The Nei Jing and Medicine: A Response to "A Review of the Ancient Concepts of Medicine" by Doane et al.

Abstract
This article is a response to "A Review of the Ancient Concepts of Medicine" by Robert K. Doane, Xavier Fricker & Marcus Gadau, that was published in the Journal of Chinese Medicine issue 113, February 2017.

‘An inordinate overemphasis on science can easily tip the balance away from the art of medicine. Physicians must also be educated in the humanities and philosophy.’

Sir William Osler

Back in 1989, I took a fourteen-week course with Donald (Deke) Kendall at Emperor’s College of Oriental Medicine in Santa Monica. It was based on material that would become the foundation of his book, The Dao of Chinese Medicine.1 His understanding of neuroanatomy was superb, and he had made some interesting connections between acupuncture and neuroanatomy. Deke was self-taught in medical Chinese, and translated the Ling Shu (Divine Pivot) by himself, an arduous task indeed. However, like all of us, he had a very specific perspective on the Nei Jing (Inner Classic), conceptualising the material in the context of modern neuroanatomy and physiology (his background was as an electrical engineer). While there certainly are parallels with modern physiology, it is greatly limiting to force the broad and vast contents of the material in the context of modern neuroanatomy and physiology (his background was as an electrical engineer).

While there certainly are parallels with modern physiology, it is greatly limiting to force the broad and vast contents of the Nei Jing 內經 (Inner Classic), conceptualising the material in the context of modern neuroanatomy and physiology (his background was as an electrical engineer).

‘The dialogue must shift ... to concepts based on modern-day understandings of physiology.’2 Everyone interested in ancient Chinese medicine is free to base his/her discussion of the merits of Chinese medicine on modern physiology/pathology. But before this can be done, a genuine understanding needs to be reached about what the ancient authors meant when they wrote their texts and summarised their conclusions. Erroneous and misleading translations and a disregard of the socio-political environment that shaped the perspectives of the ancient authors are major obstacles to an understanding and adequate contemporary use of ancient Chinese medicine. The Chinese physicians who wrote the Nei Jing 傳經 based their world view not only on the dynamics of nature and the human entity, but on the social constructs and dynamics of their particular era (Han dynasty China). Such core concepts as jing 精/essence, blood 脈/vessels, but include important wider meanings such as the weft of a loom, the thread that holds a tissue together and an organising principle. Equally the terms zang 藏/organ storage depots (viscera) and fu 腑/transportation routes (bowels), are based on analogies with structures that organise the movements of people and vital goods for the health of society.

The Su Wen in particular discusses principles of medicine, not just physiological constructs. Concepts such as wei qi 防御氣/defense qi and ying qi 养氣/construction/nurturative qi have no exact physiological correlates, but overlap with different systems and functions such as lymphatic vessels, pores and thermoregulation. There is a great emphasis on the time of day, season and larger circadian cycles in the Nei Jing, especially in Su Wen chapters 69-77. To understand these cycles, we may find correlates in modern studies of chronobiology, but we can also apply the original principles in clinical practice. In terms of therapeutics, the Nei Jing also speaks about much more than acupuncture, including herbal medicine (the theories of the flavours and their target organs, the fu 腑storage depots (viscera) and the zang 藏/organ storage depots (viscera)), dietetics, exercises and yang sheng 养生/nourishing life practices. It also speaks of the emotional/psychological connections of the zang 藏/organ storage depots (viscera) with specific emotions and patterns of thinking - what Ken Rose calls ‘distributed mind’. In Chinese thought, consciousness is distributed throughout the body, not just in the brain. Specifically, the zhi 五志/five minds are associated with different aspects of consciousness housed in the zang 藏/organ storage depots (viscera) of the body, each associated with different emotions.

