

The Botanical Biohacker: An Interview with Andrew Miles

Andrew Miles & Daniel Maxwell

Abstract

Andrew Miles is a doctor of Chinese medicine living in Chengdu. He is CEO of a Chinese medicine herb company, co-author of *The Fibro Bible* and *Enlightenweight*, and host of the *Botanical Biohacking* podcast.

Keywords

Chinese medicine, herbal medicine, acupuncture, neurotransmitters, microbiome, business



DM: How did you get started with traditional Chinese medicine?

AM: It started fairly early. My parents split up when I was young and my mom remarried a Chinese man. I was in Colorado at the time, but surrounded by the Taiwanese community so Chinese medicine was just

kind of around. One time when I was 13 I ate these really delicious hot dogs from a gas station and - predictably perhaps - got violently ill. That was the first time I had herbs, and our neighbour came over and did some external qigong healing. Instead of recovering over a long period of time on Pepto Bismol, it was all over in about 45 minutes. For me this was out-of-this-world unexpected - I thought everybody should know about it! My stepdad would sometimes take me to this fake Chinese restaurant with gambling in the back where we would get bootleg movies. One of them was about Wong Fei Hung, a Chinese medicine doctor and kung fu hero. I thought 'That's what I want to do with my life', and I have stayed that course ever since.

DM: So when did it get serious?

AM: Well, initially I didn't know that you could do Chinese medicine as a profession. I mean, it existed in the

US, but it was fairly small. I went to university to study cultural anthropology. And then September 11th hit. My fantasy that war was something that was due to a cultural misunderstanding went out the window and I started to learn that deeper economic forces were at work - it was kind of eye-opening. I thought that for anything decent in this life to occur, it needs to be at an individual human to human level ... at least for someone of my social caste. I was looking into medical schools and talking to mentors to try to go that route. Then a friend of mine said that she was going to Chinese medicine school in Canada, and I should check it out. I ended up putting everything I owned into a car - which is easy to do when you're young - and driving across the country to Canada to begin studying.

DM: One of my earliest introductions to your work was a podcast about going to banquets with your martial arts teacher and having to retreat to a hotel room to treat him so he could get back to the business and feasting?

AM: He was my business mentor. At the time I had a Chinese medicine clinic and I was starting to become successful. I was proud, but my mentor was like, 'How many people are you feeding? How many employees do you have?' I said, 'Well, it's just my wife and I.' And he said, 'So it's still just about you, isn't it? ... I'll give you a few weeks; refer away your patients and I'll meet you in LA. Follow me and I'll teach you.' So I did. That year was gruelling. I would go to tea in the morning and have everything I needed with me in my bag because at a moment's notice we might be off

to another province for days or weeks - I had no idea. I was learning how they did large business projects in China. He was a martial arts master who had gone into business, as were a lot of people in his circle. They applied Taoist and Buddhist concepts to business and used the ups and downs and stresses of life as a way to refine themselves, because it's easy to relax when you're walking on your feet, but when your feet are in the air, it's harder.

DM: In the West these domains seem quite siloed off from each other - Taoism, Buddhism, business, medicine ... but you're talking about them coexisting in people's lives.

AM: Yeah, and they have done so for a long time. There are books about this from the Song dynasty, stories about mistakes that people have made in business. One story that really struck me was about a successful Chinese medicine clinic in Fujian which had been bought by a new owner. To increase profitability he uses lower quality herbs, and of course everything just goes to hell, and the clinic loses its reputation and everything. Then the original guy buys it back and resumes using the best possible quality herbs. He loses money for years, but the clinic's reputation grows so that it's packed again. And the owner explains to his protegee who is overseeing the clinic, 'This is why you must always put people first. If you try to put things before people, it's like earth being above heaven, it throws off the natural order.'

DM: So that year of business was a baptism by fire. But you were already practising medicine? What happened then?

