the *Shang Han Lun*, he did not study from the point of view of illness progression by reading the lines of the *Shang Han Lun*, he studied it from the perspective of the formulas. The other author I mentioned, Ke Yun-Bo, also wrote

from the point of view of the formulas. He talked about formula presentations; *Si Ni Tang* presentation, *Di Dang* presentation, *Xie Xin* presentation, etc. This was such a huge influence on me. We are all taught to look at the *Shang Han Lun* from the point of view of six levels, yin and yang, tai yang, yang ming and so on. Actually, reading that book from the point of view of being a collection of formulas and related formula families that treat particular presentations is another very productive way to read this classic. And it makes it a lot easier to make sense of the *Shang Han Lun*! About this time I came across a book called *Herb Confirmations* (藥證 *Yào Zhèng*), written by a Japanese doctor of Chinese medicine, Yoshimasu Todo. In this book he talks about *Shí Gāo* (Gypsum fibrosum); now when we think of this herb we usually think it has a cold nature and clears heat, but in this book he says nothing of the sort. He says it primarily treats agitation and thirst. That’s all. This is a very objective observation, there is nothing abstract about this. This type of study can also come from reading the lines of the *Shang Han Lun*. At that time, this kind of thinking gave me quite a shock!

MM: So, the thing to do is look at the manifestations that our medicines treat.

HH: Right, the first thing to do is break the herbs and formulas into categories of what they treat, and remember I am referring here to objective manifestations, not abstract ideas. This provided the foundation of my thinking about that book of mine that you are translating, *Ten Major Formula Families* (十大類方 *Shí Dà Lèi Fāng*). Actually, I cannot take credit for this, it is from the experience of the old doctors and the authors that I have already mentioned that these ideas come. You could say we are part of the “School of Formula Classifications (類方派 *Lèi Fāng Pài*).”

MM: I know you have a real interest in Japan and lived there for a while. They also have a long tradition of using the *Shang Han Lun*. I would like to hear about your experience there, and what kind of influence it has had on you.

HH: In 1989, I was in Japan. I was sent by the National Education Commission to study geriatrics. I had had an interest in medicine as it was practised in Japan, so I had already studied some Japanese. And of course as a graduate student I had read Yoshimasu Todo’s book. I was at the Kyoto University. Now geriatrics is Western medicine, but I also got friendly with some of the doctors at the Hosuno clinic, which had Japanese doctors who practised both Western and Chinese medicine. We established some informal seminars where we would teach our specialty to the other doctors. I learned some abdominal diagnosis from these guys. And added that to what I have

picked from the old doctors I had followed as a student. We would meet Saturday evenings and do some informal study, I would teach them some herbal medicine and they would teach me some Western medicine. Now these doctors thought that learning all this herbal medicine was quite difficult. They complained that they just could not remember it all. It was difficult and confusing. My response to this was “OK, let’s break it down, and look at this from the point of view of categories of herbs. You guys can learn and memorise 10 different major categories can’t you?” Of course, they all said that was possible, and not even difficult. So, from this very basic, and practically useful foundation, we began. There was no theory to study, just functions and actions of the herbs. This was really the beginning of *Ten Major Formula Families*. I was there for a year, and my notes are what became the basis for the book. Once I returned to Nanjing, I had to translate everything from Japanese to Chinese. This was before we had computers, and I had to use a Japanese typewriter, which of course also allowed me to type in Chinese. I certainly could have used a computer back then! One of the interesting things about teaching this in Japan was that the doctors I taught did not know much about Chinese medicine, they were Western doctors and were not learning this for some exam. They were learning it for their own use. They wanted to learn the practical useful clinic stuff. So we dispensed with theory and the usual prerequisite material, and I just taught what was clinically useful. It was an interesting time! Since writing *Ten Major Formula Families*, it has been translated back into Japanese, and has become a rather popular book in schools for learning herbal medicine.

MM: After reading your book and sitting in on your clinic for a few sessions. I see that you frequently use some abdominal palpation as part of your diagnostic process. When you palpate, what are you looking for?

