

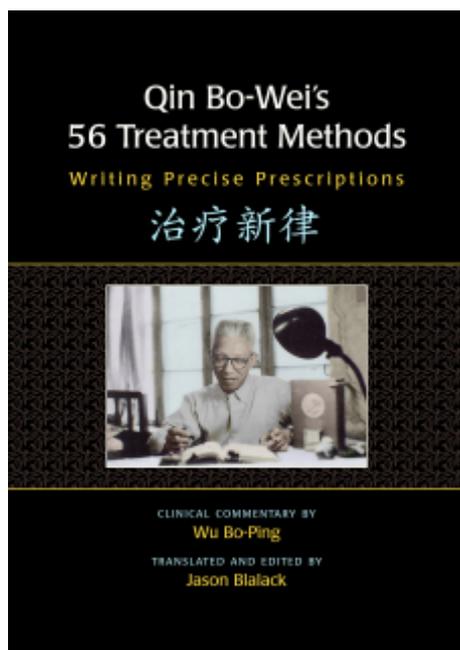
# QIN BOWEI'S 56 TREATMENT METHODS

Commentary by Wu Boping

Translated and edited with further commentary by Jason Blalack

Reviewed by Volker Scheid

**Qin Bowei's 56 Treatment Methods: Writing Precise Prescriptions. Clinical Commentary by Wu Boping. Translated and Edited by Jason Blalack. Seattle: Eastland Press, 2011.**



I should begin this review by saying something about my own relationship to the three people whose joint effort has produced this book: to Qin Bowei 秦伯未 (1901-1970), whose *New Guidelines for Treatment* 治療新律 forms the core around which the book is constructed; to Wu Boping 吳伯平, whose engagement with Qin's work provides most of the commentary and explanations; and to Jason Blalack, who acts as translator, editor, and secondary commentator.

I first met Prof. Wu Boping, the man in the middle as it were, in 1994 whilst carrying out fieldwork for my PhD in Beijing. Prof. Wu was then the Director of the Information Institute on TCM at the Chinese Academy of Chinese Medicine 中醫研究院 (now the Academy of Chinese Medical Science 中醫科學院). He was also running a clinic at the Academy several mornings a week, which I attended together with his Chinese students. Prof. Wu specialised in skin diseases but patients came to him with any kind of problem and so the conditions we saw ranged across the entire field of Chinese medicine. It was apparent on the very first day that Prof. Wu's style of prescribing was quite different from that of any

other doctor I had studied with until then. Most noticeably, he used very small dosages, usually 3-6g and sometimes as little as 0.5g of individual herbs, compared with 9-15g as the average dose in the other clinics I observed. Compared to most other doctors, Prof. Wu had a broader view of the world, having spent time in Tibet, Xinjiang and Tanzania, and a more subtle understanding of effectiveness. To give an instructive example, the majority of Prof. Wu's formulas at that time consisted of eleven herbs. When I asked him why this was so, he told me that it was generally considered good practice to use twelve herbs. Written down in the traditional style, starting from the left and writing from top to bottom, this produced a prescription made up of three lines, each line listing four herbs. In his opinion, eleven herbs - yielding two lines of four and one line of three - produced a more aesthetically pleasing and, by implication, more powerful prescription that visibly embodied a dynamic absent in the apparently more balanced three times four arrangement.

Prof. Wu recommended that I study the Confucian classics before reading more medical texts; and he demanded of his Chinese students to produce for him written commentaries on the two hundred most important medical texts, starting with the *Inner Canon* and finishing with the works of his own teachers, including Qin Bowei. Over subsequent months and then years, Prof. Wu became for me an important teacher, mentor and eventually friend whose influence on my own understanding and practice of Chinese remains profound. We regularly met in China, the US and Europe, where he became an influential teacher in the late 1990s/early 2000s, and he even visited me in my own "ancestral home" in Germany (a great honour for all of us) to celebrate my mother's 70th birthday. To me therefore, Prof. Wu is without doubt one of the most open-minded, engaging, knowledgeable, sophisticated and, indeed, fun teachers and physicians of Chinese medicine I have had the privilege to meet.

