

Zhang Cong-zheng and the Attack and Drain School

Abstract

This paper appraises the work of the Jin-Yuan dynasty master Zhang Cong-zheng, founder of the Attack and Drain School (Gong Xie Pai). It discusses his revival and refinement of the three methods of pathogen removal as described in the *Su Wen* and developed in the *Shang Han Lun*.

Background

One method that we can use to deepen and mature our insight into Chinese medicine is to go back to the oldest roots of the tradition and reflect on the key ideas from which it grew. Bob Flaws said, "Mastery in Chinese medicine is mastery of the basics",¹ a dictum which accurately conveys the importance of the classical Chinese style of scholarship. When studying Han dynasty (200 BCE – 220 CE) medical texts such as the *Su Wen*, we find that one of the core principles from the early days of Chinese medicine is that of xie-zheng (pathogen-upright). China's earliest "acupuncturists" would frequently have had to drain pus from abscesses, boils and wounds, which probably contributed to the development of the concept of xie as a disease-causing agent. These early practitioners would have noted how much better the patient felt after the removal of the xie, and thus concluded that many illnesses arise when xie qi attacks or accumulates in the body. It was also observed that the old and weak were more likely to die as a result of epidemics and other diseases, and so the logical conclusion developed that it was the body's own qi (zheng qi) that was responsible for resisting the spread and proliferation of the xie. From this perspective, a significant part of the historical development of Chinese medicine becomes a narrative of the various strategies that evolved for gaining the upper hand in the struggle between xie qi and zheng qi.

Perhaps too often in the first few years of my clinical practice I interpreted the root of my patients' illnesses in terms of xu-deficiencies. Indeed, modern Chinese medicine seems to tempt practitioners into this by offering easy paths to a xu diagnosis; it tends to be much simpler to recognise xu than shi and, in my experience of teaching over the past decades, few students will entertain a shi diagnosis if a patient has mentioned symptoms of fatigue or displays any apparent signs of weakness. Phlegm, internal heat, damp-heat, blood stasis and retained fire-poison are

painted in florid terms in Chinese medical textbooks, but clinical experience shows that these pathogens can appear much more subtly than this and thus are easily overlooked. Shi factors can also manifest as fatigue and frequently appear as xu conditions. I frequently ignored the evidence before me that many of my "xu" patients were, in fact, well-nourished and strapping specimens of humanity often in the bloom of their youth. Eventually the realisation dawned that shi-excess factors were also very common, and possibly even a ubiquitous part of the human condition, especially when one considers the tendency in the West towards a rich diet, alcohol, stress and, from the Chinese medical perspective, frequently superficial pharmaceutical treatment. In the 1980's there seemed to be near-epidemics of fatigue syndromes such as myalgic encephalopathy (M.E.), post-viral fatigue and HIV. In the clinic I found that plying such patients with tonic herbs usually resulted in only minor or short-term victories. Questioning the glib Chinese medical notion that if zheng qi is made strong then xie qi disappears, I was led to try to deepen my understanding of xie qi. Some confirmation that this might be a valid outlook came when I sent one of my toughest M.E. cases for a consultation with the renowned Dr Shen of New York. His herbal prescription contained no tonics whatsoever. Thus I eventually came to consider the possibility that shi can easily look like xu especially when, for example, the qiji (qi mechanism) becomes obstructed by xie qi.

If we are scientifically minded and have a question for which we need an answer, we will look in the first instance for evidence from research or even conduct studies ourselves. In Chinese medicine our first (but not only) recourse is to seek guidance from the historical tradition. In this way I came to study the xie-zheng idea in more depth, and in particular the ideas of Zhang Cong-zheng (also known as Zhang Zi-he, 1156-1228CE), founder of the "Attack and Drain School" (Gong Xie Pai). Zhang was one of the famed

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"Four Masters of the Jin-Yuan dynasties". After translating some material on his life and ideas,² I found that I liked the way he rooted his teachings in a deep understanding of the *Nei Jing* (Yellow Emperor's Inner Classic) and *Shang Han Lun* (Treatise on Injury by Cold), combining them with actual clinical experience rather than the speculation sometimes found in similar texts. My study and reflections on the various approaches to attacking pathogens have since provided the basis of various lectures and seminars I have presented, which have up to now remained unpublished. It is because the ideas from this school of thought remain, in my opinion, under-discussed that I have been prompted to write this article.

