

GHOSTS IN THE MACHINE: Approaching Paranormal Phenomena within the TCM Framework

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FNAAOM Abstract:

The TCM literature generally focuses on complaints defined in somato-psychic terms. These descriptions do not necessarily match all patients who come for herbal or acupuncture therapy. The present article presents two case histories where patients were troubled by phenomena commonly described as paranormal. Their treatment is described in detail and on the basis of the comments are made about the applicability of TCM to such problems. Although it is often suggested that special therapeutic techniques such as shamanism or exorcism are needed to help individuals with these problems, the Chinese medical literature contains references to, for instance, "ghost points" and herbal treatments. If TCM is to be mixed with other approaches, it is important to integrate these approaches into the framework already at hand. **Keywords:** Paranormal phenomena, herbal medicine, spirit disturbance.

Given an emphasis on internal medicine and the predominance of Chinese herbal medicine in my practice, my patients frequently suffer from serious problems. Like all of us, I also encounter clients whose complaints stretch the bounds of TCM theory.

In September of 1989 I saw a client (S.K.) who for the last few years had been suffering from out-of-body experiences within 5 to 10 minutes of going to sleep. She would travel to a variety of different places none of which were pleasant, always accompanied by a sound of wind. These episodes began during a period of intensive zazen practice and had continued to the time of her first consultation. She made passing references to some past trauma and childhood memories which had been brought up during this practice, and this may have perhaps partly catalyzed her out-of-body experiences. She was, however, clearly unwilling to talk about these with me and I chose not to push the matter. There were times during which the episodes would happen repeatedly over the course of a single night. While many people foster astral travel in their psychic lives, I perceived these here to constitute an impediment to S.K.'s physical and mental health. She described the experiences as "not fun," in that they were quite frightening and she felt that she had no control over her participation in them. **Case notes**

S.K. reported that her energy level was good, she slept 6 to 7 hours per night, and had a good appetite, although if anything, her stools tended to be on the soft side. Her hearing was perhaps slightly diminished, and since last year her left eye had been fogging over. Her menses were regular with a light flow which started out with spotting. She had been having nosebleeds recently, and had awakened with a stabbing left frontal headache twice in the last month. S.K. complained of cold hands and feet and an overall aversion to the cold. She drank coffee and chewed tobacco, but had not consumed any alcohol for three years. She described herself as having been an alcohol abuser in years past. Her tongue was very red with a center crack, a red tip and a dry yellow moss. Her pulse was strong,

rapid and definitively wiry, and the right cubit position was particularly strong. Agitated hun My diagnosis was that of hot liver wind agitating the hun, which wandered around unchecked as S.K. slept. The strength in the right cubit position of the pulse suggested an involvement of the po as well. However, I viewed this as a secondary issue. Treatment measures were initially aimed at extinguishing liver wind and clearing heat, incorporating the use of heavy spirit settling medicinals to keep the hun at home, while we calmed down the wind. The following prescription was administered:

Concha Haliotidis (shi jue ming) 36 grams.
Os Draconis (long gu) 36 grams
Concha Ostreae (mu li) 6 grams
Haematitum (chi shi) 36 grams Magnetitum (ci shi) 36 grams Fructus Schizandrae (wu wei zi) 21 grams
Radix Achyranthes (huai niu xi) 21 grams
Ramulus Loranthi (sang ji sheng) 21 grams
Rhizoma Gastrodiae (tian ma) 27 grams
Ramulus Uncariae (gou teng) 27 grams
Sclerotium Poria Cocos (fu ling) 21 grams

This was decocted and 1/2 half cup was taken twice daily over a five day period. No acupuncture was administered on the first visit.

One week later S.K. reported that she had ("for the time being "as she put it) experienced no more out-of-body episodes. She had been going through caffeine withdrawal in the past few days, as I had encouraged her to abstain from any stimulants whatsoever. Her pulse was less wiry, her tongue was less red and the moss was less yellow as well. I asked her to continue the above prescription and carried out the following acupuncture treatment: Bl 47, hun men and Bl 42, po hu, needles with even technique.

