
中医人生：一个老中医的经方奇缘

作者：娄绍昆 娄莘杉

翻译：钱楚

Life In TCM: Lou's Adventure in Jingfang Medicine

By Lou Shaokun, Lou Shenshan

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Chapter 20 Into the Taiyang Stage

In 1975, I spent the summer as usual in Zhuangyuan Hengjie Elementary School with my family instead of returning to Qingshan Village. Our school was a wall away from the neighboring Fishery Elementary School; normally I had only noon and sundown to see patients but since both campuses were completely empty in the summer break, I could dedicate more time to treatment. I had spent four summers like this, so to me, summer meant more opportunity to put what I know into practice. My patients were teachers, students, fishermen and farmers from nearby villages, so it wasn't difficult for me to know whether they had improved.

There were three conditions most common: fever in children, heat stroke and gastroenteritis, which I used syndrome differentiation, acupuncture and bloodletting to achieve good results. There was a 10-year-old from the fishery elementary who suffered stomachache for three days and nights and was diagnosed of "acute gastritis". His condition abated after conventional treatment but when medicine was stopped, there was a rebound. As the family carried him over, I found his fever, headache, bitter flavor, nausea, epigastric pain upon palpation, restlessness and yellow urine typical of Chaixian Tang (Bupleurum Chest-Depressing Decoction). First, I needled Neiguan (PC6), upon which the child threw up a lot of yellow stuff before falling asleep. After a while he woke up; all other symptoms were gone except epigastric pain, for which I prescribed a small dose of Chaixian Tang and he was cured. Such cases soon gained me a reputation.

Over the years, I used exterior-releasing formulas such as Mahuang and Guizhi successfully to treat problems like infertility, central serous chorioretinopathy (CSC) and lumbar protrusions. When treating exogenous fever, albeit viral or bacterial, I always select pungent-warm formulas, led by Gegen Tang. I would bloodlet on Dazhui (GV14), Er'jian (EX-HN6) and Shaoshang (LU11) to augment the result for extreme fever. The ancients put "cold and fever" in the first place, stipulating that doctors should first ask about the feeling of fever or aversion to cold. This is because exterior symptoms are more representative as they do not come from a regional reaction of the body.

For example, an aunt of a student of mine suffered from trigeminal neuralgia (TN) for seven years. During the attack, there was asphyxiating pain in her upper and lower teeth, as well as in her temple. To manage the pain, she had extracted three teeth. Bearable in the morning, the sensation turned excruciating at night. During the diagnosis, I found symptoms of chills, restlessness, no sweating, floating and tight pulse, so I prescribed a dose of Mahuang Tang. The second morning I heard knocks on the door when I woke up. It was her, who then told me that she couldn't sleep the whole night after taking the drug.

Shocked, I continued to ask, “Do you still feel pain in the head or teeth?”

“Neither! Even the palpitation in my head had stopped.”

“When did you take the drug?” I asked.

“I took the first dose at eight o'clock in the evening and the second at eleven o'clock.”

“Correct,” I said, “But remember don't take it at night, because Mahuang excites the spirit.”

Then according to her new symptoms, I prescribed three doses of Sini San (Frigid Extremities Powder), and bloodlet and cupped her on the temple. I told her to come back if there was more pain. After she returned to her residence in Dongtou island, I heard no more news. A year later her nephew passed me the message that her TN attacks never bounced back after visiting me.

This case made me realize that miscellaneous diseases can exhibit exterior symptoms, and to be more precise, there exists “exterior symptoms instead of exterior pernicious influence” according to some. Without actively seeking a pungent-warm method to release the exterior condition one might fail at treatment. Hence the ancients stressed “tackling the exterior first before the interior” in most occasions.

I would use the story of Yun Tieqiao who quitted being a writer for medicine to illustrate this point. An editor for the Commercial Press since 1911, he became the editor-in-chief for magazine *Fiction Monthly* in 1912. Valuing literary rules, he believed “fiction lasts eternity.” When selecting entries, he gave no regard to the social status or reputation of the authors; he simply chose the good ones, with a particular affinity for newly emergent writers. Lu Xun's first novel *Nostalgia* published under sobriquet “Zhou Chuo” was one of them. Yun Tieqiao beheld the beauty in this piece and the ingenuity of the author. He underlined its brilliant parts and made congenial solicitations to readers in his review of the story, published in *Fiction Monthly* Part 1 of Volume 4. This was ingrained in Lu Xun's memory, who in a letter twenty years later, mentioned this to editor Yang Jiyun. Although Yun's 10-year career in literature was not strictly medicine-related, it surely laid a solid foundation in respective knowledge, and enabled his subsequent contribution to this field.

At the zenith of his career, he was confronted with the deaths of his several sons. In 1916, the oldest boy, 14-year-old Ade died of cold-induced damages, followed by the second and third sons in the next year. Having somewhat decent knowledge of the medicine, Yun could see their conditions, but due to lack of clinical experience, he wasn't bold enough to test his hypothesis. Recovering from the tremendous sorrow, Yun realized self-help was the only way out, so he began studying *Shang Han Lun*, at the same time seeking advice from expert Dr. Wang Lianshi. A year later, his fourth child got sick, with symptoms of fever, evil chills, no sweating and heavy breathing, all corresponding to the syndrome for Mahuang Tang. The doctors he recruited dared not to use Shang Han formulas despite knowing them by heart; they lashed out prescriptions like Douchi (fermented soybean), Shanzhi (Fructus Gardeniae), Doujuan (Soybean Germinated), Sangye (Folium Mori), Juhua (Chrysanthemus), Xingren (almond), Lianqiao (Forsythia) which only made it worse. Couldn't fall asleep at night, he faltered around the house. Finally at sunset, he wrote a prescription for Mahuang Tang. He said to his wife, “Three of our sons already died of Shang Han; now it's the little one. Doctors all say they can't do anything, so rather than sitting back and watching him die, let's give him this drug.” Silent, Mrs. Yun went immediately to prepare the drug. After one dose the

kid's skin gained moisture, so did the restless breathing stop. Perspirations followed the second dose, after which the fever withdrew. His breath returned to normal completely. Since then Yun was more determined about *Shang Han Lun*. Friends and families also sought help from him and received good results. Once his colleague's child was deemed sick at late yin stage which many famous Shanghai doctors failed to treat. Yun reverted the condition simply with a post of Sini Tang. Couldn't be more grateful, the family broadcasted their thanks on newspaper, "Do not worry if your child is sick, Dr. Yun Tiejiao has a way to treat." As more and more people were coming for diagnosis that filled up his spare time, in 1920, he resigned from his editing job and became a full-time doctor, soon to be one of the greatest physician in the locality.

It was incredible to hear this story, and I had so many questions in me. First, I believe with Yun's social status and knowledge in medicine, plus losing three sons to cold-induced damages, he must have employed doctors of Shanghai's highest caliber, who undoubtedly had better mastery of medical theory and practical expertise than Yun himself. The final prescription he wrote was a rookie's work, yet he adopted syndrome differentiation, using exterior-releasing Mahuang Tang to cure the forth son of his fever.

When I brought it up to Zhang Feng, he nodded, confirming my thoughts.

"Dr. Yun's story is worth contemplating over and over for every doctor," Zhang Feng said, "Modern medicine studies the etiology and diagnosis of acute or infectious diseases for centuries without reaching a definite conclusion. Zhongjing simply summarized treating a disease as bellows, "Diseases with fever or aversion to cold occurs in Yang stages; diseases without fever or aversion to cold occurs in Yin stages", to bypass the need to know disease causations, and rather, to practically tackle 'how' to cure a disease. Compared to knowing 'why', understanding 'how' is more important and efficient. It is subtle too; in fact, the whole *Shang Han Lun*, or you can say, the whole Jingfang school, is founded on this intrinsic principle. Your mentioning 'exterior symptoms are more representative as they do not come from a regional reaction of the body' does make sense. In fact, it has been raised that exterior symptoms occur not only in exterior fevers but also in various internal diseases'. For instance, a general practice among Kampo doctors is to use Gegen Tang in a certain disease stage for patients under the categories of Otorhinolaryngology, Dermatology, Neurology, Orthopedic and so forth, so long as syndrome differentiation is followed."

