What does it mean to subscribe to a specific Chinese medical tradition or a conceptual framework? The following case by Zhang Xichun (張錫純) (1860-1933) illuminates this question from the perspective of the Cold Damage current, one of Chinese medicine’s oldest and most venerable traditions.

Zhao, suffered from warm disease. The [previous] physician prescribed Cinnamon Twig Decoction (gui zhi tang), which led to a subjective sensation of heat, thirst, and labored breathing. He then prescribed [Minor] Bupleurum Decoction (xiao chai hu tang) which made the heat especially worse and moreover increased the wheezing and cough. She repeatedly vomited up phlegm drool and for the past six or seven days she had been unable to lie down. Her physician then said that her disease had become very severe and that he lacked the skill to address it. When her family learned of this they were alarmed and flustered. Yi fang’s younger brother was dispatched to send for a physician. When I arrived, I saw that the patient was experiencing hasty wheezing and shoulder breathing and spontaneous sweating from his head. This was heat in both the exterior and interior. His tongue coat was dark grey and his tongue was so contracted that he was unable to speak. I immediately took his pulse and found it floating, rapid, and strong, yet extremely empty upon stronger pressure. Thus it was actually a mistake to administer Cinnamon Twig Decoction (gui zhi tang) and Minor Bupleurum Decoction (xiao chai hu tang) because this was a pattern of extreme heat in the yang ming warp where the yin aspect was about to be exhausted.

I immediately gave her White Tiger and Ginseng Decoction (bai hu jia ren shen tang), substituting Dioscorea Radix (shan yao) for the nonglutinous rice (jing mi) [1]. In addition, I substituted Scrophulariae Radix (xuan shen) for Anemarrhenae Rhizoma (zhi mu). She took two packets of the formula in succession and her thirst was relieved, and her wheezing stopped. Her pulse was no longer floating and rapid although it was still strong. Her tongue stretched out and she was able to speak. Her phlegmatic cough was no longer intense and appeared to be milder. He then continued with a modification of Follow the Dragon Decoction (cong long tang), omitting the Perillae Fructus (su zi) and adding 4 qian of Ginseng Radix (ren shen) and 8 qian of Ophiopogonis Radix (mai men dong).

After taking 7 packets she was completely cured.[2]

Follow the Dragon Decoction (cong long tang) contains:
- Fossilia Ossis Mastodi (long gu) (not calcined, crushed) 30 grams
- Ostreae Concha (mu li) (not calcined, crushed) 30 grams
- Paeoniae Radix alba (bai shao) 15 grams
- purified Pinelliae Rhizoma (qing ban xia) 12 grams
- Dry-fried Perillae Fructus (chao su zi) (crushed) 12 grams
- Dry-fried Arctii Fructus (chao niu bang zi) 9 grams.

Commentary:
The initial physician in this case appears to have made a rudimentary error. He treated an externally contracted pathogen using a methodology designed for cold pathogens. However some practitioners who specialize in classical formulas (jing fang) believe that all externally contracted diseases can be effectively treated using Cold Damage
prescriptions. This trend was so influential that even Wu Jutong’s (吴鞠通) landmark text, *Systematic Differentiation of Warm Pathogen Diseases* (*wen bing tiao bian* 混病條辨 1798), recommended *gui zhi tang* for warm diseases. Most commentators though agree that this was obviously incorrect and written more out of respect for the tradition, demonstrating the link between the Cold Damage and Warm Disease currents.[3]

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

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

Like many eclectic Qing dynasty physicians, Zhang Xichun had a firm grasp of the past ideas that he would flexibly apply. He commonly substituted the rice in *bai hu jia ren shen tang* with *shan yao* because of its ability to supplement both the qi and yin. Similarly, he commonly would use *xuan shen* instead of *zhi mu* because it is better at enriching yin, generating water, and tonifying the Kidneys, as well as being not as cold and better suited to address the upper burner.

Zhang Xichun followed this up with a unique and curious formula of his own, *cong long tang*. It is indicated for externally contracted phlegm wheezing where Minor Bluegreen Dragon Decoction (*xiao qing long tang*) has not cured the illness, or where the illness has initially been cured but failed here. Nonetheless, the physician persisted in utilizing a Cold Damage approach with *xiao chai hu tang*, which made the condition even worse.

*Cong long tang* best understood in the context of *xiao qing long tang*. Both prescriptions address “water qi congealing in the chest and upwardly distressing the Lungs.”[4] Yet *cong long tang* contains two important strategies that are not present in *xiao qing long tang*, those of descending and astringing.

*Cong long tang* removes Ephedrae Herba (*ma huang*), Cinnamomum Ramulus (*gui zhi*), and Asari Radix et Rhizoma (*xi xin*), the strong dispersing and surface resolving ingredients from *xiao qing long tang* and in turn adds Perillae Fructus (*zi su zi*) and Arctii Fructus (*niu bang zi*). Zhang often used both of these medicinals for wheezing, even in cases of deficiency. They form an herbal pair that together clear phlegm, descend counterflow, and guide the other medicinals quickly to the lower areas [of the body]. The substance of *niu bang zi* is slippery and its qi is fragrant, it is able to moisten the Lungs, unhinder (利) the Lungs, and descend counterflow of Lung qi. However in the above case, Zhang did not use *zi su zi* because it is too dispersing and warm for the amount of yin deficiency that was present.

