

Table of Contents

FOREWORD ... *ix*

PREFACE ... *xi*

ACKNOWLEDGMENTS ... *xiii*

INTRODUCTION ... *xv*

1. TREATMENT GUIDELINES FOR Phlegm 痰 (tán)	1
1. Diffuse and Transform Phlegm (宣散化痰 <i>xuān sàn huà tán</i>),	4
2. Clear Heat and Transform Phlegm (清热化痰 <i>qīng rè huà tán</i>),	9
3. Clarify the Qi and Transform Phlegm (肃气化痰 <i>sù qì huà tán</i>),	13
4. Dry Dampness and Transform Phlegm (燥湿化痰 <i>zào shī huà tán</i>),	16
5. Warm and Transform Phlegm and Thin Mucus (温化痰饮 <i>wēn huà tán yǐn</i>),	21
6. Clear and Cause Phlegm-Heat to Descend (清降痰热 <i>qīng jiàng tán rè</i>),	28
7. Attack and Drive Out Phlegm Accumulation (攻逐痰积 <i>gōng zhú tán jī</i>),	31
8. Disperse and Grind Away Phlegm Nodules (消磨痰核 <i>xiāo mó tán hé</i>),	33
2. TREATMENT GUIDELINES FOR Food Stagnation 食 (shí)	37
1. Reduce Food [Stagnation] and Transform Accumulation (消食化积 <i>xiāo shí huà jī</i>),	40
2. Purging Food Accumulation (攻下食积 <i>gōng xià shí jī</i>),	44
3. Reinforce the Spleen and Reduce Food Stagnation (助脾消食 <i>zhù pí xiāo shí</i>),	47
3. TREATMENT GUIDELINES FOR Qi Disorders 气 (qì)	57
1. Dredge and Facilitate the Movement of Stagnant Qi (疏利气滞 <i>shū lì qì zhì</i>),	60
2. Sedate Floating Qi (镇静浮气 <i>zhèn jìng fú qì</i>),	67
3. Lift Up Sunken Qi (升举气陷 <i>shēng jǔ qì xiàn</i>),	71
4. TREATMENT GUIDELINES FOR Blood Disorders 血 (xuè)	79
1. Clear and Cool the Blood (清凉血液 <i>qīng liáng xuè yè</i>),	85
2. Warm and Harmonize the Blood (温和血液 <i>wēn hé xuè yè</i>),	90
3. Unblock the Menses and Dispel Stasis (通经去瘀 <i>tōng jīng qù yū</i>),	94
4. Attack and Break Up Blood Accumulation (攻破血积 <i>gōng pò xuè jī</i>),	97
5. Facilitate the Movement of Qi and Disperse Blood Stasis (利气散瘀 <i>lì qì sàn yū</i>),	102
6. Restrain and Inhibit the Blood Vessels (收敛血管 <i>shōu liǎn xuè guǎn</i>),	105

TABLE OF CONTENTS

5. TREATMENT GUIDELINES FOR Deficiency 虚 (xū)..... 109

1. Tonify the Lungs and Nourish the Yin (补肺养阴 *bǔ fèi yǎng yīn*), 116
2. Tonify, Augment, and Strengthen the Middle (补益建中 *bǔ yì jiàn zhōng*), 120
3. Tonify the Protective Level and Secure the Exterior (补卫固表 *bǔ wèi gù biǎo*), 124
4. Generate Yang Fluids and Enrich the Yin Fluids (生津滋液 *shēng jīn zī yè*), 127
5. Nourish the Nutritive and Tonify the Blood (养营补血 *yǎng yíng bǔ xuè*), 129
6. Enrich the Yin and Replenish the Water (滋阴填坎 *zī yīn tián kǎn*), 132
7. Secure and Bind the Essence Gate (固涩精关 *gù sè jīng guān*), 135
8. Warm and Tonify the Lower Base (温补下元 *wēn bǔ xià yuán*), 139

6. TREATMENT GUIDELINES FOR Wind 风 (fēng)..... 143

1. Diffuse the Lungs and Disperse Wind (宣肺疏风 *xuān fèi shū fēng*), 145
2. Harmonize the Nutritive and Protective (调和营卫 *tiáo hé yíng wèi*), 150
3. Pursues Wind and Thrusts Out the Pathogen (追风达邪 *zhuī fēng dá xié*), 157

7. TREATMENT GUIDELINES FOR Cold 寒 (hán)..... 163

1. Disperse and Release the Exterior Cold (疏解表寒 *shū jiě biǎo hán*), 164
2. Warm and Promote the Transportation Function of the Middle Palace
(温运中宫 *wēn yùn zhōng gōng*), 168
3. Warm the Lower Burner (温暖下焦 *wēn nuǎn xià jiāo*), 172
4. Warm and Direct the *jué yīn* Downward (温降厥阴 *wēn jiàng jué yīn*), 175
5. Warm and Scatter the Exterior and Interior (温散表里 *wēn sàn biǎo lǐ*), 180

8. TREATMENT GUIDELINES FOR Summerheat 暑 (shǔ)..... 183

1. Dissipate Heat and Dispel Summerheat (宣热祛暑 *xuān rè qū shǔ*), 184
2. Clear the Heart and Flush Away Summerheat (清心涤暑 *qīng xīn dí shǔ*), 187

9. TREATMENT GUIDELINES FOR Dampness 湿 (shī)..... 191

1. Aromatically Transform Dampness (芳香化湿 *fāng xiāng huà shī*), 196
2. Warm and Dry Damp-Turbidity (温燥湿浊 *wēn zào shī zhuó*), 201
3. Move Downward and Facilitate the Resolution of Dampness
(下行利湿 *xià xíng lì shī*), 207
4. Drive Out Dampness and Move Water (逐湿利水 *zhú shī lì shuǐ*), 211
5. Promote Sweating and Dispel Dampness (发汗祛湿 *fā hàn qū shī*), 215
6. Clear and Transform Damp-Heat (清化湿热 *qīng huà shī rè*), 219

10. TREATMENT GUIDELINES FOR Dryness 燥 (zào)..... 227

1. Moisten the Upper and Clear Dryness (润上清燥 *rùn shàng qīng zào*), 229
2. Moisten the Middle and Clear Dryness (润中清燥 *rùn zhōng qīng zào*), 234
3. Moisten the Lower and Clear Dryness (润下清燥 *rùn xià qīng zào*), 236

TABLE OF CONTENTS

11. TREATMENT GUIDELINES FOR Fire 火 (huǒ) 241

1. Calm and Quiet the Sovereign Fire (宁静君火 *níng jìng jūn huǒ*), 245
2. Use Bitter Medicinals to Drain Ministerial Fire (苦泄相火 *kǔ xiè xiāng huǒ*), 247
3. Order and Restrain Excess Fire (承制实火 *chéng zhì shí huǒ*), 252
4. Diffuse and Discharge Constrained Fire (宣发郁火 *xuān fā yù huǒ*), 255
5. Anchor and Nourish Deficiency Fire (潜养虚火 *qián yǎng xū huǒ*), 261

