

Qin Bowei's 56 Methods: A Clinical Perspective

Abstract

Qin Bowei was one of the most important scholar-physicians and synthesisers of Chinese medicine of the 20th century. This article presents a brief introduction to his system of prescribing, which constitutes a synthesis of the most important clinical ideas in the history of Chinese medicine that pre-dates most of Mao Zedong's influence on medicine, and differs in a number of ways from the current TCM model. Practical clinical examples of how to use Qin's treatment methods are also provided to demonstrate how they may be helpful to us today.

Have you ever been struck by the difference between the way many accomplished physicians of Chinese medicine treat disease, and the methods outlined in our modern textbooks? I have spent many years trying to understand the thought processes of famous physicians such as Ye Tianshi (叶天士) and the lineage of Ding Ganren (丁甘仁), Qin Bowei (秦伯未) and Wu Boping (吴伯平). I noticed that their formulas and strategies are firmly rooted in classical thought, yet are very fluid and non-confining, which enables them to address unique patient presentations. How does one get to this point? How can one break away from the simplistic textbook approach of, 'which disease? ... which pattern? ... [and finally] here is the formula'? And what is the best method for teaching such skills? In my search to answer these questions, I discovered a very practical and effective approach developed by Qin Bowei (1901-1970), which is based on identifying the aetiology and treatment methods appropriate for each patient.¹ In this essay I will present a brief introduction to Qin Bowei and his system, and explain why it is valuable to us today by providing examples that illustrate the clinical flexibility offered by this system.

Who was Qin Bowei?²

Qin Bowei was one of the most important scholar-physicians and synthesisers of Chinese medicine in the 20th century. He is generally acknowledged for his great skill at taking complex ideas and contradictions and presenting them in a concise, clear and systematic format. He is consequently regarded as one of the top educators of the 20th century. He was very well-read and studied many classical traditions, and was known for having memorised the *Inner Classic (Nei Jing)* – so that he was subsequently nicknamed 'Qin Neijing'. He was also extremely prolific, and wrote

over 50 texts and many articles. In addition, he held many positions in universities, clinics, Chinese medicine societies and journals, and was eventually asked to work at the Ministry of Health (MOH) in Beijing under Mao Zedong. However when the MOH pushed for the integration of Chinese medicine into a modern medical system guided by Western medicine, Qin and four other prominent physicians spoke out and directly confronted the government on many of the reforms. They argued that the study of Chinese medicine should emphasise classical texts and utilise traditional methods of learning, instead of using the simplified textbooks that were being produced at the time. These efforts ultimately failed, and consequently the TCM we now study lacks much of the foundation that Qin thought was so important. Such views cost Qin dearly during the Cultural Revolution. Prevented from practising medicine, he was ridiculed and forced to clean toilets. This emotional blow likely contributed to his early death in 1970.

Qin was a renowned clinician, known for his exceptional ability at treating complicated diseases such as leukaemia, haemophilia and myasthenia gravis, and he treated many high-level officials from foreign countries such as the Soviet Union and Mongolia. Thus his instructional material has a strong clinical focus, and aims to teach people how to think about Chinese medicine. In my desire to understand Chinese medicine as it was taught and practised before the major changes of the last 60 years, I have spent a great deal of time trying to understand Qin's thinking and approach. I was fortunate enough in my studies in China to meet one of Qin's longest standing students, Wu Boping (吴伯平), who patiently over a period of years spent countless hours explaining Qin's approach to me.