Basic Terms

Gong (攻)

Gong usually means "to attack" but seems to be interpreted differently by different authors. Most textbooks take it to mean simply the relatively drastic process of bowel purgation through the administration of substances such as Mang Xiao (Natrii Sulfas) or Da Huang (Rhei Radix et Rhizoma). Zhang Cong-zheng had a broader sense of the concept, however, and included the two other classical xie-draining techniques, diaphoresis (induced sweating) and emesis (expelling xie through the upper orifices). We might broaden the idea of 'gong' to include a still wider range of draining methods (xie fa) such as diuresis, clearing heat and dispersal of blood stasis. One might think of these treatments as a "continuum of forcefulness", which has the most aggressively draining treatments at the top, and the most gently dispersing techniques at the bottom, all of which stand in contrast to the idea of supplementation.

Xie (邪)

Xie is an especially ancient Chinese character meaning evil, perverse or pathogenic, and has been found in early Chinese divinatory inscriptions written on bones, turtle carapaces and bronze ritual vessels dating from the Shang dynasty (c. 1600-1050 BCE), approximately 1000 years prior to the founding of classical Chinese medicine. Unschuld quotes one such ancient writing as, "Has princess Hao fallen ill because of a xie feng [pathogenic wind]?"³ Clearly the concept of pathogenic factors as a cause of illness goes back to the very earliest history of medical practice in China. Scholars like Unschuld believe that the wu-shaman healers understood these pathogenic winds in terms of demonological possession, and that their treatment involved exorcism of the disease-causing demon using magic. Doubtless this was the case in the Zhou dynasty (1100 – 221 BCE) but, given the vagaries of language and history, we should consider the possibility that the scholar practitioners from the Qin dynasty (221-201 BCE) onwards might have held similar notions of pathogenic climatic factors to those of practitioners today. Their available vocabulary was limited, however, so that

specialist medical meaning would have been necessarily subsumed onto a single vernacular character (the precise meaning, as usual in Chinese, being context-dependent). Speculation apart, the idea of xie qi was probably refined in the Han dynasty (201 BCE-220 CE), during the birth of classical Chinese medicine. The *Neijing*, compiled in about 100 BCE mainly from secret lineage texts of the previous two centuries, uses the character xie hundreds of times, making it one of the most common characters in the text. The term is often qualified in the text by another character, e.g. ke xie (guest pathogen), xu xie (vacuity xie), fu xie (hidden pathogen) etc. The xie in Gong Xie Pai means to "drain away", but this school of thinking could equally have used the Chinese character xie to mean "pathogen", since the focus of this style is to eliminate xie qi. In fact, "Attack Pathogens School" might be a more appropriate name for Zhang's school, since the expulsion of xie qi is carried out in many ways, not just by draining downwards.

Zheng (正)

Usually translated as "upright" or "normal", zheng qi consists of substances that facilitate physiological functions in the body such as qi, blood, body fluids etc. Xie qi on the other hand, despite having its own distinct properties and effects, differs in one key respect – it is unable to carry out proper function in the body and will interfere with normal physiological activity. This distinction is crucial, although it is rarely presented so plainly in English textbooks. The body's zheng qi is what carries out proper bodily functions: true fire (zhen huo) gives the middle jiao the ability to carry out yunhua (transformation and transportation) and so absorb nutrients, jinye fluids moisten the body and (for example) lubricate joints. Xie-heat in the stomach and spleen, on the other hand, merely makes food decay rather than be transformed into clear zheng qi. In the joints xie-dampness is unable to provide proper moisture for lubrication, and instead obstructs the free movement of qi, making the joints stiff and painful. In each case xie not only obstructs zheng qi, but also causes problems by occupying the place where zheng qi should be.

Considering the extent of the *Neijing's* pre-occupation with the zheng-xie dichotomy, there is a good case to be made for this as *the* central idea of Chinese medical theory after the concepts of yin-yang and qi. This same basic idea, albeit in a cruder form, appears in medical systems the world over. The native American Indians have purifying "sweat lodges", naturopaths have their "liver detox" and European herbal medicine borrowed the bowel purging herb Da Huang (Rhei Radix et Rhizoma) from China in mediaeval times. Nevertheless, it is the way that Chinese medicine contrasts xie with zheng so intelligently, having applied consistent clinical testing and refinement of the idea across millennia, which renders the idea so valuable today.

Zhang Cong-zheng (1156-1228)

“Disease is due to the presence of xie qi; combating pathogens ceases illness.”

Suwen, chapter 31

This was the *Neijing* doctrine that Zhang Cong-zheng took as the basis for his argument, namely that the expulsion of xie qi should be a primary aim of treatment. Zhang was to refine and develop this principle throughout his life.

