



BRILL

ASIAN MEDICINE 8 (2013) 1–7



brill.com/asme

Tracing the Dragon

Flexibility and Adaptation in Zhang Xichun's 'Essays on Medicine'

Chip Chace

Seattle Institute of Oriental Medicine

chippyip@gmail.com

Jason Blalack

Private practice in Boulder, Colorado

jblalack@chinesemedicinedoc.com

Abstract

What does it mean to subscribe to a specific medical tradition or a conceptual framework? Does one do so to the exclusion of other traditions and thus potentially effective therapeutic options? The following case from Zhang Xichun's 張錫純 (1860–1933) *Essays on Medicine Esteeming the Chinese and Respecting the Western* (*Yixue zhong-zhong canxi lu* 醫學衷中參西錄, 1909) illuminates this problem of medical bias by illustrating why it is important for the physician to read widely in the medical literature and consider the widest range of possible formulas. As its title suggests, Zhang's book presents a relatively early model for the integration of the Chinese and western modes of practice in which western pharmaceuticals are prescribed in much the same way as were Chinese medicinals. Zhang's essays are supplemented by a wealth of his case records, which he used to support his arguments. His appreciation of the considerations surrounding synthesis and innovation extended both to Western medicine as well as to the various forms of Chinese medicine. The following case demonstrates the pitfalls of an excessively narrow application of the Cold Damage current of medical learning, one of Chinese medicine's oldest and most venerable treatment approaches, and thus supports Zhang's larger message of medical eclecticism and synthesis. It originally appeared in Zhang's above-mentioned *Essays*, chapter four, 'White Tiger and Ginseng Decoction substituting *Dioscorea Radix* for the Nonglutinous rice' (*Baihu jia renshen yi shanyao dai jingmi tang* 白虎加人參以山藥代粳米湯), in section 25, 'On the use of

prescriptions to treat combined cold damage and warm disease [patterns]' (*zhi shang-han wenbing tong yong fang* 治伤寒温病同用方).¹

Keywords

Zhang Xichun – case records – *Shanghan lun* – cold damage – warm disease – adaptability

Translation of a Case of Warm Disease

趙××，患溫病。醫者投以桂枝湯，覺熱渴氣促。又與柴胡湯，熱尤甚，且增喘嗽，頻吐痰涎，不得臥者六七日。醫者謂病甚重，不能為矣。舉家聞之，惶恐無措。伊芳弟××延為延醫。

Zhao suffered from warm disease.² The [previous] physician prescribed Cinnamon Twig Decoction (*gui zhi tang*), which led to a subjective sensation of heat, thirst, and labored breathing. He then prescribed [Minor] Bupleurum Decoction (*xiao chaihu tang*), which made the heat especially worse and moreover increased the wheezing and cough. She repeatedly vomited up phlegm drool and for six or seven days she had been unable to lie down. Her physician then said that her disease had become very severe and that he lacked the skill to address it. When her family learned of this they were alarmed and flustered. Yi Fang's younger brother was dispatched to send for a physician.

既至，見病患喘促肩息，頭汗自出，表裡皆熱，舌苔深灰，縮不能言。急診其脈，浮數有力，重按甚空。因思此證陽明熱極，陰分將竭，實為誤服桂枝、柴胡之壞證。

When I arrived, I saw that the patient was experiencing hasty wheezing and shoulder breathing and spontaneous sweating from his head. This was heat in both the exterior and interior. Her tongue coat was dark grey and her tongue was so contracted that she was unable to speak. I immediately took her pulse and found it floating, rapid, and strong, yet extremely empty upon stronger

1 Zhang Xichun 张锡纯 1974 [1909], *Essays on Medicine Esteeming the Chinese and Respecting the Western* (*Yixue zhongzhong canxi lu* 医学衷中参西录), Hebei: Hebei renmin chubanshe, p. 192.