Qin's system

Qin developed two systems. The first was published as

By: Jason
Blalack

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New Guidelines for Treatment (Zhi Liao Xin Lu 治疗新律) (c. 1953).³ The second was a more politically attractive version, designed to appeal to the government agencies, entitled *The Fourteen Principle Rubrics of Pattern Differentiation (Shi Si Gang Yao Bian Zheng 十四纲要辨证)*,⁴ which Qin put together with seven other people in 1959. Although similar, there were key changes that make the latter less interesting to us today. It did however compete with – and ultimately lost out to – the *Outline of Chinese Medicine* (1958) in forming the basis of modern TCM.⁵ Unfortunately a full analysis of the complex politics behind this decision is beyond the scope of this paper.⁶ However, one key factor was that *The Outline* had a clearly delineated structure based on disease names and patterns. This was more in line with Mao's vision of creating a simplified version of Chinese medicine that could be integrated into the Western medicine model. Thus *The Outline* was actually developed to teach Chinese medicine to Western medicine physicians, and subsequently became the foundational model for core Western textbooks such as Kaptchuk's *The Web that has no Weaver* (1983) and Maciocia's *The Foundations of Chinese Medicine* (1989) (Scheid, 2002; Taylor, 2005). Qin's more traditionally oriented system, on the other hand, was deemed more complicated in that it did not allow for easy integration of Western diseases and was difficult to adapt to Western research models. Qin was not necessarily opposed to the use of Western medicine, but believed that Chinese medicine should be understood on its own terms. Compared to *Fourteen Principle Rubrics*, *New Guidelines for Treatment* is a more avant-garde approach. It provides a more unique clinical approach that reflects Qin's training in the Menghe (孟河) lineage. This is what will be discussed below.

The organisation of Qin's system differs from most, if not all, Western-style clinical manuals. Instead of being organised by disease or chief complaint – such as headache or menstrual pain – it is arranged by causes of disease (such as phlegm, deficiency, wind etc.) and core treatment methods.⁷ For each method Qin lists the key manifestations and a formula that crystallises the essence of the treatment method. There are two key points that make Qin's system appealing, but were viewed as problematic at the time:⁸

1. It is a true synthesis, integrating seemingly disconnected currents such as warm disease

and cold damage into one system. This was problematic at the time, because many established practitioners wanted to preserve their identities and distinctiveness, for example, as a 'Cold Damage (*shang han*) practitioner'.

2. For each treatment method Qin constructed a seven-ingredient formula. These were based on classical formulas and took Qin over 20 years to develop. Although these formulas constitute one of the most fascinating aspects of the system, they were looked down upon by some because they were not chosen by groups or committees. However, they represent an important clinical side to the medicine, especially for those interested in learning how to write custom-designed formulas with a small number of precisely combined ingredients administered in small doses.⁹

Treatment methods

Qin strove to identify the commonalities between different physicians' formulas and approaches. He then extracted the essence of these ideas (as treatment methods), from which he created a cohesive system. These methods are templates, which allow the physician a way to emulate the thinking behind a prescription without being tied down to the exact ingredients or original indications. Thus they give one the capability to think flexibly and modify classical ideas (i.e. formulas) for the modern patient. This provides a unique opportunity to engage with the medicine on a deeper level and emulate the thinking of many great Chinese physicians.

Utilising treatment methods can open up treatment possibilities that are often ignored in typical Chinese medical textbooks. They provide the foundation to address presentations that are unusual, that lie in between two patterns, or that encompass multiple patterns. Qin's approach crystallises the essence of Chinese herbal medicine by teaching a method of thinking, rather than just being a mere compilation of historical material. The basic premise is that there are an infinite number of diseases, patterns and formulas, but there are only a handful of treatment methods that are needed to treat the majority of complaints. For example, there are literally hundreds of formulas that can treat externally contracted diseases. However, almost all of these formulas can be reduced to three essential treatment methods: 'disperse the exterior', 'clear heat' and 'diffuse the Lungs'.¹⁰ A fourth method emerges when concurrent symptoms need to be addressed that are related to constitutional issues or complicating factors such as phlegm or food stagnation. Therefore instead of trying to diagnose the most appropriate pattern(s) and pick the relevant formula, we should determine the relative

amount of each treatment method needed to construct an individualised formula (see examples two and three below for further discussion). This is accomplished by understanding the pathodynamics of the symptoms. For example, we might ask: 'How much do we need to disperse the exterior?' (i.e. how much of the pathogen is on the exterior?); 'How much do we need to diffuse the Lungs?' (i.e. how blocked are the Lungs?); 'What amount of medicinals should clear heat?'; and 'What amount of medicinals is needed to address the patient's constitutional pattern?'