12. TREATMENT GUIDELINES FOR Epidemic Disease 疫 (yì)..... 265

1. Clear Away Filth and Transform Turbidity (辟秽化浊 *pì huì huà zhuó*), 266
2. Clear Warm Epidemic Disease and Flush Away its Byproducts
(清瘟荡涤 *qīng wēn dàng dí*), 269

13. TREATMENT GUIDELINES FOR Parasites 虫 (chóng)..... 273

1. Reduce Accumulations and Kill the Parasites (消积杀虫 *xiāo jī shā chóng*), 274
2. Acrid, Sour, Bitter, and Descending Method (辛酸苦降 *xīn suān kǔ jiàng*), 276

APPENDIX I: HOW TO USE THIS BOOK ... 279

APPENDIX II: HERBAL PROCESSING ... 283

GLOSSARY ... 285

NOTES ... 289

SYMPTOM INDEX ... 295

HERB AND FORMULA INDEX ... 317

GENERAL INDEX ... 343

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Introduction

IN THE SPRING OF 2007 I asked my teacher, Dr. Wu Bo-Ping (吴伯平), what he thought was the most important text to translate into English. After a few moments of thought, he reached behind some books on his shelf and pulled out a tattered paperback wrapped in a frayed cloth. It was the original version of Qin Bo-Wei's *New Guidelines for Treatment* (治疗新律 *zhì liáo xīn lǜ*, c. 1953), a book that for all intents and purposes had been lost during the Cultural Revolution.

Dr. Wu, who had been one of Dr. Qin's most prominent students, believed that this book was one of his masterpieces. As I read through the manuscript it became apparent that nothing like it existed in the English language and I began to appreciate why Dr. Wu was so enthusiastic about resurrecting it.

The book is a clinical guide, organized by 56 core treatment methods,¹ which brings together and synthesizes the most important ideas from the history of Chinese medicine. For each treatment method, Qin presents key diagnostic criteria and an exemplary seven-ingredient formula. Dr. Wu said that if you can understand these methods, you can treat the vast majority of conditions that we see in the contemporary clinic. It really is an extraordinary treasure house of knowledge.

Dr. Qin was a very clear thinker who paid exceptional attention to detail. The core formulas that he developed are extremely precise. Not only did he take great care in picking the ingredients based on how they interacted with each other, he also paid special attention to how they were prepared (*páo zhì*). One of his purposes in writing this book was to demonstrate that attention to such detail significantly improves clinical results.

Chinese medicine texts tend to be very terse, often requiring further explanation. This book was no exception. Dr. Qin spent a great deal of time explaining the intricacies of this book to Dr. Wu, adding commentary to flesh out the deeper meaning within the original text. Dr. Wu, in turn, taught this text to me over the past few years, adding further commentary based on nearly a half century of clinical experience utilizing Qin's ideas. Dr. Wu was very patient in answering a seemingly endless stream of questions that arose from my efforts to present this material in a clear, accurate, and easy-to-use manner.

Dr. Wu's extensive commentary transformed Qin's presentation of core principles into a detailed description of how to skillfully practice herbal medicine. As such, this is more than a mere translation of an important historical text; it is a hands-on manual filled with

1. *Translation note:* While proper terminology is an important issue in Chinese medicine, for the purposes of this book we use the term "principle" somewhat interchangeably with "method". Thus the 56 core methods are often understood as treatment principles, and consequently both terms are used.

clinical pearls that over time foster progressively deeper levels of understanding. Thus, the potential for this book goes far beyond its role as a handy reference for effective formulas and modifications.

Ultimately, this book teaches a method of thinking that enables one to accurately diagnose and write precise prescriptions for the individual rather than for the disease, which is one of the great strengths of Chinese medicine. It trains the practitioner to think clearly, logically, and flexibly. Thus, not only does it serve as an invaluable tool for experienced herbalists, it is an excellent bridge for those who wish to make the jump from prescribing prepared formulas, or who find themselves reflexively prescribing X formula for Y disease (or Z pattern), to becoming more skilled Chinese herbalists who write custom formulas. Finally, because in the end this book is teaching a method of thinking, it can serve as the foundation for a lifelong approach to herbal medicine based on precision.

There are a few aspects of this book that really make it unique, and deserve further discussion.

1. Treatment methods as a foundation for prescribing

The organization of this book differs from most, if not all, Western style clinical manuals. Instead of being organized by disease or chief complaint, such as headache or menstrual pain, it is arranged by pathology/pathogen and treatment methods. Each chapter corresponds to a pathogen (e.g., phlegm) or pathology (e.g., deficiency) and contains sections comprised of treatment methods for eliminating that problem.

Qin extracted these treatment methods from classical formulas and ideas. They 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. They provide an important link between the diagnosis and the individual herbs that make up the formula. Thus they give one the capability to think flexibly and modify classic ideas (formulas) for the modern patient. Utilizing treatment methods in this way provides a unique opportunity to engage the medicine on a deeper level and emulate the thinking of many great Chinese physicians.

In the end, understanding how to use treatment methods opens up treatment possibilities that are often ignored in typical Chinese medical textbooks. They provide the foundation to address presentations that are unusual, lie in between two patterns, or encompass multiple patterns. This approach crystallizes the essence of Chinese herbal medicine.

2. Concise, gentle, and precise formulas based on a clear diagnosis

Qin Bo-Wei was part of the *Menghe* current (1626 and onward) and was heavily influenced by many of its famous physicians, like his teacher Ding Gan-Ren (丁甘仁), as well as clinicians such as Ye Tian-Shi (叶天士). These physicians favored prescriptions with a small number of ingredients, smaller dosages, and generally mild medicinals. Consequently, the formulas Qin constructed in this book are gentle, clear, and concise and are especially appropriate for modern patients. Each of Qin's seven ingredient formulas is based on one or more pre-modern formulas, some of which were quite large. Dr. Qin extracted the essential

medicinals, creating formulas that elegantly accomplish a given treatment method. These well-considered formulas can be used either in their entirety or as building blocks.

The commentary allows the reader to understand how the formulas were constructed and to further grasp how the medicinals interact. This methodology keeps us focused on evaluating every medicinal and selecting only those that are essential for a particular problem.

The successful use of these methods rests on an accurate diagnosis. Dr. Qin provides key diagnostic criteria for each pathology. For example, he presents fine distinctions between locations of pathology, such as dampness in the upper burner, middle burner, lower burner, channels and collaterals, muscles, joints of the limbs, passages and pathways, skin, qi and blood, Lungs, Spleen, Liver, Kidneys, yang organs, and yin organs. Dr. Wu adds further commentary, rounding out the clinical picture, and presents treatment strategies based on his own clinical practice.

When one can diagnose with precision, precise prescriptions will follow.

Only when one has clarity and focus can the essential problem
be understood, and treated accordingly.

