

### **Sense About (ancient) Science – Part 3 - Lets Get Critical**

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In previous columns I have made a case for applying increased levels of critical appraisal to the tradition and to our practice of this medicine. Criticality does not mean reductionism or scientisation, simply that we use rational tools and enquiry to improve our understanding and practice of this medicine. I'm tempted here to climb onto a soapbox and pontificate with vague grandiosities about our responsibilities as custodians of the worlds original scholarly medicine – but I won't. It is better instead to be specific and, on your behalf, ask "what, are you talking about? What do you suggesting we actually do?". OK, let's look at one example, let's talk about spermatorrhoea.

Do you remember when you learned the Kidney patterns at college, when you read all those books people copied from Chinese textbooks? In there we were told that patients with Kidney *jing* and *yin* deficiencies suffered from spermatorrhoea – well how many patients have you seen with this? Pretty much none isn't it? So, what is going on here? Why did we just accept it, and if there's something weird going on there, doesn't that mean that there may be other stuff *lost in translation*? The truth is that the medicine we offer is a great big rag bag of traditional medical *stuff* that urgently needs critical appraisal – by us! So, today I want to discuss one particular aspect of our critical reflection of classical acupuncture, namely our understanding of symptoms – or, by way of illustration – spermatorrhoea. What is going on, why do we include it in our interpretation of CCM practice when nobody has it?

In the 1980's Dr Ted Kaptchuk used to say that spermatorrhoea was cultural code word for masturbation and that excessive semen loss was considered to be especially weakening and therefore important. Not entirely convinced by this explanation it preyed on my mind and, eventually, I found out that involuntary semen loss can happen with mercury poisoning. I concluded that this symptom was important historically because so many men in high position in China had been persuaded by bonkers Daoist adepts to consume mercury products to ensure good health. (yes, I'm sorry to say some Daoists were pretty deluded – and other Daoists often told them so). Many of the symptoms of *jing* deficiency are actually a picture of mercury poisoning – hair and teeth falling, mental disturbance, and so on. For a while it felt like this realisation had solved this particular conundrum.

Then, maybe ten years ago, a middle-eastern man sought my help with his fertility problem. His sperm count was very close to zero - he considered naming them individually. Also, it turned out that he suffered from involuntary loss of semen such that intercourse with his wife was almost always unsuccessful - "at last, some spermatorrhoea" I thought. Asking about his childhood on the banks of the Nile and Mohammed confirmed my suspicion that he had contracted schistosomiasis as a child. This little corkscrew-shaped bastard had chronically inflamed and scarred his genital tract and led to the current fertility and problem with function – spermatorrhoea. I had to tell him that acupuncture was very unlikely to be able to help. Later I found out that schistosomiasis was endemic in some areas of ancient China, in fact Sun Si-miao and other early physicians had even noticed that this disease was linked to swimming in certain rivers. All this altered my understanding of this symptom. Basically, it looks like spermatorrhoea was a problem in ancient China because of mercury poisoning, because of schistosomiasis and perhaps also because of tuberculosis. It is largely irrelevant in our day-to-day acupuncture practice in the west.

Spermatorrhoea is one example, but over the years I have come to realise that there are quite a few symptoms that, for various reasons need critical reflection before we

can incorporate them in our clinical dialogue with modern westerners. Some of these are much more interesting and relevant to our routine work than *spermatorrhoea*. I believe this is a study that is relevant to all of us and is one that we can reflect upon in our routine clinical work. It is an area of study I call 'symptoms anthropology' and is the subject of my session at this years BAcC conference in Windsor – come along and find out more.