A brief comparison: methods versus patterns

Most of us have been taught that in TCM we first diagnose the disease, then pick a pattern and from this the treatment methods become self-evident. Our textbooks often only list one set of treatment methods for a given pattern, which usually relates to a single formula - and consequently we spend little time considering the appropriate methods before choosing a formula. However, treatment methods are not actually self-evident from a pattern, but rather represent a finer distinction of what needs to happen based on the individual presentation. Quite simply, from the treatment methods one can deduce the pattern(s), but a pattern does not necessarily infer the correct treatment method(s). For example, the pattern of Liver and Gallbladder constraint with fire can be addressed with either of Qin's methods of 'diffuse and discharge constrained fire [in the Liver and Gallbladder]' or 'use bitter [medicinals] to drain ministerial fire'. Each method's corresponding herbal choices are substantially different. Consequently, when there are multiple herbal formulas associated with a single pattern their differences can be understood through variations in the treatment methods. This helps to explain why clinically we see master physicians writing an almost infinite number of different formulas for a single diagnosis. I often find that when I experience poor clinical results the error is not in the diagnosis (pattern), but rather the strategy (treatment methods). For example, in the case of a basic pattern of dampness in the middle burner there are multiple treatment strategies to consider. I might start with a method of 'aromatically transform dampness' only to realise that I actually need to 'warm and dry damp-turbidity' and 'blandly leach out and eliminate dampness'. All three of these methods utilise different herbs. Many common patterns, such as Liver-Spleen disharmony for example, can be addressed through a number of possible combinations of treatment methods, as explored in example one below. Thus using patterns alone is too vague for the precision required for constructing an individualised formula.

Sometimes a patient's presentation lies in the middle of two patterns, or else a standard pattern for their presentation does not exist at all. With an emphasis on patterns, one

option in such cases is to combine two or more patterns and their associated formulas. Take, for example, a cough due to external wind where there is no predominance of cold or heat. This usually does not have a specific pattern associated with it in modern textbooks, and therefore to be precise one must create a formula. One might attempt to merge two patterns and formulas such as *Ma Huang Tang* (Ephedra Decoction) (c. 220) for wind-cold, and *Sang Ju Yin* (Mulberry Leaf and Chrysanthemum Drink) (1798) for wind-heat. One problem with this approach is that formulas from different authors and different time periods often have dramatically different underlying ideas, based on different patient populations, different theoretical viewpoints and even different understandings of herb functions. Therefore combining the herbs from each formula can be challenging. In contrast with this, utilising the appropriate treatment methods can provide a clear template for a customised formula. This avoids being confined to the specific herbs from the original formulas, while allowing the use of medicinals in a manner that is consistent with each practitioner's own understanding. To elaborate, there is not a major distinction between the fundamental methods needed to resolve a wind-cold and wind-heat cough. Both need acrid medicinals to diffuse the Lungs, and thus the respective methods of treatment would be to use 'acrid warm [medicinals] to diffuse the Lungs' and 'acrid cool [medicinals] to diffuse the Lungs'. In the example given above one could use Qin's 'acrid balanced diffuse the Lungs method', using the following formula: *Zhi Ma Huang* (prepared Ephedrae Herba) 2.4g, *Chao Niu Bang Zi* (Dry-fried Arctii Fructus) 6g, *Xing Ren* (Armeniaca Semen) 9g, *Zhe Bei Mu* (Fritillariae thunbergii Bulbus) 9g, *Ju Hong* (Citri reticulatae Exocarpium rubrum) 9g and *Zhi Gan Cao* (Glycyrrhizae Radix preparata) 2.4g (Wu, 2006, p.172).¹¹

