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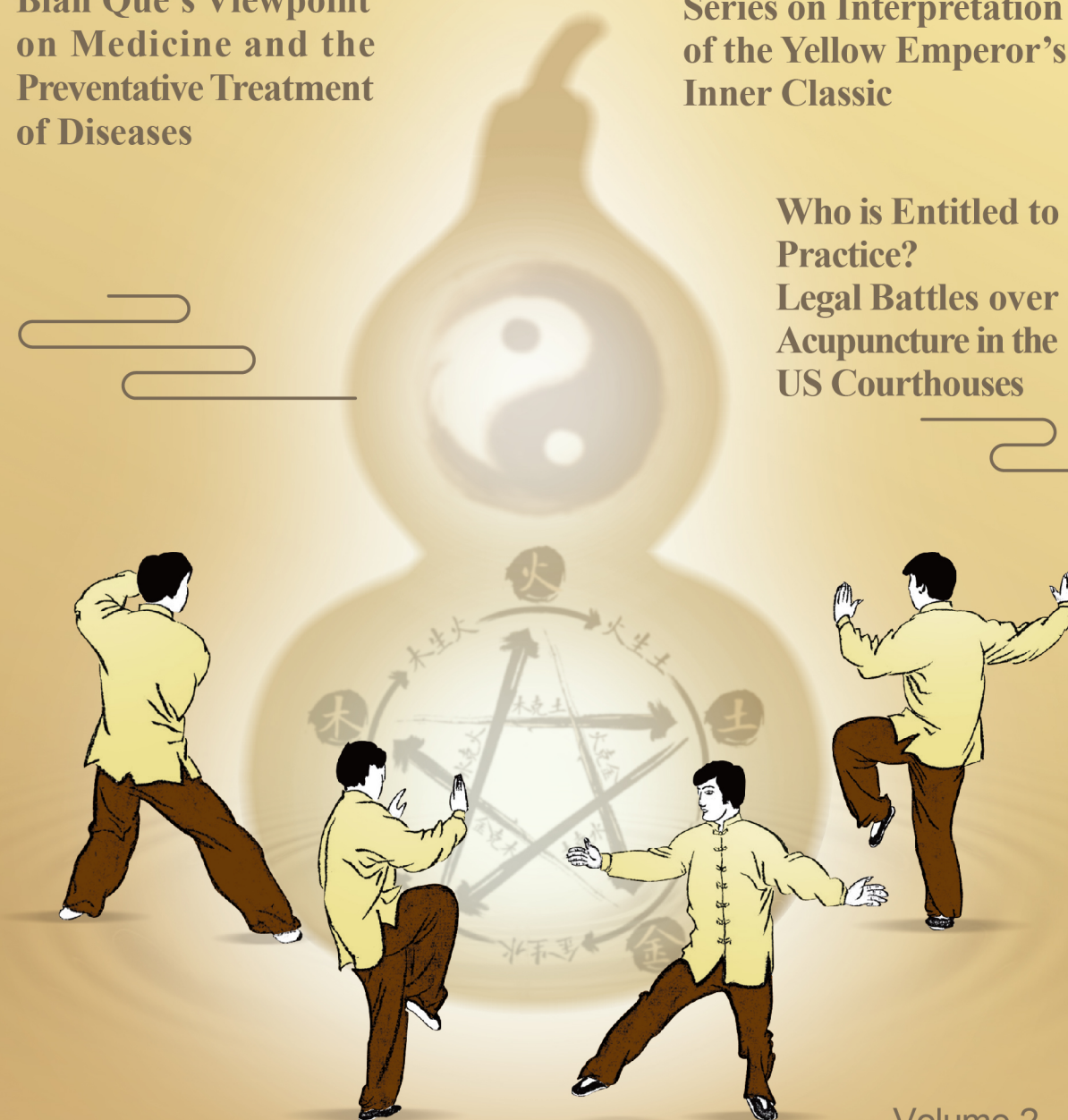
CHINESE MEDICAL CULTURE

2017 秋季刊

Bian Que's Viewpoint
on Medicine and the
Preventative Treatment
of Diseases

Series on Interpretation
of the Yellow Emperor's
Inner Classic

Who is Entitled to
Practice?
Legal Battles over
Acupuncture in the
US Courthouses



Volume 2
(Autumn Edition)



CHINESE MEDICAL CULTURE

中医药文化

海外版

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Healthcare Wisdom in
Traditional Chinese Medicine

中医文化 东方智慧

中醫藥文化
CHINESE MEDICAL CULTURE

海外版



Northeast Asia Traditional Chinese Medicine Communication and Development Base



In November 2016, the Northeast Asia Traditional Chinese Medicine Communication and Development Base was established in Changchun University of Chinese Medicine being approved by the State Administration of Traditional Chinese Medicine of China. This foundation will serve as an important platform for the spread of TCM in northeast China.

Distinct Regional Advantages Historically, this area is the core of the Northern Silk Road that extends to Russia, Japan, Mongolia, Republic of Korea and Democratic People's Republic of Korea. The city of Changchun aims to be a regional center in Northeast Asia. The China-Northeast Asia Expo in Changchun serves as an important window to open to the north.

Abundant Medicinal Resources The Changbai Mountain is renowned as a treasury of biological resources and one of the three major gene pools of Chinese herbs. And the Jilin Ginseng Academy affiliated with the Base takes a world leading position in the R&D of ginseng.

Unique brand features The foundation initiated the compilation of WHO Technique Specifications for Tuina Practice, and established overseas centers of Traditional Chinese Medicine (or lecture rooms) in Russia, Japan and Korea. These centers aim to promote Chinese culture and medicine.

In-process Focus Projects at present:

1. The research center for the communication and development of Chinese Medicine in Northeast Asia: to reinforce think tank construction, carry out information collection and data analysis

of traditional medicine in Northeast Asia, conduct academic seminars and collaborative innovation, and form annual report on development of traditional medicine in Northeast Asia.

2. Special Belt & Road scholarships for Northeast Asia: are ready to provide yearly funding support such as full & partial scholarships and grants for overseas TCM talents with medical background.

3. Exhibitions on traditional medicine in Northeast Asia: to held exhibitions on traditional medicine of northeast Asian countries, health-care foods, welfare equipments and service trade negotiations, and promote multilateral project cooperation.

4. The forum on Traditional Medicine in Northeast Asia (Planning): to invite principals of traditional medicine departments from northeast Asian or relevant countries to make keynote speeches, and distinguished specialists and experts to participate in conference discussion.

5. One journal and one bulletin: to issue restrictedly Northeast Asia Traditional Chinese Medicine (quarterly) and Bulletin on Traditional Chinese Medicine Information in Northeast Asia (monthly).

We wholeheartedly welcome every devoted talent to join us and provide support and help for the construction of the foundation, and contribute to the development of traditional Chinese medicine in northeast Asia or even around the world. support the undertaking of the Base, and contribute to the development of TCM in northeast Asia and the rest of the world.

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A Successful TCM Culture Exhibition of Health Care in Belgium



"The TCM Culture Exhibition of Health Care" was held successfully in the evening of August 25, 2017 in the EU headquarters in Brussels. The 5-day exhibition lasted 5 days was co-sponsored by Shanghai University of Traditional Chinese Medicine (SHUTCM), Shanghai Museum of Traditional Chinese Medicine and China Cultural Center in Brussels. This event attracted over 500 guests and TCM enthusiasts from Belgium and other European countries. Besides, Xiang Shihai, Cultural Counselor of Chinese Embassy in Belgium, Tan Shu (谭曙), Director of Cultural Center in Brussels, He Xinghai (何星海), Vice President of Shanghai University of Traditional Chinese Medicine, and Gu Youmei (顾攸美), Director of Shanghai Museum of Traditional Chinese Medicine were also present.

interactions and lectures. He Xinghai, Vice President of SHUTCM once said in an interview, "TCM, martial arts, folk music are important parts of traditional Chinese culture. They have special effects on health preservation. We put all of them together in this event in order to help participants a better understand and share the way of Chinese health preservation."

"Chinese Qigong is full of deep philosophical wisdom, which not only makes me healthy, but also gives me a new understanding of life and the world." said Carolina Hernandez, from Sweden.

Belgium is the bridgehead of cultural exchanges between China and Europe. Brussels is the seat of the EU headquarters. Therefore, Cultura Center in Brussels hopes to take this opportunity to introduce traditional Chinese culture to Europe to enable more people to understand and share the ancient and splendid Chinese civilization. The event caused a small "TCM fever" in Brussels and was reported by a number of Chinese and foreign media.

As a way of spreading traditional Chinese culture, Shanghai Museum of Traditional Chinese Medicine has succeeded in holding "TCM Culture Exhibition of Health Care" in the United States, Britain, and Singapore and in recent years. It will soon go to France and Japan to continue to communicate with the outside through TCM culture.



This exhibition mainly focused on the relationships between health preservation and meridians and collaterals, exercise, diet and environment. Ancient esoteric TCM culture was vividly showed to the public via pictures, exhibitions,



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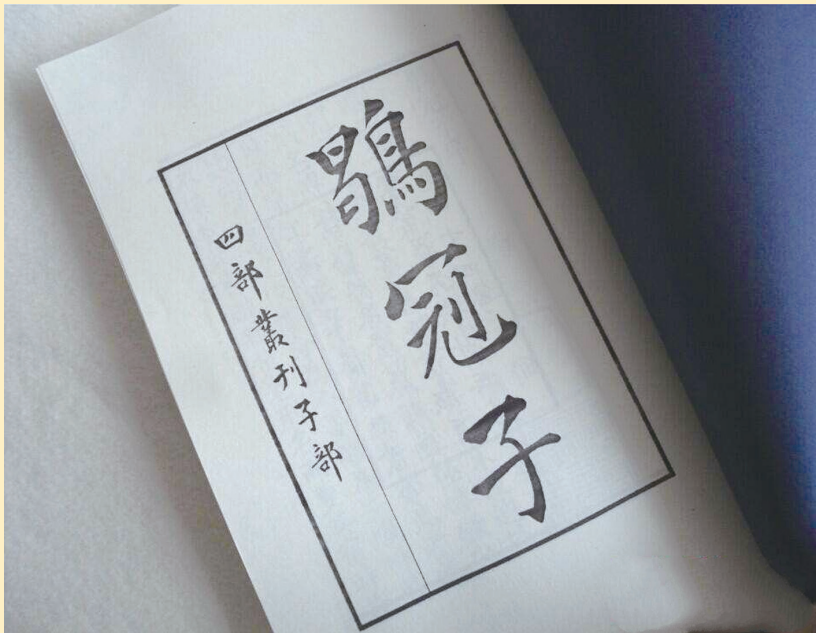
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Bian Que's Viewpoint on Medicine and the Preventative Treatment of Diseases

By Duan Yishan (段逸山)



The cover of He Guan Zi

The renowned Taoist monograph He Guan Zi (《鶡冠子》), is a comment about the level of skill of physicians. In it, Bian Que evaluates the skills of his two older brothers who were also physicians. Bian Que states that his oldest brother was of the highest skill, the middle brother was of moderate skill, and he himself was of the lowerst.

In fact, Bian Que was the most distinguished physician of his time. When Wei Wenhou (魏文侯 an emperor of the State of Wei during the Warring States Period) requested an explanation of the ranking, Bian Que explained that his oldest brother excelled in observing the patient's facial complexion in order to prevent diseases. However, most people didn't understand this, and therefore the oldest brother was only famous among his relatives. In reality, he was equipped with superb skills. Bian Que then stated that his middle brother treated patients at the early stage of disease. In those days, people thought that illnesses in their early stage were not serious, and thus the middle brother was only famous in his town. However, Bian Que also viewed him as a virtuous physician. As for himself, Bian Que punctured blood vessels, prescribed powerful medicines and performed surgeries, ultimately curing critical diseases. The public thought that he was magical and mysterious, which made him famous across the nation. However, he himself believed that

this was of the lowest level of skill.

We can tell from Bian Que's comment that benchmarks to assess a physician's level of skill at curing diseases exists at the level of invisibility, at the level of skin and hair, and at the level of blood vessels.

Reflecting on Bian Que's degree of modesty, the comment also discussed the concept of the preventative treatment of diseases. Described as the most conscientious act, preventative treatment helps thwart diseases from happening prior to the development of signs and symptoms.

Sun Simiao (孙思邈) in the Tang dynasty once said in *Bei Ji Qian Jin Yao Fang*, (《备急千金药方》 *Essential Formulas for Emergencies Worth a Thousand Pieces of Gold*), top physicians prevented diseases, physicians of average skill treated diseases at an early stage, and physicians of the lowest level treated existing diseases. Preventative treatment referred to the treatment of diseases that had not taken shape. Potential diseases were at the superficial level of the skin and hair, but diseases that had already manifested indicated those in critical stages. It was also noted that identifying and treating disease at various stages was an important benchmark to identify the skill level of physicians, which was in line with Bian Que's comment. The concept of preventative treatment had already been well described in *Huang Di Nei Jing* (《黄帝内经》 *the Yellow Emperor's Internal Classic*).

Furthermore, Lao Zi (《老子》) wrote that, a person could avoid illness if they seriously consider preventative measures and keep a healthy lifestyle. On the other hand, if one does not consider disease as being serious, illness would be unavoidable. This fact was quite common amongst the less educated people. The great minds of Bian Que and Lao Zi, along with leading classics such as *Huang Di Nei Jing* and *Bei Ji Qian Jin Yao Fang* all emphasized the principles of preventative treatment as the benchmark of the most conscientious, wisest, and successful physicians.

Translator: Duan Yingshuai (段英帅)



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Series on Interpretation of the *Yellow Emperor's Inner Classic* (I):

Was the *Yellow Emperor's Inner Classic* written by the Yellow Emperor?

By Wang Qingqi (王庆其)

The Huang Di Nei Jing (《黄帝内经》 *the Yellow Emperor's Inner Classic*), or the Nei Jing (《内经》 *Inner Classic*) for short, is the earliest work among Chinese medical literature in existence. It reflected the medical achievements of ancient China, established the theoretical system for TCM, and laid a foundation for TCM development. The *Inner Classic* was a summary of all the medical experience prior to the Qin and Han dynasties. It was derived from and integrated ancient achievements in philosophy and natural sciences, and discussed the mutual relation among heaven, earth and human beings from a macroscopic view. It also analyzed the fundamental topic of medical science—the laws of life, and created corresponding theoretical systems along with principles and techniques to treat and prevent disease. Over the past two millennia, the theories, applicable techniques and methodology of *the Inner Classic* have inspired generations of TCM practitioners to explore, practice and continuously innovate. Ultimately, this has encouraged the ongoing development of TCM and contributed to the health preservation of Chinese people tremendously. This explains why *the Inner Classic* has been regarded as the ancestor of Chinese medical works for practitioners in all eras. Even now, it provides valuable guidance in the field of TCM academic research, thus receiving increasing attention from academic fields at home and abroad. Recently, TCM has been regarded as an important part of Chinese culture, holding the key to the vault of Chinese civilization. For this, *the Inner Classic* should be given special recognition.

According to modern textual research, the main contents of *the Inner Classic* were written in the Warring States Period with supplements continuously being added since the Qin and Han dynasties. Thus, the time for its compilation is estimated to have been during the middle or late periods of the Western Han dynasty (first century BCE).

Why was it named the *Yellow Emperor's Inner Classic*? Was the Yellow Emperor the real author of the classic?

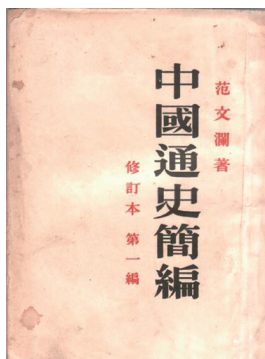
There are two legends about the Yellow Emperor. One states that Yellow Emperor was a great and wise emperor, as recorded in the *Ci Hai* (《辞海》)



The Chinese Comprehensive Dictionary): "... (the Yellow Emperor is) the legendary common ancestor of all the clans in the central land, with a surname of Ji (姬) and clan name of Xuanyuan (軒轅) or You Xiong (有熊), son of Shao Dian (少典)". He was thus also called Xuanyuan Huang Di (軒轅黃帝 Xuanyuan Emperor). Furthermore, the former construction of the Yellow Emperor's Tomb was in

Shaanxi Province (陝西). Recently however, some scholars argued that the person Huang Di and his experience could not be based on true historical research, and even Sima Qian (司馬遷) doubted this two thousand years ago. Some use Huang Di (黃帝) as a totem to represent national spirit instead of considering him to be a person. The other legend regards Huang Di to be the symbol of a great clan — the tribe of Huang Di, originally dwelling in the northwest of China. According to the *Zhong Guo Tong Shi Jian Bian* (《中國通史簡編》 *The Concise Edition of General History of China*), "in legends, Huang Di" resided in the valley of Zhu Lu (涿鹿 Jiming Hill of Xuanhua in Hebei province now 河北宣化鷄鳴山), and lived a nomadic life. Later Huang Di" defeated the clans of Jiu Li (九黎) and Yan Di (炎帝) and then settled in the central regions of China."