Then, he said in a serious tone, "But remember, using pungent-warm exterior-releasing formula is against the conventional practice. Do you think the pharmacist would be willing to fill your prescription in a hot summer day?"

"Indeed, Mr. Qiu from the dispensary was quite reluctant. Although he did fill it in the end, I could sense his disagreement deep down. One time he said to me in what was an accusing tone, 'I had never seen someone prescribing like this my entire lifetime.' Never could I forget the distrust on his face."

He took a deep gasp, "Just like Lu Yuanlei said, the 'prime ministers' of herbs in Zhongjing's time, Mahuang, Guizhi and Fuzi have had their importance downplayed nowadays. Nevertheless, Japanese Kampo experts like Otsuka Keisetsu, Yakazu Domei, Shimitsu Toutarou, Fujihira Ken and Tatsuno Kazuo still reckoned Gegen Tang and Guizhi Tang on top of the list for combating early-stage common colds, as well as acute infectious diseases like intestinal typhoid, dysentery, malaria, diphtheria, tetanus and scarlet fever. To them using herbs like Mahuang, Guizhi and Fuzi is commonplace during early stages of infectious

conditions, but to us such practice is feared and detested. Yet I firmly believe that the ultimate syndrome differentiation will emerge out of the rank to become the dominant force in Chinese medicine.”

“Zhang, why didn’t we promote such already clinically-proven method? Why did we restrict ourselves?”

“Our judgement is determined by the knowledge we digested. Without such knowledge, people would turn a blind eye to even the most established evidence. In some people, the indifference is still troubling despite being told the truth.” We glanced at each other in the eyes; I was captivated. He continued, “In addition to being ‘disciplined under the sage’s legacy, eclectic towards fellow practitioners,’ we should also think outside the box, to allow constructive, attested and novel ideas to take place. Otherwise, our knowledge would turn rigid, or simply recess to stale preaching. I hope you stay untainted from other people’s dissenting perspectives.”

His encompassing summary took me to the depth of history. Through talking to him, I gained a wider footage in viewing the thorns and roses of Jingfang’s future development in China.

Then I thought of something interesting, “There is a teacher in my unit who came to me one day with a riveting question. He said that whenever his kid caught cold, he and his wife would run into a fight. ‘When the child’s fever reached 39°C, following western principle, my wife would untie my child’s clothes to help him dissipate heat, which I sternly oppose, because when I have fever I tend to develop evil chills. Hence I would wrap the kid tightly in blankets. Sticking to each of our beliefs, we couldn’t stop arguing. What’s your opinion? Am I right or is she?’ I couldn’t tell. What do you think, Zhang?”

“A philosopher used to say, ‘understanding the basic concept is crucial to understanding the whole subject, and the most basic concept is the most crucial.’ In TCM one of the most basic concepts is exterior symptom. Your colleague’s seemingly superficial question sheds light on a critical issue readily overlooked by TCM scholars. There is pros and cons in both treatments. The child’s fever has to be complemented by other known symptoms to allow correct syndrome differentiation; only then can you conclude whose method is better. If it is an interior-heat syndrome, we can adapt his wife’s way plus herbal and acupuncture.” Zhang replied.

As I later told my colleague Zhang’s words, he was baffled, “Can you make it simple, under what scenarios am I right and is she right?”

“Aside from the fever, if you child has aversions to cold, you’re correct; otherwise, your wife is.”

Looking reluctant, he continued to ask, “How do we know if he has that or not?”

“This is easy. Examine his skin, if there are goosebumps, or hair standing up on its end, then he has aversions to cold,” I said.

He nodded in satisfaction.

“Exogenous conditions,” I continued, “Having evil chills regardless of fever or body temperature, is considered an exterior-cold syndrome in TCM, thus using exterior-releasing drugs to induce perspiration while maintaining his body warmth. Fever without evil chills is considered interior-heat syndrome, thus

using formulas to clear heat and drain inner fire, at the same time, removing clothes and cover to help bring down the fever.”

He thought for a while and asked, “If he has fever and A LITTLE evil chill, what syndrome does it correspond to in TCM? What should we do?”

A good question he asked. I replied, “Exterior condition manifesting heat is what we call a wind-heat type syndrome. In traditional medicine, we use Yinqiao San (Lonicera and Forsythia Powder). When you take care of such patient at home, remember don’t cover him too tight and give him enough water.”

He nodded and left in acknowledgement.

A month later, to augment my understanding in exogenous febrile condition, I spent every night in Zhang Feng’s shack receiving guidance from him.

“Zhang, I studied Shang Han Lun’s Taiyang chapter several times but still find it difficult to apply. Many TCM concepts developed after Zhongjing are incongruent with what is written in the book. Can you talk about that?”

“We’ve discussed a lot of them; they are not new. Like you have noticed, some ambiguous concepts could interfere with beginners’ understanding. For instance, the cause of sickness can be considered clinically as a group of symptoms, like damp-heat, referring to ‘soggy and rapid pulses, yellow and thick tongue, heavy head and body, bitter taste and sticky mucus, chest blockage and anorexia, yellow and short urine, foul and difficult stool’. ‘Damp-heat’, what is commonly deemed a ‘cause’, is in fact a result of diagnosis. ‘Damp-heat’ didn’t cause the above-mentioned symptoms. Due to the misinformation or lax compiling of TCM materials, exacerbated by some writers’ conscious or unconscious donning of such concept as the ‘cause of disease’, students are beguiled to think that this kind of notion is equivalent to a cause. Further fused with the western concept of pathology, it is readily believed to be the origin of sickness.”

“I couldn’t get much out of the official TCM material. Why is that?”

“For thousands of years, there’s barely any advancement in the study of disease cause and pathology in Chinese medicine, if not worsened by several vacuous causation theories. Such superficial theories are misleading during the diagnosis of exterior syndromes. The only concrete evidence to establish whether a syndrome is exterior-heat or exterior-cold is the exact symptom, rather than the cause. But proponents of causation theory invented abstract terms like ‘wind-cold’ and ‘wind-heat’, diverting the students to think that it is ‘wind-cold’ which leads to exterior-cold condition, and ‘wind-heat’ which leads to exterior-heat condition. Reinforced by the desire to know ‘why’, such rendering inevitably steers away from the central pillar of TCM diagnosis, making the path treacherous for beginners.”

“Zhang, you said that causation theory is overly emphasized by teaching materials. How does that manifest in the diagnosis of exogenous febrile conditions?”

“The textbooks say, ‘Contagious or infectious disease are febrile diseases in which fever is the main symptom, and an impaired yin as their primary cause.’” He continued, “In terms of differentiation, it becomes a set rule that infectious disease on the outside is exterior-heat, on the inside is interior-heat, on Qi

portion is Qi-heat, on ying portion is ying-heat. Regardless whether they make sense or not, attributing a sickness entirely to such subjective factor only weakens the credibility of cause theories.”

“TCM materials stipulated that exterior-cold syndrome has floating, tight and moderate pulses, and exterior-heat syndrome has floating and rapid pulses,” I said, “Because of that, nearly all of the exogenous febrile patients can be categorized as having exterior-heat syndrome, for their pulses would be floating and rapid due to elevated temperature. Such vestigial notions have a deep root in TCM. Would it affect our diagnosis?”

This had concerned me for a long time; very often I thought I was being foolish. Yet in front of Zhang Feng, I am finally free to express. I wanted to hear his thoughts on it.

“Some people should take responsibility for throwing their weight around,” he continued bitterly, “TCM materials made two fundamental mistakes. A diagnostic comparison has to target the same theme; here ‘tight and moderate’ and ‘rapid’ describe different qualities of a pulse; the former refers to the tension of the pulse and the latter speed of the pulse. Logically it is wrong to compare two things that are not on the same level, hence such notion doesn’t make sense. This is the first mistake.”

He was right. A comparison of apples and oranges was meaningless.