HH: First of all, you are looking to what areas are painful. After that, if there is pain, where is it? If the epigastrium is painful, this is a *Bàn Xià Xiè Xīn Tāng* (Pinellia Decoction to Drain the Epigastrium) indication. If the area under the ribs is painful, formulas like *Dà Chái Hú Tāng* (Major Bupleurum Decoction) and *Sì Nì Sǎn* (Frigid Extremities Powder) are called for. If the areas to the right and left of the lower abdomen are painful, then this is likely a *Táo Hé Chéng Qì Tāng* (Peach Pit Decoction to Order the Qi) presentation. You also can consider whether the abdomen is tight or soft. If it is very soft, large and weak feeling, then look toward the *Huáng Qí* (Astragali Radix) family of formulas. If it is tight and rigid, then *Guì Zhī* (Cinnamomi Ramulus) and *Sháo Yào* (Paeoniae Radix) is the direction to go.

MM: So in doing abdominal diagnosis you are both paying attention to what you feel, and to what the patient feels.

HH: That’s right.

MM: If you are on the fence with a diagnosis, and you are not sure what direction to go with a patient, is there an indication or symptom that you give more weight to? For example, do you rely more on the abdominal palpation, or the pulse, or what their tongue looks like? Is one more important than another?

HH: Every formula presentation is different. We have to consider what kind of people need what kind of prescription. There are times I give different weight to different signs. For example, sometimes, the pulse is the deciding factor. For yang warming (溫陽 *wēn yáng*) medicinals like *Zhī Fù Zǐ* (Aconiti Radix lateralis preparata) or *Ròu Guì* (Cinnamomi Cortex), the pulse will be thready and weak. Sometimes we need to pay more attention to the tongue. For example when using *Huáng Lián* (Coptidis Rhizoma) the tongue usually is red and has a greasy yellow coat. This is very indicative of a *Huáng Lián* constitution. Now looking at the abdomen, as already mentioned, if it is weak and soft *Huáng Qí* (Astragali Radix) is the herb to consider. If you are considering *Huáng Qí* (Astragali Radix), then be sure to palpate to confirm. If the abdomen is tight and they have a poor appetite, stay away from using it. If I am thinking a patient needs *Huáng Qí* (Astragali Radix), I will first check the abdomen; if it is painful for them or to me feels hard and with a sense of resistance, then I look for another herb. We have to check all these physical indicators to safely prescribe herbs. Furthermore, by judging the patient’s body constitution, we can more safely and effectively prescribe herbs. For example, for someone with an Ephedra constitution, we can use *Má Huáng* (Ephedrae Herba) on a regular basis, as it is not going to cause them problems.

MM: I see you often use *Lián Qiào* (Forsythiae Fructus) in your formulas.

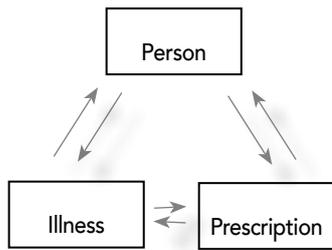
HH: This is not a herb you find in the *Shang Han Lun*, it came later and is often used in febrile diseases. And this can be used for patients post surgery, as it is good at fighting infections, and reducing the swelling of lymph glands, and treating ulcers. It was used often by Wen Bing doctors for treating agitation from heat. It is a great herb.

MM: We were discussing how many patients these days are not sick with life-threatening disease, but are unhappy with their lives, and end up both frustrated and agitated. Would you consider *Lián Qiào* (Forsythiae Fructus) for these people?

HH: Yes, it is good for this kind of people. It clears the emotions and gets rid of agitation. It treats in-



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somnia and emotional instability. I like to use it with *Zhī Zǐ* (Gardeniae Fructus).

MM: I was going to ask what are the three most important signs you pay attention to in the clinic. But, as we have already discussed, those would be the tongue, pulse and abdomen.