This is not to imply that patterns do not have value. In fact, using both patterns and treatment methods is more accurate than using just one or the other. I believe that Qin organised his material by treatment methods because it represents the core concepts that one needs to learn in order to write personalised formulas. Of note is that when Qin discusses Western diseases, such as cirrhosis of the Liver, he does not list the most common patterns, as do our modern textbooks. Instead, he gives detailed explanations on how to use key treatment methods such as dredge the Liver, harmonise the collaterals, clear abdominal masses, reduce jaundice, promote urination, drain water and support the correct (Qin, 1957, p.157). These represent the core set of tools to guide us in creating an individualised formula. Treatment methods are intimately connected to the specific herbs that one must finely differentiate in order to treat individual presentations. Focusing on them allows for greater flexibility and precision in prescribing. For students or those struggling to customise formulas for complicated patients, this system offers a valuable

perspective, allowing one to break out of standard – at times confining - textbook patterns.

Example 1

There are multiple formulas typically recommended for a Liver-Spleen disharmony, such as *Xiao Yao San* (Rambling Powder), *Tong Xie Yao Fang* (Important Formula for Painful Diarrhoea), *Si Ni San* (Frigid Extremities Powder), *Jie Gan Jian* (Resolve the Liver Powder)¹² and even *Wu Mei Wan* (Mume Pill). However, each has a different set and emphasis of treatment methods. Naming a pattern as a Liver-Spleen disharmony really only tells us that there is a blockage of Liver qi and impaired Spleen movement and transportation (i.e. Spleen deficiency). Resolving this pattern with precision is much more involved than simply prescribing the formula *Xiao Yao San* (Rambling Powder), or trying to find another best-fit classical formula. One approach for creating a customised formula is to identify the principal treatment methods needed.

Dredging Liver qi is the core treatment method needed in nearly all Liver-Spleen disharmonies. Therefore, understanding this method in its most fundamental form is essential when addressing the full spectrum of possible presentations. One of Qin's 56 methods is 'dredge and facilitate the movement of stagnant qi (*shu li qi zhi* 疏利气滞)'. The key manifestations of stagnant qi are anger, melancholy and inhibited flow at the qi level manifesting as fullness and stifling sensation in the chest and flanks. Qin's seven-ingredient formula for this method is:

<i>Ci Ji Li</i> (Tribuli Fructus)	9g
<i>Zhi Xiang Fu</i> (processed Cyperi Rhizom)	4.5g
<i>Chao Qing Pi</i> (dry-fried Citri reticulatae viride Pericarpium)	4.5g
<i>Gao Liang Jiang</i> (Alpiniae officinarum Rhizoma)	9g
<i>Zhi Ke</i> (Aurantii Fructus)	4.5g
<i>Yu Jin</i> (Curcumae Radix)	4.5g
<i>Jin Ju Bing</i> (prepared Fortunellae Fructus)	3p

This formula addresses excessive Liver qi that has overwhelmed the Spleen and Stomach (leading to stagnation). This can also be understood as excess wood restraining earth (*mu ke tu* 木克土), which involves a horizontal counterflow pattern caused by (what Qin calls) Liver qi (*gan qi* 肝气). Qin's formula can be used on its own or it can be combined with other treatment methods. Thus it may be best understood as a template that can be used as a central component for Liver stagnation patterns that potentially involve the Spleen and Stomach.

'Liver qi' here should be contrasted with wood not dredging earth (*mu bu shu tu* 木不疏土),¹³ which according to Qin is caused by Liver constraint (*gan yu* 肝郁). This is from deficiency and involves a loss of free coursing of the Liver's qi, which slows the functions of the Spleen and Stomach and requires tonification of the Liver and

Spleen (and is thus the opposite of 'Liver qi' above). The flagship formula for this pattern is *Xiao Yao San* (Rambling Powder). Qin's formula above would not be appropriate (unless modified) in such cases, although the essential theme of dredging qi is still contained within the multi-dimensional approach of *Xiao Yao San* (Rambling Powder).¹⁴ More important than drawing a distinct line between these two patterns (Liver qi and Liver constraint) is to understand the associated treatment methods that can be used to influence presentations that lie along the continuum between these patterns, which allows for many possibilities. For example, Qin's formula above may be modified by adding the treatment method of protecting the yin or tonifying the blood - and consequently adding *Dang Gui* (Angelicae sinensis Radix) and/or *Bai Shao* (Paeoniae Radix alba) and removing *Qing Pi* (Citri reticulatae viride Pericarpium). Further, if one adds the method of strengthening the Spleen, the formula becomes much closer to *Xiao Yao San* (Rambling Powder).