3. Herbal differentiation and herbal processing (炮制 *páo zhì*)

Learning how to prescribe with precision requires the ability to make distinctions among medicinals. This enables one to pick one medicinal instead of two or three, thus keeping one's prescriptions small. This book contains extensive discussions on differentiating among similar herbs, especially in relation to herbal processing methods that alter their properties. One will notice that Drs. Qin and Wu are very particular about the type of processing they use in each situation. For example, they might use steamed Rhei Radix et Rhizoma (*shú dà huáng*) instead of Rhei Radix et Rhizoma (*dà huáng*) or dry-fried Atractylodis macrocephalae Rhizoma (*chǎo bái zhú*) instead of unprepared Atractylodis macrocephalae Rhizoma (*bái zhú*), which can have a profound clinical impact.

It should be noted that many medicinals that we commonly get from our distributors in the United States have already been processed but are not labeled as such. Some may be obvious, for example, *he shou wu* will most likely be Polygoni multiflori Radix preparata (*zhì hé shǒu wū*) and not the unprepared product. When one orders *bai bian dou*, it is often already dry-fried, making it dry-fried Lablab Semen album (*chǎo biǎn dòu*). However, some preparations are less obvious and can lead to confusion. For example, *xiang fu* will almost always be processed Cyperi Rhizoma (*zhì xiāng fù*), but processing methods may vary between distributors: it may be roasted, dry-fried with sand, or boiled together with yellow rice wine and rice vinegar, then dried in the sun.

Since clinical results may be affected by the type of processing the medicinal has undergone, it is important to ask your distributor exactly how the medicinals have been processed; the labeling is not always transparent. Appendix II of this book lists the most common processing methods in the United States for some key herbs found in this text.

4. A synthesis, not a compilation

One of the most important and unique characteristics of this material is that it represents a synthesis of the core ideas found throughout Chinese medical history. This vast body of material is filtered through Dr. Qin's personal experience and interpretation to produce a remarkably coherent system for the practice of Chinese medicine.

The formulas presented here took Qin over 20 years to develop. Although all of the formulas have their roots in a broad base of classical and pre-modern knowledge, they have been modified to incorporate further developments in theory as well as Dr. Qin's own clinical experience. For example, for the method *harmonize the nutritive and protective*, instead of just presenting Cinnamon Twig Decoction (*guì zhī tāng*) in its original form, he gives an updated version incorporating ideas that came after its original inception, thus making it more flexible and useful in the clinic.

One of the most intriguing aspects of this book is that the alterations and developments were all filtered through the mind of one person. This is in contrast to collections of formulas from multiple authors. Although such encyclopedic compilations can be useful, the wide variations in opinion and theoretical ideas throughout history make it difficult to develop a cohesive method of thinking.

For example, practitioners accessing typical Chinese medical textbooks may find five different formulas for an external contraction of wind-cold. The differences among these formulas may not be readily apparent to even seasoned readers. Doctors from different time periods invariably reflect different ideas concerning both pathology and the functions of individual medicinals. Their rationales for designing their respective formulas will quite naturally differ from one another in significant ways. Consequently, practitioners may find themselves unable to effectively differentiate among them, much less modify them, in clinical practice.

Dr. Qin sorted through the many schools of thought in Chinese medicine and developed a unified system that resolves many of its discrepancies. His formulas are thus rooted in tradition yet filtered through the prisms of his own lineage and experience and his wide reading of classical texts. For example, a formula might incorporate a warm disease concept into a cold damage formula. The original formulas are sourced in our text, enabling one to trace back the thought process, should one desire.

In my experience, following a single author's train of thought is invaluable. For example, following how Dr. Qin repeatedly uses a single herb or combination of herbs, how he formulates prescriptions (the number of medicinals and dosages), how he uses a particular method of processing to fine tune his formulas, and how he diagnoses—all open a window into his thinking process. This allows us to gain much more than merely finding a "suitable" formula.

Furthermore, observing this continuity—sticking to one train of thought—not only brings us back to the lineage-style roots of Chinese medicine, but is priceless in our ever-expanding world of information overload. Having hundreds if not thousands of disconnected, essentially random formulas at our fingertips sometimes only obscures our path. The system presented in this book roots practitioners in a remarkably flexible methodology that helps us realize the full potential of Chinese medicine.

Who Was Qin Bo-Wei (秦伯未)?

Qin Bo-Wei (1901-1970) is regarded as one of the most important physicians, educators, writers, and synthesizers of Chinese medicine of the 20th century. He began studying medicine with his father at a very early age. His grandfather, father, uncle, and wife were accomplished Chinese physicians.

Qin was born in Shanghai and attended Ding Gan-Ren's Shanghai Technical College of Chinese Medicine from 1919-1923. Graduating at the top of his class, Qin quickly became regarded as one of the "Ding Three," his most accomplished students. In addition, he was also a student of the renowned expert in classical formulas (*jīng fāng*), Cao Ying-Fu (曹颖甫). Qin became known as an expert in gynecology and the *Inner Classic (Neijing)*. Because of his devotion to this classic work and his ability to recite the text, he was nicknamed "Qin Neijing."

After graduation he founded the New Chinese Medicine Society and was chief editor of its journal, *The World of Chinese Medicine*. Throughout his life he founded, administered, and taught at numerous Chinese medical institutions including the Shanghai College of Traditional Chinese Medicine and the China Medicine College. It is estimated that he taught over 5,000 students and that his original material was so popular that his students later compiled it into numerous textbooks. He held many positions in hospitals, colleges and universities, publishing houses, and even government. In the 1950s, he was invited to serve as the TCM advisor to the Ministry of Health in Beijing. Dr. Qin was particularly renowned for his clinical skills and his ability to treat very complicated cases such as leukemia, hemophilia, and myasthenia gravis. He treated many high-level officials, even in foreign countries such as the Soviet Union and Mongolia.

Qin wrote over 50 books and innumerable articles. His first book, *Essential Case Records by Famous Qing Dynasty Physicians*, was written in 1928 and is still highly regarded. He was especially known for his ability to take complex ideas and contradictions in classical texts and present them in a clear, concise, and systematic format. One of his fundamental endeavors was collecting the doctrines of different physicians and creating principles that could be applied practically in the clinic. In this, he was a great integrator of ideas.



This is a classic Chinese idiom (four-character phrase) of which Qin Bo-Wei was especially fond: *yóu bó fǎn yuē*. Dr. Qin gave this phrase to my teacher, Wu Bo-Ping, as a sort of mantra, and Dr. Wu in turn gave it to me. A literal translation is, "From the plentiful, return to the simple." This can be further elaborated and

INTRODUCTION

understood as, “[The scholar] starts with extensive amounts of knowledge, but ultimately strives for a profound, yet concise, understanding.” It now hangs above my desk in my home office.

Qin had no attachment to any single methodology or school of thought but merely sought out the most effective and practical methods. Although he had a very strong foundation in the Chinese medical classics, and thought that Chinese medicine should be firmly based in ancient wisdom, he warned against paying excessive attention to the exact wording of those texts.