In the Spring and Autumn Period, this clan was called Hua Zu (華族 Hua people), the ancestor of Chinese people or the so-called Han people

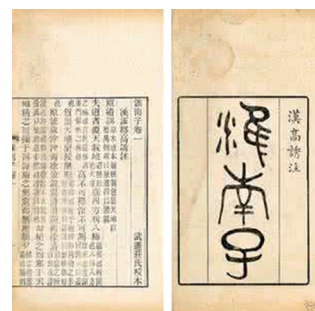




in post-Han dynasties. As the culture of the Huang Di clan shaped the development of the Hua people, all its descendants took pride in being offspring of the Huang Di and were inclined to source all its systems of civilization as creation of the Huang Di. Under such circumstances, the scholars at that time entitled their works with Huang Di to honor their

origins and to be fashionable. As recorded in *Huai Nan Zi* (《淮南子》), "worldly people tend to respect the ancient and dislike the contemporary, so those who write must entitle their works with Shen Nong (神农) or Huang Di to spread their Dao (道 knowledge)." This would explain why the *Inner Classic* uses the name Huang Di instead of being written by the one named so. Similar examples are the *Huang Di Shuo* (《黄帝说》 *Remarks of the Yellow Emperor*) of the Taoist school, *Huang Di Wu Jia Li* (《黄帝五家历》 *The Five Calendars of the Yellow Emperor*) of the Calendar school, *Huang Di Yin Yang* (《黄帝阴阳》 *Yin-Yang of the Yellow Emperor*) of the Five-element school, and *Huang Di Za Zi Qi* (《黄帝杂子气》 *Miscellaneous Zi Qi of the Yellow Emperor*) of the Astronomy school.

The word *Jing* (经 classic) in the *Inner Classic* means classical work. In the *Jing Dian Shi Wen* (《经典释文》 *Interpretation of Classics*) by Lu Deming (陆德明), it means "Chang (常), Fa (法) and Jing (径)", namely standards ordinary law, and pathway respectively. The medical principles and laws stated in the *Inner Classic* thus became the routine and standard laws of medicine in later dynasties, and the necessary pathway to understand human physiology and pathology. Other TCM works with the name *Jing* (经 classic) include *Nan Jing* (《难经》 *the Classic of Difficulties*), *Shen Nong Ben Cao Jing* (《神农本草经》 *Shen Nong's Herbal Classic*), *Jia Yi Jing* (《甲乙经》, *AB Classic*) and *Zhong Zang Jing* (《中藏经》 *the Central Viscera Classic*). They all serve as the



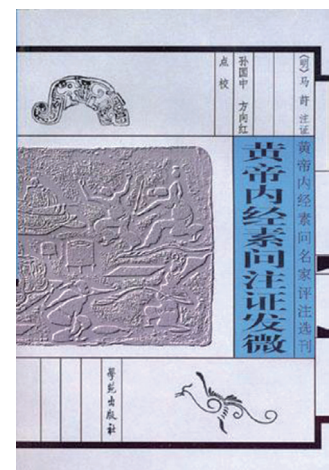


foundation of Chinese medicine and must be studied by TCM practitioners.

The Nei (内 inner) of the *Inner Classic* is a relative term to Wai (外 outer). There is much classical literature with Nei (内 inner) and Wai (外 outer) in history. Among the seven medical classics recorded in Han Shu · Yi Wen Zhi (《汉书·艺文志》, *Records on Art and Literature in The History of the Han Dynasty*) was the Huang Di Wai Jing (《黄帝外经》the *Yellow Emperor's Outer Classic*). Unfortunately, all the classics mentioned above, except for the *Inner Classic*, were lost and without historical records. The inner and outer classification was generally used to distinguish between different volumes or chapters. Some believe that the *Inner Classic* mainly discussed fundamental problems while the *Outer Classic* focused on medical techniques. But it is only speculation and may never be proven to be true.

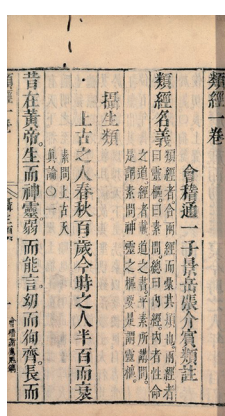
The existing Inner Classic contains two parts: Su Wen (《素问》 *Plain Questions*) and Ling Shu (《灵枢》 *Miraculous Pivot*), with 81 chapters in each and 162 chapters in total. The two emphasize separate discussions yet are still related to each other in close comparison.

There are many versions of the implications of the name Su Wen (《素问》, *Plain Questions*). Quan Yuanqi (全元起) of the Liang dynasty explained, "Su (素) meant foundation and Wen (问) referred to Huang Di (黄帝) questioning Qi Bo (岐伯); And the statements of the origin of temperaments and foundation of the five elements made the name." Lin Yi (林亿) of the Song dynasty thought the explanation as vague. He argued, "according to Qian Zao Du (《乾凿度》 *Creation of the Pathway to Heaven*), the tangible was born from the intangible, thus Tai Yi (太易), Tai Chu (太初), Tai Shi (太始) and Tai Su (太素) were created. Tai Yi means prior to qi, Tai Chu beginning of qi, Tai Shi (太始) beginning of formation, and Tai Su beginning of property. After qi formation and property were established, ailments and diseases ensued. Therefore the questioning of Tai Su by Huang Di involved the beginning of property, and the name of Su Wen (《素问》) may have originated from this. "The



Japanese doctor Dan Bo Yuan Jian (丹波元简 tanbagennkan) was also in accordance, but his view alone cannot hold weight. In *Nei Jing Su Wen Zhu Zheng Fa Wei* (《内经素问注证发微》 *The Annotation and Elucidation of Plain Questions of the Inner Classic*) Ma Shi (马蒔) recorded, *Su Wen* (《素问》) was a book on questing and answering between Huang Di (黄帝) and his six ministers: Qi Bo (岐伯), Guiyuqu (鬼臾区), Bo Gao (伯高), Shao Shi (少师), Shao Shu (少俞) and Lei Gong (雷公)." Zhang Jiebin (张介宾) supported the same stance in *Lei Jing* (《类经》 *Classification of the Inner Classic*), "lecturing and questioning in normal times made *Su Wen*". People in ancient times focused on nature and tended to name their books in a simple manner. Therefore, recording and sorting ordinary quests and answers between Huang Di (黄帝), Qi Bo (岐伯) and others to make the work of *Su Wen* is plausible and well acknowledged by the academic circle.

The interpretations of *Ling Shu* also differ. Ma Shi (马蒔) in the Ming dynasty said "without a doorway a doctor could not acquire expert techniques; In the name *Ling Shu*, *Shu* (枢) referred to the pivot a gateway was attached to, and *Ling* (灵) symbolized the holy and great. So no other name could fit the content of the book more." In this interpretation the words were literal. The writings of Zhang Jiebin (张介宾) regarded *Ling Shu* as being essential points of the spirits and gods, was farfetched as well. According to textual research by former scholars, the name 《灵枢》 was added by Wang Bing in the Tang Dynasty. He was fascinated in Daoism and gave himself the name Qi Xuan Zi (启玄子) according to the Taoist way. By forging the names *Yu Shu* (《玉枢》 *Jade Pivot*), *Shen Shu* (《神枢》 *Divine Pivot*) and *Ling Zhou* (《灵轴》 *Spiritual Pivot*) in *Dao Zang* (《道藏》 *Collected Taoist Scriptures*), Wang Bing coined 灵枢. It was full of profound



Daoist thoughts.

As for the author of the *Inner Classic*, textual research by generations of doctors confirmed it was not completed in one period and by one writer. Instead, on the pretext of a Huang Di, the book was a compilation of treatises of many TCM doctors over a long period, of time which can be confirmed by its different styles of writing and its contents.

The compilation style of the *Inner Classic* focused on Huang Di questioning and Qi Bo and other doctors giving answers. Qi Bo was also honored as Qi Tian Shi (岐天师 Heaven Master of Qi), namely the prophet who knew everything about cultivating natural properties. In the First Volume of Huang Di Nei Jing Su Wen Ji Zhu (《黄帝内经素问集注·卷一》 *Collective Annotations on Plain Questions of the Yellow Emperor's Inner Classic*) by Zhang Zhi Cong (张志聪), it was recorded that "Tian Shi (天师) is a respectful address of Qi Bo. Tian (天) means cultivation of natural property and Shi (师) refers to prophet. Dao (道) is treasured by the superior gods, and that he who decides to teach and spread the Dao makes himself honored as heaven master." According to records in historical annals, there were eight works on the pretext of a Qi Bo, such as Huang Di Qi Bo An Mo (《黄帝岐伯按摩》 *The Yellow Emperor-Qi bo Massage*) in Han Shu · Yi Wen Zhi (《汉书·艺文志》 *The Record on Art and Literature of The History of the Han Dynasty*), Qi Bo Jing (《岐伯经》 *The Qi Bo Classic*) in Sui Shu · Jing Ji Zhi (《隋书·经籍志》 *The Record on Confucian Classics of The History of the Sui Dynasty*), and Qi Bo Jiu Jing (《岐伯灸经》 *The Qi Bo Classic on Moxibustion*) in Xin Tang Shu · Yi Wen Zhi (《新唐书·艺文志》 *The Record on Art and Literature of the New History of the Tang Dynasty*), etc, which were all lost.

Therefore, Qi Huang (岐黄) was used as a substitute for the *Inner Classic* in later dynasties, and even amplified as orthodox Chinese medicine. Preferably, it was deemed as another term for TCM. Meanwhile, other terms containing the combination of Qi Huang include: Qi Huang Zhi Shu (岐黄之术) or Qi Huang Zhi Dao (岐黄之道) refers to TCM academic theories, Qi Huang Jia (岐黄家) means TCM doctors or practitioners, Qi Huang Shu (岐黄书) denotes TCM literature, and Qi Huang Ye (岐黄业) indicates the TCM industry. The Qi-Huang related research revealed the influence of traditional Chinese culture and its close relationship with Chinese medicine.

Translator: Duan Yingshuai (段英帅)



張景岳



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Traditional Chinese Medicine Wisdom in Modern Times

By Diamantis Koukouvinos (SWE)



TED is a nonprofit organization devoted to spreading ideas, usually in the form of short, powerful talks (18 minutes or less). TED began in 1984 as a conference where Technology, Entertainment and Design converged, and today covers almost all topics — from science to business to global issues — in more than 100 languages. Meanwhile, independently run TEDx events help share ideas in communities around the world.

The following is a transcript from the TEDxyouth@SUIS Gubei event on April 17, 2017

I am here today to widen your perspective about medicine and health. I find it to be crucial because in some cases, it might be a matter of life or death.

Growing up in Sweden all I did was play basketball. At the age of 12, I was good enough that I got to interview the Harlem Globetrotters who at the time were visiting Sweden. At the end of the interview, I got a signed basketball with the quote "Follow Your Dreams". Although I had played in the European League with my Greek team, at the age of 24 I quit.

Sometimes, where you are, is not where you belong.

I started studying Naprapathy, a very popular type of manual medicine very much like Osteopathy and Chiropractic. In 2012 I graduated and moved to China with my girlfriend to study at the Shanghai University of Traditional Chinese Medicine. And so here I am, graduating at the end of June.

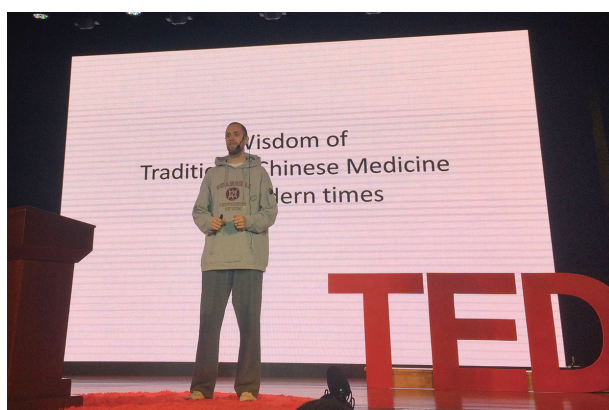
I came to China to study traditional medicine because I knew it worked from my own personal experience. At the age of 14 I suffered from allergies, I used to wake up in the middle of the night with a terrible itch on my scalp. It was so itchy that I scratched until I started bleeding. The only thing that could stop it was going to the shower and pouring ice-cold water over my head to numb the feeling.

My mom took me to the doctor where I did all the required tests but they didn't find the cause of my allergy. Then my mom took me to this cute little Chinese lady, her name is Dr. Nie and she cured me with needles. I'm forever thankful for that. Growing up, my dream was to be as cool as her, to help people by sticking needles in them. I truly feel that I am living my dream.

When it comes to health and healthcare, something is terribly wrong. One in two adults is suffering from chronic disease, the third leading cause to premature death is iatrogenic, which means that the reason for premature death is caused by the healthcare system such as surgery, side effects from medication, wrong prescriptions and so on. Lastly, life expectancy is going down, we are the first generation in modern times that will not outlive our parents. Even the most optimistic person starts to wonder what is going on.

Although there isn't a single answer, my mission today is to make you understand that when you are not at ease, which means that you suffer from a disease and you are not finding the right answer to your problem, there is always another way, another choice, but if you don't know about it, it's hard to make that choice in the first place.

Suppose the number 10 symbolizes health and throughout your life, when you fall sick you go to the doctor and slowly you learn, that $5+5$ is 10. If you



study Western medicine like I did, you will hear, over and over again that 5+5 is 10. When you hear it enough times it sinks in to your subconscious and you don't question it. It becomes your reality.

The first day at my new university I had class with the lovely professor, Dr. Qu. She told me something that no one else had told me before, that 6+4 was also 10. She talked about the origin of Traditional Chinese Medicine, that the people of antiquity understood that since we were human and came from nature, by observing nature we could understand many things about ourselves.

In one of the oldest books about Traditional Chinese Medicine called the Huang Di Nei Jing or *The Yellow Emperors Inner Classic* it is said:

"The law of the yin and yang is the natural order of the universe, the foundation of all things, mother of all changes, the root of life and death."

They understood that the universe follows a specific set of laws and similarly humans need to follow a certain way of life in order to avoid disease and instead be at ease, healthy, and in balance.

Every organism has its own way of living and since most of them live by their instincts they don't have the choices we do.

A cow for example doesn't have that many choices on her menu, neither does a lion or a sloth.

We, on the other hand, have a growing number of choices. That doesn't make it easy for us to know what we should and shouldn't eat. A couple of hundred years ago, we didn't have that many choices. We had to eat according to the season and whatever nature offered us.

The ancient doctors understood that it was absolutely crucial to follow this natural way of life, to live in balance. Metaphorically they explained it as Yin and Yang.

"To live with the natural way of the body rather than against it"

—That natural way means to sleep at night and be awake during the day.

—It means to eat what you should because everything you eat works either for your health and wellbeing or against it.

I'm not talking about any specific diet but just saying that the body needs a natural, unprocessed diet with lots of seasonal plants, as natural as possible.

—Plenty of water, we are born containing up to 90% water and as you grow you lose that water. A person that dies around 80 years of age is only as little as 50% water. Life can only exist in the presence of water. That's why it started in the ocean. And the water we carry within us is the same ocean life we once originated from.

—Do some sort of physical activity you enjoy at least three times a week.

—A good social environment, spend face-to-face time with your friends. Surround yourself with people which bring out the best in you and make you happy.