Liver-Spleen disharmonies can also occur with a primary manifestation of blockage and stagnation of the Spleen and Stomach, which influences the Liver qi's orderly reaching (*tiao da* 条达). This is called earth conversely rebelling against wood (*mu fan wu mu* 土反侮木). The primary strategies are to improve the Spleen's transportation function and harmonise the Stomach so that the Liver recovers on its own, using a formula such as *Jie Gan San* (Resolve the Liver Powder). This formula is on the opposite end of the spectrum to Qin's formula above, with the only medicinal that dredges qi included being *Zi Su Ye* (Perillae Folium).

We therefore have three patterns - wood restraining earth, wood not dredging earth and earth conversely rebelling against wood - describing wood-earth (Liver-Spleen) disharmonies. Even with these finer distinctions, they remain vague in comparison to focusing on the treatment methods that are needed. Thus there are boundless possible formulas that might be used to treat patients manifesting between these three patterns, but it is essential to grasp that all will involve some aspect of 'dredge and facilitate the movement of stagnant qi'. How we as clinicians utilise this in the presence of other methods represents the art of herbal prescribing. In his system Qin purposefully separates and teaches each method (and core formula) individually so one can fully understand the intricacies involved, such as how each medicinal works to fulfil a specific role. Mastering the individual methods then makes it much easier to combine them. That is, understanding how individual herbs and groups of herbs specifically define a single treatment method enables one to flexibly weave multiple methods together. Consequently, it is not necessary to strictly adhere to the exact ingredients in a standard formula. Using treatment methods as the overarching construct, one can select medicinals based on the patient's presentation and the

corresponding methods. For example, instead of using *Chai Hu* (Bupleuri Radix) to dredge the Liver, one might choose *Yin Chai Hu* (Stellariae Radix) (if using a method of clearing deficiency fire and protecting the yin), or *Ba Yue Zha* (Akebiae Fructus) or *Suo Luo Zi* (Aesculi Semen) (if utilising the strategy of tonifying Spleen yin), since *Chai Hu* (Bupleuri Radix) is said to plunder the yin. The most refined choices are those that accomplish two or more treatment methods simultaneously, or that demonstrate an awareness of the other methods involved thereby reducing the number of herbs needed. In the end, for example, the 'idea' of *Xiao Yao San* (Rambling Powder) may be prescribed without actually giving any of the ingredients from the original formula.

Example 2

Qin developed the following prescription for the method 'disperse wind and diffuse the Lungs':

<i>Jing Jie Sui</i> (Schizonepetae Spica)	4.5g
<i>Sang Ye</i> (Mori Folium)	4.5g
<i>Bo He</i> (Menthae haplocalycis Herba)	2.4g
<i>Man Jing Zi</i> (Viticis Fructus)	4.5g
<i>Dan Dou Chi</i> (Sojae Semen preparatum)	9g
<i>Ju Hua</i> (Chrysanthemi Flos)	4.5g
<i>Cong Bai</i> (Allii fistulosi Bulbus)	2 pieces

This is an acrid balanced approach that treats a wind attack with key symptoms of aversion to wind, fever, headache and dizziness. This presentation is common and lies in-between wind-cold and wind-heat. The formula is often useful as it is, or can be modified with only minor alterations. For example, if the presenting pattern is on the warm side, we add the treatment method of clearing heat, adding one to two heat-clearing medicinals such as *Lian Qiao* (Forsythiae Fructus) and *Jin Yin Hua* (Lonicerae Flos) and/or decreasing some of the warmer medicinals such as *Cong Bai* (Allii fistulosi Bulbus). One may end up with a formula containing *Jing Jie Sui* (Schizonepetae Spica), *Sang Ye* (Mori Folium), *Bo He* (Menthae haplocalycis Herba), *Dan Dou Chi* (Sojae Semen preparatum) and *Jin Yin Hua* (Lonicerae Flos), which would disperse wind, clear heat and lightly diffuse the Lungs. However, if the presentation includes a mild cough and itchy throat one would need to further diffuse the Lungs with medicinals such as *Chan Tui* (Cicadae Periostracum) and *Chao Niu Bang Zi* (dry-fried Arctii Fructus).