Qin believed that Chinese medicine had its own distinctly scientific spirit. Although he was an advocate of the integration of Chinese and Western medicine, he believed that the Chinese medical model should be the primary context for such a synthesis. Consequently, when the Ministry of Health, under directives from Mao Ze-Dong (毛泽东), wanted to integrate 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 this issue. They argued for an emphasis on the study of the Chinese medicine classical texts and the use of more traditional methods of learning. 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 practicing medicine, he was ridiculed and forced to clean toilets. This emotional blow likely contributed to his early death in 1970.

Qin’s dedication and work in systematizing and synthesizing the most important ideas throughout the history of Chinese medicine nevertheless forms a cornerstone of what we recognize as traditional Chinese medicine (TCM) today. However, many of Qin’s most important ideas did not make it into TCM textbooks. For example, his magnum opus, *Medical Lecture Notes of [Qin] Qian-Zhai (Qiān-Zhāi yī xué jiǎng gǎo)*, was destroyed in the Cultural Revolution and was only reconstituted later. In addition, when TCM was developing, much of Qin’s work on differentiation and treatment was replaced by more simplified and politically aligned alternatives that we now see dominating our modern textbooks.

The text that we present here was actually a core part of Qin’s vision for an integrated Chinese medicine. It directly competed with the system that later became TCM. There were a number of political reasons that Qin’s approach was not chosen, and a full analysis of the history is beyond the scope of this introduction. However, one important point was that Qin’s system did not allow for easy integration of Western diseases and thus was not easily exportable.

Although Qin lived and breathed Chinese medicine, he was adamant about the importance of a broad-based education and life experience in developing a high level clinical practice. Just like his teacher Ding Gan-Ren, he required his students to memorize many philosophical texts, especially Confucius and Mencius. Qin was also an accomplished calligrapher, artist, and poet. He actually published quite a bit of poetry throughout his life, one example of which is below on p. *xxi*. For Qin, a rounded life was essential to becoming a good doctor. Examples of his calligraphy, poetry, and painting can be found on p. *xxiv*.

死去原知万事空，生前死后此心同，待到国医振兴日，家祭勿忘告乃翁。

When death comes I fundamentally know that all things are empty.

Yet in life and in death, this hope doesn't change.

When the day comes that the medicine of our country has fully flourished.

Don't forget to tell your old man when next you visit his grave.²

When reading such poetry it was expected that one understood the context and historical overtones in order to fully appreciate it. Although a full exploration of this poem is beyond the scope of this introduction, it is worth noting that it is based in part on the famous poem “To My Son” by the renowned Song dynasty poet, Lu You (陆游). This demonstrates Qin’s link to an ongoing literary tradition. Qin also purposely noted his commitment to his country, keeping with the spirit of the times, while at the same time proclaiming his love for the medicine. Thus, Dr. Wu and I chose this poem because it shows Dr. Qin’s love of poetry, medicine, and country.

I would like to end this very short biography with one of Qin’s favorite sayings: “Stay lively until you’re old, study until you’re old, and never stop learning” (活到老，学到老，学不了 *huó dào lǎo, xué dào lǎo, xué bù liǎo*).

A Word about Wu Bo-Ping (吴伯平)

Wu Bo-Ping was born on June 20, 1935 in Shanghai. In addition to his long-term apprenticeship with Qin Bo-Wei, he studied with many other famous 20th-century physicians such as Zhao Bing-Nan (赵炳南), Ren Yin-Qiu (任应秋), and Zhu Yan (朱颜). He was also trained academically, graduating in 1962 in the first class of the newly-established Beijing College of Chinese Medicine.

Over his nearly 50 years of extensive clinical experience, he traveled the world teaching Chinese medicine and held key positions at schools such as the Zhejiang College of Chinese Medicine (Hangzhou), Academy of Chinese Medicine (Beijing), Seattle Institute of Oriental Medicine, Institute of Chinese Medicine (London), and European Institute of Oriental Medicine (Munich). In addition, he has been involved in many research projects and has edited such prestigious journals as the *Zhejiang Chinese Medicine Journal*. He currently resides in Hangzhou, where, until recently, he maintained a busy private practice.

Although he is known worldwide as a teacher, I believe Professor Wu’s true talent lies in the clinic. His clinical approach followed in the footsteps of such great physicians as Qin Bo-Wei, Ding Gan-Ren, and Ye Tian-Shi. That is, he favored a therapeutic strategy that employs light and mild medicinals with smaller doses. He specialized in the treatment of complex diseases such as autoimmune disorders and dermatology. Not only is Dr. Wu known for his outstanding clinical results, but also his deep understanding of classical Chinese medicine and how to utilize this in the clinic.

Much like his mentor Qin Bo-Wei, Dr. Wu has an incredible knack for explaining complex

2. Translated by Charles Chace.

ideas in a straightforward manner. This, along with his close personal relationship with Dr. Qin, makes Wu an ideal person to provide clinical commentary on Qin's original text. All of the commentary contained in this book is Wu Bo-Ping's, except for small segments taken from Qin's other writings. Moreover, we have gone to considerable lengths to illustrate both Drs. Qin and Wu's clinical thought processes, instead of merely listing herbs and formulas for a particular pattern. Dr. Wu's commentary therefore provides an invaluable part of this book, explaining Dr. Qin's thinking and bringing it to life.

Structure of this Book

This book is composed of two interwoven parts. First is Dr. Qin's original text, which is always presented within a shaded background. Everything else—that is, the non-shaded text—is commentary, either of Dr. Wu's or drawn from information in Dr. Qin's other books.³

At the beginning of each of the thirteen chapters are important ideas describing the fundamental pathogen/pathology (e.g., phlegm, dampness, qi, etc.) that is the subject of that chapter, such as its etiology, pathodynamics, key symptoms, and diagnostic criteria. The remainder of the chapter is organized according to the treatment methods that one needs to correct that pathology.

For each treatment method, Qin's original text can be divided into three main parts. First is the title of the treatment method, for example, "warm and transform phlegm and thin mucus" (温化痰饮 *wēn huà tán yǐn*). This is the key point and should be kept in mind while reading the rest of the section. Next is what we call "presentation." This consists of the cause (pattern) and usually the most common manifestation, for example, "Spleen and Kidney cold-phlegm ascending counterflow; urgent breathing with phlegm and thin mucus." Finally, Qin presents his own herbal formula for the treatment method.

Qin's original text is quite concise in comparison to the commentary that follows it. As is often the case, Chinese medicine texts can be very terse, and leave the reader with more questions than answers. Qin's text is no exception. I think this is a purposeful feature that can be very beneficial in developing one's ability to solve problems and develop a method of thinking. However, many Westerners find it a little frustrating and require a more detailed explanation. Thus the ensuing commentary provides a fuller exposition of the clinical presentation (additional signs and symptoms), etiology, pathodynamics, treatment principles, how the herbs relate to them, and modifications of the formula. Interspersed within the text are Dr. Wu's own clinical pearls and tips that he has found to be important in applying this material over his many decades of clinical experience. There is further elaboration in a question and answer section, and in the addenda.