Zhang learned the medical classics as a young man, focussing especially on the *Neijing* and the *Shang Han Lun*. He passed the state civil service examinations and became a local official but, whilst practising medicine as a gentleman scholar, his fame as a physician grew and grew. Awareness of his renown as a physician eventually spread, such that in 1217 (aged 61) he was called to serve the emperor in the capacity of imperial court physician. In 1221, however, after only a few years service he resigned from this post. Perhaps unhappy with working in the artificial, pampered and potentially risky environment of the court, he preferred instead to offer his medical skills to the common people. Moving from one social extreme to the other, Zhang became an itinerant “bell-doctor”, a humble occupation usually carried out by uneducated folk therapists selling simple remedies for everyday ailments. It was unusual for any Confucian scholar-physician to take this path, let alone an imperial court physician. Zhang’s humble aspirations did not quite work out as planned, however - his fame meant that he attracted a retinue of silk-clad scholar doctor followers who reverentially documented his every move. After Zhang’s death his disciples Ma Zhi-ji and Chang Zhong-ming, who had collected his ideas, cases and prescriptions, published them in a fifteen-volume classic called *Rumen Shiqin* (“A Scholar’s Duty to his Parents”). The title of this book was drawn from a Confucian aphorism that only the educated can understand the workings of nature, and that to show true filial piety scholars should know something of medicine. This ideal existed so that a virtuous son would be better placed to care for his parents in their declining years and thus protect them from the dangers inherent in seeking help from outside the family.

Zhang’s *Rumen Shiqin* stressed the need for a clear distinction to be drawn between the body’s zheng and xie qi and that both the *Neijing* and *Shang Han Lun* taught that diagnosis meant identifying the nature and location of a patient’s xie qi. This was an aspect that had been neglected through the Tang dynasty (618-907 CE) when a blurring of the zheng-xie axis had developed, as court medical scholars were then focussing on more theoretical and esoteric ideas such as chronobiology (using stem and branch calendric concepts to guide medical practice). In this system the distinctions between xie and zheng were easily confused, for example the energies of environmental dampness or fire became mixed up with the physiologic

fluids or fire within the body. At the same time the central concept that zheng qi supports function whereas xie qi obstructs it was also diminishing in importance. Other than these distractions of fancy speculative cosmology, this failure may also partly be explained by the “loss” of the *Shang Han Lun*, itself a major manual on the effects of xie qi, until it was revived and re-edited by the Song Imperial Medical Bureau. Another characteristic of Tang medicine that Zhang Cong-zheng reacted against was, I believe, the rise in symptomatic formulary medicine. The major clinical texts of the Tang focussed more on matching particular symptoms to specific herbs and prescriptions, rather than encouraging treatment of underlying patterns. Zhang Cong-zheng, along with other great thinkers of the Jin-Yuan dynasty such as Qian Yi and Zhang Yuan-su, was intent on re-introducing the disease differentiation ideals of classical Han dynasty medicine, today referred to as the *ba gang* or “eight principles”.

Zhang’s approach contrasts with some of his Jin-Yuan dynasty (1115-1368 CE) contemporaries, who were still refining Tang ideas based on the belief that the types of qi inside the body were essentially the same as those outside. As Unschuld has pointed out in his *History of Ideas* (1985), illness was generally defined in the Tang dynasty as an imbalance in the distribution of these types of qi among the zangfu. In other words, the distinction between xie and zheng had become blurred. This dichotomy, explicit in the *Neijing*, and later continued in the *Shang Han Lun* (220 CE) was downplayed until the Song dynasty (960-1279 CE). Its key importance seems to have been forgotten, or at least neglected. Zhang realised that the crucial historical distinction between xie and zheng was being ignored, and so he focussed on studying, practicing and advancing the classical methods of removing xie qi. He said,

“The origins of xie qi are inexhaustible. We may face suffering due to the six climatic excesses; wind, cold, summer heat, damp, dryness and fire... none of these are inherent bodily constituents, therefore in treatment we should apply attacking methods to expel these pathogens. Rapid expulsion of xie qi should be the main objective, when xie qi is expelled, yuan qi recovers... treating disease requires emphasis on expelling pathogenic qi, by doing this we allow zheng qi to be stable. We should not be afraid to use therapeutic attacking methods”.⁴

He also said, “First treat the shi, later treat the xu”.