AM: I realised I had options. Did I want to go into the coal business? Not really. Plastic recycling was another option. But I was still very much focused on medicine. But rather than wanting to try to conquer the really tough diseases and show the world what Chinese medicine can do - you know, by studying with top doctors who are able to reverse diabetes or cure cancer - my perspective shifted to focus on getting Chinese medicine to as many people as possible with a clear proof of concept. Because when I was young I experienced an immediate and undeniable proof of concept that shifted my entire world-view. For example, if someone comes to me for their pancreatic cancer, and instead of dying in weeks they die in years, that is a good thing, but ultimately they blame Jesus and there's no solid proof of concept. In fact, even after the person dies the family may

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still come and say I didn't do enough. So my thought was that I need to test this medicine in a very difficult market, which is why I moved to New Mexico, which is a cursed state in terms of intergenerational poverty. It's where they tested nuclear weapons. There are a lot of systemic problems and I thought if I could get something going there, then it could be replicated in other places.

DM: So you weren't interested in becoming a famous doctor? Because it wasn't pragmatic or tangible enough because so many factors prop up those difficult diseases?

AM: That's exactly it. Although the thing is that in China there are filters that everybody goes through before they see that sort of top specialist, and this makes it easy for that specialist to knock it out of the park clinically. So initially a patient who is ill might take an over-the-counter Western medicine for their problem. And when that doesn't work they might try an over-the-counter Chinese medicine, because that's the most accessible form - like I could throw a rock right now from my apartment and hit multiple Chinese medicine dispensaries. There are just so many places where you can get herbs. And of course this patient is getting advice from their aunt and grandma - probably something that a Chinese medicine textbook would say, like 'Don't do that'. And after the Grandma level - and keep in mind that the Grandma level works for most people - then they might see somebody who, say, specialises in dampness, who know this person has already tried all the tonics out there, and so they're going to move a little more as their central bias. And they get this miraculous result. So there's this filtering process, whereas in the West, the filtering process involves trying all kind of damaging drugs and the patient gets worse. There's no Chinese grandma line of defence and at the point they come to see you they're an absolute mess. And while it is fun to

be Mr Fancypants top doctor and have patients fly in to see you - and maybe that's good for a lot of people - I was learning that there is a huge need to look at markets as a whole and ask what specific demographics as a whole

are tipping towards? How can I help at a grandma level and not be confined by my diploma? That was one of the things my mentor said: 'You are not just a Chinese medicine doctor. You possess credentials that allow you to do many things. You shouldn't be confined by them and make it too much your identity if it prevents you from doing what's necessary.' That was a mental shift for me.

DM: So how do you see yourself now? Do you still practise? Presumably you treat family and friends, but you don't have a clinic?

AM: Not at the moment. What I do is I talk to people every day, and if I can't help at the Chinese grandma level, I refer the patient to other practitioners. And what I take pride in the most at this stage is that this year I referred more people who have never used Chinese medicine than ever before. That is where I feel I'm able to be of the most service both to individuals and to the profession as a whole.

DM: I noticed from your podcast that you have perspectives that many of us don't get taught in Chinese medicine school, like how to use the movements of qi as a primary clinical framework. Did you get that understanding from a specific teacher, or more from qigong or martial arts?

AM: I suppose all of those to a certain extent, but a lot of it was following people around clinically in China, and being repeatedly told that I'm a moron. They were like, 'How don't you know this?' The four movements of qi follow the seasons: rising, sinking, entering and exiting. Every aspect of Chinese medicine must be grounded in this perspective to keep it tangible and practical.

DM: Your work pulls in modern scientific perspectives alongside the classical Chinese - like gasotransmitters and the microbiome. Could you introduce this for people who aren't familiar with your thinking?

AM: Gasotransmitters are gaseous neurotransmitters that help with intracellular communication and can be rather specific. When nerves fire, we know that there's electricity and sound, and various gases are released. These gases help with everything that we're taught in school about the functions of qi - the holding function, the communication function, the warming and protecting functions. All of the gasotransmitters have direct effects in the body. But it's not the case that more of them is better. It's exactly like classical Chinese medicine - we want the sweet spot of not having too much or too little. Both polarities in excess will cause nerves to stop firing correctly.

DM: So how did you get to that kind of melding of the qi paradigm and gasotransmitters? Is it anywhere else in the literature or did you think it up?