HH: Actually, the most important thing to pay attention to is the person! What kind of constitution do they have? The tongue, pulse, and abdomen, these are not just to diagnosis illness. These are used as well to determine a person's constitution. I consider diagnosis and treatment from a triangular perspective: Person, prescription, illness. Let's use *Dà Chái Hú Tāng* (Major Bupleurum Decoction) as an example of looking at them from the perspective of prescription. What kinds of illness is this formula effective for? 1. Pancreatitis; with severe abdominal pain, vomiting. 2. Cholecystitis; also severe abdominal pain. 3. Stomach illness where there is pain in the upper abdomen and vomiting. 4. High pressure with distention in the upper abdomen after eating. 5. High cholesterol. Now let's look at the person. The person who fits this formula is not weak; they are quite robust. If you palpate, they are going to feel discomfort under those ribs. They tend to be constipated with dry stools; they are often in a hurry. These people are a match for *Dà Chái Hú Tāng* (Major Bupleurum Decoction). So, when using this prescription, I am looking from two perspectives at the same time. First of all, is the patient a Bupleurum kind of person? After confirming that, I look toward the illness. Is this prescription appropriate for this kind of illness? This part is pretty clear, as we know *Dà Chái Hú Tāng* (Major Bupleurum Decoction) is good for, say, cholecystitis. But, just looking from the prescription towards the illness will not guarantee it will be effective, so I like to confirm that a patient's constitution is also suitable to the prescription. Looking from the prescription toward the illness, this is basically Western medicine. The question is what medicine treats what illness. Looking from the prescription toward the person, this is classic Chinese medicine. The question here is what is the pattern of presenting symptoms? I use both perspectives to get a more accurate view of the situation. As Chinese doctors, we cannot necessarily say that tenderness under the ribs, vomiting, abdominal distention and an impatient attitude equals cholecystitis. You are not going to find that illness name in our classic books. But our experience does tell us that this pattern of disharmony is treated by a Bupleurum family formula.

MM: So, you use this triangular perspective to diagnosis and treat?

HH: That's right. As another example, say we have

a patient with a *Huáng Qì* constitution. In accordance with our experience, we could use *Huáng Qì Guì Zhī Wǔ Wù Tāng* (黃耆桂枝五物湯 Astragalus, Cinnamon and Five Ingredients Decoction). We can use this to treat high blood pressure, heart disease and diabetes. In fact, we use this a lot for diabetes and the associated secondary problems that it creates. Again, looking from the triangular perspective, but from the perspective of the person, we can ask a *Huáng Qì* constitution patient if they have diabetes. If they do, then it is easily to see how we can arrive at the above formula. All three corners should confirm each other. This is my particular scheme for making clinical decisions. Again, it is a way of combining modern medicine and its associated disease names with the ancient methods of pattern differentiation. It is very convenient and logical. Why is this logical? Simple, because all three corners of this perspective rely on objective perception. There is nothing here that cannot be seen or touched, or experienced in an objective way. The formulas are just the formulas, we know what they do and what they treat. There is nothing abstract. We are not saying something like "clear heat method" (清熱法 *qīng rè fǎ*). What is "clear heat method" anyway? It is an idea, but it does not tell you which formula to choose. As to the person, well, they are right there in front of you. You can often quite easily determine what kind of person they are. As to the illness, that is not hard to determine. AIDS is AIDS, pneumonia is pneumonia, hepatitis is hepatitis. Whether you are in America or China, these illness are the same. Clear heat method treats a heat condition. What is a heat condition anyway? Is it Heart heat? Excess heat? Phlegm heat? Wind heat? Dry heat? These are abstractions. We Chinese doctors do not really talk about illness. For example, cough. Is cough an illness? No! It is a symptom. Diarrhea, is it an illness? No, again it is a symptom. So, these days, the stuff that is in the textbooks, what is being taught in the schools, it is nothing you can see. We do not see abstractions in the clinic, we see symptoms.

MM: Yes, using the methods of pattern discrimination we have been taught in school is not easy. We all complain about that.

HH: That is right, it is not easy. Forget it! But what then do you do? First look at the situation from the perspective of the person, and what kind of constitution they have. Then see how that matches a particular formula family; finally confirm that the illness they have is treated by the formula you choose. After you have an understanding of the illness, and combine that with the constitution of the patient, you can speak more clearly with them both about the origins of their problem and the prognosis. Using this method is not only safe, but effective as well!

MM: Do you have any recommendations for practitioners who wish to add this kind of thinking and treatment methodology to their practices?