Addressing symptoms via treatment methods forces one to understand the pathodynamics behind the herb choices instead of merely selecting herbs based on symptoms. For example, *Chao Niu Bang Zi* (dry-fried Arctii Fructus) is good for cough. However, it is not good for any cough, but for a cough caused by non-diffusion of the Lungs. The more one understands individual treatment methods, the more one can intertwine these to fit complicated

individual presentations. Take the following case record by Qin Bowei as an example:

Example 3 – case study

An adult female had a constitutional propensity towards headache, high blood pressure and stomach pain. She contracted a common cold/flu (*gan mao*) and on the second day developed an unsurfaced generalised fever,¹⁵ yet her skin felt dry and hot. She had a sensation of severe cold on her back, a headache, heavy eyes, irritability, a stifling sensation in her chest, occasional belching and nausea, and her bowels had not moved in two days. Her pulse was thin, slippery and rapid, and her tongue coat was thin and yellow.

Prescription

<i>Bo He</i> (Menthae haplocalycis Herba)	3g
<i>Sang Ye</i> (Mori Folium)	4.5g
<i>Ju Hua</i> (Chrysanthemi Flos)	4.5g
<i>Ci Ji Li</i> (Tribuli Fructus)	9g
<i>Man Jing Zi</i> (Viticis Fructus)	4.5g
<i>Gou Teng</i> (Uncariae Ramulus cum Uncis)	9g
<i>Zhi Shi</i> (Aurantii Fructus immaturus)	4.5g
<i>Zhu Ru</i> (bamboo shavings)	4.5g

Jason's commentary: Here Qin uses slightly acrid, cool herbs to release the exterior, clear heat, calm the Liver and harmonise the Stomach. He chooses herbs in a building-block fashion to simultaneously address both the root and branch aspects of this complex presentation. For example he picks Liver herbs that also address the exterior (and visa versa). Qin notes, 'If I had just dispersed and scattered, this would certainly have stirred up the Liver yang and the headache would have become more severe. If I had just aggressively cleared [heat] and released [the exterior] then this would have provoked the Stomach qi, leading to pain. Therefore I used a slightly acrid, slightly cool, clear and discharging method, assisted by harmonising the middle.' Utilising treatment methods allowed Qin to arrive at this precise and effective formula.

Conclusion

The value of Qin's approach today is that it gives us a way of thinking that pre-dates our more Westernised system, TCM. It is a well thought-out, cohesive system that integrates multiple currents of Chinese medicine practice, and can teach us to emulate the thinking of many famous pre-modern/modern clinicians. At first sight it may seem a little challenging compared to the more Westernised, algorithmic manner that many of us learnt at TCM school. However, because Qin was an instrumental influence at the beginning stages of TCM, his approach should not be overly foreign to us, as some more unconventional Chinese medicine traditions or systems might be. Actually, some might ask, 'Isn't this

just Chinese medicine?'. The simple answer is yes - Qin is just teaching a method of thinking that master physicians have practised for centuries. He has gathered fundamental ideas and created a practical approach that modern practitioners can easily follow. Therefore Qin's approach may offer a breath of fresh air for those who have not been taught an effective method of clinical reasoning and who wish to master the art of writing individualised prescriptions. We may even find that teaching students this approach from the beginning will greatly enhance their ability to grasp the deeper roots of Chinese medicine - which was actually Qin's original intention. Consequently, I use this methodology when discussing cases with colleagues, as well as when teaching students. I have used these methods and Qin's associated formulas in the clinic now for years, and have seen my results greatly improve while simultaneously prescribing smaller and more concise formulas. More importantly, it has provided me with an outline to better organise

my treatment strategies. I hope others find Qin's perspective as useful as I have.