AM: One of the gifts that I've had in life is it get to hang out with people who are a lot smarter than me. My wife has a PhD in herbal pharmacology, and I get to hang out with her and her friends. They would say stuff like, 'Did you see that interesting study about turtles hibernating and nitric oxide?' In the nineties people were making speculative connections between qigong and nitric oxide. In recent years it's been fleshed out

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the point that a number of gasotransmitters have been identified. There are some like hydrogen sulfide that is produced mainly in the kidneys. It's literally a type of Kidney qi. And they're starting to call these gases 'kidney hydrogen sulfide' or 'liver nitric oxide'. And

of course qi literally means gas (I mean, not only gas). The pushback I usually get is that people say 'But qi is everything in the universe, including gravity' ... and I agree. But the point is that all of these have a central point of commonality. For instance gravity condenses gases. This can be thought of as qi entering and sinking. The weather is gas. Wind blowing is gas. Every aspect of phenomena in the natural world has gas at the midpoint. It's not just a metaphor, it's the literal midpoint of the natural world. It's something very literal that you can point to. One of my abilities is that I can get people to try and use Chinese medicine who may have laughed at the idea and think it absurd, who may be anti-Chinese or anti-natural medicine. Part of this is being able to bring it down to earth and also to offer a simple scientific explanation. This has allowed me to have great relationships with doctors who are then wonderful in referring patients. However, I wouldn't suggest looking at gasotransmitter research to inform how to understand qi. Tradition is still better at this point. But as our scientific knowledge grows it can tell us a lot more, and that's the part I get excited about.

DM: So how can a practitioner use these ideas?

AM: It is useful to explain our medicine to patients. Because when you use Chinese medicine jargon, it has as much credibility as if you used a term from an African traditional medicine. And the patient might be thinking, okay, are there chemicals in that I know about? You've made them some potion that they're supposed to drink, and they're wondering 'Is this going to make me go blind?' This is the experience that our patients have if they're not familiar with Chinese medicine. So being able to tell them how it will affect them physically and give them research on the formula helps them relax, and compliance is better and therefore it works better. It is the same with acupuncture.

DM: Can you give a concrete example of how a simple herbal product affects gasotransmitters to produce a specific change? Or is that too specific, too reductive?

AM: Very simply, if a patient has lots of bloating I will explain to them they have too much gas. It's built up there and so we need to let out some of the pressure, and in doing so we'll change the environment for the microbes that live in the gut. So we're reducing pressure by reducing those gases, and thereby changing the growing environment. And with that, the probiotics that they are already taking actually start to work. So I keep it pretty simple.

DM: Another area that you have opened up for practitioners are foot-soaks. One of your podcast pieces was on a clinic that provided foot-soaks in the waiting rooms - lots of old folks just sweating out the wind and cold that caused them pain. Can you talk about this?

AM: A lot of my best ideas are not my ideas - I copy off of smart people. It was actually a TCM doctor from Guangzhou, Feng Ben Hua, who made the news in Chengdu for that. Because foot-soaks are peasant medicine. If you ask Chinese medicine professors about them, the smarter they are, the more they'll look down upon them. That's poor people stuff. But if you want to find ancient China, it's still there behind the bamboo. In rural China there are places that have not been that affected by the modern world, and in these places they use foot-soaks quite a bit. One of my wife's classmates, Feng Ben Hua, found this really effective foot-soak formula in the borderlands between the Han and the Tibetan regions, and it works phenomenally well. So he paid the guy a bunch of money for the recipe, and then they opened a chain of clinics with it. But for them to do this with their master's degrees, working with people who are less than uneducated, was unthinkable. It was a tremendous act of humility. Here he was, patting people on the back and massaging their feet, and the number of people he was helping was extraordinary. He is a very devout Buddhist and he just wanted to do the maximum good that he could, and if that involved finding himself in a humble or even humiliated position - bear in mind China is incredibly hierarchical - was somewhat unthinkable, but the results were really beautiful. And so that was something that I started doing in New Mexico as well, and it caught on from there.

DM: I saw your company has just been on a trip to Tibet?