By slowly understanding the natural way of the body, exactly as doctors of antiquity did thousands of years ago, you can take health into your hands.

According to traditional Chinese medicine we get energy or Qi from three sources. One of them is like an energy bank given to us by our parents and cannot be supplemented, you get a set amount of energy.

Depending on how we use our other two, we can either save that precious energy or consume it.

The second source of energy is the food/drink we ingest and lastly is the air we breathe.

I believe that the food and drink part is clear. But the breathing might not be that clear. It makes a huge difference if you breathe with the top part of your lungs in a fast rhythm or if you bring your breath all the way to your abdomen in a calm manner. If you think about it, oxygen contains lots of energy and it is actually very flammable.

Be aware of how you breath and what you eat.

It can be simply said that these three sources of energy gets transformed into Qi that is believed to circulate within meridians or channels in our body. Depending on where it comes from, where it gets transformed, its direction and function, it has a different name. Sometimes meridians overlap with nerves, sometimes they overlap with blood vessels but sometimes they don't overlap with any specific structure.



It is believed that disease is caused because of an obstruction of the natural flow of Qi. The body, by its self-healing ability will then do everything it can, everything in its power to correct itself and bring back that balance which is lost.

But it can only do it if we give it the right circumstances by supporting it.

We are truly lucky to live in a century with such a developed type of modern medicine that can help with so many acute conditions such as infections and fractures. Surgery has done miracles for people. Unfortunately we are losing the battle against chronic diseases. Remember, one in two adults is suffering from a chronic disease and young people have a lower life expectancy than their parents.

Something has been wrong for a very long time and that's where the wisdom of traditional Chinese medicine can come into play and work beautifully side by side with modern medicine. It helps people find their balance through treatments such as acupuncture or medicinal herbs. They work by manipulating the Qi energy in different ways, by unblocking it, soothing it, supplementing it, re-directing it and so on.

It's not the answer to all diseases, but it can definitely play an important part among a group of therapies which can work together to bring back balance, health and wellbeing.

So if you fall sick and go to the doctor, no matter what type, modern or traditional medicine, ask yourself if you are helping and supporting your body

to find balance and heal or if you are interfering and disturbing it?

Are you sleeping on time? Are you sleeping enough? Are you drinking plenty of water? Are you physically active? Are you eating a natural diet? What about your mental diet? Are your thoughts and ideas mostly positive and happy or negative and stressful?

You see, everything is inter-connected, this is a picture of a mineral wheel. It's a chart showing how the minerals in your body interact and affect each other. In a very similar manner the basic theory in traditional medicine shows how the five elements interact.

We don't exist, we co-exist, I am because you are. Don't isolate yourself behind your gadgets but spend face-to-face time with your family and friends. The best place is in nature.

It is this interconnectedness that was understood by the ancient doctors and passed down to their students. By experimenting, observing and experiencing for themselves, they could refine the ideas and develop this absolutely amazing type of medicine we today call Traditional Chinese Medicine.

But ultimately there is no "this" or "that" medicine, there is only medicine.

The intention is the same all over the world, to help out fellow beings.

For many that haven't tried any form of traditional Chinese medicine they might ask me, But Diamantis, does it work? I say, of course it works, that's why I left everything in Sweden, traveled across the globe to learn it.

—No but scientifically?



Well yes, the biggest study done on acupuncture and chronic pain was a meta analysis. That's when you summarize a lot of studies under certain criteria and see if it's better than sham acupuncture.

So this is what they did back in 2012. Scientists included 29 trials, almost 18,000 people. Their conclusion was "There are significant differences between true and sham acupuncture indicating that acupuncture is more than a "placebo"

But I would recommend you to go out and try it for yourself.

It's not only acupuncture that works. Medicinal herbs can be very beneficial at the same time. This is sweet wormwood, called Qing Hao Su (青蒿素) in Chinese. If you had been the first to extract the active component and make it into pills you would have won a Nobel Prize in Medicine for that. But Tu Youyou wasn't the first one to know that this herb had this potential, it was a doctor called Ge Hong (葛洪) that knew about it before her. But how come she got the Nobel Prize and not he? Because he lived almost 2000 years ago.

If you follow the wisdom of ancient doctors as I simply explained, you will find yourself living with nature rather than against it. This is what traditional Chinese medicine is about and it can work beautifully together with modern medicine. Not only is $5 + 5 = 10$ but remember that $6 + 4$ is also 10.

Thank you

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Research on Chinese Medicine by Professor Unschuld (Part Three)

Historical Materials & New Developments in Research Fields

By Zheng Jinsheng (郑金生)



Unschuld (right) and Ma Jixing (马继兴 left one) & Ma Kanwen (马堪温 second from left) at the China Academy of TCM of Beijing, in 1978

While the Chinese scholars would research medical history with a focus on printed books and relics, Mr. Unschuld paid early attention to the contemporary medical objects and manuscripts scattered among the people. No matter where he travels in China, he would visit flea markets like Pan Jia Yuan (潘家园) and collect materials related to Chinese medicine, such as phials, used recipes and descriptions of patent medicine, former pharmaceutical advertisements, sculptures of the medicine king Bodhisattva, old TCM books or manuscripts, and ancient wall maps of acu-moxibustion. Those old items neglected by the Chinese for over 30 years now became the optimal visual materials for Unschuld to introduce Chinese medicine to the West, and served as treasurable data for study on Chinese folk medicine.

Spending holidays and festivals in museums and exhibition halls is important to Germans. And the enthusiasm of Germans to hold a variety of exhibitions

is spectacular. Influenced by this, Mr. Unschuld organized or assisted in holding several meetings on Chinese medicine in Europe. The earliest was in October 1995, when he assisted the Museum of Anthropology in Berlin, Germany with the first exposition on the history of Chinese medicine after preparing for it for over a year. The objects exhibited at the expo included both the relics stored by the museum and many items collected by Unschuld. 800 phials (see Picture 1) of Chinese patent medicine became the highlight of the visit. I helped with the work of sorting and recording the trademarks, drug stores and drug names on these phials. After the sorting, I realized we could obtain information about the distribution changes of drug stores and factories in different regions in the late Qing dynasty and early Republic of China, and about the varieties of Sha(痧)-medicine, first-aid drugs and external medicine commonly used. These objects were rarely recorded in printed literature thus provided fresh data for research on Chinese medical history. The advertising conceived by the manufacturer in ancient China could date back to the Song dynasty. To know the actual state of Chinese medical advertisements, the shape of phials and the illustrations and words on them were enough to glimpse at the creativity of Chinese sales promotion.

When the exposition opened in Berlin, it was quite a sensation. It was the first time many westerners saw books, wall maps of acu-moxibustion, specimens of herbs, and complete old-fashioned drugstores and signboards or certain signs of drugstores about Chinese medicine. It broadened the horizon of many westerners who had only known about acupuncture before that. It turns out that Chinese medicine has a long history, a wealth of literature, and extremely abundant medicinal therapies. After several months of exhibition, the expo toured other German cities, and this influenced the way many Germans viewed Chinese medicine. Mr. Unschuld not only offered the items he collected generously, but also wrote the lines of interpretation and published the program on the exposition interpretations of Hui Chun (《回春》, see Picture 1). Based on such experience, Mr. Unschuld held similar expositions on Chinese medicine in France (see Picture 2) and Austria in succession. Likewise, he wrote interpretations on the exhibitions and got several relevant monographs published thereafter.

In China, collecting and studying medical manuscripts is not a new topic. But on this subject, Chinese scholars and Mr. Unschuld tend to focus on different things. The assessment of a manuscript's value by Chinese scholars depends not only on the time it was written, but on the identity of the writer and the usefulness of its contents. Therefore, the manuscripts stored



Picture 1 Cover of Hui Chun. *Chinesische Heilkunde in historischen Objekten und Bildern* (in 1995), written by Unschuld



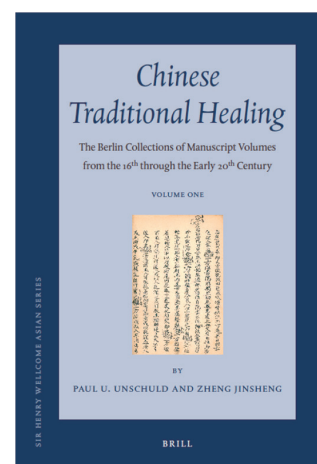
Picture 2 Photo of Unschuld (right) with Mrs. Claude Archambault in front of the Advertising Board for the Chinese Medicine Exposition in Paris France, April of 2001

in libraries or published nowadays are usually products after selection. In other words, they pay attention to the so-called valuable manuscripts after evaluation with current academic standards and intend to use them to supplement their printed works. But Mr. Unschuld chose in an opposite way. In order to explore the real state of folk medicine, he emphasized the original form of medical manuscripts that existed and were shared by the common folk, not selected by anyone beforehand.

During the process of translating and interpreting Chinese medical classics, Mr. Unschuld found that

the printed books and other literature preferred by researchers (manuscripts included) shared one feature, they were both acknowledged by well-educated medical elites. Yet real folk medicine, especially home remedy healthcare in remote places where medical service is unavailable, could not be explored through printed works. Therefore, Unschuld paid special attention to the collection and research of first-hand medical notes and manuscripts of the common folk. These writings described how to handle emergencies for one's self and family rather than being used for publication. For people who have received formal medical education, these materials may seem rather ordinary. But in Mr. Unschuld's eyes, they were essential to revealing a vivid folk medicine picture.

At present, there are 881 Chinese medical manuscripts stored in the National Library (Berlin) and Anthropology Library, all of which were collected randomly over the past 40 years. They all come from east Asian countries and except



Picture 3 Cover of Chinese Traditional Healing published in 2011

for a few, almost every one was written in mainland China. In 2001, Mr. Unschuld invited me to join him in recording and studying these folk medicine manuscripts. After researching each and every book over the span of 5 years, a bibliography and preliminary study of their contents were compiled in a separate book and published (see Picture 3).

Among these manuscripts are excerpts from printed medical books for self-study or clinical use, and others are of many folk medicine experiences independent of any printed ones. The contents of the latter vary greatly and reflect every aspect of folk medicine. The medical experiences passed down from generation to generation among the common people are simple and crude, effective, cheap and convenient, yet sometimes mixed with unfavorable things. What is astonishing is that there are therapies in modern manuscripts similar to those kept in Ma Wang Dui (马王堆) *Medical Books* from the Han dynasty. Furthermore, the name of the person who passed down the recipe is noted in each formula following the tradition inherited from the time of the Chuan Xin Fang (《传信方》 *The Spread of Proven Recipes*) in the Tang dynasty. Professional doctors recorded what they had learned from their teachers and from their personal experience and practice. Drugstore manuscripts contained patent recipes or, at least, their descriptions. Wandering practitioners noted down undisclosed contents such as business expertise to tout for customers (see Picture 4), peer discussion and findings, and exclusive theories in the manuscripts which would be passed to their apprentices. Formulas to induce abortion were also common in folk medicine manuscripts which is in contrast with the public records and is rarely seen in printed medical books. These indeed have opened a window for us to probe into folk medicine and its practice, and have served as very valuable materials to research a more comprehensive history of Chinese medical healthcare and treatment.

Translator: Duan Yingshuai (段英帅)



Picture 4 *Treasured Copy of Chinese Folk Wandering Practitioners for Teaching Apprentices*, stored in Germany



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The Four Diagnostic Methods and Experimental Diagnosis in Ancient Chinese Medicine

By Fu Weikang (傅维康)



Bian Que (扁鹊)

The four diagnostic methods in Chinese medicine are basic ways to recognize disease. Gradually established through clinical practice, they are the methods of observation (observing the patient's expression, complexion, appearance and tongue coating), listening and smelling (listening to the patient's voice and smelling body odour), inquiring (inquiring about the disease condition and duration, etc.) and palpation (feeling the pulse to find out its quality, power, rate, rhythm and also palpating the body for any abnormalities).

The first physician to systematize and apply these four methods was Bian Que (扁鹊), who lived around the 4th century B.C.. His methods have especially been recorded by historians.

Bian Que's real name was Qin Yueren (秦越人). He was born in Mozhou, Bohai Prefecture (Renqiu County in Hebei Province today 任丘, 河北省). The young Bian Que worked as a steward at an inn where a famous doctor known

as Chang Sangjun (长桑君) lived. Bian Que was very interested in medicine and liked to spend long hours discussing the subject with this doctor.

After a period of time, Chang Sangjun realized that Bian Que was a very conscientious person and really wants to learn medicine. Furthermore, he appeared to possess a great sense of responsibility. Therefore, Chang Sangjun decided to teach him all he knew and had experienced in medical practice. Bian Que studied hard for 10 years, and his medical knowledge has eventually exceeded that of the elderly Chang Sangjun who had passed away by that time. Moreover, Bian Que resisted the superstitions that pervaded medical practice in those days.

Although productive forces had developed and people's knowledge had been broadened by the time of the Spring and Autumn Period, the superstitions and preternaturalism that remained in their minds hindered the development of medical science. Bian Que was astonished by this and swore to rectify all the harm done by superstitions in the field of medicine. One of the six principles Bian Que adhered to in treating his patients was discrediting all sorcery. He pointed out that it was difficult to cure patients who believed in magic power and sorcerers' prayer rather than in medicine. He was not satisfied with his medical skills and was aware that what worried the doctors was their lack of methods in treating disease, while what worried the people was that there were so many diseases. To equip himself with added therapeutic techniques, he undertook the study of massage, acupuncture and moxibustion, and medicated hot compressing. To enhance the therapeutic effects, he prescribed herbal decoctions along with other kinds of treatment. He not only specialized in internal medicine but also in gynecology and obstetrics, pediatrics, ophthalmology and otorhinolaryngology.

Bian Que traveled around and treated whatever diseases afflicted the people. In Handan city (邯郸 in Hebei Province of today), he cured many women who had developed gynecological diseases. He treated many ear and eye diseases in Luoyang (洛阳) city where many elderly people were either deaf or partially deaf. He worked as a pediatrician while in Xianyang city (咸阳), for children who had been struck by an endemic disease.

As for diagnosing, Bian Que used the four diagnostic methods described above, while for treating he used multiple methods. He is said to have saved the Prince of Guo (虢) who had been "dead" for some time. Here is the story:

One day when Bian Que and his apprentices were touring the State of Guo (虢国), they heard that the prince had suddenly fallen ill and had been unconscious for half a day. People hurried to attend the funeral. Bian Que had his doubts and with his apprentices went to investigate. After carefully examining the prince, Bian Que noted that the prince's nostrils were moving slightly and that the skin on the inner surface of his thigh was slightly warm. He stated that the prince was not dead but rather in a coma. He used to acupuncture to bring the prince back to consciousness and afterwards gave him herbal decoctions and hot compresses for the following 20 days.

Word that Bian Que had cured the Prince of Guo excited the people of the whole state. They said that Bian Que had the power to raise the dead. Bian Que corrected them, explaining that he had not performed any miracles, that the prince had in fact not been dead and simply responded to a period of treatment.

People liked Bian Que for his modesty and conscientious pursuit of knowledge. He was skillful in medicine and had the virtues of a doctor. Unfortunately, the court doctor Li Xi (李醯) of the state of Qin (秦国) was jealous of Bian Que and had him assassinated. Nevertheless Bian Que lived on in the hearts of the people, and the great historian Sima Qian (司马迁) praised him highly in his Shi Ji (《史记》 *Records of the Historian*). Even today people still commemorate Bian Que's legacy.



Wang Tao (王焘)

王
焘

In addition to the fundamental diagnostic methods of inquiring, observing, palpating, percussing and auscultating, modern medicine also uses laboratory examinations such as blood tests, urine tests, bacteriological exams and isotomic tests. Some people believe that such experimental procedures are present day developments, but they are not. As early as A.D. 752 there were methods for testing the urine of patients with jaundice, as recorded in

the Wai Tai Mi Yao (《外台秘要》 *Secret Prescriptions Revealed by a Provincial Governor*), published in the Tang Dynasty. The author, Wang Tao (王焘), was for a time in charge of the royal Hongwen Library (弘文館) and so availed himself to the people of the mid 8th century. The book resulted from Wang Tao's profound research on ancient Chinese medicine.