2 The gender of the patient is unknown so our use of the feminine is entirely arbitrary.

pressure. Thus it was actually a mistake to administer Cinnamon Twig and Minor Bupleurum Decoction because this was a pattern of extreme heat in the *yangming* warp where the yin aspect was about to be exhausted.

急投以白虎加人參以山藥代粳米湯，更以玄參代知母。連服兩劑，渴愈喘止，脈不浮數，仍然有力，舌伸能言，而痰嗽不甚見輕。繼投以從龍湯，去蘇子，加人參四錢，天冬八錢，服七劑全愈。

I immediately gave her White Tiger and Ginseng Decoction (*baihu jiaren shen tang*) substituting Dioscorea Radix (*shanyao*) for the Nonglutinous rice (*jingmi*). In addition, I substituted Scrophulariae Radix (*xuanshen*) for Anemarrhenae Rhizoma (*zhimu*). She took two packets of the formula in succession and her thirst was relieved, and her wheezing stopped. Her pulse was no longer floating and rapid although it was still strong. Her tongue stretched out and she was able to speak. Her phlegmatic cough was no longer intense and appeared to be milder. He then continued with a modification of Follow the Dragon Decoction, omitting the Perillae Fructus (*suzi*) and adding 4 *qian* of Ginseng Radix (*renshen*) and 8 *qian* of Ophiopogonis Radix (*maimen dong*).

After taking seven packets she was completely cured.

'Follow the Dragon Decoction' contains:

Fossilia Osis Mastodi (<i>longgu</i>) (not calcined and crushed)	30 grams
Ostreae Concha (<i>muli</i>) (not calcined and crushed)	30 grams
Paeoniae Radix alba (<i>baishao</i>)	15 grams
purified Pinelliae Rhizoma (<i>qing banxia</i>)	12 grams
Dry-fried Perillae Fructus (<i>chao suzi</i>) (crushed)	12 grams
Dry-fried Arctii Fructus (<i>chao niubangzi</i>)	9 grams

Commentary

The initial physician in this case appears to have made a rudimentary error. He treated an externally contracted pathogen using a methodology designed for cold pathogens. However some practitioners who specialize in 'canonical formulas' (*jingfang* 經方) believe that all externally contracted diseases can be effectively treated using Cold Damage prescriptions. This trend was so influential that even Wu Jutong's 吳鞠通 landmark text, *Systematic Differentiation of Warm Pathogen Diseases* (*Wenbing tiaobian* 溫病條辯, 1798), recommended the classic Cold Damage formula Cinnamon Twig Decoction for warm diseases. Most commentators though agree that this was obviously incorrect and

written more out of respect for the older Cold Damage tradition, and thus demonstrating the link between the Cold Damage and Warm Disease currents.

Nevertheless, Zhang's case record does not say whether the original physician simply misinterpreted the patient's symptoms as cold in nature, or whether he actually believed that the patient's pattern could be treated from a Cold Damage perspective. Regardless of whether Cinnamon Twig Decoction could in principle treat warm disease, it clearly failed here. Nonetheless, the physician persisted in utilizing a Cold Damage approach with Minor Bubleurum Decoction, which made the condition even worse.

By the time that Zhang Xichun examined the patient, the pattern had clearly progressed to excess heat in the *yangming* warp (or *qi* level) with fluid damage. Regardless of whether one is thinking in terms of a Cold Damage or Warm Disease model, the treatment strategy at this point is similar.

Like many eclectic Qing dynasty physicians, Zhang Xichun had a firm grasp of the past ideas that he would flexibly apply. He commonly substituted the rice in White Tiger plus Ginseng Decoction (*baihu jiaran shentang*) with *Dioscorea Radix* (*shanyao*) because of its ability to supplement both the *qi* and yin. Similarly, he commonly would use *Scrophulariae radix* (*xuanshen*) instead of *Anemarrhenae Rhizoma* (*zhimu*) because it is better at enriching yin, generating water, and tonifying the Kidneys, as well as being not as cold and better suited to address the upper burner.