“Second,” he continued, “Clinically, exterior-heat syndromes generally involve increase in body temperature in which the pulse inevitably speeds up, therefore rapid pulses. Mahuang Tang syndrome has floating, tight and rapid pulse while Guizhi Tang floating, weak and rapid pulse. I will skip such examples since they are abundant in *Shang Han Lun*.”

Couldn’t be more self-evident, Zhang’s conclusion was based on *Shang Han Lun* study; I had no idea why TCM materials are so careless in misleading a diagnosis of exterior-cold syndrome towards exterior-heat, resulting in the status quo that doctors refrain themselves from using pungent-warm regimens on wind-cold and intense febrile patients who would otherwise be treated promptly.

“Some people mistook the natural disease evolvement in patients to be the result of a wrong treatment.” my veteran teacher remarked, “Many were cured immediately upon perspiring taking pungent-warm drugs, but we also see those whose temperature failed to return to normal, and in some cases, kept climbing. As a result, people deemed pungent-warm drugs inappropriate and thus stopped practicing them. Dr. Lu Jiuzhi of Qing Dynasty had an insightful comment about natural disease evolvement. He believed that using pungent-warm drugs on severe exterior-cold patients dissolves the dreggy pernicious influence in the form of heat, and enables the disease to revert back to Yangming stage. Such transformation is sanguine. What is undesirable is to push the sickness into further yin-stages that are no longer treatable by yang methods. He didn’t have a thermometer, so he couldn’t measure if the temperature did increase as the stage changed from Taiyang to Yangming. Yet from physiology we know that Yangming stage generally incurs higher temperature. Dr. Lu Jiuzhi devoted his entire career into studying Yangming stage, which according to him,

¹ qi portion and ying portion are the second and third stage of the Four Stages (wei-qi-ying-xue) differentiation theory, supported by doctors identified with Warm Disease School. In terms of visceral organs, Wei refers to lung; Ying refers to paricadium.

is like a dead end: when the villainous diseases enter, they have no way of getting out. As long as the patient is treated in time with the right regimen, they will be cured, hence his famous line, 'No one dies in Yangming stage.' Apart from that, a few patients nose-bleed after taking the pungent-warm drugs. Zhongjing recorded such phenomenon which modern scholars dubbed 'red sweat' as a good sign. But the patients' family and other skeptics tend to misinterpret such natural evolving process to be malpractice. Believing that such conditions are exterior-heat type which pungent-warm formulas are not for, they warn themselves and others against it. What can we do!"

In my practice, I did encounter many exogenous-cold patients who recovered right away, had higher temperature or nose-bleed. What's common for all of them is that in the end everybody recovered promptly.

"Diagnosing exterior syndrome is straightforward. 'The depth of syndrome is proportional to the level of evil chill'. This is the characteristic." He said gently, "But the boundary between exterior-cold and exterior-heat is not so distinct. Under exogenous fever, especially very high fever, the following symptoms served bad markers for identification: elevated temperature, rapid pulses, dry mouth, yellow urine and so forth. The key determinant should be the gravity of evil chills or aversions to wind. Exterior-heat syndrome has 'little aversion to chill or none at all,' suggesting that, contrary to what the name indicates, exterior-heat better fits the category of early-stage interior-heat syndrome, in which Yinqiao San, containing few pungent ingredients (not to mention it is the warm-natured basil), are designed for clearing inner heat. Due to the complexity of symptoms, as well as influence of the causation theory, doctors tend to focus on the wrong thing in diagnosis."

I benefited a lot from the fact that Zhang Feng was able to make such clear distinction on these ambiguous medical terminologies.

"Zhang, what else should we pay attention to when using Gegen Tang?" Hoping to hear more solid applications, I asked about the Gegen Tang commonly in use.

"As beginners we are tempted to making simplifications." He phrased his sentence with caution, "as we go deeper we will see a hodgepodge of complexities. Syndrome differentiation isn't always black-or-white; so when facing the in-between gray zones, we must be selective, and that often involves trial and error. Gegen Tang is no exception."

"Can you give an example?"

"Last summer, I suffered from heat exhaustion and had serious diarrhea and vomiting," he said in a grave tone, "Then I caught cold. Before I could recover, I developed fever, evil chills, headaches, lower back pain but no sweat. My temperature rose to 39°C in the afternoon. At sundown, I wrote myself a dose of Gegen Tang. After take the drug, I rested on bed, hoping that I could soon recover by perspiring a little. What I didn't expect was that I started sweating for the whole night, changing my underwear twice, but my temperature was still high. When I struggled to get up, I felt dizzy, heart pumping, evil chills, cold limbs and weak legs. My muscles were shaking and I couldn't stand still. In the end, all I could do was lying in bed. Upon painstaking reflection, I uncovered the right disease progression."

I listened quietly, couldn't figure out what went wrong with Gegen Tang.

“I failed to recognize that because my physicality was damaged by the heat, vomit and diarrhea, early stage exogenous condition becomes an exterior-yin syndrome, which Mahuang Fuzi Xixin Tang (Ephedra, Aconite and Asarum Decoction) was for. Adopting Gegen Tang incorrectly pushed the disease into a different stage.”

“What did you do next?”

“What’s your opinion?” He asked with a smile.

With thoughts still wandering at the misuse of Gegen Tang, I couldn’t concentrate well on a contingency plan.

“Zhang, I am not exactly sure. Just tell me please.”

“Well,” he didn’t push me further, “According to the rule ‘observe the symptoms, know what went wrong with the previous treatment, then treat accordingly.’”

I listened with avid attention.

“After sweating, if there is still high fever, cardiac palpitations, dizziness, muscle spasm and difficulty standing, then it is typical Shaoyin Zhenwu Tang syndrome, perfectly matching the provision 82 in *Shang Han Lun*, ‘Taiyang diseases with fever, if after sweating the syndrome doesn’t resolve, and there is epigastric palpitation, dizziness and a trembling body about to collapse, Zhenwu Tang governs’.”

“How much aconite did you use? How did you respond to the drug?”

“9g,” he continued in a low pitch, “After taking the drug, symptoms like cardiac palpitations and dizziness disappeared. I began to tire and fall asleep. Eight hours later, my fever was gone and I was much better!”

“Ah.” I was relieved.

“I learned a lot from this case.” He said not without remorse, “to diagnose based on syndrome-formula correspondence is indeed efficient, but on no account should we underestimate ones’ physique at the moment of sickness. Otherwise we could end up striking the wrong target.”

“How?” I didn’t quite understand.

“For example, it is common to use Gegen Tang on early-stage exogenous condition with fever and evil chill,” he replied patiently, “But such practice has a premise, which is that the patient has general fitness and hasn’t undergone any wrongful treatment. Counting the former but ignoring the latter renders one astray under syndrome-formula correspondence, turning what is supposed to be a robust, well-rounded diagnostic process into something coercive.

Hearing Zhang’s words, I realized that it’s not an easy job to always ensure “a robust, well-rounded diagnostic process.” It requires a high degree of vigilance to not be befallen by the inertia of conventional thinking.

“Last word as a gift to you,” he said before we bid farewell, “Next to Zhongjing’s clause ‘do not induce diarrhea before Taiyang syndrome is resolved’, Kampo doctor Okuda Kenzo wrote down his interpretation, ‘Do not try to cool the body before Taiyang syndrome is resolved.’ This is very insightful for clinical practice.”

The second day after parting with Zhang Feng, I cured a child suspected of having B-encephalitis with the pungent-warm Gegen Tang (Puerariae Decoction). This case once again strengthened my faith in using exterior-releasing drugs on exogenous fever. Here is the detail:

Chen Xiaoyin, a three-year-old girl who lived in Zhuangyuan commune’s Xu’ao faction, developed drowsiness, coma, stiff neck and back owing to a four-day heat wave. She was hospitalized and was diagnosed of “probable” B-encephalitis, since the family refused to have her spinal fluid extracted for laboratory confirmation, and a combination of Chinese and western medicine didn’t help her, so on short notice, I set out on August 10, 1975 to diagnose her. At the time of arrival, the girl was asleep; her temperature rose to 41C° with burning forehead but frigid feet; her pulse was at 130 per minute. Worrying about her lasting fever, the family applied wet, cold towels on her forehead all day, turned the fan up in an attempt to bring down the heat. However, it only made her hair standing up on its end. During the examination, I found her tongue white and slippery, neck stiff and Kernig's sign positive. There was no sweating. Sometimes her puke would come out spewing.”