Zhang Cong-zheng’s school of thought became known as the Gong Xie Pai – the Attack and Drain School. Prescriptions of Zhang’s that survive in today’s clinical practice tend to be those employing purgative herbs such as Da Huang (Rhei Radix et Rhizoma) and Mang Xiao (Natrii Sulfas), and for this reason mention of Zhang often reduces his influence to just this aspect of his style. Ted Kaptchuk’s *Web that has no Weaver*,⁵ for example, covers Zhang in one sentence: “Zhang Cong-zheng; mainly promotes purgative treatment methods.” Zhang’s

methodology was actually much broader than this, and included diaphoresis, emesis and purgation. These were the “three methods” of pathogen expulsion that formed the basis of *Shang Han Lun* theory. Summarising their main applications, Zhang said,

“All xie located at the exterior can be treated by diaphoretic methods, all xie located above can be treated by emesis methods, all xie located in the lower jiao can be treated by purgation methods”.⁵

He did not advocate unthinking application of these draining methods, however, but said that doctors should always differentiate their patients in relation to yin yang, xu-shi, hot-cold and interior-exterior.

Diaphoresis

In Chinese medical literature diaphoresis (han fa) is generally taken to mean the induction of sweating for therapeutic purposes, and tends to be used as a method to open and release the exterior layers of the body. To Zhang it meant more than just causing sweating with diaphoretic herbs such as Ma Huang (Ephedrae Herba); he included numerous other methods aimed at eliminating xie qi from the exterior. In addition to prescribing herbal formulas with a pungent, scattering, exterior-releasing action, Zhang used other techniques with an exterior-unbinding (jie) effect including,

- moxibustion (jiu) – to cause localised or general sweating, move stasis and scatter cold.
- “steaming” (zheng) - in which the exterior parts of the body affected by illness were exposed to medicated steam from a herbal decoction (e.g. skin, nasal passages, eyes etc.)
- “ironing” (luo) - a technique traceable to the Ma Wang Dui texts (168 BC) which involved the application of a hot iron to the skin
- “baking/roasting” (hong) - to warm by a fire. Early Han sources refer to the application of herbal pastes followed by a baking procedure, which was used, for example, to eliminate the scabies mite. Zhang probably used it to mean simply sitting with the affected part close to a fire to regulate the couli (interstitial tissues of the skin).
- acupuncture – strong stimulation to Hegu L.I.- 4 can cause generalised sweating.
- “stone needling shooting” (bian shi) - Zhang’s mention of bian-stone therapy probably refers to either bleeding methods or gua sha (scraping techniques)
- guiding-leading (dao yin) - breathing exercises
- channel and general massage methods (an mo)

Zhang classified all of these as diaphoretic methods. In other words any treatment that was active on the exterior levels of the body with the intent of removing exterior xie would be categorised as “sweating”, whether perspiration was induced or not. Zhang also emphasised the importance of the correct timing of treatment:

“When a moderate illness is nearing its end the patient

need not use up all the herb decoction, there should be no imperative to continue when the prescription has served its purpose”.²

In other words, practitioners should know when to stop treatment in order to prevent injury to the zheng qi of the patient. When using herbal prescriptions intended to induce perspiration, Zhang aimed to achieve a mild to moderate sweat, enough to cause some tackiness over the whole body. Sweating for one or two hours was, he asserted, usually sufficient to achieve good results, the implication being that he felt that some of his contemporaries used the method to excess: “If, on the other hand, sweat pours off the patient and they seem drenched, not only is the xie qi not properly expelled but it can induce serious empty yang patterns.”² This is traditionally thought to occur because the open pores allow qi and yang to escape with the sweat, leading to weakened qi or collapsed yang. This knowledge presumably came from repeated clinical experience through the ages.

Zhang employed a broad repertoire of herbs and prescriptions to treat exterior conditions. For exterior shi patterns (exterior xie heat patterns having not yet been fully described in the literature at this point) he generally applied Ma Huang Tang (Ephedra Decoction). For exterior xu patterns he used *Gui Zhi Tang* (Cinnamon Twig Decoction). When there was internal heat with an exterior pattern he selected Da Chai Hu Tang (Major Bupleurum Decoction), Xiao Chai Hu Tang (Minor Bupleurum Decoction) or Chai Hu Yin Zi (Bupleurum Drink) for bitter-cold exterior effusion. He often used various pungent-warm exterior-releasing formulas and formulas such as Sheng Ma Tang (Cimicifuga Decoction), Ge Gen Tang (Kudzu Decoction), Jie Ji Tang and Bai Du San (Powder to Overcome Pathogenic Influences). The pungent-cool exterior-releasing formulas Zhang employed were Tong Sheng San (Open and Generate Powder), Shuang Jie San (Paired Jie Powder) and Dang Gui Zi San Angelica Powder). Zhang was a model of good practice in his careful diagnosis of the patient’s individual pattern and his choice of the correct method of treatment. He teased out the detailed differences in the nature of herbs such as Jing Jie (Schizonepetae Herba), Bai Zhi (Angelicae dahuricae Radix), Xi Xin (Asari Herba), Qian Hu (Peucedani Radix) and about 40 other herbs used for exterior disease, clarifying their pungent-warm, pungent-cool, pungent-sweet and pungent-hot natures so that in future they could be matched more accurately to patients’ specific patterns. This was especially valuable because the Jin-Yuan dynasty was a time when fatal epidemics were rife and physicians were struggling to improve their treatment of exterior conditions.