Each section also contains an analysis of the medicinals in the recommended formula. This differs from a standard materia medica entry in that it focuses on the relevant information related to the formula in which it is contained. Thus it may be useful to look at other sections of the book that use the same herb to further round out one's understanding of Drs. Qin and Wu's use of a given herb.

For more tips on how to use this book, the reader is referred to Appendix I (p. 279).

3. Dr. Wu's material came from lectures as well as personal conversations and emails spanning several years.

INTRODUCTION

Notes on Translation

In general, the Chinese medicine terms are translated in accordance with the Eastland Press gloss, which can be found under the Resources tab of their website:

<http://www.eastlandpress.com/resources/>

Dr. Qin's original Chinese text is also posted there.

In those instances where the translated term is not clear, further explanation may be found in the Glossary (see p. 285) and at times in a footnote or endnote.

— JASON BLALACK



INTRODUCTION



These two fans are examples of Qin Bo-Wei's calligraphy, poetry, and painting.

9

Treatment Guidelines for

Dampness 湿 (*shī*)

NATURE

A heavy, turbid, substantial pathogen

Dampness is a yin pathogen that is very sticky and sluggish and does not transform easily. It has a tendency to sink down into the lower burner as well as into the minute collaterals. For these reasons, it can be difficult to eliminate.

ETIOLOGY

Externally-contracted: Mountain mist miasmatic malarial disorder,¹ moisture and steaming of rain, making a long journey through water,² long-time residence in a damp location, or wearing clothes that have become damp from sweating

Damp weather or a damp environment may be major contributing factors, as may be actions such as not properly drying one's hair, which can cause such symptoms as headaches and migraines.

Internally-generated: Eating rich foods and having a fondness for roasted, raw, cold, or greasy foods may all result in the Spleen yang failing to transport.

1. 山岚瘴气 (*shān lán zhàng qì*). A *qì* (*vapor*) given off by putrescent matter in damp mountain forest areas and held to be one cause of malaria-like conditions.

2. This refers not only to traveling, but to working in water, for example, standing barefoot in water or dampness.

LOCATION

In the upper burner: Heavy head, yellowing of the eyes, nasal congestion, and a plugged-up sounding voice

The head may feel large, distended, swollen, or one may have a feeling of glue inside the head after shaking it. There may be dull or unclear thinking, dull headache, puffy face, swelling under eyes, lots of mucus in the throat, muffled voice, nasal discharge, tearing and eye discharge, loud tinnitus (like an airplane), blurry vision, or swollen hands and feet.

In the middle burner: Focal distention, a stifling sensation, and an uncomfortable feeling

There may also be nausea, plum pit qi, a sloshing sound upon palpation, or a feeling of water in the abdomen. The focal distention will be most obvious around the center of the epigastrium.

In the lower burner: Floating edema in the feet and lower legs

There may also be difficult urination, dribbling urination, cloudy urine, scanty urine, swollen legs (especially swelling of the instep), abdominal fullness, sticky or loose bowels that are difficult to fully void, hemorrhoids, or vaginal discharge.

Dampness in any of the three burners will present with a worsening of symptoms in the morning or after eating inappropriate foods (especially those mentioned above) and improvement after moving around. However, if dampness is mixed with heat, as in a damp-heat disorder (see method no. 6 below), then the symptoms will worsen in the afternoon and improve upon waking.

In the channels and collaterals: Late afternoon fever and aching pain in the sinews and bones

Apart from a low fever, there is a general sense of discomfort, weakness, soreness or heaviness of the limbs; fatigue, nausea, a stifling sensation in the chest, and very sore joints, which are more prevalent between 2–6 p.m. There may also be lower back pain or numbness and tingling in the sinews that make it difficult to move around.

In the muscles: Swelling and fullness that feels like mud when pressed.

This is pitting edema.

In the limb joints: Stiffness when bending or stretching.

Joints may also be sore and painful.

Treatment Guidelines for Dampness

In the passages and pathways: Fixed and heavy with no movement

The passages and pathways (隧道 *sui dào*) are considered to be much deeper than the channels and collaterals. For example, the channels and collaterals refer to the superficial aspects of the muscles, joints, sinews, vessels, and bones. The passages and pathways refer to the deeper aspects of these same tissues. Both can present with soreness and pain. However, whole body soreness from conditions like the flu pertains to the channels and collaterals, whereas long-term sore conditions like ALS, MS, or rheumatoid arthritis pertain to the passages and pathways.

In the skin: Stubborn numbness and tingling

There may also be rashes with pustules/vesicles (e.g., some type of eczema). Numbness is more blood aspect, while tingling is more qi aspect.

In the qi and blood: Fatigue

In the Lungs: Wheezing, fullness, and cough

The mucus will be sticky or frothy.

In the Spleen: Phlegm-oral mucus with distention and swelling

There may also be profuse mucus in the throat, generalized body swelling, and abdominal bloating and gas.

In the Liver: Fullness in the flanks and bulging qi disorder

There may also be pain in the flanks.

In the Kidneys: Lower back pain and sweating around the genitals

There may also be a rash or dermatitis located over the perineum. The lower back pain can also present as heaviness that feels like one is carrying a heavy weight.

Enters the yang organs: Borborygmus, vomiting, painful urinary dribbling with turbidity, diarrhea with tenesmus; urination must be rough and yellow or red

Enters the yin organs: Stuporous and unable to be roused, fixed eyes, and soundlessly staring straight ahead

This can manifest as loss of consciousness, Tourette's syndrome, or petit-mal seizures. This is dampness attacking the deepest aspects, usually the Heart, Liver, and Kidneys.

TREATMENT

Use wind medicinals to prevail over dampness.

This idea is not only for external dampness but is also important for many internal damp conditions. For example, one often applies such medicinals in cases of leukorrhea instead of just binding,³ as well as conditions such as Intestinal wind or vaginal bleeding. For example, Saposhnikovia Radix (*fāng fēng*), Schizonepetae Herba (*jīng jiè*), and Notopterygii Rhizoma seu Radix (*qiāng huó*) are wind medicinals that expel and remove internal dampness by lifting. Using dry-fried or charred medicinals is best—dry-frying or charring allows the medicinals to enter a deeper layer of the body as well as making them “drier” so that they can better absorb dampness.

Drain out urine to guide out dampness.

For example, consider Talcum (*huá shí*), Benincasae Exocarpium (*dōng guā pí*), Benincasae Semen (*dōng guā zǐ*), or Alismatis Rhizoma (*zé xiè*).

Unblock the bowels to drive out dampness.