Based on stiff neck and back, fever, chills, no sweat, floating and rapid pulses, white and slippery tongue and vomit, I believed that Gegen Tang plus Banxia Tang was the cure to induce perspiration, release the exterior, promote mucus production, redirect the Qi and stop the vomit, so did I inform the family of the principle ‘do not try to cool the body before Taiyang syndrome is resolved’: fever is a natural immune response against disease, hence there is no need to apply external cooling. Two hours after taking the drug, she started sweating, and her temperature lowered to 38 C°. Her vomit had also stopped and she began to feel thirsty. Upon more fanning there was no longer aversion to wind or cold. Yet she was still lethargic, unpleasant being wrapped in clothes and blankets. Her urine turned yellow, stool constipated, and her pulse flooding. It was apparent that her sickness had reverted back to Yangming stage, so I prescribed two doses of Baihu Jia Renshen Tang (White Tiger plus Ginseng Decoction), after taking which, her fever was completed gone and so were other symptoms with no aftermath.

I proudly recalled the story to Zhang Feng a week later. Attentive, his eyes sparkled with controlled excitement. Cautiously inquiring about every detail of the diagnosis, he remained silent for a few minutes before he gasped, “So close!”, which sounded more like a criticism rather than complement. I was baffled, before he smiled at me apologetically.

Then his heavy tone turned light, saying that my treatment was appropriate; it was important to put my skills into practice. Then he cited a case by Kampo doctor Wada Seikei who cured an eight-year-old boy’s summer encephalitis with two posts of Gegen Tang, to attest to the propriety of my judgement. He then expounded on the negative repercussions if we were to diagnose based on causation theory.

“This case,” he said, “In the eyes of warm disease school, originated from summer heat and dampness on the stage of wei portion. Conventional treatment would be to use pungent-cool and aromatic dampness-resolving agents, in stark contrast with your diagnosis to say the least. Someone will definitely criticize your

differentiation method, but the result proved them wrong. Therefore, the contemporary mainstream theories have limitations, so does the pillar of the warm disease school. Their fascination with causation theory leads to one-sided argument. To them the importance of clinical observations is outweighed by a need to see compliance between what they observe and surmise. With such mentality, doctors are inclined to ‘creatively misinterpret’ or to ‘selectively ignore’ some of the symptoms, leading to a lot of misdiagnosis. This is the history’s pity.”

“What are ‘creatively misinterpret’ and ‘selectively ignore’?” I interjected hearing these new phrases.

Unperturbed by my interruption, he continued with a nod, “I will tell you a story first before giving you the answer.”

Zhang Feng was good at drawing analogies in answering me.

“During the anti-Japanese war, there was a physician Wan in Jiangxi province. His mother got a serious fever, probably due to typhoid. At his behest, his teacher, a reputed doctor diagnosed her of damp-warmth and was thus gave her heat-and-dampness-dispelling drugs. After taking the drug, her condition worsened, spirit drained, breath weakened, words became few, appetite lost and tongue stayed white-coated. The first day her pulse went up to 120 times per minute, so Dr. Wan wanted to use Renshen (ginseng), but was rebuffed by his teacher who believed firmly that ‘damp-warmth condition should not be tonified’. Then they remove the bitter-cold herbs from the formula. On the second day, his mother’s body temperature dropped suddenly, limbs cold and frigid, curled up in bad as if falling into a coma: the symptoms for Shaoyin stage were apparent. But it was too late for the reputed doctor to use Sini Tang plus Renshen; she passed away before taking the drug, leaving Dr. Wan in repentance his entire life.”

He continued in a grave tone, “Wan’s teacher was being too subjective in equating intestinal typhoid with damp-warmth. ‘Spirit drained, breath weakened, words became few, appetite lost and tongue stayed white-coated’ is the typical Renshen Tang (Ginseng Decoction) syndrome for Taiyin stage diseases. How could he have missed? Because during the observation and analysis, Wan’s teacher in his sub-consciousness, selectively ignored some of the symptoms, misinterpreting a Renshen Tang syndrome for a damp-warmth syndrome. Such mentality, like a Trojan horse virus that infects one’s brain, supplants one’s reasoning with wrong information. Locking himself into the ideology of damp-warmth as the cause, it didn’t matter what he saw, so long as things were consistent with the damp-warmth theory. ‘A leaf before the eye shuts out Mount Tai’, the over-generalization and deviation from actual symptoms as a result of the conjured-up damp-warm cause inevitably lead to wrong diagnosis.”

Through this rather philosophical discussion, Zhang had unraveled the negativity of causation theory to its fullest extent.

“Causation theory is a sophistic cloud overhung clinical efficacy,” he explained, “It is in the Chinese’ blood to argue over names and definitions. But nowadays, the separation of the two had reached unprecedentedly absurdity, where names no longer describe what they intend for. What’s more disappointing is that some doctors believe the only way to treat diseases is by exploiting their causations, whereas in TCM, we merely promote ‘seeking the cause through understanding the symptoms’ to resolve the issue of how to diagnose.

“What is ‘seeking the cause through understanding the symptoms’?”

“It suggests us to swim upstream in hypothesizing the cause of sickness. By ‘cause’ I mean a virtual and artificial origination determined by syndromes.” He stated clearly, “For centuries, deep down their heart, doctors have never snapped in the pursuit of disease causes. For example, Zhu Danxi in chapter *The Essence of Treatment is Seeking Disease Causes* said, ‘To conduct the rightful treatment one has to exhaust the origin of diseases, which never deviates from the discussion of ying-yang pernicious influence’. Such attitude reached its peak in Ming and Qing Dynasties. Doctors battled about whether the pernicious influence entered from pores, mouths or noses, whether it was new or formerly suppressed, and if suppressed, where and in what season or weather condition it was suppressed. The debate centered heavily around the interaction of humans and their surroundings, a combination of the environmental, climatic and other pathological factors. However, the key to TCM diagnosis should be to understand the vitality of patient’s immune system against diseases at different stages.”

I finally found my refuge in his truthfulness. Because these words were filled with wisdom, they were not difficult to grasp.

“Zhang, I read in *TCM Journal* a few years ago, ‘Don’t use the inaccuracy in the naming system to criticize warm disease school and praise Shang Han school. Among the warm disease doctors of Ming and Qing Dynasties, who wasn’t an expert in Shang Han?’ Do you agree?”

“I believe this is an irrational statement, and it deviates from the subject. Again, you cannot compare apples and oranges.” He continued, “Warm disease is indeed a treasure grove; Ming-Qing warm school doctors are indeed Shang Han experts. But warm school’s fascination with disease cause was too much for TCM diagnosis. To say that its position is shifting towards the western study of etiology is also not without base. I remembered that TCM materials have spoken highly of such tendency, regarding the concept of ‘pathogenic Qi’ at the forefront of microbiological breakthroughs. Therefore, different people will hold distinct opinions about whether warm school’s point of view is an innovation, an advancement or a mistake, a misconception. This has also fueled the major debate between the two schools. Without recognizing this, those who want to unify them would only find their effort spent in vain. It is important to deal with this hot potato. Far from a simple ‘yes’ or ‘no’ question confirming the validity of warm school thoughts, it is about how we look at causation. It will take time before we could give a complete evaluation on warm school’s *raison d’être*.”

“Zhang, why do you give so much consideration to the theories behind medicine? Are they really that critical for practice?”

“I believe it is crucial to establish a correct thinking framework,” he said, “People, whether individuals or in groups, behave in conjunction with their thinking. If the mind is wrong, everything else would be wrong. Same in medicine where diagnosis is governed by thoughts. The same patient’s symptom, constitution, pulse, tongue and hara diagnosis would occur differently to doctors following different schools of thoughts. To uphold their beliefs, some doctors would go as far as cutting their feet to fit the shoes, painstakingly molding what they see as clinical manifestations to fit a theoretic framework. Well, let me give you another example.”