HH: The first thing is to become familiar with the formulas. There are ridiculously large numbers of prescriptions in Chinese medicine. The Nanjing TCM University has published a dictionary of formulas, and it contains something like 100,000 prescriptions. Of course, we do not use all those, this is more of a reference text that can help you understand the root and relations that formulas come from. What you really need to learn well is the classic formulas of the *Shang Han Lun* and *Jin Gui Yao Lue*. These practical formulas have withstood the test of time, and they are a foundation for understanding herbal medicine. It is like any pursuit, for example, like you learning Chinese, you must first lay down a strong foundation if you want to gain mastery later. If you are building a tall building, it better have a strong foundation.

MM: An other thoughts?

HH: The biggest problem is that our results are often not that good. What is more, patients come in looking for help, and we are not really sure if we can do anything for them, but we say, "Let's just try." This is no good. We should be clear with our patients about what we can treat and what we cannot. We should be seeing results more quickly, too. With the classic formulas you do not wait three months to see a difference, you should see differences in days. For instance, if a patient has focal distention, a few doses of *Bàn Xià Xiè Xīn Tāng* (Pinellia Decoction to Drain the Epigastrium) should clear it up. Likewise, chest stuffiness and discomfort under the ribs should be cleared up by *Dà Chái Hú Tāng* (Major Bupleurum Decoction).

MM: Abdominal palpation is really helpful here because the patients have a concrete physical sensation that can be used as a marker.

HH: That is for certain. Again, I want to emphasize that the biggest challenge facing Chinese doctors is that patients should see clear results with their treatment. It is not just here in China that this is the case, the same is true in Japan. Much of this has to do with the classroom materials that are being used these days, and the kind of education that students are receiving. The theory is very beautiful, and it sounds nice with all those eloquent four-character phrases, but the clinical results are lacking.

MM: When I was studying medicine, at times it all seemed downright poetic. But then I would get in the clinic and not be sure about what I doing.

HH: (laughs) You get into the clinic and it all falls apart. You know, our classroom materials, the theory we use today and the way it is presented, is like a religion. It becomes something that can not

be questioned or doubted. I do not want to see this School of Formula Classifications become like that – some kind of belief system. I want to see it develop into a technology, to see these methods expand into more practitioners' clinical work, so as to promote Chinese medicine. This is a natural science; it has nothing to do with belief.

MM: So how can we promote the development and practice of using classic formulas in the ways we have discussed?

HH: The first think to do is popularise these methods and practices. Lots of Chinese doctors know little about these formulas, or this way of thinking, because they have not read the *Shang Han Lun* or *Jin Gui Yao Lue*; they mistakenly believe that this material is ancient and of no use in our modern world. This is a big mistake. People 2000 years ago and people today are no different. You catch a cold, you get a fever. You exert yourself physically, you sweat. It is the same now as it was then. Our body's response to illness has not changed. When Chinese doctors are diagnosing a patient, especially if we think from the perspective of classic formulas, it is not that we are looking for changes in the abdomen, or that we are killing off bacteria or viruses. What we focus on is the body's response to the environment. Does one dislike cold or heat? Is there thirst or a lack thereof? Does one sweat, or not? Is the abdomen painful or not? Is the stool dry or runny? Is there a feeling of agitation, or not? And what about the pulse – floating or sinking? We use these simple and easily observable conditions to determine the condition the body is in, and then use simple formulas to address the issue. So all these ancient formulas are still very useful today. Something the ancients did not have was the modern perspective on illness and disease. Therefore, it is important to study the relationship between illnesses and the formulas. This is the focus of my work. By so doing, we can get the most effective formulas into use and improve our clinical work, which in turn will encourage practitioners to further research this method. The book *Ten Major Formula Families* is just one small portion of the knowledge contained in the School of Formula Classifications; it is just a beginning. There is plenty of room for others to research and add to this knowledge. I teach my graduate students to clearly understand the relationship between person and prescription, prescription and illness.

MM: I think your book will be well received by Western practitioners because it is such a clinically useful work. I'll try to get it into English as quickly as possible.

HH: I look forward to Western readers not only having access to this material, but look forward to their contributions as well.



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