Wai Tai Mi Yao mainly discusses the signs and symptoms of various diseases and the drugs and methods to be applied in treating them. What is mentioned twice in the book is a test of the progress of a patient with jaundice. A small piece of white silk was soaked in the patient's urine every night, taken out the next day, dated and dried. The different shades of the colour yellow meant that the patient was improving, or vice versa. This is the earliest experimental clinical investigation known in the history of Chinese medicine.

Though very simple, the principle of the urine colour test is still applied in some tests today, for instance, the litmus paper test. We have both quantitative and qualitative tests, and results are sometimes determined by the change in colour of the test paper. Such colour tests may aid in determining the prognosis of a disease or the therapeutic effects of treatment.

This more than 2000-year-old method of testing the urine determined the condition of patients with jaundice. Although this was ancient and simple, it was still innovative and has made a significant contribution to diagnosing techniques.



Wai Tai Mi Yao (《外台秘要》 *Secret Prescriptions Revealed by a Provincial Governor*)



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Yin and Yang

By Sandra Hill (UK)



The two archetypal principles of Fu Xi (伏羲) and Nv Wa (女媧) manifest themselves in the real world - in the lives of the ten thousand beings and things - through the interaction of Yin and Yang (陰陽). All life can be described as a dynamic interpenetration and mingling of yin and yang, as expressed in the Lv Shi Chun Qiu (《吕氏春秋》*Lv's Commentaries of History*): "The great unity Tai Yi (太一) brings forth the two principles Liang Yi (两仪), the two principles bring forth yin and yang. Yin and yang change and transform, the one rising the other falling, joined together in a perfect pattern. Spinning and pulsing - if dispersed they rejoin, if joined they disperse again. This is

called the invariable principle of tian (天 nature, heaven). ...The ten thousand things emerge from the great unity and are transformed by yin and yang."

Yin and yang are the great movements of life - opposite and yet as mutually inter-dependent as inhalation and exhalation. They operate from the most minute and personal to the cosmic or universal; their attraction and repulsion providing the rhythmic pulsation of life.

The oldest descriptions of the characters for yin and yang give their meaning as the sunny (yang 陽) and shady (yin 陰) side of a hill; one light and warm, the other shady and cold. This link with nature and the movement of the sun over the landscape suggests that the demarcation between what may be considered yin and what may be considered yang is constantly changing according to the time of the day, the season of the year.

Etymologically, both characters share the same root, or radical, which is the part of the character which sets it into context. The radical (阝) for both yin and yang has the meaning of the side of a hill. Each character has a different phonetic part, on the right, which gives the pronunciation and also sheds more light on the meaning. The phonetic part of the yin character suggests an accumulation of mist and clouds (云); the phonetic part of the yang character expresses, the sun (日) rising above the horizon (一) and stimulating movement (勿). One of the earliest uses of these two characters was to describe and contrast the rising of the sun during the day bringing warmth and light, and its decline into darkness and cold. This also refers to an

expansion and extension with the yang, and a contraction and consolidation with the yin. Within this was an understanding of their cyclical nature, of their alternation, one decreasing as the other comes into prominence. By the 4th century BCE they were commonly used to describe the rhythms of day and night and the changing of the seasons: yin becomes synonymous with cold and darkness, yang with light and warmth.

In many of the most ancient texts, an appropriate balance and communion of yin and yang infers good fortune, whereas an imbalance may result in all kinds of disasters. In the Guo Yu (《国语》 *Discourses of the Kingdoms*), the State of Zhou (周国) had experienced a series of earthquakes. They were described in the text as an imbalance of the yin and yang, where the yang was trapped within rather than expanding and circulating in its natural way.

The ability to determine the balance of yin and yang within the natural world - and by extension, within the human body - was considered vital for any kind of diagnosis and treatment: "Tian (天 nature, heaven) produces yin and yang, cold and heat, wet and dry, Hua (化 the transformations) of the four seasons and Bian (变 the changes) of the myriad things. Each of these can produce Li (利 benefit) or Hai (害 harm). The sage scrutinizes what is appropriate to the yin and yang and discriminates what is beneficial for the ten thousand things in order to Bian Sheng (便生 enhance life)."

Early descriptions of yin and yang express the two great movements of life generated by the interaction and interpenetration of heaven and earth, as seen in the constant warming and cooling, ascending and descending of vapours as heat expands and cold contracts. These movements and changes within the atmosphere are often described as the 'eight winds' - which fill the 'eight extremities' or eight directions of the space between heaven and earth. Later these winds came to be known as qi (气), and as the concept of qi evolved, descriptions of the interaction of yin qi (阴气) and yang qi (阳气) became central to the formation of an understanding of the movement and development of life.

The arts of both Feng Shui (风水 literally wind water) and Chinese medicine are based on an ability to discern among the patterns and movements of yin and yang both in nature and within the body. Feng Shui deals with mountains and rivers, and the way that wind and water both mould the landscape and show us its inner structure, whereas Chinese medicine addresses what is often referred to as the inner landscape, the mountains and rivers of the

human body - the physical structure formed and maintained by the inner forces of wind and water, qi and blood.

Within the Yi Jing (《易经》 *Book of Changes*) - generally considered the most ancient of the great classic texts of China - the changes from yin to yang and yang to yin are symbolic of the way that life proceeds; yang is used to describe activity and yin passivity; yang to represent the action of heaven, which moves and stirs things into being, yin the action of earth, which consolidates and conserves. Yang is represented by a solid line (-) and yin by a broken line (--). In combination these broken and unbroken lines make the four images, eight trigrams and 64 hexagrams.

Each hexagram is a different combination of six yin and yang lines. The succession and interaction of these yin and yang lines are considered to represent all possible human situations, and the movement and unfolding of the yin and yang lines give insight into the most appropriate action to take in a given situation.

In all these various examples of their use, yin and yang always maintain their relationship to the basic patterns and interactions of heaven and earth, and describe the way in which various beings and things take form. Each being and thing has its own pattern of yin and yang, determined by its individual information patterning - which could be called its qi pattern.

Yin and yang qi

The character for qi (气) - literally steam or vapour - is seen in early bronze inscriptions and is synonymous with wind. It was originally used to describe the influence of the exchanges and interchanges that occur between heaven and earth - wind and rain, heat and cold, and various other types of weather. In early calendars, each season was described as having a specific type of qi - warm or cool, misty or clear, damp or dry. What was referred to in the Huai Nan Zi (《淮南子》 *Huai Nan Tzu*) as Xiang (象), a pattern or model of potential in the realm of no-form, is held and maintained by an intermingling of yin qi and yang qi in the realm of form. Qi acts as a kind of intermediary between form and formlessness.

The correct balance of qi is described in terms of yin and yang - each must be in their correct place, but free to move and circulate - the stagnation of qi

being seen as the most dangerous situation, whether in nature, as we saw with the example of the earthquake, or when applied to human health. Life is maintained by the harmonious blending of yin and yang qi, as we see in the continuation of Lao Zi (《老子》*Lao Tzu*) chapter 42: "The ten thousand beings lean on the yin and embrace the yang and their powerful blending of qi makes harmony."

In popular language qi becomes synonymous with life-force - and in modern Japan the most common form of greeting is to ask about the state of one another's qi.

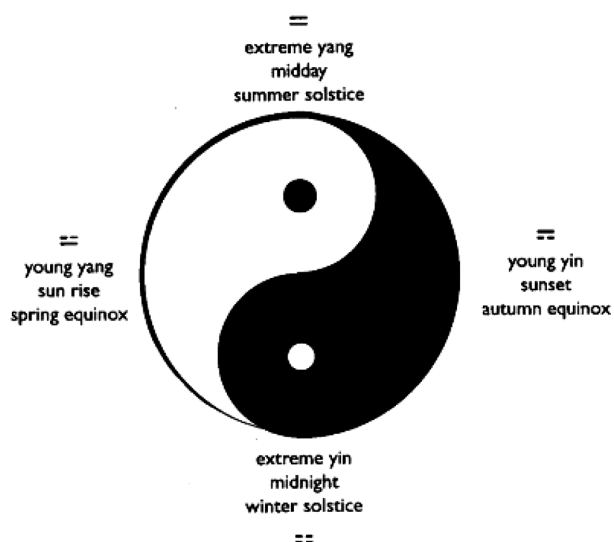
The cycles and seasons of yin and yang

Since antiquity, yin and yang were used to describe the cycles of the day and of the year - the yang stirring up life at sunrise, and warming the earth towards midday, to when there is a slow decline of light and heat as the day moves towards the yin time of sunset and midnight.

In the very first part of the Huang Di Nei Jing (《黄帝内经》*The Yellow Emperor's Internal Classic*), the four seasons of the year are taken as a pattern for all natural cycles, and show that life is a process of cyclical change: "The four seasons of yin and yang are the end and the beginning of the ten thousand beings; the root of death and of life. Going against their succession destroys life. Going with their succession prevents illness. This is to obtain Tao (道 the way)."

Within the cycle of the four seasons, spring and summer are the yang months; the qi awakens and growth begins in spring and there is a flowering and fruition in the summer months. Autumn and winter are times of contraction and decline, as the qi moves within and the potential for life is buried within the ground. Dawn and spring are known as Shao Yang (少阳 young yang), summer and midday as Lao Yang (老阳 old yang), autumn and sunset as Shao Yin (少阴 young yin), winter and midnight as Lao Yin (老阴 old yin). These four symbols are known as Si Xiang (四象 the four images) and express the basic interaction and interpenetration of yin and yang.

At the spring and autumn equinox, as well as at sunrise and sunset, yin and yang are equal (as shown in the young yin and young yang symbols) but at sunrise yang is in ascendancy, and full of power, while yin is declining. At sunset



and at the autumn equinox, yin is in ascendancy and yang is on the decline.

Su Wen (《素问》 *Plain Questions*) chapter 2 describes how human beings can best preserve and maintain their qi by regulating their behaviour according to the qi of the four seasons. In the winter it is necessary to conserve, in the spring to move and stretch, in summer to relax - while being careful not to overheat, and in autumn to restrict and refine in preparation for the lean months of winter.

"In the seasons we can see the unfolding and progress of time, and time is nothing other than a succession and movement of different qualities of qi. The same succession and movement occurs within the human body in order to organize and maintain life."



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Two Anecdotes about Formulas

By Qu Lifang (曲丽芳)

Baihu Decoction (White Tiger Decoction)



Baihu Decoction

During the Eastern Han Dynasty (东汉), it was common for shamans and Daoist practitioners to treat patients with superstitious rituals and ineffective remedies. One day, an apprentice of the eminent physician Zhang Zhongjing (张仲景) told him that a Daoist priest had cured

a man with high fever by using ghost hunting methods and a so-called “immortal elixir”. The Daoist priest had told the patient that the remedy was given to him by a big white tiger fairy, and now patients from all over the country were coming to visit him. Zhang Zhongjing was intrigued, and he told the apprentice to go to the Daoist priest and to pretend to be sick. This way, the Daoist priest would treat the apprentice with his remedy, and the apprentice would bring it back and Zhang Zhongjing could see the ingredients.

After visiting the Daoist priest, the apprentice came back with the “immortal elixir”. Zhang Zhongjing unrolled the parcel and found four ingredients: Shi Gao (石膏 *Gypsum Fibrosum*), Zhi Mu (知母 *Anemarrhenae Rhizoma*), Gan Cao (甘草 *Radix et Rhizoma*) and Jing Mi (粳米 *polished round-grained rice*). This remedy was not like other quack concoctions with ingredients such as ash from incense or paper. Zhang Zhongjing thought that it might be an empirical folk medicine, so he tried it on his own patients and to his surprise, many of them were cured.

Thus, Zhang Zhongjing included this remedy in his book, Shang Han Lun 《 伤寒论 》 *Treatise on Cold Damage*). He named it “White Tiger Decoction” for the white tiger fairy who had given the recipe to the Daoist priest.

(From Da Zhong Wei Sheng Bao (《 大众卫生报 》 *The Public Health Report*)



Zhang Zhongjing (张仲景)

Translator: He Jing (何菁)

Daxiao Chaihu Decoction



Baihu Decoction

In the Eastern Han Dynasty (东汉), there was a family in the Nanyang (南阳) region with twin sons. The elder one had the nickname Dada, and the younger one was called Xiaoxiao. One day, the brothers both got a fever, Zhang Zhongjing (张仲景), was invited to treat them. Zhang Zhongjing examined the twins and found that, although their symptoms were alike, the causes of the brothers' fevers were not the same. He, therefore, gave them different prescriptions.

While Chai Hu (柴胡 *Radix Bupleuri*) was the monarch herb in both decoctions, the one for Dada had Da Huang (大黄 *Radix et Rhizoma Rhei*) and Zhi Shi (枳实 *Fructus Aurantii Immaturus*), and the one for Xiaoxiao had Ren Shen (人参 *Radix Ginseng*) and Gan Cao (甘草 *Radix et Rhizoma*). Zhang Zhongjing wrote the characters "Da" and "Xiao" on the prescriptions so there would be no confusion. After taking the medicines for a few days, Dada and Xiaoxiao recovered.



The herbal medicine of Chaihu

Later, Zhang Zhongjing used the two formulas to treat many patients with good results, so he recorded them in his Shang Han Za Bing Lun (《伤寒杂病论》 *Treatise on Febrile Diseases and Miscellaneous Illnesses*). Both prescriptions had Chai Hu (柴胡 *Radix Bupleuri*) as the monarch herb, and both consisted of seven ingredients, but they could not both be named "Chai Hu Decoction". To distinguish them, Zhang Zhongjing named the one that cured Dada "Da Chaihu Decoction" and the one he used for Xiaoxiao, "Xiao Chaihu Decoction".

(From Zhong Yi Yuan Lai Zhe Me You Qu (《中医原来这么有趣》 *Interesting Stories of Chinese Medicine*)

Translator: He Jing (何菁)



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Who is Entitled to Practice?

Legal Battles over Acupuncture in the US Courthouses

By Gong Changzhen (巩昌镇 USA)

Who has the legal right to practice acupuncture? After years of debate, discussion, compromise and completing the laborious bureaucratic processes involved in defining adequate curriculum and educational requirements, interested parties created a credentialed pathway to becoming a licensed acupuncturist with the legal right to assess, diagnose and treat patients. Today, the majority of legal issues regarding acupuncture have to do with those who bypass this process and practice needling techniques without having met the educational standards or having completed the clinical hours required of licensed acupuncturists. Unfortunately, the general public is often unaware of the great discrepancies in the level of care between a licensed acupuncturist and other practitioners who claim they practice acupuncture. Evidenced by the low premiums for malpractice insurance, legal issues generally do not involve patient care from licensed acupuncturists; rather, legal cases generally revolve around disputes regarding licensure. Who has the legal right to practice acupuncture is likely to be an on going debate as acupuncture becomes more widely recognized as an invaluable form of treatment for many conditions not effectively treated by other means. To provide an overview of the debate, many of the most relevant cases are covered in this article.

Andrews v. Ballard (1980)

Plaintiff: Andrews and 46 Texas residents seeking acupuncture care

Defendant: Ballard

Complaint: Articles and rules limiting the practice of acupuncture to licensed medical physicians violated the constitutional rights of individuals

This ground-breaking case contributed to establishing a precedent that formally protects the practice of acupuncture from being restricted by powerful medical boards. The plaintiffs, Andrews and 46 Texas residents seeking acupuncture care, contended

that articles and rules limiting the practice of acupuncture to licensed medical physicians violated the constitutional rights of individuals. Specifically, the Texas Medical Practice Act, Articles 4510, 4510a, 4510b, and 4505(12) and (15), *Tex.Rev.Civ.Stat.Ann.* arts. 4495-4512, and Texas State Medical Board Rules 386.01.12.001-.002 were in question. The plaintiffs asserted that the Due Process Clause of the Fourteenth Amendment protects a patient's right to accept or reject medical care. Therefore, they argued that Articles 4510, 4510a, 4510b, and 4505(12) and (15) and Rules 386.01.12.001-.002 deprived individuals of this constitutional right by disallowing acupuncturists to provide care. Additionally, the plaintiffs claimed that the rules and articles mentioned did not serve to protect the health and/or safety of the patient.