AM: Yeah, the team has. We have graduate students and friends in the ethnobotanical department. They go a few times a year to check the growing conditions and make sure that there's no pollution. Then we get a number on what we

can take and wildcraft sustainably so that it won't hurt the ecosystem. The harvesting is done using traditional methods, and with the blessing of the local indigenous community. Then it's taken to the lab in Chengdu, and we have a team of nerds who have free reign to do what they think is going to make it the most potent. We're not ever going to be the cheapest - we're not trying to be. We want to be the most potent. We focus mainly on just acute pain and dampness, because those create the biggest proof of concept the fastest. The reason why I don't make Liu Wei Di Huang Wan, which is a beautiful formula, it's that it takes a few weeks to work, and the quality difference between herbs is not as significant with tonics as it is with herbs for dampness. Sichuan has a lot of damp herbs, and part of that is the mixture of ecosystems from the Tibetan plateau to the rainforest. That change in atmosphere, with all of the bacteria and viruses coming through plus the Himalayan meltwater updates the herbs every year with exposure to diseases that the rest of the planet is about to experience. So that's a lot of diseases right now, because of global warming. The bacteria and viruses have been there working on other mammals, but they've never encountered humans because they've been under the ice, and now that's melting. Now, that may or may not be one of the sources of COVID-19. I mean, there are a lot of theories about COVID, but when it happened, I thought 'No wonder', because there are all kinds of really bizarre diseases that come just straight from that meltwater, and they tend to hit Wuhan and Chengdu first. So if the herbs that we have are in between that water and us, then those herbs become adapted to whatever new pathogens are being unlocked.

DM: That's a bit scary. I dread to think what other surprises are coming down to us... I always think of the Himalayas as a place of benign purity and beauty, but I suppose there's a there's a seed of yin in that yang...

AM: Well, I'll find out before you do! But not all of those pathogens are bad. I mean, most of them are perfectly friendly. It's just we don't necessarily have immunity to them.

DM: So what's your sense of the big misunderstandings in basic Chinese medicine education in the West? What are we missing?

AM: It's going to change every year, because there are certain diseases that Chinese medicine has been just amazing at treating that Western medicine can't. But then Western medicine advances, and that's no longer true. What I find the most useful is to look at what East Asian markets decide is the most valuable use of traditional Chinese medicine, and focus on that. Because the books will say something like if you've got a sore throat then put a needle

here and ... it doesn't work. It just doesn't. And then people say, well, it's your needle technique. You're not pure of spirit. But realistically, what do people in China do? What do people in Japan do? When do they use Chinese medicine? Look at what is commonplace in East Asia, and then do that really well. There's tremendous potential in that. Because the markets of East Asia include all the old ladies who grew up as barefoot doctors and who have Chinese medicine doctors in the family - if they're reaching for Western medicine to treat something, then you're probably not smarter than them. There's just so much rich heritage here, but when they're reaching for Western medicine, then it's likely that the majority of Chinese medicine doctors can't fix the problem.

DM: What are those areas?

AM: This is something I pay quite a bit of attention to. People go for Chinese medicine for digestive problems and fixing the gut. Western medicine isn't that good for that. Back pain? There are pain clinics for acupuncture, you know. That's what you tend to see. Asthma with patches, fertility. I think if you asked me this question years ago, I would have a long rant about how the West is out of touch with medicine in East Asia, but that is no longer true thanks to the work of many people in our field. The new batch of teachers and translators are no longer trying to act like sages and gurus and are taking a more academic perspective to simply provide perspectives and points of reference. At this point, I believe we are all getting a much clearer perspective of what effective doctors in China are doing, and my only perspective to add is: Yes, look at what the top doctors are doing and consider that heaven. Then look at what the peasants are doing and consider that earth. Then look at what middle class people are reaching for on a daily basis and flesh out that perspective with your own eyes. Don't take my word for it. You can look at shopping websites like *Taobao*. Look at which Chinese medicines are selling the most. There's research. I can look up what are the most used formulas for gynaecology, and you know, it'll be like *Dang Gui Shao Yao San* and *Gui Zhi Fu Ling Wan*. So a lot of people who are smarter than me have thought those are pretty good formulas to look into. And so I look into those.