Zhang Xichun followed this up with a unique and curious formula of his own called 'Follow the Dragon Decoction' (*cong long tang*). It is indicated for externally contracted phlegm wheezing where Minor Bluegreen Dragon Decoction has not cured the illness, or where the illness has initially been cured but returns.

The Follow the Dragon Decoction is best understood in the context of Minor Bluegreen Dragon Decoction. Both prescriptions address 'water *qi* congealing in the chest and upwardly distressing the Lungs'. Yet, Follow the Dragon Decoction contains two important strategies that are not present in Minor Bluegreen Dragon Decoction, namely those of descending and astringing.

Follow the Dragon Decoction removes *Ephedrae Herba* (*mahuang*), *Cinnamomi Ramulus* (*guizhi*), and *Asari Radix et Rhizoma* (*xixin*), the strong dispersing and surface resolving ingredients from Minor Bluegreen Dragon Decoction and, in turn, adds *Perillae Fructus* (*zisuizi*) and *Arctii Fructus* (*niubangzi*). Zhang often used both of these medicinals for wheezing, even in cases of deficiency. They form an herbal pair that together clear phlegm, descend counterflow, and guide the other medicinals quickly to the lower areas [of the body]. *Arctii Fructus*'s substance is slippery and its *qi* is fragrant,

so it is able to moisten the Lungs, 'unhinder' (*li* 利) the Lungs, and descend the counterflow of Lung *qi*. However, in the above case, Zhang did not use Perillae Fructus because it is too dispersing and warm for the amount of yin deficiency that was present.

One of the most interesting aspects of Follow the Dragon Decoction is its use of heavy minerals. The formula can be used in the presence of an external pathogenic factor or even lingering pathogen. Zhang cites Xu Lingtai's 徐靈台 (1693–1771) opinion that, 'Fossilia Osis Mastodi (*longgu*) and Ostreae Concha (*muli*) are mostly sticky and astringent, but are able to gather in and preserve the correct *qi*... however, they do not constrain the pathogenic *qi*... Thus these can be used in cases of Cold Damage or Warm disease, when there is excess heat, a deficient pulse, continuous palpitations, and an agitated essence-spirit...'. Zhang used these medicinals often for wheezing to strongly direct *qi* downwards and transform phlegm, especially with Perillae Fructus.

In addition, Follow the Dragon Decoction also contains Paeoniae Radix alba (*baishao*), which is bitter, slightly sour, cold, generates fluids, reduces heat, and eliminates irritability. It is also able to astringe the upper burner and direct floating and straying heat downward through the urine. Combined with Ophiopogonis Radix (*maimendong*), these two medicinals also cool and nourish the yin, in general, and Spleen and Stomach yin, in particular.

Zhang (and Xu Lingtai) believed that Ophiopogonis Radix is contradicted with cough, but combined with Pinelliae Rhizoma preparatum (*zhibanxia*) it was effective in stopping cough. Thus the addition of Ophiopogonis Radix to Zhang's above formula completes the core structure of the 'Ophiopogonis Decoction' (*maimendong tang*), one of Zhang Zhongjing's fundamental cough and wheezing formulas. Pinelliae Rhizoma preparatum is able to descend surging counterflow of Stomach *qi*, which these physicians understood as contributing to the wheezing.

Ginseng Radix (*renshen*) was added to tonify and augment the great *qi* (*da qi* 大气) within the chest. Combined with Ophiopogonis Radix (*maimendong*) these two ingredients address the Lung heat damaging the Lungs. With Perillae Fructus they function to descend the counterflow of the Lung *qi* due to deficiency.

The Follow the Dragon Decoction's key treatment principle is thus derived from Zhong Zhongjing's use of 'Bubleurum, Dragon Bone, and Oyster Shell Decoction' (*chaihu jialong gumu liyang*), where it is used for a condition characterized by a pathogenic factor that has been incompletely expelled. In this case, Zhang Xichun demonstrates an appreciation of Zhang Zhongjing's thought that went far beyond the rote application of canonical formulas.