A briefing was held from August 20, 1979, through to August 27, 1979; upon review of the briefs, facts and the law, the court found the articles lacking in constitutional basis. Furthermore, the court affirmed that within the patient's right of privacy, individuals are free to choose acupuncture treatment. The court agreed with the plaintiffs, in that the articles and rules contended, denied patients this constitutional right and also were not deemed essential to fulfill the role of the State of Texas in safe guarding the health and well being of the patient. In accordance with these findings, regarding the practice of acupuncture, Texas Medical Practice Act Articles 4510, 4510a, 4510b, and 4505(12) and (15) and *Tex.Rev.Civ.Stat. Ann. Arts. 4495-4512*, and Texas State Board of Medical Examiners Rules 386.01.12.001-.002 were ruled unconstitutional. The judgment decreed in favor of the plaintiffs.

This ruling validated the practice of acupuncture by licensed acupuncturists and prevented a western medical board from being able to control the practice of acupuncture. The decision further verified the difference between acupuncture techniques as practiced by western physicians from the practice of acupuncture by licensed acupuncturists. As the general public was still not clear on the vast difference between the scope of knowledge, education and conditions treated by licensed acupuncturists; the fact that the court recognized the difference in the level of care provided by licensed acupuncturists compared to the care provided by those who practice needling techniques, assured that discerning minds were capable of understanding the crucial differences to further the practice of acupuncture and bring greater awareness of the massive benefits that the full practice of acupuncture and oriental medicine brings to the practice of medicine.

Dr. Per Otte v. The Arkansas State Board of Acupuncture (2005)

Plaintiff: Dr. Per Otte

Defendant: The Arkansas State Board of Acupuncture

Complaint: Practicing without License

In March of 2005, Dr. Per Otte, filed an appeal against the judgment of the Garland County Circuit Court which supported the Arkansas State Board of Acupuncture and Related Techniques. The Board held that Otte was

not licensed to practice acupuncture in Arkansas and could not apply for licensure until he took the Board Exam.

To review the history of the case, in November of 1995, Otte relocated to Hot Springs Village and started a specialty acupuncture clinic treating eye diseases. In 1997, the Arkansas Acupuncture Practices Act, Ark. Code Ann. § 17-102-101 et seq. (Repl.2002), was put in place. In response, Otte attained a provisional license in October 1997. The question of whether that license was valid remains; however, according to the code, Ann. § 17-102-302 (Repl.2002), all provisional licenses in the state expired on August 1, 1999.

Neglectfully, the Board granted Otte a provisional license in 2000 without a quorum. The Board allowed Otte to practice in the state until March of 2001, so long as he took the NCCAOM Board Exam. Otte failed to take the board exam in March; and in May of 2001, he was given permission to take the exam in July 2001; however, he did not take the exam at that time either.

This might sound baffling to anyone who has not dealt with the continually changing requirements and complicated bureaucratic process of acupuncture licensure. The reasons Otte did not take the required exam were complicated. NCCAOM denied him permission to take the exam on the basis that they had requested more affidavits, which Otte could not get to the Board prior to the deadline for the March 2001 exam. Additionally, there was a complaint against Otte under review by the NCCAOM Board. To make matters worse, the process that allowed Otte to take the exam was discontinued on January 1, 2001.

In September, 2001, even though the Board had mistakenly authorized Otte to practice, having granted a provisional license without a quorum of members present at the meeting, they ruled that Otte's license had expired. Otte filed a petition for review, due to the fact that Otte was not aware of the meeting on September 12th; the Board was required to hold a hearing, in which the Board deemed that Otte did not have a valid license. Otte filed an appeal in response; as, under the Administrative Procedure Act, a governing body's decision may be reversed if the rights of the petitioner have been prejudiced due to acts by the agency that are unconstitutional or outside of statutory restrictions, beyond the agency's domain, unlawful, in error, unsubstantiated, arbitrary or demonstrate an abuse of power.

Much of Otte's trouble in attaining a license had to do with his qualifications to sit for the NCCAOM Board Exam and the changing laws at the time that he was seeking licensure. According to Ark. Code Ann. § 17-102-304, 305, and 307, applicants must pass a board exam. Section 17-102-206(b)(7) allows the Board to accept the exam given by the NCCAOM. Otte was under the impression, that because, he could not qualify to sit for the NCCAOM Exam, the Acupuncture Board was responsible for giving him an exam that measured his competency in his specific area of expertise. Otte also felt the Board, in focusing on determining the status of his license, was acting beyond the Act's statutory provisions.

As the Board cannot provide individualized board exams for every candidate who might prefer that option over taking the full NCCAOM exam, the Board decided that giving Otte his own board exam was not feasible. The Board also decided that Otte should not have been issued a provisional license. The Court upheld the decision of the Board, stating that specialized boards know more about the details under their own domain. *Arkansas Dep't of Human Servs. v. Thompson*, 331 Ark. 181, 959 S.W.2d 46 (1998). The Board claimed it was Otte's responsibility to meet the requirements, namely, passing the NCCAOM Board Exam. Regardless of the extenuating circumstances, he did not; therefore, his license was declared invalid.

Otte also argued that the State of Texas could choose either to regulate acupuncture or not; however, it couldn't "unnecessarily render acupuncture treatment essentially unavailable," *Andrews v. Ballard*, 498 F. Supp. 1038 (S.D.Tex.1980). As Otte specialized in macular degeneration, by disallowing Otte to practice, the state was making acupuncture unavailable to those kinds of patients. The court ruled that Texas law did not apply in Arkansas; and that, because this point was not raised before, he could not raise it now; *Brown v. Dep't of Human Servs.*, 330 Ark. 764, 956 S.W.2d 866 (1997).

Still, Otte wanted the Board to be prevented from deciding whether his license was valid or not, due to the fact that they were the ones who granted it to him, without informing him that it was provisional; and this limitation was not written on the license itself. As he thought his license was good, he built his practice in Arkansas and did not renew his Texas license. This point was also inadmissible because it had not been raised before.

The circuit court, in the end, decided that the trial court was correct in supporting the decision of the Acupuncture Board.

East Acupuncture PC v. Allstate Insurance Co. (2005)

Plaintiff: East Acupuncture PC

Defendant: Allstate Insurance Co.

Complaint: Insurance Billing for Acupuncture Services

Insurance billing for acupuncture can get complicated as it is not always clear if the patient's insurance company will cover acupuncture for certain conditions. Unfortunately, many seeking care do not have extra funds to pay out-of-pocket and this ambiguity can be stressful for the patient and the practitioner. It gets even more complicated when claims, which have been filed that seem to fit a patient's coverage, are denied. Insurance companies often request supportive information that takes time to gather and send back to the insurance company. Usually there is a short window of time allowing the practitioner to send back a response to the insurance company with the requested details. The insurance company then, often, takes many weeks to approve or deny the claim. By the time a decision is made, the patient may have incurred substantial bills in continued visits. If a denial is then issued by the insurance company, the patient often will have to discontinue care and make burdensome arrangements to pay the outstanding balance. When the insurance company takes extra time to send back a denial, the problem becomes compounded.

An example of the complications that arise is illustrated by a recent case in the state of New York, where health care provider East Acupuncture, P.C., took legal action in order to recover first-party no-fault benefits from auto-injury cases involving accidents that took place during 2001. East Acupuncture, pursuant to CPLR 3212, asked for a summary judgment on several claims that had been denied after the 30-day deadline for denials. Through stipulation of the settlement, Allstate Insurance (the defendant in the case) and East Acupuncture (the plaintiff) agreed on a settlement.

They agreed to the terms that 80% of the outstanding principle would be paid on all claims denied late; in addition, for claims that had been denied in a timely manner, 100% of the interest would be paid from the time that East Acupuncture filed the complaint. For claims that had not been denied, 90% of the interest from 30 days following receipt of the claim would be paid;

and, 100% of the interest would be paid for claims not denied in a timely fashion. As the suit had been filed years later, affecting the accrued interest dramatically, the court needed to decide the start-date that the interest would be charged regarding those claims that were either not denied within an acceptable amount of time, or denied inappropriately, according to the no-fault regulations.

East Acupuncture believed that untimely and/or improper denials should begin to accrue interest 30 days following the date that the insurer received the required proof of claim. The defendant, Allstate Insurance, insisted that accrual of interest should begin after the no-fault claimant took legal action if the action had been taken more than 30 days after the date the denial was received.

According to 11 NYCRR 65.15 (h), (11 NYCRR 65-3.9, revised), regarding overdue payments on claims due, personal injury benefits accrue a monthly interest rate of two percent. The interest applies to overdue additional personal injury benefits due from accidents from January 1, 1982 to present. When an overdue claim is paid, and more than \$5 interest is due, the law stipulates that the amount due be paid automatically, without requiring any request. The code also states that the insurer may not ask for the interest to be waived. If no request for legal action is made within 30 days after a denial is received, no interest is accrued until action takes place.

This lawsuit was filed in June 2004; more than 30 days after the claim was denied. In these circumstances, the code stated that interest accrued from the date of suit of the applicant. East Acupuncture believed that the code did not apply to providers; and interest should have begun to accrue 30 days from the date that Allstate received the claim. East Acupuncture argued that the code specified that an applicant and not an assignee was subject to statutory limitation.

Allstate argued that the code was intended for statutory limitations to apply to both the applicant and the assignee; and the code implied that the terms were equivalent. The applicant or assignee then needed to file suit once a denial had been received in order for the interest to start to accrue. Allstate further argued that the rule specifically intended to keep parties from suing them years later and then expecting interest for the entire duration of the time-lapse.

East Acupuncture believed that the rule was to protect providers from having to initiate lawsuits after each denial; a costly endeavor if multiple dates of service and/or patients are involved.

The wording of 11 NYCRR 65.15 (h) (3), in which the statute of limitations is defined, does not include assignees. In other parts of the related legislature, assignees and applicants are both specifically listed. This lead the court to decide that the Superintendent intentionally excluded assignees from the statute to protect providers from having to initiate multiple lawsuits. The court then ruled in favor of East Acupuncture.

Robin A Myers, A.P., Gregory S. Swirn, D.C., Sherry L. Smith, L.M.T., Carrie C. Damaska, L.M.T., John Doe, and Jane Doe v. Kevin N. McCarty (2012)

Plaintiff: Robin A Myers, A.P., Gregory S. Swirn, D.C., Sherry L. Smith, L.M.T., Carrie C. Damaska, L.M.T., John Doe, and Jane Doe

Defendant: Kevin N. McCarty

Complaint: Violation of the right to bill personal injury insurance

Luke Lirot on behalf of the Florida massage therapists and other health care providers including acupuncturists, challenged the new law repealing the right of massage therapists and other health care providers to bill personal injury insurance. According to the plaintiffs, the law violated several principles, including: the 'single subject rule,' restrictions that are both unnecessary and unreasonable, allowing equal protection to healthcare providers, ignoring due process, having no factual statistical evidence, relying on statistical assumption, violating consumer rights, limiting the rights of healthcare professionals without cause, denying court access, violating the separation of powers, and creating a statue that determines damages that may be claimed.

Although insurance companies may choose medical providers and treatments covered, the State may not determine this. The plaintiffs argue that if the law was put in place due to fraud within the Personal Injury Protection (PIP) PIP, the fraudulent parties should be targeted, and not entire professions.

The case states that massage therapists have been denied the right to

work; while, patient's rights have also been denied. The restrictions also limit physicians as to what treatment they may prescribe and eliminate referral networks for soft tissue injury treatment.

The Florida Supreme Court refused to review a 2012 PIP case regarding the restrictions on covering certain types of healthcare providers. The denial stated that the PIP reforms put into place did meet their aim of reducing fraud and of auto insurance rates. The National Insurance Claim Bureau reported that from 2010 through 2013, questionable staged accident claims were reduced by 61.82 percent. PCI further declared their support of the PIP reforms. Specifically, the reforms limit coverage to \$10,000 for medical emergencies; and \$2500 for non-emergency care. Under the reforms, massage therapy and acupuncture were not covered. Some aspects were ruled unconstitutional; and were later brought to the attention of the Florida Supreme Court.

A Temporary Injunction was issued in March 2013 on the basis that the Emergency Medical Condition limits and the exclusion of LMT and acupuncture in the new PIP legislation deny access to the courts. Not all insurance companies are adhering to the injunction, and some have denied payment over \$2,500. The Florida Chiropractic Association supported the injunction.

The Wisconsin Acupuncture Society v. The Physical Therapy Examining Board (2013)

Plaintiff: The Wisconsin Acupuncture Society

Defendant: Physical Therapy Examining Board, the Department of Safety and the Professional Services (DSPS), and the Wisconsin Joint Committee for Review of Administrative Rules WPATA

Complaint: The Physical Therapists Performing Acupuncture

In 2013, the Wisconsin Acupuncture Society together with the Midwest College of Oriental Medicine filed suit against the Physical Therapy Examining Board (PTEB) and the Department of Safety and Professional Services (DSPS). This case was quickly dismissed in February of 2013, with the WPATA firmly behind physical therapists performing dry needling. They claim that, although

the procedure involves using acupuncture needles sanctioned by the FDA for use only by those authorized to perform acupuncture, that trigger point needling or dry needling is a physical therapy technique. Interestingly, the WPTA remains unconcerned about any safety issues related to untrained therapists inserting needles, up to a depth of four inches, into the human body. Regardless of the fact that serious injuries have been inflicted by those with inadequate training, the WPTA simply leaves it up to the physical therapist to obtain whatever education each feels is appropriate to provide trigger point needling.

The South Sound Acupuncture Association (“SSAA”) v. Kinetacore (2014)

Plaintiff: The South Sound Acupuncture Association

Defendant: Kinetacore

Complaint: Physical Therapists Practicing Acupuncture as “Dry Needling”

In October 2015, a permanent injunction issued by the Washington Supreme Court banned physical therapists from practicing acupuncture or, “dry needling.” The Colorado-based training company, Kinetacore, was also enjoined from using needles in trainings and workshops. Physical therapists were found to be without authority to by-pass the licensing requirements and practice “dry needling;” or, the insertion of acupuncture needles into human tissues.

The case was brought about after a workshop at Salmon Bay Physical Therapy office in Seattle. The office, along with 20 therapists who attended a training by Kinetacore, a company that teaches “dry needling” nationally, were sued by the South Sound Acupuncture Association (SSAA). The technique was ruled to be outside the scope of PT practice, and that by engaging in dry needling, physical therapists were practicing medicine unlawfully. The Injunction also stipulates that physical therapists not involved in this case need a second license that permits the insertion of needles to protect themselves from future legal action should they choose to engage in needling techniques.

The fact that physical therapists take weekend workshops of only 27 hours and then start needling as deep as four inches into their patients, sparked

the acupuncture board to take action. The Washington East Asian Medicine Association (WEAMA), commented that acupuncture is clearly not under any part of the scope of physical therapists and there is no doubt that they are painfully under qualified to safely insert needles after a casual weekend workshop of only 27 hours.

The Texas Association of Acupuncture & Oriental Medicine v. The Texas Board of Chiropractic Examiners (2014)

Plaintiff: The Tex. Assn. of Acupuncture & Oriental Med.

Defendant: The Tex. Bd. of Chiropractic Examiners

Complaint: Chiropractors Performing Acupuncture without Adequate Training

In 2014, Texas chiropractors were accused of performing acupuncture illegally. The Texas Association of Acupuncture and Oriental Medicine held that lack of training threatens public safety and marks a disturbing trend of chiropractors and physical therapists who manipulate the system, misrepresenting the practice of acupuncture and gaining sizable profit from billing patients and insurance companies. They claim to perform acupuncture without any understanding of the oriental medical system, the internal functions activated when needling each acupuncture point, and how the system works and what they are doing.

Licensed acupuncturists go through an extensive educational and bureaucratic process to understand the theory behind the practice of acupuncture and Asian medicine, and gain the legal right to practice its applications. A comprehensive field of medicine, the practice involves inserting fine filament-like needles into the acupoints in a concerted attempt to resolve underlying systemic imbalances. States often require thousands of hours of graduate or doctorate-level classroom and supervised clinical hours, as well as comprehensive licensing exams. Additionally, the practice is further safeguarded by the FDA, which deems that acupuncture needles are allowed to be used only by those licensed to practice acupuncture.