Emesis

Most practitioners think of emesis (tu fa) as simply the unpopular and very zheng qi-draining treatment of

induced vomiting, whereas Zhang understood it to be any method that expelled xie qi via the upper orifices. He did not hold back from causing vomiting, using strong herbs such as Li Lu (*Veratri nigri Radix et Rhizoma*) when the xie qi was stuck in the stomach. He also applied other less drastic “emetic” methods, such as using a sneeze-inducing herbal snuff to clear the nasal passages of xie qi, induced salivation and even induced lachrymation for pathogens stuck in the eyes. Zhang’s understanding of the concept of emesis was clearly more broadly conceived than might appear at first glance. “Emesis” he said, “is effective time and time again for an infinite number of disturbances”.

Zhang stated that there were numerous varieties of emetic treatment, and he documented the use of 36 herbs able to expel xie qi from the upper orifices, 29 of which he said had low toxicity. He treated headaches and various phlegm conditions using these herbs in prescriptions such as Gua Di San (*Melon Pedicle Powder*), Dou Chi Tang (*Guide the Red Decoction*) and Du Sheng San (*Unaccompanied Ginseng Decoction*). Recognising that this treatment method required caution, he suggested gradually increasing the dose until it was just sufficient, and then stopping or simply using a feather to tickle the patient’s throat as an alternative method. Those with a strong constitution would tolerate a more forceful approach to emesis, whilst for weaker patients it is better to cause only slight vomiting and repeat the treatment a few times.

Draining-down

To Zhang, draining-down (xia) meant any technique intended to expel xie qi through the lower orifices. This was done mainly, but not exclusively, through the use of purgative medicinals. All treatments involving a descending action are forms of the xia method, such as induction of labour, promoting milk production, dispersing stagnation, draining water, inducing menstruation, moving qi downward and treating undigested food stagnating in the stomach. He used this method extensively for excess conditions involving heat, fluid or water, phlegm, damp or blood stasis.

Zhang often began therapy by using common draining-down substances such as Da Huang (*Rhei Radix et Rhizoma*) and in some cases harsh cathartic medicines such as Ba Dou (*Crotonis Fructus*) and Gan Sui (*Kansui Radix*). He cautioned that these should be used very carefully. Zhang also used tonic herbs in a supporting role, for instance his Yu Zhu San (*Jade Candle Powder*) formula. His favourite draining-down formula was Da Cheng Qi Tang (*Big Order the Qi Decoction*) the use of which, he said, allows tonification to take place, presumably according to the maxim that “removing the old allows the new to flourish”. Purgatives are not the only substances that have a downward-draining and xie-removing effect; Zheng used Ba Zheng San (*Eight Uprights Powder*), for

example, to clear heat by directing it downwards via urination and Huang Lian Jie Du San (*Coptis Untie Toxins Powder*) to treat accumulated heat in all parts of the body, without causing diarrhoea. Some medicinals that drain down, Zhi Shi (*Aurantii Fructus immaturus*) for example, are not laxative in action but tend to clear xie qi by guiding it downward to the lower jiao. Zhang would have derived these directional ideas in his repertoire from the writings of his renowned contemporary Zhang Yuan-su (1151-1234). Just as acupoints used in this way, such as Quchi L.I.-11 or Shangjuxu ST-37, are not necessarily expected to induce diarrhoea, so not all herbally-induced downward-draining through the large intestine necessarily involved heavy purgation. I have not yet been able to determine if Zhang also advocated any methods of xie qi expulsion through the vagina, although he certainly used downward-draining techniques in some obstetric problems.

General xie expulsion

The use of any of the reducing or draining methods (xie fa) is, of course, a fundamental part of the modern practice of Chinese medicine, and follows on from the identification of the shi-xu nature of the patient’s disharmony. Clinically speaking, it is often much easier to recognise and treat xu syndromes of the zangfu than it is to accurately locate and identify pathogens, especially if a xu condition and a weak but insidious pathogen coexist. We might even question whether there is ever such a thing as pure deficiency, except in very specific situations such as the result of acute haemorrhage due to trauma. This is implicit in the design of the majority of herb prescriptions containing tonics, which nearly always include an element of dispersal or drainage combined with the supplementation. One of the interesting aspects of the study and practice of herbal medicine is that it gives us a more direct access to the minds of the great physicians of history – much more than could be provided by studying ancient acupoint prescriptions. Nevertheless, I believe that a better understanding of the dynamics of xie qi expulsion can inform and improve acupuncture practice.