This is typically used for severe conditions such as ascites, in which eliminating dampness solely through the urine is not enough. It can also be used in less severe presentations when there is heat and dampness in the Large Intestine. In this situation, one can use formulas such as Unripe Bitter Orange Pill to Guide Out Stagnation (*zhǐ shí dǎo zhì wán*), Aucklandia and Betel Nut Pill (*mù xiāng bīng láng wán*), or Regulate the Middle and Reduce the Four [Stagnations] Pill (*tiáo zhōng sì xiǎo wán*).⁴ This method, if applied correctly, should not produce watery diarrhea, but large and complete bowel movements, sometimes with sticky mucus. Charred Rhei Radix et Rhizoma (*dà huáng tàn*) is especially useful for damp-heat stagnation.

Expectorate or vomit out phlegm-oral mucus to dispel dampness.

In an acute situation, where the patient has eaten some bad food or overeaten and has symptoms such as nausea, fever, and headache, they can drink 200cc of Gardenia and Prepared Soybean Decoction (*zhī zǐ chí tāng*) slowly.⁵ Then, after 5-10 minutes, the patient can tickle the throat with a feather to induce vomiting. This method is not very common at present.

If in the upper part of the body, it is appropriate to promote sweating.

For example, for slight vertigo, headache, profuse mucus, and nausea, one can use Patchouli/Agastache Powder to Rectify the Qi (*huò xiāng zhèng qì sǎn*).⁶

If in the lower upper part of the body, it is appropriate to leach out and drain [dampness].

3. For example, End Discharge Decoction (*wán dài tāng*).

4. Ingredients for these three formulas can be found in the supplementary formulas section of Ch. 2 (pp. 53-54).

5. This is Sojae Semen preparatum (*dàn dòu chǐ*) and Gardeniae Fructus (*zhī zǐ*). Sometimes this method can be used for epilepsy or asthma in children. Zhang Zi-He often used this method.

6. Ingredients can be found in Ch. 8 (p. 186).

Treatment Guidelines for Dampness

For example, for edema and nephritis, one can use Five-Peel Drink (*wǔ pí yǐn*).⁷ For damp-heat in the lower burner, such as a urinary tract infections (dark and painful urination) with lower abdominal pain, one can use Eight-Herb Powder for Rectification (*bā zhèng sǎn*).⁸

If there is interior deficiency, it is appropriate to bolster the Spleen.

This is dampness in the middle burner and one should tonify to increase the transportation function of the Spleen.

If complicated with wind, it is appropriate to release the muscle layer.

This is wind accompanied by dampness. For example, in cases of damp rashes or dermatitis, one should use medicinals such as Saposhnikovia Radix (*fáng fēng*), Cicadae Periostracum (*chán tuì*), Dictamnini Cortex (*bái xiān pí*), Atractylodis Rhizoma (*cāng zhú*), or Tribuli Fructus (*cì jí lí*).

If there is yang deficiency then it is appropriate to tonify the fire.

This is dampness accompanied by deficiency in the gate of vitality. For example, one can use Kidney Qi Pill from the *Golden Cabinet* (*jīn guì shèn qì wán*).⁹ This may present as a wide range of manifestations from chronic nephritis to easily catching colds. It may also present as edema, pale face, lower back pain, generalized sensation of cold, or frequent urination. In this situation, merely applying diuretics will make the situation worse.

If there is yin deficiency, it is appropriate to fortify the water.

This is a difficult situation with many permutations. One must tonify the yin without generating more dampness, and this requires promoting urination. One definitely cannot simply nourish the yin. A reasonable starting place is Six-Ingredient Pill with Rehmannia (*liù wèi dì huáng wán*).¹⁰ It contains yin-tonifying medicinals with others that can help eliminate dampness. One can also add medicinals such as Benincasae Semen (*dōng guā zǐ*), Plantaginis Semen (*chē qián zǐ*), Polyporus (*zhū líng*), Achyranthis bidentatae Radix (*niú xī*), and Coicis Semen (*yì yǐ rén*) to guide the dampness down and out. Using a medicinal like Atractylodis macrocephalae Rhizoma (*bái zhú*) with the intention of strengthening the Spleen and transforming dampness is inappropriate. This is because it does not tonify the yin and does not sufficiently remove the water.

7. Mori Cortex (*sāng bái pí*), Zingiberis Rhizomatis Cortex (*shēng jiāng pí*), Poriae Cutis (*fú líng pí*), Citri reticulatae Pericarpium (*chén pí*), and Arecae Pericarpium (*dà fū pí*).

8. Akebiae Caulis (*mù tóng*), Talcum (*huá shí*), Plantaginis Semen (*chē qián zǐ*), Dianthi Herba (*qú mài*), Polygoni avicularis Herba (*biǎn xù*), Gardeniae Fructus (*zhī zǐ*), wine-washed Rhei Radix et Rhizoma (*jiǔ xǐ dà huáng*), Junci Medulla (*dēng xīn cǎo*), and Glycyrrhizae Radix preparata (*zhī gān cǎo*).

9. Rehmanniae Radix (*shēng dì huáng*), Corni Fructus (*shān zhū yú*), Dioscoreae Rhizoma (*shān yào*), baked Aconiti Radix lateralis (*bāo fū zǐ*), Cinnamomi Ramulus (*guì zhī*), Alismatis Rhizoma (*zé xiè*), Poria (*fú líng*), and Moutan Cortex (*mù dān pí*).

10. Rehmanniae Radix preparata (*shú dì huáng*), Corni Fructus (*shān zhū yú*), Dioscoreae Rhizoma (*shān yào*), Poria (*fú líng*), Moutan Cortex (*mù dān pí*), and Alismatis Rhizoma (*zé xiè*).

A useful clinical example of this pattern is seen in many cases of restless legs syndrome that occur in the elderly. They may also have tingling and numbness, or a heavy, swollen sensation. Many times, one must tonify the Kidney yin and essence and simultaneously remove the dampness. One may consider a base formula such as Rehmannia Drink (*dì huáng yǐn zǐ*)¹¹ to which is added light medicinals that eliminate dampness such as Chaenomelis Fructus (*mù guā*), Bombycis Faeces (*cán shā*), Arecae Semen (*bīng láng*), Trachelospermi Caulis (*luò shí téng*), Luffae Fructus Retinervus (*sī guā luò*), and Tetrapanacis Medulla (*tōng cǎo*).

If there is heat with the dampness, it is appropriate to use a bitter and cold formula to dry it.

Heat plus dampness (in which heat predominates) usually requires bitter and cold medicinals such as Coptidis Rhizoma (*huáng lián*), Scutellariae Radix (*huáng qín*), Phellodendri Cortex (*huáng bǎi*), and Rhei Radix et Rhizoma (*dà huáng*).

If there is cold with the dampness, it is appropriate to use an acrid and hot formula to eliminate it.

It is appropriate to use dry and warm medicinals such as Tsaoko Fructus (*cǎo guǒ*), Atractylodis Rhizoma (*cāng zhú*), Asari Radix et Rhizoma (*xì xīn*), Eucommiae Cortex (*dù zhòng*), Dipsaci Radix (*xù duàn*), Angelicae pubescentis Radix (*dú huó*), and Zingiberis Rhizoma preparata (*páo jiāng*).