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DM: And what about acupuncture? I recently read an online discussion about the effectiveness of different styles of acupuncture and someone gave the aphorism that 'The acupuncture style that works is the one that you practice', ie it doesn't really matter what style you practice, it all works some of the time, but not all of the time. I like to think that there is some kind of universal theory of excellence for acupuncture, although so far it has eluded me. What do you think?

AM: The place I have come to - because I've tried a number of schools of thought and tried different methods, from those which are very calculated to those which are very intuitive - is that I think I'm dumber now than I've ever been and probably more useless than ever. But when I'm doing acupuncture I look at the *san jiao*, the *dan tians* and the movements of *qi*, and I use very simple points. There was a study I saw, and it was basically analysing all of the classics of Chinese medicine to identify the most important

points. And it came down to the basic essential points that everybody uses. So for most back pain or neck pain, I might use Gall Bladder and Bladder points to open up the channel. It's not anything special. I had a friend who was shadowing me who said he noticed I use very simple points, but that I do them in a particular order, and based on how the patient is breathing. And I said,

yeah, that's true. So I pay attention to the way the patient is breathing to identify whether they're in a state of deficiency or excess. Otherwise, I take a very qigong-like approach. If they have back pain and lots of phlegm and dampness, I might just hammer like hell on the Stomach channel, and the back pain gets better. I find that's the simplest and most upstream I can go. If I get into elements and stuff like that, I often feel like it should work, but it doesn't always.

DM: When you say the *san jiao*, the *dan tians* and the movements of *qi* do you mean you're just looking at what's happening in each?

AM: Yeah, for instance I'm just looking at whether the Heart and Lungs are behaving. Are they misbehaving because there's a blockage? Or is there anything going on there? Of course I'll think *zang fu*, but I stop myself from going into the elements - you can explain anything away

if you're looking at elements. I start by just looking at the upper jiao, middle jiao and lower jiao. Is anything blocked? Is it hot or cold? Just super simple like this. If it is, look at unblocking that. If it's not blocked, then there's probably a deficiency somewhere. Is the deficiency or blockage in the upper jiao? Usually not as people today are pretty mentally stimulated. Is it blocked in the Heart? Probably. Or in the middle jiao, in the gut? Probably. Is it blocked in the lower jiao? Once those blockages are out, then I'll just look at either tonifying the Heart or the lower dan tian to get those sparked up. Actually there's a theory I want to share - it was what these ideas are based on. It was from a master of medicine and martial arts who I was introduced to through a friend in the business world. This guy was a martial arts master who taught bodyguards and assassins in rural Sichuan during the Cultural Revolution - they went and taught mafia guys. They used snake medicine. They healed broken bones really quickly. I said before that behind the bamboo there's another world, one that even most Chinese haven't even seen. I mean, you can see not just traditional Chinese culture that's been lost in other places, but you'll see Ferraris behind the bamboo. It's hard to believe, but I've seen it with my own eyes - undisclosed airstrips, jets that you pay off the right people for, people who don't have government IDs, people with multiple wives - just like nothing has ever changed. And so this guy was from this world. And he said, if you have a problem then simply take a step backwards towards simplicity. So if the five phases aren't clear, then look at the four movements of qi. If these are not clear, then look to the san jiao. If the san jiao is not clear, look at whether yang is failing to return to yin or whether yin failing to return to yang. Every time you are stuck, you take a step backwards to a simpler framework until you have clarity. Then you can work forward toward greater specificity. So the reason I use the san jiao and the dan tians is because I'm mostly schooled in zang fu or elements and I'm trying to go back a step. And if there's a problem with the san jiao not working then the question is why is heaven not going to earth? Or is earth not going to heaven? And that can be the difference between *Tian Wang* or *Jiao Tai Wan* so that heaven and earth converge and there can be qi flow. And then you might go back to tai ji, and then to wu ji, using meditation or something like this. So that was his idea. And that makes sense: if you're confused, take a step back in terms of your Chinese medical framework, and that can help to untie the knot.