I like him using storytelling to illustrate an abstract idea.

“Professor Lu Hongyuan²’s guru, Xu Zhongcai, was the director of Shanghai Longhua Hospital.” Zhang Feng said, “He told me that Zhongcai’s father, Xu Xiaopu, Shanghai’s famous warm school pediatrician failed to cure his older son Xu Boyuan of a severe cold-induced damage one summer. The family wanted to invite Dr. Zhu Weiju, whose nickname was ‘Aconite Zhu’ in the TCM circle, to take a look, but Dr. Xu Xiaopu, adamant about the fact that Zhu’s practice using warm-hot herbs would only exacerbate the situation, rejected the plea. Only did the child get sicker almost to the brink of dying, did he agree to his relative’s repeated behest of summoning Dr. Zhu. He didn’t harbor any hope, of course. After the examination, Zhu prescribed Fuzi just like he had expected. Determined there was no hope, Dr. Xu Xiaopu locked himself in the bedroom and waited for the bad news, while Dr. Zhu personally prepared the decoction and cared for the child the entire night. At the next sunset, the kid had recovered a lot. In the morning, when Dr. Xu jerked up as his family knocked on the door, he asked in a haste, ‘When did the boy pass away?’ As he was told the detail, he realized things weren’t what he expected.”

“Following the kid’s full recovery, Xu Xiaopu removed his front plaque which said ‘Famous Pediatrician’, and went to Dr. Zhu in the hope of being christened as his pupil. Dr. Zhu couldn’t be more shocked, so he agreed to mutual learning, and promised to help Xu’s son when he would study medicine in the future. Since then, Dr. Xu left warm disease school and before long, he became a famous Jingfang scholar. After several years, he was known for diagnosing based on the Pattern of Six Stages, and two of his sons followed his footpath. This story tells us that if we fill ourselves with preconceptions such as the ‘five forces and Six-Qi’, ‘seasonal illnesses’, ‘fever is warm disease’, prior to treating a disease, while selectively filtering out the real symptom, our diagnosis will be flawed. Like that old saying, ‘A speck of dust in the eyes changes the color we see.’”

From time to time, this kaleidoscopic tale often resurface in my memory. I gasped at the term “preconception” Zhang talked about; indeed, having preconception interferes with judgement and understanding, overpowering enough in enticing doctors to downplay the importance of clinical syndrome. Zhang was very analytical to point out that reliance on fixed medical theories as the determinant for diagnosis is feeble; even reputed doctors could make such mistake. Whereas syndrome-formula correspondence, though less conspicuous, can be relied on even for the most inexperienced practitioners.

“Dr. Xu Xiaopu was quite a figure of warm school in Shanghai’s pediatrics circle, yet his bewilderment at his own son’s illness suggests that he hadn’t mastered *Shang Han Lun*’s diagnostic method,” Zhang said in a deep tone, “As he deemed a treatable disease incurable, and a life-saving drug lethal. A famous doctor would make such judgement, let alone others. Hence it is crucial to follow *Shang Han Lun*’s diagnostic rules. On the other hand, taking out his famous doctor plaque was also too much. It’s not that the warm school is undeserving. Otherwise, how do we explain the large number of successful cases Dr. Xu had treated? As a result, warm school thoughts should be promoted on the ground of *Shang Han Lun*. Similarly, Wu Jutong in his *Refined Diagnosis of Warm Diseases* said, ‘This method of treating warm diseases can also be used to complement Shang Han’. ‘To complement Shang Han’, how precise! This vivid case study about

² Renowned TCM doctor from Shanghai

³ Six-Qi is a theory on six pernicious influences dated back in Song Dynasty. They are wind, cold, summer, dampness, dryness and fire (heat).

Xu Boyuan, its detail and nuance, as well Dr. Xu Xiaopu's inner up-and-down should help us clarify many debates of definitions in TCM."

"Zhang, what was Dr. Xu's inner journey like?"

"Repulsive, at the beginning. He refused to accept non-conforming ideas." He sighed, "It is understandable to have such reaction. The problem was the value he upheld. I personally think that back then, Dr. Xu was overtaken by warm school's causation theory and the idea that 'warm diseases come from heat'. As if putting on a colored lens, he couldn't see the real picture of his son's illness. He would agree to the statements that finding the cause was more essential than observing symptoms, and that cause had full power to negate symptomatic evidence but not vice versa. All these elements contributed to his rejection of Aconite."

Inspiring, his words prompted my desire to know more.

"Zhang, the fight between Jingfang and Shifang schools began in Tang and Song Dynasties, peaked in Ming and Qing Dynasties, yet the topic of debate shifted from one period to another. What is the center of attention now?"

"Now it's the method of identifying diseases." He said without holding back, "Jingfang school traces Zhang Zhongjing's legacy (*Shang Han Lun*). With diagnosis guided by syndrome-formula correspondence, it is analogous to Materialism school in Philosophy. Shifang school trails after *Huangdi Neijing*; guided by the rational deduction of causation to diagnose a disease- also called 'Yijing' medicine and resembles the Spiritualism school of yin-yang philosophy. At Jingfang's nadir, Yijing flourishes, leading to skewed views in scholarship as oftentimes Jingfang was completely supplanted. After half a century, the battle between the two finally came to an end, with Yijing medicine dominating the diagnosis.

The TCM circle had been trying to find the least harmful outlet to reduce the tension between the two. As Yijing medicine found its rightful place in history, Jingfang was reluctantly subdued. Anything against ying-yang or five element theory had been branded as anti-diagnostic, anti-systemic hearsays. It was because of this mentality that TCM doctors found themselves shackled, not only clinically, but also intellectually. Unable to express their true thoughts for an extended time, they gradually lost track of what they really believe in, obscuring the boundary with otherwise dissenting perspectives, thus, chaotic judgement resulted. It was against this scholarly backdrop that Jingfang's syndrome differentiation was suppressed and distorted. Sometimes it reminded me of Wei Pengyi's *Poem On The Xuyi Boulder*, 'Someone has cooked the crane for meat, and burnt the zither for fuel'. I just couldn't control my sorrow."

"Zhang, warm school did contribute a lot to TCM, but many of its concepts, such as wind-warmth, summer-warmth and summer-dampness are all about disease causes. It is pre-determined that for certain cause there is certain treatment, for instance, the 'triple-ban' of inducing perspiration, diarrhea or moisturization to treat damp-warmth conditions. As Jingfang doctors how do we identify the dregs?"

"Aside from the discussion on causation, warm school had made recorded a large number of solid case studies for various prescriptions, which came from clinical practice rather than arbitrary, theoretic conjecture." Giving me a sky view, he continued, "Jingfang doctors should take advantage of this invaluable

resource to serve their own practice. Certainly, having a good foothold in syndrome differentiation is the backbone of all diagnosis. On top of that, the more warm school classics a Jingfang doctor reads, the more he will benefit.”

“Warm school’s prescriptions can be useful?” That aroused my interest.

“Yes, it will take one some efforts to come to this conclusion.” He continued with a smile, “The formulas evolved from the intricate causal discussions are indeed a highlight; it’s like that the pearl is the product of a mollusk suffering from diseases.

His analysis was worthy of reflection. Far from going from one extreme to another, he remained centered in touching on all of the issues openly. I was also impressed by some of the novel concepts in his talk.

“Can you define one more time what are ‘creatively misinterpret’ and ‘selectively ignore’ the symptom?” Shakespeare in *Macbeth* warned about the magic of words; once spoken, they can haunt one forever. These two new phrases have completely hooked me.

“I first read them in Japanese magazines.” He told me, “Their social psychologists remarked, ‘An exact incident might be interpreted differently by participants with differing angles. Confided in oneself, everyone believes he or she is telling the truth. But the fact is, people tend to see the part of the truth that is self-serving, and forget about the rest that is not. It is our limitation to let such self-protective mechanism kick in. Through misinterpreting or ignoring things we find none-self-serving, we keep our fragile integrity. This is the meaning of the two terms in Psychology, what director Akira Kurosawa tried to depict in his film *Rashomon*. The distinct angles taken by different TCM schools were the reason for the Rashomon-like controversy of this field. We reflect upon this is to restore TCM’s theoretical gist, as well as to ensure that traditional medicine stays clinically effective for the time to come.”