In his later years, Prof. Wu returned to Hangzhou, where he ran an extremely busy practice and mentored a number of western students. One of the most accomplished of these students is Jason Blalack. Having studied Chinese medicine and Chinese language in the US, mainland China and Taiwan and running a busy practice in Boulder, Colorado, Jason belongs to a younger generation of practitioners engaged in what appears to me the

next phase of introducing Chinese medicine to the West. Rather than simply translating existing Chinese texts, Jason and others like him (Jason Robertson working with Wang Zhuyi comes to mind) bring to us a more personalised understanding of that medical tradition derived from many years of intensive engagement with individual teachers.

I first met Jason at a seminar in Shanghai in 2007. I had just spent two weeks in Hangzhou, while Jason was on his way there to work with Prof. Wu on the present book. I had a feeling then that this was a book to look forward to and the final product more than delivers on that early promise. It not only disseminates Prof. Wu's clinical experiences to a wider audience but also reflects his teaching style. That style, in turn, can be traced back to his own teachers, which is where the voice of Qin Bowei, the most important of all in this book, enters the text and our story. If Wu Boping, who graduated from the first class of students enrolled at the Beijing College (now University) of TCM 北京中醫學院 in 1956, embodies the development and globalisation of TCM in late 20<sup>th</sup> China, Qin Bowei stands for a generation of remarkable physicians who enabled TCM to be born through the work of modernisation they carried out in the Republican and early Maoist eras. I have written about this process at length in *Currents of Tradition in Chinese Medicine* (Eastland Press, 2007), which also includes a lengthy biography of Qin Bowei. I will therefore only sum up here a few key facts about the man and physician that may help readers appreciate the true value of the present text.

Qin Bowei was educated in traditional Confucian fashion during the last years of empire and the early Republic, while his grandfather was a well-known Chinese medicine physician in what is now the Pudong area of Shanghai. Following in his grandfather's footsteps Qin enrolled at the Shanghai Technical College of Chinese Medicine 上海中醫專業學校, founded in 1916 by Ding Ganren 丁甘仁 (1860-1926). Ding Ganren was one of Shanghai's most eminent physicians at the time and the College the most important and influential school of its kind. At the College Ding apprenticed with both Ding Ganren and Cao Yingfu 曹穎甫 (1866-1938), one of the greatest scholars of the cold damage tradition in Republican China. His schoolmates included such luminary figures as Cheng Menxue 程門雪 (1902-1972), Zhang Cigong 章次公 (1903-1959) and Huang Wendong 黃文東 (1902-1981). Upon graduating, Qin involved himself in the modernisation of Chinese medicine through a variety of activities besides his own practice. He edited a famous collection of Qing dynasty case records as well as one of the most influential journals of the period, *The Chinese Medicine World* 中醫世界; he engaged in professional politics at both local and national levels; but most important of all to himself, he

dedicated his life to education and teaching. In honour of his achievements, Qin Bowei was called to work at the Academy of Chinese Medicine upon its foundation in 1954 to help build up an infrastructure for Chinese medicine in the New China. Qin remained at the Academy until the outbreak of the Cultural Revolution in 1967 and died shortly thereafter.

In all of these activities Qin attempted to find a way of holding fast to what he perceived to be essential aspects of the Chinese medical tradition even as he open-mindedly embraced modern ways of teaching, publishing and practicing. To put this another way, contrary to the simplistic impact/response model that dominates Western understandings of Chinese medical modernisation, where Chinese medicine is seen as being shaped (positively or negatively) by ideas and practices imposed on it from outside, physicians like Qin Bowei self-consciously employed such ideas and practices as tools to solve problems they perceived to be endemic in their own tradition. One of the biggest of these problems was the question of how one should study, teach and effectively employ the many different tools passed on by past generations. The text that constitutes the core of the book reviewed here, Qin Bowei's *New Guidelines for Treatment*, presents one such solution. On one level, it is a simple yet highly sophisticated clinical manual. On another, it is an attempt at systematising the teaching and practice of Chinese medicine that feeds into the production of contemporary TCM textbooks even as it constitutes a potential alternative.