DM: Yeah, keep it simple. I'm working at the moment with acupuncture that's much less needles, and it can be really profound, can't it? Because you're not confusing the body, you're just giving it a lot of signal and minimal noise. I think

I read that you do a lot of autoimmune work as well? Is that another area that Chinese medicine can excel at, but Western medicine can only really park the problem?

AM: Yeah. What I've seen in Chinese hospitals is that autoimmune specialists will tell people to use their Western medicine, and then work around it with Chinese medicine. The Western medicine might stop the progression, but it lowers the entire immune system. And so they tend to work at reducing dampness and gently tonifying so as not to interfere with the medicine, working 'behind the scenes' to get the body to repair a little bit, which is something that the Western medicine isn't able to do.

DM: You're a martial artist as well. I saw a picture online of some contraptions in your hallway at home and I've got to tell you - that would not be allowed in our house! Is it mantis style that you do?

AM: Yeah, it's northern mantis. I keep a simple approach with that, too. After years of study, I've gone from 60 core techniques down to just three. I can't say I'm doing a great job. But some of the classical texts I was just reading this morning are about moving the body like a willow tree and moving in waves. So the thumping on people and blocking punches isn't really the key part. I think for me the most beneficial aspect is the way it causes me to feel rooted and relaxed and comfortable as I'm walking. If I bump into things, I can be loose and fluid with it. And I think that is something worth having - they call it a plum flower body in mantis circles. Like being flexible and moving with the seasons.

DM: Lovely. Useful in medicine too if you've got your hands on someone's body...

AM: Absolutely. Finding the chains in movement, practising that myself, and then with other people - so that when the patient walks in I can see where a particular chain of movement is blocked and I will know which point to use. A cheat method that I use is I'll shake a patient's limb and look at the wave go through the body - where the rapids are, where it goes up like it's going over a rock. Then I'll change the frequency and see if I can remove it, and if not, that's where I put the needle. And they're like, 'Wow! That was the point. How did you know?' I didn't. I used, effectively, sonar to get waves to tell me where the blockage was. It's a cheap move but fairly effective. I also have the patient use a sighing breath, and see how long it takes for them to take a big yawn. If they keep sighing, I know it's probably good to keep draining, and so I do. If they immediately start to yawn, I change course and start tonifying. Diagnosis is hard, and those are just some cheats that I've picked up that work pretty well.

DM: So the sighing is a kind of spontaneous dispersion while yawning is tonifying?

AM: When there's Heart fire, then there's sighing; when the Kidneys are deficient, then there's yawning. One is trying to take in, the other one is trying to emit. Otherwise, if the patient is barking loudly, angry or yelling a lot - that's venting, literally venting. They have more that's pent up. I'll have them sigh or yawn, use the shaking, and then I'll give them homework, which is to just feel their heart, feel warmth in the heart, and feel the pulsing until they can feel it into their fingertips and toes. If they feel it's stuck anywhere, I ask them to practice for themselves and see if sighing or yawning works better for them. I trick them into treating themselves as they're figuring out what works, and they'll come back and say, 'Oh, it worked really well. I started holding my breath a little bit like I'm yawning, and then the pulse broke through my knees and got through to my toes.' And I think to myself, okay, it's time to tonify Kidney qi. As much as I can, I try to outsource thinking to the patients - because I don't like to do it.

DM: Is there anything else that anything you wanted to talk about?

AM: Yeah, I have one idea that's been working well. I started a side project in the last year with Brehan Crawford. It's a digestive product. We're not using disease-based marketing, but pattern-based marketing. So we tell people, 'If you have a white or yellow tongue coating that covers more than two-thirds of your tongue and tummy troubles, we made this for you. And if you don't like it for any reason, there is a 100 per cent money-back guarantee, no questions asked.' They either say, 'Wow, this is great. Now what?' and we refer them to a practitioner near them, or else they say, 'It didn't work,' and we give them a refund without a problem and offer to refer them to somebody local - they're over the moon either way. It's similar to our product *Microgard*, and is called *Chorus*. The goal is to expand the profession. Neither Brehan nor I take a cent out of it. We just put the money back into growing it. I think that's something very useful, because often practitioners will say, 'I'm going to specialise in diabetes,' and then it's like, 'Well, what's walking in your door? Is it yin deficiency? Is it phlegm?' You can't tell. But if you start to market for the pattern, then you know exactly what's going to come into the clinic, and your decision tree becomes much smaller.