Discussion

Zhang became known in the subsequent Ming dynasty as one of the ‘four great doctors of the Jin-Yuan era’, in recognition of his obvious scholarship and the importance of his realisation that the xie-zheng axis had become neglected in the previous centuries. Zhang was appreciated as a true clinician; in his discussions of disease he illustrated his points with case histories whereas many others tended to simply theorise and speculate.

Zhang was working at a time when different interpretations of classical Chinese medicine were being explored and developed, and there existed a discernable tension between Zhang’s “attack pathogens” style and other styles that emphasised tonification. A younger

contemporary of Zhang's was Li Dong-yuan (Li Gao), founder of the "Tonify Earth School" (Bu Tu Pai). Favouring tonification over the three draining methods, even for febrile illnesses, Li's view was that attacking methods were too injurious to the body's qi. Zhang, on the other hand, felt that tonics were frequently ineffective in treating illness. Perhaps overstating his case in order to make a point he asserted,

"If one is in need of nourishment the five grains, five meats and five vegetables are excellent tonics. Is it possible to get more nourishment from dried grass, dead bark, roots and nuts?"²

As mentioned previously, Zhang did not avoid the use of tonics altogether, but simply felt they were overused and often ineffective. He said, "I do not use the three methods to the exclusion of other treatment, we should treat the individual as appropriate." Indeed, Zhang agreed that tonification was the correct treatment for those who have xu conditions and his *Rumen Shiqin* discussed six different forms of tonification: mild, warm, cold, for the tendons and energy, to benefit libido and drastic tonification for collapse.

Modern TCM often evades the xie-zheng issue by suggesting that if we fortify the patient's zheng qi sufficiently we thereby expel the xie qi. This idea was challenged not only by Zhang Cong-zheng, but also by others later in Chinese medical history. Since Zhang's time various other renowned medical scholars have agreed with Zhang on the importance of expelling xie qi. One of these was Wu You-xing (1582-1652) the author of the *Wen Yi Lun* (Treatise on Febrile Diseases), who taught that the primary aim of most medical treatment should be the countering and removal of xie qi that has invaded the body. It should be added that this principle still applies even if the pathogenic qi is internally generated.

A later scholar, Xu Da-jun (1693-1771), was outspoken in his views on the xie-zheng question. He believed that the popularity of supplementation treatment over the ages showed a form of medical malpractice; its popularity, he said, was due to practitioners trying to please patients by avoiding more rigorous treatment. Prescribing expensive tonic herbs (such as ginseng, deer horn velvet and cordyceps fungus) instead of using harsher attacking methods showed, he said, that doctors were trying to flatter patients and profit from them, often at the expense of their real health needs. Criticising his contemporaries, Xu said that if a patient became more sick or even died after being treated with expensive tonics, his relatives would say that the practitioner had done his best and could be forgiven. If, on the other hand, the doctor had used more assertive techniques such as the "three methods" and the patient died, their relatives might accuse him of killing the patient through malpractice. In these cases, the medicine chosen was effectively the one that suited the doctor, rather than the patient. Like Zhang Cong-zheng, Xu also admired

Zhang Zhong-jing's prescription skills, and pointed out that the prescriptions in the *Shang Han Lun* and *Jin Gui Yao Lue* mostly consisted of substances to expel pathogens, with tonics only being employed sparingly. Notably, Zhang Cong-zheng was the only one of the four 'Masters of the Jin-Yuan dynasty' that Xu Da-jun did not denigrate. Xu made his own opinion clear on the question of the xie-zheng dichotomy:

"Some say, when pathogens accumulate, there must be a depletion of zheng qi and so they supplement it to expel the xie qi. That, however is a great mistake! When the zheng qi is depleted and xie accumulates, one must first expel the xie qi as fast as possible to protect the remaining zheng qi. If, however, xie qi is tonified even further, the zheng qi will be even less able to prevail. When the zheng qi is entirely depleted it will be impossible to push the xie out... We may compare this with a situation where thieves enter a house. One must, of course expel the robber first, and strengthen the walls only afterwards. It is just impossible to strengthen the walls before the robber has left! ... Some might respond to this by saying that to push out xie qi by tonification is the same as to increase one's servants to drive off the robbers. This again is not the case because if one consumes only tonics we by no means only strengthen the zheng qi without strengthening the xie qi... We not only fail to expel the robbers but the robbers are even supported!"³