Before we even discuss physiology or pathology, we must begin with terminology. While such translators as Nigel Wiseman and Paul Unschuld have clarified terminology now for a few decades, many of the standard textbooks of our profession, specifically those from mainland China, remain poorly translated and/or glossed, and the material is largely over-simplified. Without accurate translation, without reliable source materials, how far can our profession progress? How many professional journals do we have...
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Inside of the Journal of Chinese Medicine, few others have been successful, The Lantern being one exception? How can we claim to adapt the ancient Han dynasty wisdom contained in the jing 经 classics without deep study? Only in the last few years have reliable translations of the Su Wen and Ling Shu 经 been available. One of my suggestions to the profession has been that every school should add classical study - the basis of Chinese medical education for centuries - to their curriculums, along with medical Chinese language, without which the bulk of modern studies remain inaccessible to our profession.

George Soulié de Morant, author of L’Acupuncture Chinoise, was a complex man who wrote several volumes on acupuncture for a French audience. The concept of qi 气, as ‘energy’ that he pioneered has been largely rejected for over thirty years now, through works such as Chinese Medicine: A History of Ideas and the Practical Dictionary of Chinese Medicine. I would argue that Soulié de Morant’s Chinese Acupuncture has had limited influence in the English speaking world; it was only translated into English in the 1980s, and while several European schools were influenced by his work, this book never was a required text in American TCM schools. The mainland Chinese texts, which had a much more materialistic view (such as Outline of Chinese Acupuncture and Chinese Acupuncture and Moxibustion), were largely the de-facto standard texts in American TCM schools.

Soulié de Morant did make many mistakes in his translation, and included many inaccuracies. Nevertheless, to claim that he was a fraud is spurious at best. Since he lived decades ago, it would make sense that his diploma would be difficult to find. But the editors of the English edition of Chinese Acupuncture, including Paul Zmiewski, went to Soulié de Morant’s heirs and were permitted to examine the note cards used in production of the book. The notes correspond, as Soulié de Morant claims, to the sources he named, including the Zhen jiu Da Cheng 针灸大成 (Great Compendium of Acumoxa). Paul often discussed the Chinese characters on those cards as we were looking as to what term translations had historical significance and should not be tampered with.

As far as conflicts with other physicians such as Nguyen Van Nghi are concerned, controversies were and are still common in our field, where it is often difficult to find areas of agreement about many aspects of a very complex field of medicine. For some reason, George Soulié de Morant has become the whipping boy for segments of our profession that feel that he was responsible for ‘metaphysicalising acupuncture’. It is true that ‘meridian’ is not the most accurate depiction of jing 经 (as it inaccurately alludes to imaginary lines on a map), but neither is describing jing 经 as blood vessels or nerves. As I mentioned above, jing 经 means a warp or a weft, a fabric with a number of fibres, and its meaning Chinese medicine is inclusive of multiple physiological systems. Unlike biomedicine, Asian medical systems see viscera and their channels (such as the gan 肝/liver) as distributed systems of functions that include sense organs (the eyes), tissues (jin 韌/sinews), and reactivity at different parts of the body along these jing 经. These relationships are expressed in systems of correspondence, involving skin colour and tone, odour, tone of voice and several other expressions in body and emotion. In fact, the emotional/visceral correspondences are one of the most powerful expressions of the unifying theories of Chinese/Asian medicine, and the Su Wen, Nan jing and Ling Shu 经 put great emphasis on the feedback loop between emotions and physical health or disease.

Until now, it is still debatable if we have done an accurate job of transmitting the ancient traditions of Asian medicine in the West, and we should be careful not to draw premature conclusions from what we find in these texts. We should retain the importance of Chinese internal medicine, natural philosophy and science in our research, study and real-time clinical application. Certainly, trying to merge a relatively superficial, limited, over-simplified and materialistic version of Chinese and Asian medicine into biomedical views of medicine and practice, and working only under or with Western medical doctors and associated professionals would be a major loss to the public, who would lose perspectives on health of great value, gained over a historical record that cannot be matched by that of Western culture. This type of integration should be questioned carefully before being undertaken.

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Endnotes
1 Published in 2002 by Oxford University Press: Oxford
7 From a recent conversation with Bob Felt, editor/publisher at Paradigm Publications, Taos, N.M.