SUMMARY OF TREATMENT

Transform, dry, promote sweating, drive out, clear, and facilitate the resolution of dampness.

1. Aromatically Transform Dampness (芳香化湿 *fāng xiāng huà shī*)

[PRESENTATION] Damp-turbidity collects internally; disharmony of the Spleen and Stomach

Pogostemonis/Agastaches Caulis (<i>huò xiāng gěng</i>)	4.5g
Amomi Fructus rotundus (<i>bái dòu kòu</i>)	2.4g
Pinelliae Rhizoma preparatum (<i>zhì bàn xià</i>)	4.5g
Amomi Fructus (<i>shā rén</i>)	2.4g
Citri reticulatae Pericarpium (<i>chén pí</i>)	4.5g
dry-fried Coicis Semen (<i>chǎo yì yǐ rén</i>)	9g
Citri sarcodactylis Fructus (<i>fó shǒu</i>)	3g

11. Rehmanniae Radix preparata (*shú dì huáng*), Corni Fructus (*shān zhū yú*), Cistanches Herba (*ròu cōng róng*), Morindae officinalis Radix (*bā jī tiān*), Aconiti Radix lateralis preparata (*zhì fù zǐ*), Cinnamomi Cortex (*ròu guì*), Dendrobii Herba (*shí hú*), Ophiopogonis Radix (*mài mén dòng*), Acori tatarinowii Rhizoma (*shí chāng pǔ*), Polygalae Radix (*yuán zhì*), Poria (*fú líng*), and Schisandrae Fructus (*wú wèi zǐ*).

1. Aromatically Transform Dampness

COMMENTARY

ADDITIONAL SIGNS AND SYMPTOMS

- Indigestion, lack of appetite, possibly a sensation of bloating
- Stifling sensation in the chest
- Epigastric focal distention
- Sticky and bland taste in the mouth
- Usually mild nausea, but if severe, vomiting
- Heavy head
- Swollen face
- The pulse is floating and soggy
- The tongue has a swollen and large body with a greasy white or grey coating or a slightly yellow and thick coating that can be scraped off

DISCUSSION

ETIOLOGY: This pattern is usually a result of external dampness (e.g., humid environment) invading and causing disharmony of the Spleen and Stomach. It can also come about from dietary irregularities and eating excessive raw and cold foods (such as melons and fruits) or food that is too rich.

DURATION: This method is used for the early stages of damp disorders, usually acute or subacute in nature (one day to a few weeks).

LOCATION: The upper and middle burners are most affected and the Stomach is usually more affected than the Spleen.

TREATMENT PRINCIPLE: Aromatically transform and vent out dampness and harmonize the Stomach qi. If the damp pathogen stagnates, causing constraint and stoppage of the qi dynamic, this will contribute further to the retention of the damp pathogen, and one should then aromatically regulate the qi and transform dampness.

MEDICINAL ANALYSIS

SUMMARY

- This formula is aromatic and should not be cooked for a long time. One can soak the medicinals for 20–30 minutes, then bring the formula to a boil and simmer for 10 minutes.
- All the medicinals are acrid and warm except for Coicis Semen (*yì yǐ rén*).
- All the medicinals are aromatic except for Pinelliae Rhizoma preparatum (*zhì bàn xià*) and Coicis Semen (*yì yǐ rén*).
- All the medicinals transform and eliminate dampness.

INDIVIDUAL CHARACTERISTICS

- Pogostemonis/Agastaches Caulis (*huò xiāng gěng*)—the stem—regulates the qi in the middle, loosens the chest, and transforms dampness. It is not overly drying or hot and is milder than the entire herb, Pogostemonis/Agastaches Herba (*huò xiāng*), which has more of an effect on the upper and exterior. Both will aromatically diffuse and vent the damp pathogen. The leaf, Pogostemonis/Agastaches Folium (*huò xiāng yè*), has a stronger tendency to disperse and resolve the exterior and can be used if there is more exterior involvement. The stem is usually preferred for this pattern.
- Amomi Fructus rotundus (*bái dòu kòu*), Citri reticulatae Pericarpium (*chén pí*), Citri sarcodactylis Fructus (*fó shǒu*), Amomi Fructus (*shā rén*), and Pinelliae Rhizoma preparatum (*zhì bàn xià*) all act on the middle to aromatically regulate the qi and transform dampness.
- Amomi Fructus rotundus (*bái dòu kòu*) and Amomi Fructus (*shā rén*) have similar properties of promoting the movement of qi and harmonizing the middle. Amomi Fructus (*shā rén*) is better at warming and opening the Stomach, increasing appetite, and alleviating vomiting. Amomi Fructus rotundus (*bái dòu kòu*) focuses more on the Spleen, increasing its circulation and aiding in the elimination of dampness. Together they open the Stomach and awaken the Spleen. They should be crushed and added during the final 3-5 minutes of cooking.
- Dry-fried Coicis Semen (*chǎo yì yǐ rén*) functions on the lower burner and is sweet and bland, able to leach out dampness, and strengthens the Spleen. It regulates, drains, and dries dampness without guiding the pathogen deeper into the body. The dry-fried preparation should be used when aromatic medicinals that dry dampness are also used. Dry-frying moderates its cold nature and improves its ability to strengthen the Spleen and harmonize the middle. Conversely, the raw form is better at opening the channels and collaterals, enabling it to treat painful obstruction, atrophy, expel pus, and reduce swelling.

Dr. Qin's formula is roughly based on Patchouli/Agastache Powder to Rectify the Qi (*huò xiāng zhèng qì sǎn*).

Patchouli/Agastache Powder to Rectify the Qi (*huò xiāng zhèng qì sǎn*)

SOURCE: *Formulary of the Pharmacy Service for Benefiting the People in the Taiping Era* (1107)

Pogostemonis/Agastaches Herba (<i>huò xiāng</i>)	12g
Magnoliae officinalis Cortex (<i>hòu pò</i>)	9g
Citri reticulatae Pericarpium (<i>chén pí</i>)	9g
Perillae Folium (<i>zǐ sū yè</i>)	6g
Angelicae dahuricae Radix (<i>bái zhǐ</i>)	6g
Pinelliae Rhizoma preparatum (<i>zhì bàn xià</i>)	9g
Arecae Pericarpium (<i>dà fù pí</i>)	9g
Atractylodis macrocephalae Rhizoma (<i>bái zhú</i>)	12g
Poria (<i>fú líng</i>)	9g
Platycodi Radix (<i>jié gěng</i>)	9g
Glycyrrhizae Radix preparata (<i>zhì gān cǎo</i>)	3g

MODIFICATIONS OF DR. QIN'S FORMULA

Mucus in throat:

Eupatorii Herba (*pèi lán*) 4.5g

Slight aversion to wind, or with the etiology of consumption of excessively cold and damp foods:

Perillae Folium (*zǐ sū yè*) 4.5g

Simultaneous external dampness and cold:

Perillae Folium (*zǐ sū yè*) 4.5g

Saposhnikoviae Radix (*fáng fēng*) 6g

Notopterygii Rhizoma seu Radix (*qiāng huó*) 4.5g

Spleen deficiency:

Poria (*fú líng*) 9g

Fullness and bloating:

Magnoliae officinalis Cortex (*hòu pò*) 4.5g
(for epigastric fullness)

Aucklandiae Radix (*mù xiāng*) 4.5g
(for lower abdominal fullness)

History of poor digestion:

scorched Massa medicata fermentata (*jiāo shén qū*) 9g

Sticky stools with yellow, sticky coating:

Dry-fried Coptidis Rhizoma (*chǎo huáng lián*) 3g

Dry-fried Massa medicata fermentata (*chǎo shén qū*) 9g

QUESTIONS

1. Why does Dr. Qin include *Citri sarcodactylis Fructus* (*fó shǒu*) in this prescription?

Citri sarcodactylis Fructus (*fó shǒu*) is included because of its light, aromatic, out-thrusting nature. Furthermore, it works together with *Pogostemonis/Agastaches Herba* (*huò xiāng*) to lightly thrust out and transform dampness. *Citri sarcodactylis Fructus* (*fó shǒu*) is not chosen because of its ability to regulate the Liver qi.

2. What does “transform dampness” mean?

The strategy of transforming dampness is one of three primary methods used in the treatment of dampness. The other two are facilitating the resolution of dampness and expelling dampness.

However, transforming dampness is a general term that can encompass three additional treatment principles:

a. Aromatically transform dampness is used in mild patterns, as above.

- b. Bitter, warm and dry dampness method is used when the dampness is relatively more severe (see treatment method no. 2 below).
- c. Clear and transform damp-heat (often shortened to clear dampness) involves one aspect of clearing heat and another of transforming dampness, although transforming dampness should be emphasized in such a pattern. Method no. 6 below demonstrates this approach.

3. *What are some concerns when using the method of transforming dampness?*

Medicinals that transform dampness can easily damage the fluids and it is important to discontinue them before this occurs. However, the nature of dampness is congealing and stagnating, and eliminating it can sometimes be relatively slow. Thus if one uses an excessive amount of aromatic and dry medicinals, frequently the dampness will not be reduced and transformed, but it will begin to damage the fluids, and an impasse will develop that is very difficult to treat.

4. *Why does Dr. Qin only use one medicinal (Coicis Semen [yì yǐ rén]) that leaches out/facilitates resolution of dampness?*

This is a relatively superficial and light damp pathogen and one does not need to overly facilitate resolution (or dry out) dampness to accomplish one's goal.

5. *What do the terms "leach out dampness" and "facilitate resolution of dampness" mean?*

Facilitate resolution of dampness (利湿 *lì shī*) is a general treatment strategy that eliminates dampness through the urine. It can be divided into 'blandly leach out and eliminate dampness' (淡渗除湿, *dàn shèn chú shī*) and 'unblock and promote urination' (通利小便, *tōng lì xiǎo biàn*). Commonly, one or two medicinals that blandly leach out dampness (such as Coicis Semen (*yì yǐ rén*), Tetrapanacis Medulla (*tōng cǎo*), Poria (*fú líng*), Poria rubra (*chì fú líng*), or Benincasae Exocarpium (*dōng guā pí*)) are added to formulas that aromatically transform dampness. Medicinals that promote urination are different and are used when dampness leads to urinary symptoms such as scanty, short, yellow, dark, and inhibited urination. This is described below under the method "move downward and facilitate the resolution of dampness" (p. 207).

6. *What is the relationship between this method (aromatically transform dampness) and the following one (warm and dry damp-turbidity), and how does one differentiate the symptomology?*

This method is for more superficial/acute/Stomach-related problems while the "warm and dry damp-turbidity" method is for deeper/more chronic/Spleen-related problems. Thus the former uses lighter medicinals.

As one might suspect, the key differentiating feature for the "warm and dry damp-turbidity" method is related more to Spleen symptoms such as slow digestion and loose and sticky stools, hence the addition of "warming (the Spleen)" into the method's name. However, in practice, one might combine the two, emphasizing the treatment principles that are most closely linked to the presenting symptoms.

2. Warm and Dry Damp-Turbidity

7. Which symptoms indicate that the damp pathogen is more serious and how does this relate to the following method, “warm and dry damp-turbidity”?

The pathogen is more severe (and deeper) when one starts to see focal distention and a stifling sensation in the chest and epigastrium, heavy body and fatigue, reduced food intake with vomiting and nausea, and a thick and greasy tongue coating. For these symptoms, one might modify the treatment strategy to a more ‘drying’ approach and consider including Magnoliae officinalis Cortex (*hòu pò*) and Atractylodis Rhizoma (*cāng zhú*), while deemphasizing the lighter medicinals. This makes it closer to the following method.

However, if these symptoms are not present and one just sees, for example, reduced food intake, a bland taste in the mouth, and an upward flow into the throat that is just short of vomiting with a white, greasy tongue coating, then one may emphasize the lighter medicinals and possibly use Amomi Pericarpium rotundum (*bái dòu ké*), Amomi Pericarpium (*shā rén ké*), and Magnoliae officinalis Flos (*hòu pò huā*), while at the same time removing the heavier medicinals such as Coicis Semen (*yì yì rén*) and Pinelliae Rhizoma preparatum (*zhì bàn xià*). As with many of Dr. Qin’s formulas, this is right in the middle of a pattern, allowing for flexible treatment through modifications.

OTHER TIPS

- If there is blockage/tightness at the center of the epigastrium—or just lack of appetite—one can chew Amomi Fructus (*shā rén*) or Amomi Fructus rotundus (*bái dòu kòu*) seeds (no shells) 2-3 times a day.
- One can eat Massa Fortunellae Fructus (*jīn jú bǐng*) (2 pieces) after meals to help Spleen circulation.
- After meals, the patient can perform self massage down the Conception vessel, starting at CV-14 (*jù què*).

2. Warm and Dry Damp-Turbidity (温燥湿浊 wēn zào shī zhuó)

[PRESENTATION] Entrenched damp-turbidity; greasy tongue and a stifling sensation in the chest and upper abdomen

Atractylodis Rhizoma (*cāng zhú*) /

Atractylodis macrocephalae Rhizoma (*bái zhú*) 4.5g (each)

Magnoliae officinalis Cortex (*hòu pò*) 4.5g

Amomi Fructus rotundus (*bái dòu kòu*) 2.4g

Dry-fried Aurantii Fructus (*chǎo zhǐ ké*) 4.5g

Acori tatarinowii Rhizoma (*shí chāng pǔ*) 2.4g

Citri reticulatae viride Pericarpium (*qīng pí*) /

Citri reticulatae Pericarpium (*chén pí*) 2.4g (each)

Massa medicata fermentata (*shén qū*) 9g