A few days later although her sleep was restless, she had remained free of any further out-of-body experiences. Her tongue moss was more white, although quite dry. She continued on the previous prescription and hun men and po hu were needled with even technique, while Ki 1, yong quan, was needled with draining technique to further ground the hun in her body. Disturbing dreams S.K. continued on the herbal prescription for another three weeks with no further out-of-body episodes. She did have some rather unusual experiences while dreaming however. She would feel a presence against her back curled up behind her like a weight or a pressure, and there would be a sense of a hand or arm across her throat. This would cause her to panic and she would then wake up.

Her pulse was still strong but no longer rapid. This turn of events I interpreted as a good sign. Her hun was not getting as far when it did go out for a walk.

I saw S.K. again in early November and she reported that she was no longer leaving her body, and that the bodily sensations she did experience were slight and intermittent. Her sleep, however, was quite restless and she was having nightmares. She was also having

some constipation with a hard dry stool. Semen Cannabis (huo ma ren) 21g and Rhizoma Rhei (da huang) 12g were added to move the bowels and moisten the intestines.

Two weeks later S.K. reported that her sleep was improved but that she was having some minor gastric distention. The heavy minerals were taking their toll on her digestive system. At this point I switched her to a liquid extract composed of Gastrodia and Uncaria and Bupleuri and Dragon Bone three droppers administered three times daily. Liv 2, xing jian, GB 44, zu qiao yin and LI 5, yang xi were needled with reducing technique. Bl 47, hun men was needled with even technique.

In early December S.K. reported that she was sleeping normally but was not remembering her dreams. She continued on this for the next two months as her sleep continued to improve. She would occasionally experience waves or body rushes just as she was falling asleep but would then sleep and dream normally.

Two or three of the following points were needled during three more sessions spread over a month to consolidate the union of the hun in the liver: Liv2, xing jian, P 6, nei guan, N-HN-54, an mian, GB 20, feng chi, Bl 18, gan shu, Ht 7, shen men. Discerning a pattern While it could be argued that the involuntary astral travel experienced by S.K. were "really just bad dreams" she certainly perceived them as something more than that. In our profession we often need to reassure patients that they are not crazy, and that despite the failure of a biomedical diagnostic procedure in defining pathology, a pattern is discernible and treatable within the context of Chinese medicine. It stands to reason that if we take seriously the subjective complaints of one client for whom biomedicine can discern no pathology, we cannot tell another client that his/her experiences cannot be happening to them, because it stretches the bounds of our own perception of reality. In these cases I therefore accept the experience of my clients at face value, while trying to remain skeptical enough to consider the larger picture. Aside from being the only ethical option, this is also essential for me to build a relationship based on trust. Only when I sense disingenuousness on the part of the patient may I begin to doubt the entire proposition.

My assessment of this case was that S.K. was suffering from a hot liver wind condition which was predominantly a repletion pattern. Her markedly red tongue with its yellow coat, accompanied by a strong, wiry and rapid pulse confirmed this assessment, as did the fogging over of the left eye and the nosebleeds. Her cold hands and feet suggested that this liver heat had, to a certain extent, imploded upon itself, a situation which seemed consistent with the mental unrest. This condition, based as it was around a disorder of the liver, which is the residence of the hun, created an internal environment conducive to its wanderings.