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Jason Blalack is the translator, compiler and editor of *Qin Bo-Wei's 56 Treatment Methods: Writing Precise Prescriptions with clinical commentary by Wu Bo-Ping*, published in 2011 by Eastland Press. He is a graduate of the Pacific College of Oriental Medicine in San Diego and maintains a full-time practice in Boulder, Colorado. He runs a website devoted to Chinese medicine case studies and discussion at www.chinesemedicinedoc.com/practitioners. Comments can be sent to: jblalack@chinesemedicinedoc.com

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Endnotes

1 Although the term (treatment) 'method' is used throughout this article, it is the same meaning as 'treatment principle'. Thus the 56 treatment methods are often understood as treatment principles.

2 Qin's biographical information comes from *Complete Famous Medical Works of Qin Bowei* (Wu, 2006), personal communication with Wu Boping (2007-2010), and *Chinese Medicine in Contemporary China: Plurality and Synthesis* (Scheid, 2002).

3 Although Wu Boping has an original hand-written copy of this text, the original material was lost during the Cultural Revolution. However, over the last 60 years Qin's material has been circulated and republished in various forms (e.g. Wu & Wang, 2006), but according to Wu many of these later versions have many changes and mistakes. In *Currents of Tradition in Chinese Medicine* (2007) Scheid mentions a version published in 1955, which I was unable to find myself, but have included it in the references.

4 It was also published under the title *Chinese Medicine's Rubrics of Pattern Differentiation and Treatment Determination*.

5 There were actually a few competing systems in TCM's early development, all with varying strengths and weaknesses. Although *The Outlines* prevailed, it was not necessarily the most authentic, complete or flexible, but rather the one that fitted the agenda of the times.

6 For a detailed analysis of the complex historical and political issues involved in the development of Chinese medicine see Scheid (2002) and Taylor (2005).

7 There is a long history of doctors organising material by treatment principle. For example, Ding Ganren (1865-1926), Qin's teacher, developed his own list of treatment methods which inspired Qin's creation; Wang Xugao 王旭高 (1798-1862) created *30 Methods for the Treatment of Liver Disorders (Zhi Gan San Shi Fa 治肝三十法)*; Ye Tianshi's case record book, *A Genuine Collection of Mr. Ye's Case Records with Analysis and Commentary* (Peng, 1984) is organised by treatment principles; and Zhao Shaoqin's (赵绍琴) (1918-2001) warm disease material strongly emphasises treatment methods.

8 A third, more political, reason why Qin's system did not thrive was because it lacked institutional authority and support. There were major contentions between universities and cities at the time and amassing power and network support for one's system was

imperative for success.

9 Qin's formulas were directly related to the way he practised, and do not merely present the standard formulas that we find in modern textbooks. His style was heavily influenced by the Menghe tradition, which utilised formulas with a small number of ingredients prescribed at small dosages.

10 Qin does not list methods such as 'scatter cold'. This is because when using the method of 'dispersing the exterior' one can use warm or cool medicinals. If there is a predominance of cold then one simply uses an 'acrid warm disperse the exterior' method. 'Clearing heat' refers to an internal accumulation of heat and requires a much different class of medicinals.

11 This formula also transforms phlegm.

12 *Bai Shao* (Paeoniae Radix alba), *Zi Su Ye* (Perillae Folium), *Zhi Ban Xia* (Pinelliae Rhizoma preparatum), *Chen Pi* (Citri reticulatae Pericarpium), *Sha Ren* (Amomi Fructus), *Hou Po* (Magnoliae officinalis Cortex) and *Fu Ling* (Poria).

13 Also called wood not restraining earth (*mu bu ke tu 木不克土*).

14 In this context, the term 'soothing' (*shu 舒*) is often used instead of 'dredging' because of the deficiency involved. Therefore, *Chai Hu* (Bupleuri Radix) can be referred to as a soothing or dredging medicinal depending on context / paired herbs.

15 (*shen re bu yang 身热不扬*)