Such an interpretation has enjoyed a venerable pedigree. Many physicians throughout Chinese history have adapted Zhang Zhongjing's understanding in one way of another.

Zhang Xichun's case illustrates two crucial principles in herbal prescribing. First, it is essential to fit the treatment strategy to the patient rather than attempting to make the patient fit a particular conceptual model. The Cold Damage toolkit will not be the optimal choice for every disease presentation, nor will the Warm disease model. Specialization in a single conceptual framework is often accompanied by a kind of tunnel vision; one easily finds oneself viewing all presentations through the lens of Cold Damage, Warm disease, Lurking Pathogens, Yin Fire, or some other type of disease framework. When working in a Cold Damage framework, it is certainly possible to read a rapid pulse or a red tongue as signs of false heat and true cold and there are case records illustrating the effective use of *Aconiti Radix lateralis preparata* (*zhi fu zi*) in such instances. Most often though, these are indeed signs of heat and they should be interpreted as such.

Then too, we must adapt the principles of whatever model we are using to conform to the needs of a given situation. Zhang Xichun was not an adherent to any one mode of Chinese medical thinking but drew from the widest range of perspectives, including Western medicine. Yet, he had completely internalized the rationale behind each ingredient in Zhang Zhongjing's formulas. Where the initial physician slavishly and rather ineptly adhered to the letter of the Cold Damage methodology, Zhang Xichun demonstrated a much deeper understanding of its underlying principles and intentions.

The above narrative demonstrates another aspect of the case literature that is equally important in the study of medicine. The most valuable case records are imbued with multiple layers of information. Their authors often assume that their readers have much more background knowledge than many Western readers possess. We often need to do some homework to really understand the full implications of these cases. This narrative is a brilliant example of how much the case record literature has to offer when we take the time to consider each facet of the account a little more deeply. Here we are rewarded with much more than a lesson in erroneous treatment due to rigid thinking. We discover an innovative method of treating respiratory disease. Tracing this thread back through Zhang Xichun's own *Essays on Medicine Esteeming the Chinese and Respecting the Western*, we find a detailed explanation of his thought process for Follow the Dragon Decoctions (only some of which is provided above) and multiple case records to illustrate his points.

For example, Zhang presents a case where the patient had externally contracted phlegm wheezing and was unable to lie down for ten days. He was

given Minor Bluegreen Dragon, which aggravated his situation to the extent that the condition was actually considered life threatening. The physician then re-prescribed Minor Bluegreen Dragon, omitting Ephedrae Herba, but adding wild Codonopsis Radix (*yedang shen*), unprocessed Fossilium Ostrae (*sheng longgu*), and unprocessed Ostreae Concha (*sheng muli*) each 5 qian, and unprocessed Gypsum fibrosum (*sheng shigao*) 1.5 liang. After one packet he was around 50% better. After one more packet, he was cured. He comments that ‘combining Minor Bluegreen Dragon with medicinals to astringe the *qi* might seem to border on the juvenile, crude, and rash . . . yet this method was able to salvage a serious condition, [demonstrating] the method of flexibly using Minor Bluegreen Dragon’. Here, the formula merely needed to be modified to succeed, thus illustrating how effective Fossilium Ostrae and Ostreae Concha can be in treating respiratory conditions.

Zhang Xichun named his prescription Follow the Dragon Decoction because it is what should be prescribed when Minor Bluegreen Dragon has proven ineffective. It is, in effect, a ‘followup’ formula to Minor Bluegreen Dragon Decoction. The phrase *conglong* 從龍 originally alluded to ‘an attendant following the monarch’ and was always referred to as the dragon. Writers throughout history have played with variations on this theme. We cannot know whether or not Zhang Xichun himself intended this shade of literary allusion. Yet there is no question that in masterfully emulating Zhang Zhongjing’s ideas, Zhang Xichun’s Dragon prescription follows the traces of the premier Cold Damage medical tradition.