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 Nei Jing/Neijing into this narrow perspective.

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 based their 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/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/storage depots (viscera) and fu 腑/transportation routes (btops), 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 微氣/defense qi and ying qi 血氣/construction/nutritive 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 wu zang 五脏/five yin organs), dietetics, exercises and yang sheng 养生/nourishing life practices. It also speaks of the emotional/psychological connections of the wu zang 五脏/five yin organs 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 wu zhi 五志/five minds are associated with different aspects of consciousness housed in the wu zang 五藏/five yin organs. Each yin organ also has an emotional quality, which according to the Nei Jing can cause physical illness when in excess, whether that be anger, joy/elation, fear, fright, melancholy or over-pondering.

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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It is 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.