As a manual for clinical practice, Qin's text is organised around 56 core treatment strategies. Intended to cover the terrain of internal medicine these strategies can also be applied to areas such as gynaecology or external medicine as well. 56 is approximately half of 113, the number of treatment strategies commonly associated with the *Discussion of Cold Damage* 傷寒論, as well as a small booklet by Qin's own teacher: *Ding Ganren's 113 Treatment Strategies* 丁甘仁113治療法. Numbers are important in China and condensing the strategies of Qin's two most important medical ancestors signals at least three things: the on-going development of tradition by way of teasing out its very essence; an attempt to integrate its competing strands (specifically cold damage and warm pathogen therapeutics) into a single framework; and the modernisation of tradition by way of its systematisation.

If Qin Bowei's original text is quite terse, Jason Blalack, guided by Wu Boping, does an excellent job at making it accessible to a Western audience in a manner that at every step focuses on application to clinical practice. Following the source text, the book is divided into thirteen chapters, each focusing on a pathogen or disease process such as wind, fire, cold, qi and blood disorders. Qin's own

text is clearly distinguished from Wu Boping's commentary by its grey shading. Each chapter first summarises key concepts regarding the pathogen or pathology under discussion, its aetiology and clinical presentation. This is followed by the discussion of the treatment methods that can be used to address the pathogen or pathology. For instance, the chapter on wind discusses the following three treatment methods: (i) Diffuse the Lungs and Disperse Wind 宣肺疏風; (ii) Harmonize the Nutritive and Protective 調和營衛; (iii) Pursue Wind and Thrust Out the Pathogen 追風達邪.

The presentation of each treatment method is divided into a number of recurrent sections that help readers follow the discussion with ease and, in the long run, to use the text as a reference in actual practice. First, the pathology and key symptoms relevant for a specific method are summarised in a single sentence. Next, the possible presentation is discussed in more detail paying attention to both root and branch manifestations. This is followed by a key formula that embodies the strategy discussed. This formula is generally a variation of a "classical" (i.e. well-known) formula, which is also cited, explaining why Qin chose to modify this. Qin's own formula is then analysed in terms of its composition, clearly explicating the function of each ingredient and their synergistic actions. Detailed suggestions are also made as to how the formula might be further adjusted to cover other possible manifestation of the core pattern. Each section concludes with a question and answer section, which helps readers to grasp the subtleties of Qin Bowei's approach and explicates Wu Boping's own extensive clinical experience. Finally, the authors have added an appendix that suggests various options as to how the book might be used. This may be particularly useful to students or budding practitioners, for whom the wealth of material presented here may initially seem daunting or somewhat unfamiliar when compared to standard TCM textbooks.

Particularly noteworthy, in my opinion, are the discussions of pathology with their emphasis on understanding and diagnosing the location of disease processes in specific locations within the body, and the sophisticated use of medicinals. Both Qin Bowei and Wu Boping were masters in the art of *paozhi* 炮製, exploiting to the full the many ways of preparing individual medicinals in order to achieve specific effects. This is particularly relevant in order to make sure that medicinals work upon the body regions they are intended to. To give a simple example, according to Qin Bowei the charring 炭 of a medicinal such as Zingiberis Rhizoma preparata 炮姜 allows it to enter the deeper collaterals and deeper blood level of organs. In other words, sophistication in diagnosis and the understanding of disease process is matched with equal sophistication at the level of therapeutics. There is nothing else available in the English

language literature that I know of that comes even close and this information alone makes the book a "must buy" for any serious practitioner. Add to this the clinical experience of two master physicians, the clarity with which Jason Blalack makes that experience accessible, and the immediate translatability of what is discussed to virtually any situation one might encounter in clinical practice and it becomes an absolute bargain.