Xu also said:

"If one fails to investigate whether pathogens are present or not, and whether a person is shi or xu; and if one adds warm or hot substances of a purely tonifying nature, then one will merely supplement the xie qi and help them settle down. In minor cases the xie qi will never leave the patient's body again. In serious cases death is inevitable."⁴

Case history

Patient R. presented at my clinic complaining of exhaustion, lethargy, significant weight loss, moderate jaundice, constant nausea and a heavy feeling in his chest. His mouth was constantly dry and any significant exercise caused a worsening of his malaise and an intense fever, going from hot to cold in turns. These symptoms had been constant for the last twelve months. The problem had developed one year previously; he had contracted giardia and jaundice whilst doing voluntary work in Nepal, and had had to return to the UK. Despite extensive tests at the Hospital for Tropical Diseases in London he had received no conclusive diagnosis or effective treatment. For most of the previous year he had been having acupuncture treatment, but this too had made little difference. Prior to this he had enjoyed good health, apart from an episode a few years previously when he had been badly beaten by police at an anti-globalisation protest. This experience had left him much more anxious than before. His pulse

was generally rapid, wiry and slippery but xu in the right middle position. His tongue was slightly flabby and had a thick, greasy and slightly yellow coating.

My diagnosis was of damp-heat obstruction in the Liver and Gall Bladder, with qi stasis and qi and yin deficiency due to prolonged xie-heat retention. I figured that the qi stasis was partly a consequence of the Liver-Gall Bladder obstruction and also a legacy of his previous frustrating clash with the police. My treatment plan was to attack and drain the xie qi and break the qi stasis. I would then gradually reduce the xie-attacking aspect of treatment and begin to benefit the qi and yin, regulating the Liver where appropriate.

His first herbal prescription was as follows:

- Yin Chen Hao (Herba Artemisiae Capillaris) 25
- Jin Qian Cao (Lysimachiae Herba) 25
- Chai Hu (Bupleuri Radix) 9
- Huang Qin (Scutellariae Radix) 18
- Shan Zhi Zi (Gardeniae Fructus) 9
- Long Dan Cao (Radix Gentianae Scabrae) 6
- Yu Jin (Curcumae Radix) 9
- Zhi Shi (Aurantii Fructus immaturus) 9
- Che Qian Cao (Plantaginis Herba) 12
- Ban Xia (Pinelliae ternatae Rhizoma) 6
- Sheng Di Huang (Rehmanniae Radix) 15
- Gan Cao (Glycyrrhizae Radix) 3

This formula was given in six one-day bags of whole herbs. In addition I gave him one bag containing:

Da Huang (Rhei Radix et Rhizoma) 9 (which I tend to use powdered for quick extraction) Mang Xiao (Mirabilium) 6.

I instructed that these should be added at the end of cooking the first decoction and to expect an "effect" from this first bag within about six hours. This was the main part of the xie-attacking treatment and aimed to expel damp-heat downwards.

One week later patient R. reported that his jaundice had cleared completely after three days and that he felt much clearer, but was still queasy and unable to tolerate fatty foods. I decided to repeat the same formula, but omitted the Da Huang and Mang Xiao, and provided three more bags of herbs.

After two weeks the patient was still improving, and now had a good appetite although he still felt tired. At this point I decided to reduce the dose and withdraw the damp-heat and jaundice herbs to be replaced with qi and yin tonics. The new formula was as follows, given as six two-day bags:

- Chai Hu (Bupleuri Radix) 15
- Huang Qin (Scutellariae Radix) 18
- Ren Shen (Ginseng Radix) 6
- Bai Shao (Paeoniae Radix alba) 18
- Mai Men Dong (Ophiopogonis Radix) 18
- Yu Jin (Curcumae Radix) 12
- Zhi Ke (Aurantii Fructus) 18

Bai Zhu (Atractylodis macrocephalae Rhizoma) 18

Tai Zi Shen (Pseudostellariae Radix) 18

Fu Ling (Poria) 18

Da Zao (Jujubae Fructus) 5pc

Gan Cao (Glycyrrhizae Radix) 6

Six weeks after beginning his treatment the patient reported feeling fine, with all his symptoms resolved. He was now doing long hours of physical work with horses in Italy without any problem. I consolidated the treatment by prescribing Jia Wei Xiao Yao Wan (Augmented Rambling Pill).