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There's something called Hick's Law, which is the more decisions you have to make, the slower and less accurate that decision-making becomes. It's used quite a lot in law enforcement - for instance when police go around a corner with a gun, if they only have to aim up or down and not left or right this will triple their accuracy. So let's say that all day, every day, you see nothing but Heart fire. You would have only the tools necessary to treat Heart fire. If it was anything else, you could refer it away. If it happened to be Heart qi deficiency, that's also an easy fix. The way that I've looked at this actually is like medieval castles - being a guy with a sword in the middle of a field wasn't the optimum way to fight. The best way was being up behind the crenellations, firing from cover, and you've got the enemy coming bottlenecked across a small bridge - so it becomes really easy to just pick them off. Then you can predictably win. And the more you can predictably win, the greater your success rate, and the greater people's trust in you. It might require a degree of humility to say, 'Okay, I'm going to make this easy for myself,' and I might not feel like the smartest person in the world, but to the person coming in, you're the greatest person in the world, even if it's easy for you.


DM: So *Chorus* is a herbal product?

AM: Well, we have an online group called *Chorus-Circle* where, once they're taking *Chorus*, we teach them how not to need it. Then we refer them to practitioners. So the goal is not the thing itself - it's about the goodwill and reputation that we are growing. That's why we're not concerned with making money off the product. It's the doors that open and the trust that builds, and that's opening up into some really beautiful secondary steps. Whether it's a company or your personal clinic, being able to get a proof of concept and develop that high rate of trust is one of the most important and perhaps overlooked aspects in our medicine. If you gave me the average acupuncturist's clinic schedule with all of the random cases, I would sink, and I would be burnt out within a year. I would be flailing - trying to swim with weights on my feet. I've been able to look a lot better than I am as a result of controlling these factors and making it so I just have to do one or two things in order to have a high success rate.

DM: That sounds like an argument in favour of specialism?

AM: Well If I'm treating American women who are over 50 years old, the majority are going to be obese - period. Depending on where you are, where you're advertising, and the price point, if you're looking to treat in areas of America with high obesity rates, you have to factor that in. For instance, if I go to an opera, nobody's obese because everyone there generally has a higher income level. So, when considering socioeconomic factors, look at region, zip code - the same data that advertisers and pharmaceutical companies use. Especially with AI, that information is very easy to access. Then, by adjusting how you're wording your marketing and the stories you are telling about what you're able to help with, you can attract a more specific pattern of patient. Of course, not everyone who comes in will have that pattern, but if you say something like, 'If you're feeling fatigued and when you stand up you feel faint,' you might attract a lot of people with Spleen qi deficiency. Then, if you're geared up to treat Spleen qi deficiency, your work becomes much more targeted and effective. The more you lean that way, the easier it will be to predict what types of case will come in, which means you can prepare ahead of time. When it comes to offering a scientific explanation - for example, if I'm treating a guy with Parkinson's and yin deficiency heat - explaining exactly what's happening is hard. But if I were only treating that one thing, I could do it very easily. That's why I see value in pattern-based specialisation. And if you're using *Facebook* ads and analysing demographics or micro-tribes of people, you can infer quite a bit. For example, if you're treating just Muslims, and Muslims who are practising Ramadan, they might burn off a lot of phlegm during that time. But a lot of them stay up at night, and so after Ramadan many Muslims have yin deficiency. So if you're treating Muslims in London and it's after Ramadan, get your yin deficiency tools ready. And then you look really really good.

DM: That's not a perspective I've ever come across in typical Chinese medicine business thinking. It's really useful.

AM: I got it from Jin Zhao. He's one of the brilliant people who tolerate my presence. I basically just repeat their ideas and people think that they're mine. But where possible, I want to give credit where it's due. 

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