I didn’t expect this simple case to generate such a long discussion. His literary acuity must have come from his broad scope of reading. This might be why Zhang Feng always tried to get others to learn a foreign language.

“The weakness occurs on medical and intellectual levels. It is a mistake that people never stop making, and that’s why we see endless debates.” He focused his gaze at me and said in a grave tone, “when citing Dr. Lu Jiuzhi’s ‘No one dies in Yangming stage’ you have to be careful. It doesn’t necessarily mean that death wouldn’t occur in Yangming. This statement targets doctors who were afraid of using drugs which would result in more heat pushing Taiyang into Yangming. Strictly speaking, for persistent high febrile cases, hospitalization is the best. Even when patients are given herbal decoctions, IV should also be administered. If today you are confined by resources and couldn’t give intravenous therapy, you should always keep that in mind next time. After studying contents on death in *Shang Han Lun*, I found that many of the deaths occurred not as a result of diseases, but an imbalance of water and electrolytes. Therefore, for patients with sustained high fever, especially children, it is crucial to prevent such imbalance.”

Only then did I comprehend what he meant before by “so close” when I was telling my story.

⁴ Based on the Novel *In the Grove* by Akutagawa Ryunosuke.

Time passed so quickly before the afternoon elapsed, but I still had so many questions.

“Zhang, you said ‘as Yijing medicine found its rightful place in history, Jingfang was reluctantly subdued’, can you be more precise?”

“Let’s talk about this after I show you an article.”

Putting on his glasses, Zhang scouted his shelf for a while. In the end, he retrieved Kampo doctor Odai Yodo’s *General Discussion of Formulas by Categories*. Flipping through the pages, he found the foreword by Odai’s son Odai Take. Zhang then pointed out the key part to me.

Ten Forewords for “General Discussion of Formulas by Categories”

Zhang Changsha’s *Shang Han Lun* lied low during the Wei-Jin Periods despite Wang Shuhe’s edit, and few people carried its legacy in Qi, Liang, Chen, Sui dynasties. Chao Yuanfang of Sui Dynasty and Sun Simiao of Tang Dynasty expanded it partially, rather than fully picking up the torch. Even Wang Tao was not an insider; he simply collected it. Pang An’shi and Zhu Hong of Song Dynasty worshipped it, but their techniques weren’t free from the influence of conventional practices. Cheng Wuji of Jin Dynasty began to make annotations. Since Ming Dynasty, there had been a dozen commenters; each of them claiming full command of Zhongjing’s principle, but when it comes to practice, they traced the framework of Song, Yuan dynasties. Not a single person followed Zhongjing’s exact method. Practicing the opposite to what they claimed, they failed to recognize the vitality of Zhongjing’s way. People like Shi Cangyong, Zhang Jiegu and Zhu Yanxi⁶ not only threw away the practice, but also written rantings about the sage. How despicable they are by deceiving the future generations! In the fifteen centuries after Zhongjing, Yoshimasu Todo was the only one adhering to Zhongjing’s principle in treating hundreds of diseases. Without profound study and practice, how could someone be compared to Dr. Yoshimasu!”

I read Odai Take’s passage twice, struck by kismet’s ruling in which *Shang Han Lun* didn’t get the appreciation it deserves from doctors throughout our history.

“Odai Yodo’s *General Discussion of Formulas by Categories* is a valuable find,” he continued with earnestness, “Always have it with you. You should also be well-acquainted with Take’s *Ten Pieces of Foreword*. Now can you tell me what you think about the part you just read?”

“The reason *Shang Han Lun* was underappreciated is that, historically, doctors either ‘expanded it partially, rather than fully picking up the torch’, ‘their techniques weren’t free from the influence of conventional practice’ or ‘practiced the opposite to what they alleged’ and ‘failed to recognize vitality of Zhongjing’s way’, leaving only one person, Yoshimasu Todo to be the true follower of Zhongjing. I agreed with the author on the detachment of practice from theory by doctors, but at the same time, I believe many of them have gripped the essence of *Shang Han Lun* such as Xu Shuhui of Song Dynasty, Xu Lingtai, Ke Yunbo and You Zaijing of Qing Dynasty. Our history wasn’t so blank.”

It was time to say goodbye.

⁵ “Changsha” is another name for Zhongjing, who was believed to had been the mayor of Changsha city in the second century C.E.

⁶ Another name for Zhu Zhenheng, or Zhu Danxi

Outside his house, bright stars hung from the surrounding tapestry of darkness. Trailing the dirt road back to school, I listened to the orchestra of frogs with wind brushing through the rice paddies. What echoed in my ears was the story of misdiagnosis he just told me: far from a capricious tale to get attention, it has far-reaching impact on me.

Oh, I almost forgot; on that day, I also mentioned to Zhang Feng about Longquan County's Dr. Zhong Wanchun, who brought up that the two syndromes for Guizhi Tang are with or without perspiration. Dr. Zhong Wanchun was very convincing but in limited time I couldn't inquire the details, so I decided to present it to Zhang Feng, who replied, "Dr. Zhong was correct about the two Guizhi Tang syndromes. In the opening chapter of Otsuka Keisetsu's *Thirty Years in Kampo*, it talks about the main symptoms for Guizhi Tang, 'Patients of weak constitution having fever, aversion to cold, headaches, floating and weak pulses', without mentioning the presence or absence of perspiration."

I noted down the following that night:

Difficulties in Differentiating Exterior Syndromes

Common cold is a typical condition; it should be a TCM doctor's basic skill to treat such problem. But, not to be offensive, nowadays doctors who fail to cure a common cold are in large quantity. A striking fact, yet it is indisputable!

Exterior syndrome in *Shang Han Lun* is called Taiyang disease, which Zhongjing expounded meticulously for half of the *Shang Han Lun*. For this, Dr. Lu Yuanlei remarked, that Taiyang disease is the most challenging stage, like splitting a bamboo, which requires a great amount of initial strength to thud the blade into the stalk; once it's in, further splitting becomes easy.

Using Mahuang Tang, Guizhi Tang and Gegen Tang to treat Taiyang disease is the viewpoint of *Shang Han Lun*'s author; TCM teaching materials posit otherwise. They believe that Mahuang Tang and Guizhi Tang are for treating wind-cold restriction of the exterior. The first modality relies on the robustness of a person's active immunity. The second stresses the direct effect of external stimuli; the two are completely different despite targeting the same condition. The first modality stipulates that Taiyang disease is an exterior-yang or exterior-heat syndrome. The second deems it an exterior-cold syndrome in which there is a wind-cold restriction of the exterior. This is the result of having different schools and orthodoxies. For thousands of years, we followed the conventional modality treating a Taiyang disease as an exterior-cold syndrome, gradually letting go of the fact that Taiyang stage is when the level of yang energy remains high and not yet depleted. As the yang energy is being re-summoned, the body increases its temperature to combat a pernicious influence. The fever at this stage is an automatic response, which can be easily brought down by the use of fortifying pungent-warm exterior-releasing drugs. On the other hand, the use of cold natured prescriptions suppressed the natural febrile process and can lead to compromised yang energy. This is an example of *Shang Han Lun* being Neijing-lized, which is fine as long as clinical practice is not adversely affected. However, since the distortion begins with the first Taiyang exterior-heat stage, it is not surprising that Zhongjing's pungent-warm formulas are further neglected. Should we not make it straight and right the wrong? In early Shang Han period, there is no causation theory, only discussion of syndrome-formula correspondence, hence, there is no such dispute. It might help to see the real picture if we place ourselves in Zhongjing's time."

A doctor's capacity in exterior syndrome differentiation says something about his overall medical skills.