In Texas, the Occupations Code oversees acupuncturists and chiropractors. By law, chiropractors are restricted to providing adjustments and manipulations, and prohibited from performing incisive and surgical

procedures. The only needles they have permission to use are those from which to draw blood for diagnostic testing. In 1997, the Texas legislature changed the legal code, defining acupuncture as a non-incisive, non-surgical procedure. The state attorney general, then through faulty logic, determined that because the procedure was not considered an incision, and therefore not explicitly excluded; it must then be included within the chiropractic scope of practice. The Texas Chiropractic Board then permitted chiropractors to practice acupuncture with a miniscule 100-hour certification. The Texas Medical Association filed suit, and the Board's rules that permitted needle use were deemed invalid; the chiropractic community, however, did not comply. The acupuncturists urged the state to protect the practice of acupuncture from unqualified practitioners in order to maintain the reputation of the practice.

The National Center for Acupuncture Safety and Integrity (NCASI), accuses chiropractors and physical therapists of manipulating the wording of the technique to evade the licensing requirements necessary to practice acupuncture. They claim that they are practicing a new technique and therefore, do not require the knowledge of acupuncture or Oriental medical theory. One argument stated that "The chiropractic board may not use legislation that limits another occupation's scope of practice as a means of expanding the scope of practice of the occupation it regulates." The state was asked to invalidate the code rules and determine that the law permitting chiropractors to practice acupuncture without meeting the same educational standards required of licensed acupuncturists as unconstitutional.

In 2014, the Texas Association of Acupuncture and Oriental Medicine (TAAOM) Legally Petitioned against the Texas Board of Chiropractic Examiners and its Executive Director, Yvette Yarbrough. The argument stemmed from the fact that nowhere in the scope of the practice regarding chiropractic care is acupuncture mentioned. The Texas Acupuncture Association contended that, rules set forth by the Chiropractic Board give chiropractors permission to practice acupuncture, asserting an authority over the practice of acupuncture without any basis to do so. By doing so, they are in violation of the Acupuncture Chapter. Furthermore, the rules, by allowing chiropractors to unlawfully practice medicine, violate the Medical Practice Act, which has authority over the practice of acupuncture. Chiropractic care is not under the authority of the medical practice act; however, only chiropractic care falls under the scope of the Chiropractic Board.

Chiropractors in Texas treat only the spine and musculoskeletal system; by engaging in acupuncture, which treats all body systems, chiropractors are practicing beyond their scope of practice. The rules authorizing chiropractors to engage in acupuncture are, therefore, invalid. According to the Chiropractic Chapter, chiropractors are allowed to evaluate the biomechanics of the spine and musculoskeletal system, and conduct nonsurgical, nonincisive procedures; mainly adjustment and manipulation. Subluxation and biomechanics of the musculoskeletal system may be treated. Even though, the Chiropractic code strictly prohibits needle use by chiropractors, the Chiropractic Board has, in direct contradiction been declaring it has rights to use needles in various procedures.

The Texas Medical Association maintains that the rules permitting chiropractors to perform incisive procedures are invalid; the district court agreed. In response, The Chiropractic Board retracted permissions allowing for some procedures, such as electromyography; however various needle use permissions, such as those for acupuncture, remain. In light of the current milieu, in which chiropractors across the nation have voraciously tried to gain the authority to incorporate tools beyond the chiropractic scope, such as, lab tests prescribing medications and administering injections, protections need to be put in place. Even the president of the International Federation of Chiropractors and Organization has rejected the idea extending boundaries to include both allopathic and eastern modalities; stating that it weakens the integrity of the chiropractic profession, and muddies their hard-earned identity as chiropractors.

Although the State of Texas began regulating acupuncture in 1993, creating the Texas State Board of Acupuncture; the initial flood of acupuncture use in the US began in 1972, after president Nixon's visit to China. Chiropractors have been trying to incorporate its use since then. Shortly after, in 1973, the Chiropractic Board ruled against the inclusion of acupuncture in its scope, and although the Chiropractic Board tried to firmly place the practice of acupuncture under the domain of the Board of Medical Examiners, the Attorney General felt that it was unconstitutional to put restraints on the practice of acupuncture. In 1975, the Chiropractic Board did exclude the practice of acupuncture under its scope. More than ten years later, in 1988, this was overturned, as were the restrictions prohibiting chiropractors from using needles, while twenty years later, in 1995, the Attorney General decided that acupuncture did not fall under the parameters of chiropractic care.

In 1997, the phrase 'nonsurgical, nonincisive' was added to the definition of acupuncture; at which point the Attorney General decided, that under this new definition, chiropractors could practice acupuncture in Texas. Although the Acupuncture Act declares that both chiropractic and acupuncture are within the practice of medicine, and prohibits the unauthorized practice of medicine; according to the chiropractors, the Acupuncture Act does not infringe upon chiropractors within their scope of practice.

The Oregon Association of Acupuncture and Oriental Medicine v. The Oregon Board of Chiropractic Examiners (2014)

Plaintiff: The Oregon Association of Acupuncture and Oriental Medicine

Defendant: The Oregon Board of Chiropractic Examiners

Complaint: Chiropractors performing dry needling after having 24 hours of training.

In May 2011, the Chiropractic Board decided to allow Chiropractors to practice "dry needling;" which required only 24 hours of training. The Oregon Board of Chiropractic Examiners Executive director, Dave McTeague, resigned on July 1, 2011, shortly after the Oregon Court of Appeals decided that the practice of "dry needling," was not within the scope of Chiropractic care. The Acupuncture Board was pleased with the decision, professing that dry needling was, in fact, acupuncture. The Oregon Acupuncture Board maintains that any form of acupuncture is under the domain of the Acupuncture Board and the licensing and practice of acupuncture should follow the standards of Oregon's existing practice act. This ruling, denying chiropractors the right to practice acupuncture helped set a precedent for other states in which healthcare professionals were practicing "dry needling" without an acupuncture license.

As in many other states, more and more unqualified practitioners of other disciplines were sneaking in acupuncture as a treatment modality, even though it had nothing to do with their respective scopes of practice. During Dave McTeague's direction, the Oregon Board of Chiropractic Examiners ruled that chiropractors could provide acupuncture after just 24 hours of training. This action reflected a current national trend, and was supported by many other chiropractors and organizations including the University of Western

States Chiropractic College in Portland and John L. V. Platt, D.C., P.C., owner of the Woodstock Chiropractic Clinic. Rather than call it acupuncture, they chose to call it “dry needling”, a popular term currently used by many healthcare providers not licensed in acupuncture.

It was the Acupuncture Board that took action to shut this illegal practice of acupuncture down. After the court ruled that acupuncture is not within the chiropractic scope of care, the Chiropractic Board initially planned to appeal to the Oregon Supreme Court; but eventually abandoned this idea. Unfortunately, taking on this case cost tens of thousands of dollars; after winning the battle, the Acupuncture Board sought to recover legal costs. This constant over-stepping of professional boundaries is not only costly for everyone involved, it makes it nearly impossible for multiple disciplines to collaborate and provide a comprehensive approach that offers the patient the best of several disciplines. When practitioners offer treatment not within their own scope of practice, the watered-down version limits the potential benefit the patient would otherwise receive and it weakens the trust between disciplines and harms professional relationships. The patient is often caught in the middle. A better approach for everyone would be to know enough about other professions to know when to refer and collaborate.

The NCALB v. The NCBPTE (2015)

Plaintiff: The North Carolina Acupuncture Board

Defendant: The North Carolina Physical Therapy Association

Complaint: Dry Needling Performed by Physical Therapists

So-called, “dry needling,” performed by physical therapists and others under the guise of acupuncture has been, and continues to be, a point of contention with licensed acupuncturists. Most states require those entering the field to attain a master's level education with thousands of didactic and clinical hours. The investment of time, money and mental capacity that goes into meeting these requirements is staggering. The general population is mostly unaware of the comprehensive nature of oriental medicine, and simply has not heard or cannot conceive that it covers all potential physical, mental, psychological and spiritual imbalances and illnesses.

Specifically, licensed acupuncturists in the state of North Carolina are required to complete approximately 2,732 hours of education and closely-supervised clinical training on point location, needle insertion, manipulation techniques which include critical factors such as needle depth and angle. This does not take into account additional hours of study and classes needed for the licensing exam, nor the additional continuing education hours required each year. To illustrate the massive discrepancy and provide basic factual information with which discerning minds can form a rational opinion, a case against physical therapists in North Carolina is summarized here. Although, physical therapy in no way covers acupuncture and oriental medicine, licensed physical therapists are claiming to perform acupuncture via “dry needling” with as little as 54 hours of continuing education. No clinical supervision is completed during this course.

To suggest that inserting needles into the body, without an understanding of the meridian system and how it works, internally and externally, seems short-sighted, to put it mildly. To say that “dry-needling” as practiced by physical therapists is “acupuncture” is a complete and total distortion that serves neither the field of acupuncture and oriental medicine; nor the practice of physical therapy. Additionally, it reduces the integrity level and credibility of the physical therapist and unconscionably deceives the patient. In 2015, to “protect the public from the unlicensed practice of acupuncture by physical therapists,” The North Carolina Acupuncture Licensing Board (NCALB) filed a complaint against the North Carolina Board of Physical Therapy Examiners. The issue of “dry needling,” a technique involving the insertion of needles for pain relief was at the heart of the complaint, which was filed in Wake County at the level of the Superior Court. The Chair of the North Carolina Acupuncture Licensing Board, Junie Norfleet, stated, “acupuncture can only be performed in North Carolina by licensed acupuncturists who have proper training and experience. We filed this lawsuit to protect the public by preventing individuals with insufficient training from performing acupuncture.”

The first formal attempt by the North Carolina Board of Physical Therapy Examiners to gain the legal right to practice acupuncture took place in 2014. A rule, authorizing physical therapists to perform acupuncture under the term “dry needling” was submitted. This did not pass as it was considered beyond the scope of physical therapists in North Carolina. In complete disregard, the North Carolina Board of Physical Therapy still encouraged physical therapists to perform “dry needling.” The fact that at least one patient, undergoing “dry needling” from a physical therapist suffered a punctured lung requiring

hospitalization has had no impact on the political stance of the North Carolina Physical Therapy Board. Although attempts were made to reach an agreement, the PT board ended discussions. Provoked by a need to safeguard the people against, knowingly or un-knowingly, receiving treatment from unlicensed individuals lacking education and clinical training, the North Carolina Acupuncture Board further insisted that the unlicensed practice of acupuncture be ended as a matter of protecting the public.

The topic remains unresolved, and "dry needling," also termed, "trigger point therapy" or "intramuscular stimulation therapy," continues. The fact that acupuncture needles are also legally restricted by the FDA for use only by those licensed to practice acupuncture has not dissuaded the North Carolina Board of Physical Therapists; nor, the physical therapists themselves.

In response to the legal action and ruling above; in early October, 2015, the Henry case began. In this case, two patients who had obtained benefits from PT dry needling and two physical therapists who were practicing dry needling along with two physical therapists who wanted the right to practice dry needling filed suit against the North Carolina Acupuncture Board. The acupuncture board had sent cease and desist letters to protect the prior ruling as the US Supreme Court upholds that state licensing boards must actively support antitrust claims. The plaintiffs protested that the North Carolina Acupuncture Licensing Board (NCALB) was preventing physical therapists from practicing acupuncture without due process and violating the antitrust law. The plaintiffs sought recovery of lost profits and legal fees and asked that the NCALB be prevented from restricting physical therapists.

The Acupuncture Association of Colorado v. The Colorado Physical Therapy Board (2016)

Plaintiff: The Acupuncture Association of Colorado

Defendant: The Colorado Physical Therapy Board

Complaint: Physical Therapists Performing Dry Needling

The Colorado Acupuncture Association Board sued the Colorado Physical Therapy Board on the basis that, due to insufficient education, the practice of "dry needling" by physical therapists was unsafe. Inserting acupuncture

needles without proper training is not likely to heal the problem, and may cause harm, as evidenced by examples such as Olympic skier Torin Yater-Wallace, who had "dry needling", and required hospitalization due to lung puncture.

Acupuncturists argue that "dry-needling" is a cover up name for acupuncture, the practice of which legally requires years of education. Although physical therapists claim it is a technique they developed, the AMA was reported stating that the practice of acupuncture cannot be discerned from that of so-called, dry needling. Additionally, federal regulations, from the U.S. Food and Drug Administration have declared that only qualified acupuncture providers are allowed access to acupuncture needles.

As petitions to the Colorado Physical Therapy Board went unanswered, the AAC and the Colorado Safe Acupuncture Association filed suit. California, Washington and Oregon have, through the court system, fought successfully against physical therapists. The main argument contends that physical therapists, with 46 hours of training, try to administer the same techniques practiced by acupuncturists who complete 40x more the number of class hours. Besides, physical therapists have no legal authority to practice an invasive procedure. Even though mixed martial artist Mitch Clarke and Judo practitioner Kim Ribble-Orr both incurred serious injuries during "dry-needling", the practice continues. Previously, when the issue of acupuncture needles being restricted to legal providers of acupuncture was brought up to the physical therapy board, the board declined ruling on it.

PIHMA v. DeVos (2017)

Plaintiff: Pihma Health & Educational Network, LLC, and Others

Defendant: Betsy DeVos, Secretary of the United States Department of Education

Complaint: Gainful Employment

On behalf of ten US colleges of higher education, which teach acupuncture and Oriental medicine, a law suit was filed against the United States Department of Education regarding the gainful employment regulation. These accredited institutions are all part of the national Council of Colleges of

Acupuncture and Oriental Medicine (CCAOM). Through their efforts over the decades, thousands of their graduates have been providing unique forms of healthcare to tens of thousands of patients. As a result, many patients have resolved conditions not adequately treatable by other means.

The new Gainful Employment (GE) rules seek to destabilize teaching institutions that have worked tirelessly to establish the curriculum and credentialing means that lead to acupuncture licensure. Unfortunately, the education department has no understanding of the curriculum requirements, the practice of acupuncture nor the benefits of the medicine. It is equally ignorant of the minds and lives of those who choose to enter the profession. The gainful employment rules invasively track a narrow field of statistics, meaningless when observed in a greater context of life contribution, long-term earnings and the willing "sacrifices" that many make when choosing to establish a profession, lessen the suffering of others and bring awareness to that which is beneficial for humanity as a whole.

Acupuncturists are not victim-types that need additional legislation "protecting" them from their own right to choose a career that is in alignment with their skills and innate gifts. It is a fact that the requirements intensely consume time, finances and mental capacity; as do western medical school requirements. The difference is that acupuncturists are not hired as employees in most cases and therefore do not earn an immediate salary. They grow their own practices and are often even shut-out of the health insurance system. Established medical centers who could benefit greatly by hiring acupuncturists often hire someone with less training to practice a very limited form of acupuncture. Additionally, chiropractors and many other health care professionals are now allowed to practice acupuncture without any training at all. This has injured the profession more than any other variable. Not only by their ability to file insurance claims for acupuncture treatment, while many acupuncturists cannot, but also by pulling from the acupuncturist potential patient base. The greater injury comes from the willful deception of the public into believing that they are receiving acupuncture, even though these other practitioners have no understanding of oriental medicine. In reality, the two cannot be separated. The public has no idea of the discrepancy in knowledge that acupuncturists versus others who insert needles into bodies have.

The Department of Education has negligently ignored all these minor details which influence the practice of acupuncture and have rather, sought out

to harm decent educational institutions. The Department of Education has made a very negative judgment on these ten institutions based on the debt-to-earnings ratio. While there is nothing wrong with providing incentive for institutions of higher learning to facilitate graduates in earning sufficient income immediately upon graduation; the profession of acupuncture is not comparable to other careers. Even when compared to other self-employed occupations, acupuncture is very different. The emphasis of the acupuncturist is rarely on earning as much money as possible. The goal is to ensure patients get better; share the principles behind the medicine, treat conditions that were largely untreatable and facilitate healing through gaining insight and compassionate understanding. Most know it takes time to build a career, and are happy to let their practice grow organically. Most have other skills and interests as well, and enjoy working in other fields simultaneously.

The early career earnings that gainful employment focuses on reflect earnings in the first 18 to 36 months following graduation; neglecting the fact that acupuncturists are studying for their board exams for the first 6 months following graduation; a full-time job in and of its own. Those schools that can hold students to the highest standards will, like any other educational institution develop a reputation and attract students who want to excel.