Conclusions

Following Zhang Zhong-jing's classic *Shang Han Lun* methodology, itself based on the *Su Wen*, Zhang Cong-zheng said that "for illness located on the exterior use sweating modalities; for problems in the upper jiao apply emesis and in the lower jiao we drain down".¹⁰ His writings went into greater detail than the *Shang Han Lun* on each of these methods. Later physicians came to greatly admire Zhang's diagnostic skill of being able to identify the location and nature of the xie qi in his patients, and his creative exploration of the many methods of driving xie qi from the body. The modern world and its relative illnesses may be different today but, after almost three decades of studying, teaching and practising Chinese medicine, the characteristic that for me marks out the more mature practitioner is the practice of focussing as much on xie qi as zheng qi. In particular this means the ability to locate and define subtle manifestations of xie qi and treat them effectively. Chronic ill health, allergies, autoimmune disorders, chronic infections, possibly cancer and many other modern disorders are not, I feel, properly treated using tonification as the primary tool.

I have long viewed Zhang Cong-zheng as an under-appreciated hero of the medicine of the Jin-Yuan dynasties. This article has discussed Zhang's contribution to Chinese medicine in relation to his revival and development of one of Chinese medicine's most fundamental and ancient ideas, the xie-zheng dichotomy. I have also examined how Zhang skilfully developed the three methodologies for xie expulsion, creating a broader understanding of them and refining the treatment methods in inventive and practical ways. He also made other contributions that have not been discussed here, notably his development of the theory of phlegm; as Clavey has noted,¹¹ it was Zhang who realised that some mental disorders were phlegm-related.

In my previous teaching on the xie-zheng dichotomy, I attempted to take the principles further in order to unravel the complexities of new epidemics like post-viral fatigue and ME syndromes, HIV, allergies and autoimmune disorders. By examining historical concepts in relation to xie qi such as ke xie, fu-xie, xu-xie and fu-re ("guest", "hidden", "deficiency" and "hidden" pathogens

Endnotes

- 1 Flaws B (2005). Pulse Diagnosis Seminar, Northern College of Acupuncture, York, UK
- 2 Fu Wei-kang (1989). *Chinese Medicine History* Shanghai TCM College Publishing House (Chinese language)
- 3 Unschuld P (1985). *Medicine in China – a History of Ideas* University of California Press: Berkeley, p.25
- 4 Zhang Cong-zheng (1228). *Ru Men Shi Qin* republished in *Zi He Yi Ji, Zi He – A Medical Anthology* (Chinese language)
- 5 Kaptchuk T (1983). *The Web That Has No Weaver – Understanding Chinese Medicine* Congdon & Weed: NY p362
- 6 Zhang Cong-zheng (1228). *Gong Xie Lun* republished as *Zi He Yi Ji, Zi He – A Medical Anthology* (1994) Edited by Deng Tie-tiao. People's Medical Publishing House Beijing (Chinese language)
- 7 Unschuld P (1985). *Medicine In China – A History of Ideas* University of California Press: Berkeley
- 8 Unschuld P (1990). *Forgotten Traditions of Ancient Chinese Medicine* Paradigm Publications: Brookline. Note: I have adapted Unschuld's quotation terminology throughout this article: Unschuld's "heteropathic influences", for example, becomes "xie qi".
- 9 Ibid.
- 10 The principle of the three methods of elimination appears a few times in the *Neijing*, in *Suwen* chapter five, for example, and is also fundamental to the *Shang Han Lun*. Here the quote is taken from Zhang Cong-zheng's *Ramen Shiqin* quoted in Fu Wei-kang 1989 op. cit.
- 11 Clavey, S (1998). *Fluid Physiology and Pathology in Chinese Medicine* Churchill-Livingstone: London

respectively), the locations (such as the mo yuan) where they can reside in the body and the mechanisms by which they interfere with normal function, I hoped that I might find better ways to treat such diseases caused by low-level, hidden xie qi. Unfortunately I never completed this task to my satisfaction so I have omitted this aspect from my article. For anyone of a similar mind wishing to develop understanding in this area, the work of Zhang Cong-zheng is an essential starting point which might be developed further by delving into the work of the Qing dynasty wen bing scholars such as Wu You-xing, Ye Tian-shi and Wu Ru-tang. ■

Now nearing the end of his third decade in the world of Chinese medicine **Charlie Buck** was in the first handful of acupuncturists to practise Chinese herbal medicine in the UK. As an educator he has made significant contributions to the development of Chinese medicine at the Northern College of Acupuncture (York, UK) and more widely in his seminars in the UK and Europe. Rooted equally in both classical Chinese literature scholarship and in science, Charlie's teaching has been described as insightful, diverse, engaging and lucid. He is director of the Chester Clinic (UK).

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