There was a famous doctor in Shanghai who wanted to raise his son to be an excellent physician. After the boy graduated middle school, he was sent to shadow father's good friend, another reputed doctor, while learning the classics. Two years later he was sent to a different doctor before he went to Japan for medical school. After five years, the lad returned and worked in his father's clinic, where the old doctor mentored him relentlessly, before he was able to set up his own patient corner in the same clinic a year later, being in proximity with the father's guidance. However, for patients of high fever, or those suffering from Stroke, Tuberculosis, Hepatitis and Esophagus Cancer (Feng, Lao, Gu, Ge), the father would be the one diagnosing to be responsible for the patient. For another two years, the son became more and more competent. One afternoon as the old doctor went for an out-patient visit, someone from Pudong with high lasting fever for two weeks arrived, so the young man had to diagnose by himself. Believing it was Mahuang Tang syndrome, he prescribed four herbs which he boiled and gave to the patient. Keeping the patient in to observe his reaction to the drug, he found that the patient started to sweat a little and his temperature dropped after two hours. Previously his fever and the aversion to cold occurred simultaneously; now they alternated⁷. Tongue diagnosis showed redness and yellow coating. Other symptoms including bitter flavor, nausea, foul saliva and chest tightness pointed to two more posts of Chaiqin Qingdan Tang (Bupleurum and Scutellaria Liver-Clearing Decoction). When his father returned and heard of this, the senior doctor was silent for a while until he suddenly broke out crying in ecstasy, thudding his hand on the table, "Now you can feed yourself!" What he meant was that his son could now diagnose on his own. He then told his family to arrange a feast in Shanghai Grand Hotel to celebrate it with the two teachers his son had as well as other colleagues. The young man was puzzled; he thought, "Father didn't make it a big deal when I was twice accepted to be their apprentice, nor when I got my degree from Japan. Why is a Mahuang Tang making him so happy? Wasn't it what I supposed to know ten years back?" Knowing exactly what was going on in his son's mind, the doctor said, "My boy, knowing the bookish theory doesn't mean knowing the practice. Only when you have genuine master of syndrome differentiation can you be considered a TCM insider. From now on, you can totally rely on yourself to make a living as a traditional doctor."

The father then lowered his tone and said, "Like an elf, Mahuang Tang will favor you if you behold TCM with love. On the other hand, if you lose passion in TCM, its magic will disappear. Son, I hope you will always be a patron for traditional medicine."

Whether made up or not, this story had a huge impact on me. Didn't want this elf to turn its back on me, I constantly sought after *Shang Han Lun*-related classics to digest, hoping to trace its whereabouts.

Currently, the treatment of common cold is based primarily on Neijing principle of 'to release the exterior requires hot herbs; to decimate interior heat requires cold herbs'. Pungent-warm exterior-releasing drugs took control before Jin⁸ and Tang dynasties. In Jin⁹ and Yuan dynasties, Liu Hejian proposed "six Qis are all resulted from heat", 'six stages are entirely heat-syndrome', and came up with new formulas to release

⁷ Fever and the aversion to cold takes turns; it is a half-interior and half-exterior condition. It's different from simultaneous presence of the two.

⁸ First "Jin" refers to the Jin Period, 266-420

⁹ Second "Jin" refers to Jin Dynasty, 1115-1234

both exterior and interior, without following Zhongjing's Guizhi or Mahuang combination. He did so by using pungent-cool herbs, opening another path to treat exogenous conditions. His student Zhang Zihe once said, "Follow Zhongjing when treating cold-induced damage; follow Hejiang when treating warm diseases", promoting mutual inclusiveness of warm and cold-natured drugs. Fast forward to Ming and Qing dynasties, warm disease school separated itself from Shang Han and became independent; within the school there was an agreement upon the use of pungent-cool herbs for acute condition, and bitter-cold herbs for latent conditions. Since late Qing Dynasty, the propensity towards pungent-cool drugs and fear of pungent-warm drugs gradually became the norm.

Going too far in their attempt to reverse the trend, Shang Han doctors made head-to-toe rejection of warm disease orthodox. For instance, Dr. Lu Jiuzhi believed that Taiyang stage is entirely exterior-cold syndrome. The so-called "exterior-warm syndrome" is in fact Yangming disease. Dr. Lu Yuanlei agreed with Lu Jiuzhi. In his writing, *Warm Disease Doesn't Exist Outside Shang Han*, "all the so-named 'warm diseases' I encountered since learning medicine from my teacher were never treated by Yin (Lonicera or Honeysuckle), Qiao (Fructus Forsythiae), Sang (Mulberry Leaf), Ju (Chrysanthemum), nor did their conditions worsen to pericardium; on the contrary, I've seen things going wrong upon using Yin, Qiao, Sang, Ju. It is the pungent-cool drug which leads to exacerbation into pericardium stage; my teacher had predicted this correctly before prescribing the pungent-cool drugs. For that, he was worshiped by patients, as well as fellow doctors." This statement sounds rational, yet I have to say it is not without bias.

Using pungent-warm exterior-releasing drugs to treat early stage common cold is not limited to Shang Han school. Even Liu Hejian, the doctors advocating pungent-cool drugs 'without following Zhongjing's Guizhi or Mahuang combination', in fact took refuge in pungent-warm Mahuang Tang in his practice dealing with Taiyang patients of fever, evil chills without sweat. In chapter "Heat Diseases" of his *Collection of Writings on the Mechanisms of Illnesses, Suitability of Qi, and the Safeguarding of Life as Discussed in the Su Wen*, he wrote, "In Shang Han, the skin pores are closed, trapping the yang Qi inside thus creating heat. Hence for Shang Han patients with fever, pungent-warm drugs such as Mahuang Tang should be adopted to open the pore and release the exterior to allow perspiration taking away the fever. Then a patient can be cured."

Warm school classics *Refined Diagnosis of Warm Diseases* also begins its first chapter with pungent-warm Guizhi Tang decoction. The forth line reads, "For Taiying wind-warmth, warm-heat, warm-epidemic and winter-warmth, if having evil chill or aversion to cold, use Guizhi Tang; if having fever, thirst but no evil chill, use pungent-cool Yinqiao San". Author Wu Jutong further explained, "When a Shang Han patient has evil chills, the water¹⁰ is cold, as Taiyang stage dominates the exterior, hence aversion to cold. When a warm disease patient has evil chills, the lung connecting to the skin and pore dominates the exterior, hence similar aversion to cold." In chapter "Others" of the same book, he further explained, "Inducing perspiration is a must to treat Shang Han, however if the disease changes stage then perspiration is not to be induced", it is consistent with *Shang Han Lun*'s treating exterior prior to interior. Far from being fearful, Dr. Wu Jutong made adept usage of Mahuang and Guizhi in his practice. In chapter "Shang Han" of the book *Case Studies of Dr. Wu Jutong*, it is recorded only four out of thirteen cases which he didn't utilize Mahuang or Guizhi. From as little as 3g to as much as 18g, the amount of Guizhi he used averaged 9-12g; the Mahuang he used averaged 9,12g to 18g. Guizhi. In the third case study on 23-year-old Miss Wu's Taiyang disease affected by

¹⁰ Here "water" would refer to body fluid.

wind, he first employed Guizhi Tang without success; then he gave Guizhi Tang plus Mahuang and Qianghuo (*Notopterygium*) each 9g still to no avail. Only when he accentuated the level of Mahuang to 24g and Guizhi to 15g did Wu start perspiring before she finally recovered. The formula differentiation process detailed here is incongruent with the diagnostic framework mentioned in his *Refined Diagnosis of Warm Diseases*.

In *Case Study Manual for Diagnosis*, Dr. Ye Tianshi also used pungent-warm exterior-releasing formulas. For example, it is quite bizarre that he had included Mahuang and Guizhi in the treatment of skin macule, warm-heat and wind-warmth syndromes. Shang Han and warm disease schools, despite having different approaches to exogenous conditions, nonetheless conduct same treatment out of respect for clinical efficacy.