The ten colleges involved in the lawsuit showed a “failing” debt-to-earnings rate. This was appealed through an earnings survey. Even so, graduates generally earn very little in the early years of practice as the investment for starting a practice is costly and income only grows one patient at a time. Under the gainful employment rules, colleges that have shown failing rates have to notify existing and prospective students.

This act, which began under the Obama administration, is just another short-sighted, shallow attempt to resolve a complex issue. The goal of this initiative, which affects for-profit colleges as well as non-degree programs at non-profit colleges. While ensuring graduates have a reasonable income and low debt-to-earnings rating, there are better ways of facilitating this. A more effective, rational and positive means of doing this would be to educate students on financing, business and entrepreneurship and allow students to earn credit and income by starting a practice in their final year. Clinical care and notes would still be discussed and highly supervised. Common sense says that much could be gained by starting the hands-on running of a practice while surrounded by mentors.

If the motivation behind the GE rules is to prevent student loan defaults; they have no basis; the Council of Colleges for Acupuncture and Oriental Medicine (CCAOM) posts very low default rates. The combined average default rate for the schools sanctioned was well below the national average (11-16%), calculated at approximately 4.5%. Three of the schools even showed a 0% default rate.

The acupuncture profession hopes that the Trump administration will do away with the GE rules and adopt a more useful business and economic strategy. Given that medical care can cost individuals and the nation more than most any other expenditure, it would do a world of good to utilize Oriental medicine to its full capacity, rather than try to punish schools, that although imperfect, have broken through many barriers to establish the profession. The relatively miniscule cost of acupuncture and Oriental medicine and immense potential to resolve many complex health issues by restoring a person's constitutional balance holds invaluable promise. Investing time into finding constructive ways to share the benefits of this medicine would be a much wiser expenditure of energy, that in the end benefits the patient, the acupuncturists who have already invested in their education, the Oriental medical schools that provide an untapped wealth of information, and the economy, by providing effective care for many conditions that burden the nation at a fraction of the cost. This is not to say that any form of medicine is superior than another, only that it would be wise to find ways to combine the benefits of both western and oriental medicine in a way that improves quality of life while considering the cost-benefit ratio.



ABOUT THE AUTHOR

Gong Changzhen, received his M.A. and PhD. from the University of Minnesota and his B.S. and M.S. from Shandong University, China. He is the president of the American Academy of Acupuncture and Oriental Medicine and the executive director of the TCM Health Center. He has served as the chairman of the Continuing Education Committee of the Minnesota Acupuncture Association. He currently serves as a director of the Chinese Medicine Translation Committee of the World Federation of Chinese Medicine Societies; Chief Translator of the World Chinese Medicine Core Course Textbooks Organized by China's Chinese Medicine Press; Senior Special Advisor to the China-US Acupuncture Rehabilitation Center at Wenzhou Medical University; Vice President of the Special Diagnosis and Treatment Techniques Committee of the World Federation of Chinese Medicine Societies. Dr. Gong also serves on the editorial board of Acupuncture Research, published in Beijing, as well as being an associate Editor-in-Chief of the International Journal of Clinical Acupuncture, published in New York.
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Medicinal Diet in Autumn

By Ye Jin (叶进)

In autumn, the scorching hot "autumn tiger" exists (秋老虎 a short period after the beginning of autumn when the temperature continues to rise), as well as autumn dryness, a condition in which the autumn wind blows down the leaves. In autumn, people should preserve the moisture of the skin, nourish yin (阴) and moistening the lungs.

Examples of such diet medications are listed as follows:

Duck soup with Sha Shen and Yu Zhu (沙参玉竹煲老鸭) to nourish yin and moisten the lungs

Ingredients: Sha Shen (沙参 *Radix Adenophora stricta* Miq.) 50g, Yu Zhu (玉竹 *Rhizome Polygonatum odoratum* (Mill.) Druce) 50g, one old male duck, some scallion, ginger, and salt.

Functions: Nourish the yin and moisten the lungs. [Yin Shi Liao Fa (《饮食疗法》Diet Therapy)]

Suitable population: People with cough and panting due to lung yin deficiency, middle-aged diabetes, chronic gastritis due to stomach yin deficiency or constipation due to body fluid depletion and dryness of large intestines.

Cooking and dining methods: Remove the feathers and offal of the duck and wash it clean.

Put the duck into a casserole or enamel pot, and then add Sha Shen, Yu Zhu, scallion, ginger and an appropriate amount of water.

After the water boils, reduce the fire to a mild flame and simmer for more than 1 hour. Add some salt and mix them together when the duck is cooked well.

Comment: Sha Shen and Mai Dong (麦冬 *Ophiopogon japonicus* (Linn. f.) Ker-Gawl.) can nourish yin and are good at moistening the lungs and supplementing the stomach. Ducks belong to the waterfowl family and are slightly cool in nature. This



soup can nourish yin, supplement the stomach, induced urination and reduce edema. Furthermore, it is applicable for people with yin deficiency of the lung and stomach when it is combined with Sha Shen and Mai Dong. However, it is not recommended for people with deficiency cold or with cold epigastric abdominal pain, loose stools or dysmenorrhea.

Stewed Chuan Bei (炖蜜川贝) with honey to moisten the lungs and relieve cough

Ingredients: Honey 10-20g,
Chuan Bei (川贝 *Bulbus Fritillariae*
Cirrhosae) 9g.

Functions: Moisten the lungs,
nourish yin and relieve cough.
[Bu Pin Bu Yao Yu Bu Yi Liang
Fang (《补品补药与补益良方》
Tonic Food, Tonic Medicines
and Effective Prescriptions for
Tonifying)]



Suitable population: People with a chronic cough with scanty sputum, and a dry throat due to lung yin deficiency.

Cooking and dining methods: Steam Chuan Bei in a container until it is well cooked. Then it is ready to eat.

Comment: Honey is sweet in taste, neutral in nature and it rich in vital elements such as phosphorus, calcium, iron and manganese. It is regarded as the friend of health. It can moisten the lungs, relieve cough, moisten the intestines to relieve constipation, nourish and supplement the middle energizer, detoxify and stop pain. And it can also improve people's resistance to diseases.

However, it is contraindicated for people with internal phlegm-dampness, abdominal fullness, stuffiness and distension as well as for people with frequent diarrhea. Chuan Bei is effective for moistening the lungs, disintegrating masses, relieving cough and resolving phlegm. It contains basidi alkali which promotes an antihypertensive effect. Eating these two ingredients

together can not only nourish the lungs and intestines, relieve cough and resolve phlegm, but is also conveniently edible and delicious in taste.

Lily porridge (百合粥) to moisten the lungs, nourish the heart and soothe the nerves



Ingredients: Fresh lily (百合 *Lilium Brownii*) 50g or dry lily 30g, polished round-grained rice 100g and an appropriate amount of crystal sugar.

Functions: Moisten the lungs and relieve cough, nourish the heart and soothe the nerves. [Ben Cao Gang Mu (《本草纲目》 *Compendium of Materia Medica*)]

Suitable population: People with a dry cough due to lung heat or lung dryness or absent mindedness or neurasthenia due to retention of internal heat.

Cooking and dining methods: Wash the lily clean, remove the peel (If it is dry lily, then grind it) and put it aside it. Wash the rice thoroughly, put it in a pot and then add some water. After boiling the water reduce the flame and simmer. Add the lily and cook them together. Add some sugar and then eat.

Comment: Lily is sweet in taste and cold in nature. It goes into both the heart and the lungs. It can clean the lungs and moisten dryness, nourish the yin and soothe the nerves.

In the book of Jin Gui Yao Lue (《金匱要略》 *Synopsis of Prescription of the Golden Chamber*), lily is the main herb, and is used to treat lily disease (百合病 a kind of emotional disease where the clinical symptoms are absent-mindedness and neurasthenia) due to yin deficiency and internal heat in the heart and lungs. According to modern research, lily contains nutrients such as protein, fat, and vitamins, as well as a variety of alkaloids. It can relieve

cough, improve the body's ability to fight against histamines and increase the content of white blood cells. Lily is also a common food with a slightly bitter taste. Adding some crystal sugar decreases the bitterness. People usually eat this porridge for health preservation. It is contradicted for people with colds due to wind-cold, for people who have yang (阳) deficiency with middle energizer coldness or for people with loose stools. The lungs are interiorly and exteriorly connected with the large intestine. The autumn dryness damages the lungs and also affects the functions of the large intestine, causing constipation or indigestion.

The following two dietary medications can not only nourish yin, but can also moisten the intestines and promote bowel movements.

Apple soup (苹果汤) to moisten the intestines and strengthen the stomach

Ingredients: Two apples, pork 125g and two bowls of water.

Functions: Moisten the intestines and strengthen the stomach, promote the production of body fluids to extinguish thirst. [Qiang Shen Shi Ji (《强身食疗》) *Diet Medication to Strengthen the Body*]

Suitable population: People with indigestion, constipation or dry mouth and thirst.



Cooking and dining methods: Peel the apples and then slice them. Wash and clean the pork and then slice it thinly. Stew the apple slices with water. After the water boils, add the pork and then cook it until it is well done. Finally, flavor the food.

Comment: Apples are known as "the crown of fruit". They are sweet, slightly sour in taste and cold in nature. The sour taste can be helpful to soothe the liver and whet the appetite, moisten the lungs and relieve cough, promote the production of body fluids to extinguish thirst and relieve restlessness and

release summer-heat. However, attention must be paid to avoid eating apples seafood at the same time, as this combination is prone to cause abdominal pain. Pork is delicious and digestible. It is rich in animal protein and it can nourish the yin and moisten dryness, supplement the kidney and nourish the blood.

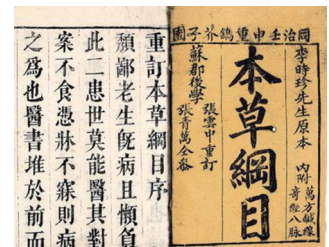
In the book Ben Jing Feng Yuan (《本经逢原》 *The Origin of the Shen Nong's Herbal Classic*), it is said that pork can supplement the liver and nourish the blood. The function of these two ingredients to cooked together is further enhanced as apples make the pork less greasy and more nutritious.

Comment: Since ancient times, pine nuts have been regarded as a food for the immortals. In the book Hai Yao Ben Cao (《海药本草》 *The Herbal Classic of Overseas Medicines*) from the Tang Dynasty (唐朝 618-907), it is said that if you ingest pine nuts for a long period, it will help you lose weight, prolong life and fight against aging. Ben Cao Gang Mu also points out that they will supplement deficiencies in body, moisten the skin and tonify the five Zang organs (五脏). Pine nuts are sweet and fragrant, which are not only good as a snack that people love, but also have the function to expel diseases. Modern research suggests that pine nuts prevent cardiovascular disease, strengthen the legs and feet joints and promote anti-aging. Cooking porridge with pine nuts will reinforces deficiency and moistens the lungs, nourishes body fluids and moistens the intestines. This is suitable for middle-aged people who have a weak constitution, but it is not recommended for people with loose stools.

Faced with the autumn dryness ahead, you can try the medicinal diet to regulate your body and keep fit.

Wish you health in this autumn.

Translator: Huang Xin (黄鑫)



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Ye Jin, M.D., mainly engaged in the research of pattern differentiation of exogenous febrile diseases and internal injuries, as well as formulas for Spleen and Stomach diseases. He is currently working in the teaching and research team of Essentials from the Golden Cabinet in the school of Basic Medical Sciences of Shanghai University of Traditional Chinese Medicine.

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Two Movements in Ba Duan Jin (八段锦)

By Zhao Xiaoting (赵晓霆)

Individual movements:

Movement 1 Lift the Heavens with Two Hands to Regulate Sanjiao (三焦 Three Burners)

This movement focuses on ascending and descending the qi in Sanjiao. It enables qi and yang to ascend, and yin and blood to descend. Stretching of the four limbs and torso can regulate associated muscles, bones and ligaments and prevent or treat pain in the neck, shoulder and (lower) back.

Stand and imagine holding a ball: Place your feet shoulder-width apart, slightly bend your knees and do not let your knees go past your toes, and raise your arms to the level of your chest.

Slowly drop the hands along both sides of the body and put two hands together in front of the lower abdomen.

Lift the hands to chest level, slightly forward.

Turn the palms up and raise them above the head.



Lift the hands to chest level, slightly forward.



Turn the palms up and rise above the head.



Separate the hands from above the head and close them in front of the chest.

Open the hands from above the head to both sides and close them in front of the chest.

Open the hands in front of the chest again.

Close the hands in front of the chest again.

Clench fists and close them, place them at on both sides of the lower abdomen.

Return to standing posture and again imagine holding a ball. Place your feet shoulder-width apart, slightly bend your knees and do not let your knees go past your toes, and raise your arms to chest level.

Movement 2 Draw the Bow Both Left and Right-Handed to Shoot the Hawk

This movement focuses on invigorating and relaxing qi movement, especially on three points: Dan Zhong(膻中 RN-17), Shen Que(神阙 RN-8) and Qi Hai(气海 RN-6). Arm extension, chest expansion and neck rotation strengthen muscles in the shoulders, arms, neck and rib-side area benefiting qi and blood circulation in the heart and lungs.

Standing posture and imagine holding a ball: Place your feet shoulder-width apart, slightly bend your knees and do not let your knees go past your toes, and raise your arms to the lchest level.

Turn rightwards the right toes touch the floor, and the body weight is on the left foot. Raise your arms to chest level while holding the imaginary ball.



Turn rightwards the right toes touch the floor, and the body weight is on the left foot. Raise your arms to chest level while holding the imaginary ball.



The right foot touches the floor. Shift the body weight to the left foot first and then to the right foot. Lift the hands and put them in front of the chest.



Shift the body weight to the left foot and then to the right foot again. Extend the hands forward from the chest.

The right foot touches the floor. Shift the body weight to the right foot first and then to the left foot. Lift the hands and close them in front of the chest. Then shift the body weight to the right foot.

Shift the body weight to the left foot again. Extend the hands forward from the chest and shift the body weight to the right foot.

Turn 180° to the left. Draw a downward arc using the left hand and extend forward from the left side of the body.

After drawing downward arcs using both hands, cross the hands in front of the chest.

Clench fists and close them on both sides of the lower abdomen.

Return to standing posture and imagine holding a ball: Place your feet shoulder-width apart, slightly bend your knees and do not let your knees go past your toes, and raise your arms to chest level.

Turn leftwards, the left toes touch the floor and the body weight is placed on the right foot. Raise your arms to chest level and imagine holding a ball.

The left foot touches the floor. Shift the body weight to the left foot first and then to the right foot. Lift the hands and close them in front of the chest.

Shift the body weight to the right foot. Extend the hands forward from the chest and shift the body weight to the left foot.

Turn 180° to the right. Draw a downward arc using the right hand and extend forward from the right side of the body.

After drawing downward arcs using both hands, cross the hands in front of the chest.

Clench fists and close them on both sides of the lower abdomen.

Return to standing posture and imagine holding a ball: Place your feet shoulder-width apart, slightly bend your knees and do not let your knees go past your toes, and raise your arms to chest level.

Translator: Han Chouping (韩丑萍)

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TCM for Gynecology and Fertility: Evidence of Acupuncture's Effectiveness

By Deng Hongyong (邓宏勇)

It was reported that about 1.9% of child-seeking women aged 20–44y were unable to have a first live birth, and 10.5% of child-seeking women with a prior live birth were unable to have an additional live birth [Mascarenhas 2012]. Many couples who suffer from infertility seek medical help in the form of assisted reproductive technologies (ART), including controlled ovarian stimulation (COS) with or without intrauterine insemination (IUI) and in vitro fertilization (IVF) treatment. Acupuncture is commonly undertaken during an ART cycle although its role in improving live birth and pregnancy rates is unclear. Cheong et al. (2013) conducted a Cochrane systematic review to determine the effectiveness and safety of acupuncture as an adjunct treatment. There were 20 randomized controlled trials (RCT) included in the review. Six studies compared acupuncture at the time of egg collection (912 women) and 14 studies compared acupuncture in assisted conception (3632 women). The studies were further divided into those which used placebo needles in their control groups versus those that had controls who did not undergo any treatment. All the studies identified involved participants undertaking IVF. There were no studies reporting the effect of acupuncture in ovulation induction or IUI. Finally, this updated meta-analysis showed no evidence of overall benefit of acupuncture for improving live birth rate (LBR) regardless of whether acupuncture was performed around the time of oocyte retrieval (low quality evidence) or around the day of embryo transfer (ET) (low quality evidence). Furthermore, there was no evidence that acupuncture had any effect on pregnancy or miscarriage rates, or had significant side effects.