At the same time, readers should be aware that what is presented here is not "Chinese medicine" but one possible attempt to make Chinese medicine work that embodies the experiences of a group of practitioners related to each other by way of master/disciple relationships and to the wider tradition within historically specific contexts of practice. For instance, when Qin Bowei states that "All qi disorders are a result of emotional problems", then this represents a distinct interpretation of these problems that has a clearly traceable line of descent going back to Chen Yan 陳言 in the Yuan, but that does not speak for the entire tradition. Likewise, Qin's treatment strategies are best understood when placed into the context of the development of a distinctly "southern medicine" in late imperial China. For reasons that cannot be discussed here in detail, starting in the Southern Song Chinese living south of the Jiangzi river came to perceive of themselves as constitutionally weaker and more fragile than those living in the north. Over time, this translated into a style of medicine that emphasised the use of gentle and moderate treatment. Examples of this style in the present text include the use of Fructus Tribuli 白蒺藜, rather than Radix Bupleuri 柴胡, as the main herb in Qin's formula for "dredging and facilitating the movement of stagnant qi" 疏利氣滯; the use of Semen Sojae preparatum 淡豆豉 as a key herb in the treatment of wind-cold as well as wind-heat; or the low dosages used throughout, including 4.5g only of Radix Astragali 黃芪 in Qin's formula for "tonifying, augmenting and strengthening the middle" 補益建中. For those who know their Chinese medicine, it is possible to tie Qin's approach even more specifically to distinctive lineages within "southern medicine." The use of Radix Aquilariae 降香 to direct blood downward, for instance, is signature Ye Tianshi 葉天士 (1667-1746), the most emblematic physician of the Suzhou style of Chinese medicine that dominated medical practice in Jiangsu, including Shanghai, in the 19th century. Yet, as stated above, Qin also studied with renowned cold damage practitioners, and through his teacher Ding Ganren was affiliated to the Menghe current 孟河學派, defined by its efforts to synthesise all the various schools within Chinese medicine.

What makes Qin Bowei a distinctly modern physician, however, are his efforts to create a national medicine that transcended its endemic tendency towards regionalism and factionalism. As

his journal *The Chinese Medicine World* and its subtitle "Making Chinese medicine a world medicine" demonstrate, throughout his life Qin engaged in creating a "Chinese medicine" that matched western medicine in terms of organisation and reach. Hence, his *Guidelines for Treatment* are deliberately not "traditional" but "new", mirroring the "New China" that was co-contemporaneously created by Mao Zedong and the CCP. These new guidelines draw not only on Ye Tianshi but equally on Zhang Zhongjing 張仲景 (even if in a somewhat "southern" fashion); and they seek to overcome emblematic divisions within Chinese medicine - specifically that between the "six warps" 六經 and the "wei/qi/ying/xue" 衛氣營血 or "Triple Warmer" 三焦 models of diagnosis - by utilising a comprehensive approach that is centred on organs and channels and thus first and foremost on the *Inner Canon*. This unitary focus, of course, is what informs TCM as a historical project more widely, a project of which Qin Bowei as a member of the Academy of Chinese Medicine was very much a part. If there are differences between what we are familiar in TCM textbooks and Qin's own approach, these are therefore differences in emphasis but not of the ultimate goal pursued. And still, such differences matter in the end.

In 1935, Xie Guan 謝觀 (1880-1950), another of Qin Bowei's teachers at the Shanghai Technical College, published an influential history of Chinese medicine that defined its essence in four words: principles 理, strategies or methods 法, formulas 方, and medicinals 藥. Slightly reinterpreting Xie Guan, we might say that while any Chinese medicine will make use of all of these four

resources, each will tend to do so in different ways; and these differences in emphasis may come to signify very different conceptions of what Chinese medicine is. Many modernisers, most pharmacologists and biomedical practitioners but also traditionalists who emphasise the use of one or two specific herbs point to medicinals and their actions as the true source of Chinese medicine's effectiveness. Others, certain proponents of the *Cold Damage* style for instance, define formulas and formula patterns 方証 to be the key focus of study and clinical practice. TCM textbooks, in my opinion, choose principles (in their modern instantiation of "theory" 理論) as the foundation. Qin Bowei, following Ding Ganren, Ye Tianshi and ultimately Zhu Danxi, emphasised methods or, as I prefer to translate *fa*, strategies. This was a deliberate choice. It anchors effectiveness in personal effort, understanding and self-development rather than received knowledge, books or specific teachers while honouring all of them at the same time; and it holds open the possibility of developing tradition in ever-new directions without insisting on the necessity of doing so for its own sake.

In our own efforts to study Chinese medicine and translate it into new contexts of practice it behoves us to pay attention to these different choices and their possible implications. Beyond the clinical value of this text, Wu Boping and Jason Black make a significant contribution in bringing to us the kind of original material that is necessary for engaging in these discussions. For all those reasons, this is my Chinese medicine book of the year.

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