Our understanding towards common cold should be holistic. It is constantly revealed that early stage colds manifest in the same manner regardless of pernicious agents; so long as there are evil chills or aversions to cold, pungent-warm drugs should be recruited. Only when the disease has progressed into further stages and become interior-heat should we consider pungent-cool exterior-releasing drugs. As a result, Kampo doctors Keisetsu Otsuka, Yakazu Domei, Shimitsu Toutarou, Fujihira Ken, Tatsuno Kazuo and others have decreed Gegen Tang and Guizhi Tang to be the primary cure for initial-stage common cold, as well as other acute or infectious conditions. They even enlisted Gegeng Tang as a must-have for family emergency medicines.

As mentioned before, many patients are cured immediately upon perspiring taking pungent-warm drugs, but we also see those whose temperature failed to return to normal, and in some cases, kept climbing. Upon that, people tend to misinterpret the natural disease evolvement in patients as the result of a wrong treatment. That is how people deem pungent-warm drugs inappropriate and thus stop practicing them.

Whether Taiyang disease would move further into Yangming stage is not predictable; it is also possible to enter three yin stages. As a result, doctors should always be proactive to treat the condition in Taiyang stage. When using pungent-warm drug to release the exterior, doctors' admonition beforehand about the possible exacerbation of fever would reassure the patients. Patients can be ill-informed about medicine, but as long as they are told explicitly by the doctors, they are not likely to have doubts. On the other hand, telling patients afterwards would have entirely different effect. The key is how confident the doctor presents himself in the forecast of a treatment outcome.

The two scenarios, namely, recovery upon taking the pungent-warm drug or an exacerbation of febrile symptoms are a result of the natural complexity of Taiyang stage disease. Provided that doctors continue to follow syndrome differentiation, such condition can be promptly treated.

I will give you an example:

A friend's daughter, five-year-old, had Gegen Tang syndrome of exogenous fever: 39°C, headaches, evil chills and no sweat. She took the first dose at dusk. The second day my friend took her to me, saying she perspired a little after taking the drug, but at four in the morning, the girl suddenly started crying incessantly. Face red, lips dry, thirsty for cold drinks, she was restless without sweating; her body temperature went up to 39.5°C. Therefore, he dared not to give her the second dose of Gegen Tang. I believed her condition had moved to Yangming stage, which a conjoint Taiyang-Yangming prescription Da Qinglong Tang (Major Green Dragon Decoction) was suitable for, so I prescribed 21g of Sheng Shigao (Gypsum), asking my friend

to boil it with the vestige of the Gegeng Tang post and to closely monitor her response. After dinner, my friends told me that about an hour into taking the drug, her fever receded. At lunch she took a bowl of porridge before going outside to play.

In short, the first lesson I learned in *Shang Han Lun* is that one has to become expert in Taiyang disease, in particular, being able to identify Taiyang's principal syndromes. Together with Taiyang formulas, the two serve the overarching guideline to *Shang Han Lun* diagnosis. Its theoretical and clinical connotations, however, inevitably change with respect to changing periods in history.

Of course, underlining the importance of Taiyang disease stage doesn't mean putting down others. From the angle of a newbie, Taiyang is easy to begin with. In fact, Taiyang and the rest of the stages are intertwined with each other, because the theory of yin-yang as a complete entity encompasses such unfathomable depth and malleability that lead to frequent discovery of new ideas. For instance, Kampo doctor Nakanishi Shinsai mentioned that in *Shang Han Lun*, there are thirteen provisions which talk about fevers and evil chills, and to be more precise, they talk about fevers before having evil chills. The only exception is provision 12, which he believed wasn't by accident but meant to be. Based on the organization of provisions, yang syndromes are characterized by fevers, headaches and floating pulses; the order seems to comply with the fact that the more conspicuous the symptom, the closer it is to the beginning of the clause. In yin syndromes, the description of evil chills occurs prior to cold hands and feet, and muscle spasm in the limbs, which in turn occur before the notes about deep and minute pulses; yin-specific symptoms are closer to the end of each provision. This is the general structure of *Shang Han Lun* provisions, hence it's not hard to see that the Pattern of Six Stages is the guiding principle of Jingfang diagnosis. While stressing the significance of Six Stages, we should also foresee times when this abstract, conceptual theory could possibly overshadow our understanding of prescriptions.

Delightfully I ended my journal with a period. I wanted to show cousin Ahua before presenting it to Zhang Feng.

Serendipitously, Ahua dropped by without informing. I went to make a cup of fresh tea for him.

Briefing him about the conversation with Zhang Feng on diagnosing exterior syndromes, I then handed him my writing.

While sipping the tea, he remarked, "You have condensed your thoughts and practices in this article; I learned from it too. Some say that TCM is an accumulation of experience purely for the purpose of survival, but in fact, TCM also challenges the meaning of life. For a long time in Europe, some ethnocentric perspectives had viewed oriental civilizations with bias, leading to the wide-spread belief by humanity scholars in nineteen centuries that natural selection had picked industrial revolution to be the ultimate representation of science, and in comparison, oriental civilizations were considered myth and pseudoscience. In the past, people, either from the east or the west, had similar curiosity and desire for the truth behind things as much as people nowadays do. Based on anthropological evidence, we are entitled to make the deduction that people in the past had far surpassed modern people in being mindful and caring towards their environment. Nowadays, ethnocentrism has trapped people in their small bubbles. As a result, to study TCM, we also need to have a clear view of the time, the society and the setting we live in. This way we can close up the gap between ourselves and ancient doctors.

Seemingly running off the topic, Ahua had a propensity to analyze issues in a cultural context of the east and the west. I learnt quite a bit from what appeared to be his grandiose perspective.

“György Lukács once said, if a problem is holistic, then we cannot count on regional solutions to solve it¹¹.” He continued in an uplifted spirit, “Sickness is simply a physical expression of immunity’s reaction to pernicious factors. To understand sickness, you have to see the complete picture of this vital immune response. Jingfang, in underlying the importance of Six Stages, syndrome-formula correspondence and constitution theory, is indeed desirable.”

“Ahua,” I asked, “Can you talk about the connection between *Shang Han Lun* and clinical practice?”

“Practitioners rely on *Shang Han Lun* to improve their clinical competency. The ancients said, ‘Treat *Shang Han Lun* like a collection of cases studies. Similarly, treat every case in reality like a parable that could be analyzed by *Shang Han Lun*.’ Self-explanatory, this sentence revealed how to put bookish wisdoms into practice, and how do we replicate Zhongjing’s diagnosis. Only then can we erect a bridge between the solid and the abstract, between words and actions. We will achieve higher treatment efficacy by digging deeper. Certainly, it is an issue of ‘practice makes perfect’. According to Lu Yuanlei, those accustomed to *Shang Han Lun*’s theory aren’t necessarily capable of using it. Those able to use it aren’t necessarily capable of comprehending *Shang Han Lun*’s theory. Of the two we should give more warnings to the former. On no account, can we deviate from clinical practice.”

The ancients made some sensible statement, but the deeper I go, the more difficulties I have. How come I don’t remember seeing such quote by Lu Yuanlei while reading his books. I must have been very careless. He was right, practice makes perfect. One day passed without dealing with patients is one day lost of the opportunity of becoming more clinically proficient.

I wanted to know his opinion towards Zhang Fang’s view on the manifestation of syndrome, so I brought it up after lighting a cigarette for him.

Taking a deep drag, he puffed out circles before falling into contemplation. He must have been preparing a good explanation.

“More than a combination of symptoms, it is the silhouette of sickness.” Confiding in Zhang Feng’s statement, he expanded, “I believe it is the last stage of Six Stage diagnosis framework, an organic component that made up a disease, rather than itself a separate entity. A guiding light for correct diagnosis, it reflects the human body’s complete mechanism coping with diseases, in order for us to focus treatment attention on the key leverages. Its manifestation isn’t a coincidence, but an ensued indication pointing to the nature of disease that can be decoded through a particular treatment modality.”

The crisscrossed ideas, sophisticated terms and new phrases he employed bombarded me. However, I had recorded everything in their exactness. I was able to catch up since he spoke in a slow pace. Even himself seemed a big overwhelmed by what he said. He commented to me at the end, “You know I appreciate the

¹¹ Translated from Chinese; the exact source cannot be found.

succinctness of syndrome differentiation, but somehow the words blurted out of my mouth were so rationally abstract.”