According to the 2014 Miller's Anesthesia book, "when compared with placebo, acupuncture treatment has proven efficacy for relieving pain" (Ronald DM et al. 2014). Therefore, the use of acupuncture therapy to alleviate gynecological pain is also very common in past and current clinical practice. A meta-analysis was carried out by Smith CA et al. in 2016 to determine the effectiveness and safety of acupuncture and acupressure in the treatment of primary dysmenorrhoea. Primary dysmenorrhoea is the most common form of period pain and affects up to three-quarters of women at some stage of their reproductive life. In this study, authors included 42 RCTs (4640 women). Acupuncture or acupressure was compared with a sham/placebo group, medication, no treatment or other treatment. The currently available trials showed that there was insufficient evidence to demonstrate whether or not acupuncture or acupressure was effective in treating primary dysmenorrhoea, and for most comparisons no data was available about the adverse effects. The quality of the evidence was low or very low for all comparisons. The main limitations were risk of bias, poor reporting, inconsistency and risk



of publication bias. Endometriosis is a prevalent gynecological condition, significantly affecting women's lives. Clinical presentations may vary from absence of symptoms to complaints of chronic pelvic pain, most notably dysmenorrhoea. The management of pain in endometriosis is currently inadequate. Acupuncture has been studied in endometriosis but its effectiveness for pain is uncertain. Zhu X et al. (2011) conducted a systematic review titled "Acupuncture for pain in endometriosis". Twenty-four studies were identified that involved acupuncture for endometriosis, however only one trial, enrolling 67 participants, met all the inclusion criteria. The single included trial defined pain scores and cure rates according to the Guideline for Clinical Research on New Chinese Medicine. Pain scores were lower in the acupuncture group using the 15-point Guideline for Clinical Research on New Chinese Medicine for Treatment of Pelvic Endometriosis scale. The total effective rate ('cured', 'significantly effective' or 'effective') for auricular acupuncture and Chinese herbal medicine was 91.9% and 60%, respectively. The evidence to support the effectiveness of acupuncture for pain in endometriosis is limited, based on the results of only a single study that was included in this review.

Acupuncture is also frequently applied to various gynecological conditions, such as menopausal syndrome, polycystic ovarian syndrome and uterine fibroids. An assessment (Dodin S et al. 2013) was designed to determine whether acupuncture was effective and safe for reducing hot flashes and improving the quality of life of menopausal women with vasomotor symptoms. Sixteen studies, with 1155 women, were eligible for inclusion. Eight studies compared acupuncture versus sham acupuncture. No significant difference was found between the groups for hot flash frequency, but flashes were significantly less severe in the acupuncture group, with a small effect size (very low quality evidence). Three studies compared acupuncture versus HT. Acupuncture was associated with significantly more frequent hot flashes than hormone therapy (HT) (low quality evidence). Four studies compared acupuncture versus waiting list or no intervention. Traditional acupuncture was significantly more effective in reducing hot flash frequency from baseline (low quality evidence), and was also significantly more effective in reducing hot flash severity (low quality evidence). Over all, for quality of life measures, acupuncture was significantly less effective than HT, but traditional acupuncture was significantly more effective than no intervention. Lim CED et al. (2016) published their review of acupuncture clinical trials, in which the effectiveness and safety of acupuncture treatment of oligo/anovulatory women with polycystic ovarian syndrome (PCOS) were assessed. Five RCTs with 413 women were included. One study of 84 women found no



evidence of a difference in ovulation rate between true and sham acupuncture. However, one study of 28 women reported very low quality evidence suggesting that true acupuncture might be associated with higher ovulation frequency than relaxation. Two other studies reported that acupuncture or electro-acupuncture may be associated with higher restored menstruation frequency. There was no evidence of a difference in pregnancy rate between true and sham acupuncture. There was no evidence of a difference in side effect rates between any of the groups compared, but there was far too little data to reach a firm conclusion. The evidence was of very low quality, the main limitations being failure to report important clinical outcomes, and imprecision because of the wide range of effects and low numbers of events. There was also poor reporting of study methods. In another not updated Cochrane systematic review (Zhang Y et al. 2010), the authors tried to assess the benefits and harms of acupuncture in women with uterine fibroids. Unfortunately, there was no randomized double-blind controlled trials that met the inclusion criteria, and the effectiveness of acupuncture for the management of uterine fibroids remains uncertain.

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Postpartum Care

By Zhang Tingting (张婷婷) and Wu Xiaoli (吴晓莹)

Do mothers with newborn babies feel relieved after experiencing ten-months of hardship? Unfortunately the answer is no. After delivery, mothers need intensive care because the blood loss, qi deficiency and weakness of the spleen and stomach may influence their quality of life. How do new mothers preserve their post-partum health?

Follow the doctor's advice and conduct subsequent visits

The functions of all organs gradually recover to prenatal levels, especially the womb. It might take several stages after the discharge of the lochia to reach a full recovery, such as the retention of lochia, postpartum fever and postpartum stomachache, which can be screened and prevented via a health examination 6 weeks after the delivery.

Avoid wind-cold and improve daily care

A puerpera, or a woman who has recently given birth to a child, should clear heat before delivery and warm meridians after it, or more specifically, clear heat and nourish yin and blood and warm meridians to reinforce deficiency and resolve stasis. Also, it is advisable to avoid taking cold-natured Chinese medicines and stay warm. More attention should be paid in the summer because of cold drinks and the use of air conditioners. On hot days, the skin's pores are open widely, and if the temperature in the room is too low, the cold air easily transports from the exterior to the interior of the human body and leads to a wind-cold condition. Therefore, a puerpera should be aware of the inside temperature and wear long sleeves and trousers if necessary.

New mothers should have enough rest and avoid overexertion after delivery because their original qi has not fully recovered yet. In order to guarantee adequate nutrition for the baby, it is very important to maintain physical energy and facilitate the generation of enough breast milk. The ancient



Chinese doctors once said that the puerpera is not allowed to wash in the first week after delivery to protect from the exhaustion of Shen (神), and is also not allowed to get up too early lest a wind-cold condition could result. A puerpera is suggested not to speak nor work too much, nor wash her hands with cold water, even in the summer. In cold weather, it is best to use a small cloth to cover the belly to prevent long-term pain, which may not be curable by medicine.

Exercise and adjusting emotions

The new mothers need proper exercise instead of only lying on the bed for a whole month to prevent phlebothrombosis. Some gentle exercise is helpful to prevent uterine prolapse and sudden onset of metrorrhagia. Also, it helps to facilitate the metabolism and generation of new blood. A transition of environment can help women remain in a good mood.

Postpartum depression is a common condition nowadays because women are facing increasing pressure from society, raising children, and work. There are many ways to improve mood, including healthy distractions such as soft music, outdoor activities, and communicating with other mothers. Since the milk ducts papillas belong to the liver meridian and the breasts are on the pathway of the stomach meridian, the symptoms of liver depression, qi stagnation, and malnourishment of the stomach influences the secretion of



breast milk. Soothing the liver, resolving depression and adjusting the flow of qi in turn facilitate the flow of the breast milk.

What's an appropriate diet

One issue that most parents are concerned about is how to feed the baby. A common question frequently raised by women at my clinic is what to eat, and what not to eat after delivery. First of all, new mothers need a well-balanced diet. After delivery, a part of the essence from the spleen and stomach guarantee the nutrition intake for the mother, and the other part rises along the Chong Channel and Stomach meridian to form the breast milk, guaranteeing the nutrition intake for the baby. Xue Lizhai (薛立斋), the renowned doctor in the Ming dynasty, once said that blood is transformed from the essence of water and grain, which is regulated and stored by the zang-fu organs. It ascends to form breast milk or descends to form menstruation. During the breast feeding period, qi and blood ascend to transform into breast milk, that is why there is no menstruation .

Staple foods like rice, flour and carbohydrates provide energy for the recovery of the body and secretion of breast milk. The intake of protein is very crucial to support the generation of breast milk and regulate metabolism. Milk, eggs, and fish, are the preferable choices for the intake of protein. Fresh fruits and vegetables are also important to supplement vitamins, such as water spinach, broccoli, apple, kiwi, and banana. Fresh vegetables can supplement plant fiber to facilitate discharges, especially for puerpera with constipation.

The text *Tai Chan Zhi Nan* (《胎产指南》 *The Guideline of Childbirth*) referred to the selection of fruits and food, including "do's and don'ts and some unique customs. It is suggested not to have pears, lotus root, oranges, and watermelons which may lead to blood clots; nor cold rice noodles, green beans, cold rice, buckwheat, three-colored amaranth, lettuce, algae, and cold dishes; nor goose meat, dog meat and beef which are difficult for people with deficiency to digest; nor sugar, rice wine, hawthorn decoction which may damage the new blood; nor pepper, moxa leaf and wine which may lead to metrorrhagia; nor fresh ginger wine which is said may help to sweat and regulate blood; nor strong tea which accumulates cold, and leads to blood clots and pain.

Translator: Long Kun (龙堃)

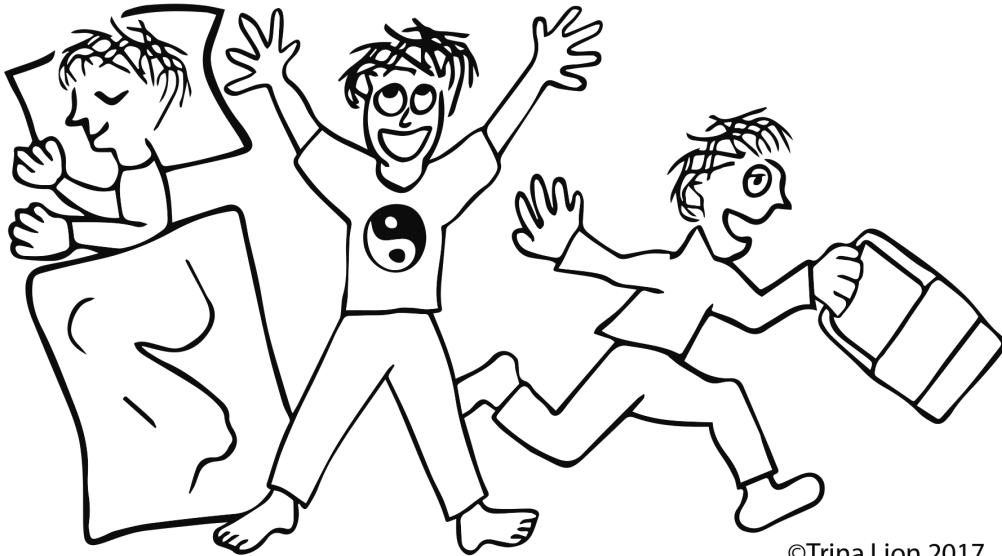


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TCM in Daily Life

“Everyday Balance” by Trina Lion, L.Ac.

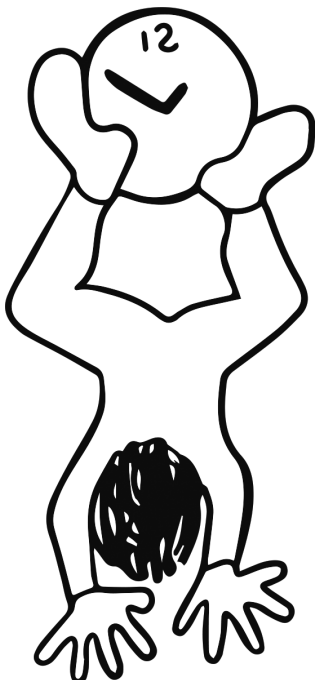


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Balance can seem more mysterious or difficult than necessary. We don't need to buy it, we need to build it. The daily choices that we make as we manage our responsibilities, pursue our goals, and navigate the outside world can help us stay balanced or become more symptomatic.

We can start with our rest and sleep, or the way in which we shift from sleep to waking. Do we give ourselves a moment to breathe and stretch and get focused, or do we set off in a race that ends only when we collapse with exhaustion? At any age, medical history, or time of year, we can make choices that honor our resources.

Perhaps before we sleep we can slow down, and we can practice slowing down throughout the day so our body and mind can remember how to rest and relax. Conversely, we can find small ways throughout the day to stay active (such as taking stairs, talking to neighbors, or walking through our neighborhood) so our body is constantly moving and adapting in different ways. As we change our physical position and location, we have the chance to change our perspective.



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“Real World” Yin and Yang by Trina Lion, L.Ac.



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Yin and Yang are supposed to be in balance, so we can both rest and be active, enjoy private and public time, and use both our intuition and logic. When we feel “stress,” our Yin and Yang are not in balance. We can help ourselves by making different lifestyle choices. Maybe we need to rest, unplug our phones, eat more vegetables, drink only water, or simply lie down more. Alternatively, we may need to exercise, socialize, and plan for the future. By honoring both our Yin and Yang sides, we will both reduce and prevent symptoms.

“Turning Off the Yang” by Trina Lion, L.Ac.



Activity is Yang, which means too much mental activity without enough rest or breaks can give a person physical or psychological symptoms. Digital devices tend to be bright, loud, and dense in information, very Yang. Overexposure to digital devices can lead to Yang / heat signs such as dry eyes, anxiety, restlessness, or “stress”. So then what? Nourish your Yin to reduce your Yang.

Turning off your devices or looking at a slower-paced or quieter scene (the natural world) can help, as can closing your eyes and breathing slowly and deeply to engage your “rest and digest” response. You must teach your body and mind to feel safe, to be open, to be able to change. The Yin grows slowly. To feel calm and peace on a regular basis, you must turn off your Yang.



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The First International Standard of TCM Terminology Was Published

On July 18, 2017, *ISO 18662-1: 2017 Traditional Chinese medicine—Vocabulary—Part 1: Chinese Materia Medica* was published. This is the first international standard in the field of TCM terminology published by ISO/TC249 Traditional Chinese Medicine. Therefore, it is the first time that 498 kinds of Chinese herbal medicines have an access to international common names, which provides an important basis for the international norms and unified terminology of Chinese medicine.

It is very difficult for us to make a unified naming of Chinese medicine all over the world because of the territory and the evolution of its meaning. With the worldwide application of Chinese Medicine in recent decades, there are various ways to name and translate the terminology of Chinese medicine internationally. The lack of unified international standards for terminology of Chinese herbal medicine have caused a very negative impact on international academic exchanges, education, trade, etc. Therefore, it's in urgent need that the international authoritative organizations and the international authoritative expert teams establish unified international norms.

At the beginning of the year of 2013, Chinese expert Professor Wang Kui submitted the proposal of "Traditional Chinese medicine—Vocabulary—Part 1: Chinese Materia Medica" to ISO/TC249, which received wide concerns from all the ISO/TC249 member bodies as soon as it submitted. The countries such as Australia, Canada, China, Germany, India, Italy, South Africa, Spain and Thailand have nominated their own experts to participate in the project. And under the efforts of many multi-national experts for more than four years, they ultimately formed a consensus which was published officially on July 18, 2017 by ISO after repeatedly modifying and unifying a large number of opinions and suggestions.

The project team fully takes into account the idiomatic usage of Chinese herbal medicine names in different countries and regions as well as the demands of research, education, trade and other fields. In the standard text, besides the application of ISO official language—English, we also retain the pinyin, traditional and simplified Chinese characters, Latin names and the English names, which greatly expand the applicability of this standard.

The issue of the ISO 18662-1 has been a landmark achievement of ISO/TC249 in the basic standard areas of international standardization of TCM. It can not only be a good support for other relevant international standards, but also greatly promote the international trade of Chinese herbal medicine. During the process of international standard development, the World Federation of Chinese Medicine Societies (WFCMS) expert teams have also made important contributions to this project.

Up to now, ISO/TC249 has published 22 international standards of Traditional Chinese Medicine and 45 projects are under development.

Reporter: Xu Xiaoting (徐晓婷)