One of the most interesting aspects of *cong long tang* is its use of heavy minerals. The formula can be used in the presence of an external pathogenic factor or even lingering pathogen. Zhang cites Xu Lingtai’s (徐靈台) (1693-1771) opinion that "fossilia (骨石) are mostly sticky and astringent, but are able to address the Lung heat damaging the Lungs. With *cong long tang* *zi su zi* only astringing. Both prescriptions address one of Zhang’s above formula, *mai men dong tang*.*

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

Zhang (and Xu Lingtai) believed that *mai men dong* is contradictory with cough [5], but combined with Pinelliae Rhizoma preparatum (*zhi ban xia*) it was effective in stopping cough. Thus the addition of *mai men dong* to Zhang’s above formula, completes the core structure of Ophiopogonis Decoction (*mai men dong tang*), one of Zhang Zhongjing’s fundamental cough and wheezing formulas. *Zhi ban xia* is able to descend surging counterflow of Stomach qi, which these physicians understood as contributing to the wheezing.

Ginseng Radix (*ren shen*) was added to tonify and augment the great qi (*大气 da qi*) within the chest. Combined with *mai men dong* these two ingredients address the Lung heat damaging the Lungs. With *zi su zi* they function to descend the counterflow of the Lung qi due to deficiency.[6]

The key principle of *cong long tang* is derived from Zhong Zhongjing’s use of Bubuleurum and Dragon Bone and Oyster Shell Decoction (*chai hu jia long gu mu li yang*), where it is used for a condition characterized by a pathogenic factor that has been
incompletely expelled. In this, Zhang Xichun demonstrates an appreciation of Zhang Zhongjing’s thought that went far beyond the rote application of classical formulas. Such an interpretation has enjoyed a venerable pedigree. Many physicians throughout Chinese history have adapted Zhang Zhongjing’s understanding in one way or another.

Zhang Xichun 張錫純 (1860-1933)

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

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

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

For example, Zhang presents a case where the patient had externally contracted phlegm wheezing and was unable to lie down for ten days. He was given Minor Bluegreen Dragon (xiao qing long tang), which aggravated his situation to the extent that the condition was actually considered life threatening. The physician then re-prescribed xiao qing long tang, omitting Ephedrae Herba (ma huang), but adding wild Codonopsis Radix (ye dang shen), unprocessed Fossilia Ossis Mastodi (sheng long gu) and unprocessed Ostreae Concha (sheng mu li) each 5 qian, and unprocessed Gypsum fibrosum (sheng shi gao) 1.5 liang. After one packet he was around 50% better. After one more packet he was cured.[7] He comments that “combining xiao qing long tang with medicinals to astringe the qi might seem to border on the juvenile, crude, and rash... yet this method was able to salvage a serious condition, [demonstrating] the method of flexibly using xiao qing long tang.” [8] Here, the formula merely needed to be modified to succeed, illustrating how effective long gu and mu li can be in treating respiratory conditions.

Zhang Xichun named his prescription Follow the Dragon Decoction (cong long tang) because it is what should be prescribed when Minor Bluegreen Dragon (xiao qing long tang) has proven ineffective. It is, in effect, a “follow up” formula to xiao qing long tang. The phrase cong long (從龍) originally alluded to an attendant following the monarch, always referred to as the dragon. Writers throughout history have played with variations on this theme. We can’t know whether Zhang Xichun himself intended this shade of literary allusion. Yet there is no question that in masterfully emulating Zhang Zhongjing’s ideas, Zhang Xichun’s Dragon prescription follows the traces of one of the premier medical traditions.
Notes

[1] Line 26 of *Discussion of Cold Damage* discusses giving White Tiger and Ginseng Decoction (*bai hu jia ren shen tang*) when Cinnamon Twig Decoction (*gui zhi tang*) is inappropriately given.


[5] One might extrapolate wheezing, because it is essentially the same pathodynamic.

[6] All of the herbal attributes are from Zhang.

[7] Zhang Xichun does not identify the author of this case.


Note on the Authors

**Charles (Chip) Chace** has been a student of Chinese medical literature for thirty years. He is the translator of a wide variety of books and articles on premorden acupuncture and Chinese medicine including the first textbook of acupuncture from 100 C.E., *The Yellow Emperor's Systematic Classic of Acupuncture and Moxibustion* (*Huang Di Zhen Ji Jia Yi Jing*), and *Li Shizhen's Exposition on the Eight Extraordinary Vessels* (*Qi Jing Ba Mai Kao*). He is the translator and editor *A Qin Bowei Anthology*, the first English language collection of writings by one of China’s most influential modern physicians. Chip has a longstanding interest in the case history literature of Chinese medicine and has published extensively in this genre as well. He is the translator and editor of *Fleshing Out the Bones: Case Histories in the Practice of Chinese Medicine*, also one of the first publications of its kind in English. He is on the faculty of the Seattle Institute of Oriental Medicine where he teaches herbal medicine and palpatory approaches to acupuncture. He maintains a clinical practice in Boulder, Colorado.