There has been some discussion throughout history over whether the hun, the po and the spirit are actual entities which exist independently, or are simply by-products of physio-energetic function. These views have been summarized by Cheng Zhi-qing in his essay, "Comments on the hun and po".¹ According to Cheng, one viewpoint, rooted in a pre-Confucian shamanic tradition, holds that the hun disengages from the body at death,

becoming an astral entity which ultimately evaporates due to the lack of nourishment provided by a corporeal body. A discussion of spirit disorders with a decidedly materialistic bent by Chen Jiayang, a specialist in psychiatric disorders describes the hun in the following way: "What is referred to as hun is similar to shen, and manifests as a sort of formless impetus".² These two views of the hun, one rather arcane and the other mundane, corresponded closely to the situation at hand, with the exception that S.K.'s hun had a place to come home to in the morning. This case made it clear to me that the hun at least had the potential for creating the perception within an individual of independent action. It should be mentioned that in Daoist circles the capacity of any aspect of one's spirit to act outside of the confines of one's corporeal body is limited either to those individuals who have attained very high levels of spiritual purification or are themselves deceased.³ Most ghosts, specters and such like belong to the latter category.

InsufficiencyThe emphasis on disorders of the hun in mainstream Chinese medical thought lies largely in vacuity patterns. Zhang Zhong-jing for instance states that "All disturbances of the hun and po are due to insufficiency of qi and blood". While heat can be of a purely excess nature, internal wind by its nature must have an element of vacuity.⁴ The repletion issues in this case were so pervasive however, that Zhang Zhong-jing notwithstanding, I felt it best to address those first, fully expecting the vacuity component to emerge more fully as things calmed down. It did occur to me however that the situation might have been one of such a chaotic exuberance of qi and blood, that the hun was driven out of its abode by the ruckus. The classical citations available to me for such a scenario pertaining specifically to the hun were, however, rather scarce.

The prescription was a modification of Tian Ma Gou Teng Yin (Gastrodia and Uncaria Decoction) which is crafted to settle the liver, extinguish wind, clear heat and supplement the liver and kidneys. While this base prescription reflects a predominantly repletion pattern, the presence of Cortex Eucommiae (du zhong) and Ramulus Loranthus (sang ji sheng) acknowledges an underlying vacuity of liver and kidneys. Fructus Schizandrae (wu wei zi) was, however, used instead of Cortex Eucommiae, as it enters the lung channel, the home of the po, and calms the spirit. Given the severity of the condition and its emphasis on the spirit, medicinals for settling the spirit including Concha Ostrea, Concha Haliotidis, Magnetitum etc. were added to the base prescription. As these tend to be hard on digestion, my original plan was for their short term use. When S.K. responded well, however, and showed no signs of gastric disturbance, I opted to leave well enough alone until I received some clue that a change was indicated. Her pulse, though gradually calming down, remained strong and wiry and her tongue even at its best was clearly red. Indeed, it was only after two months that she began to feel some gastric distention, which was relieved when she took a similar prescription in tincture form.

Adjusting the prescriptionCase histories published in the Chinese medical literature reflect a tendency toward prescription modification based on even small changes in the condition of a patient. This, of course, is an attempt to reflect the pathological state of the patient at a given point in time as accurately as possible in the prescription. It is a fundamental tenet of prescribing Chinese herbal medicine and is often essential for optimal results. It has been my experience, however, that when a given modification does not yield satisfactory results, a simple return to the previous prescription does not always work. The change in prescription while not effective may have nonetheless produced some shift in the capacity

of the patient to respond to the previous prescription even if the pattern looks the same. This observation is reflected in the homeopathic literature which holds that a new remedy is not to be administered until the previous remedy has completely ceased to work, lest the case become disordered.⁵ In the case of S.K., given the focus of the symptoms on the mental plane, I was not inclined to mess around as long as things were progressing slowly and steadily in a positive direction. It may be that some modification in the prescription would have produced a faster result, however, I felt that there was a greater likelihood of disrupting the progression of the healing process.

Wang Le-ting's combination of Bl 47, hun men and Bl 42, po hu formed the basis for acupuncture treatment. According to Wang Le-ting "combining po hu and hun men adjusts the qi and blood while settling the heart and shen. It rectifies the hun and settles the po".⁶ The points on the outer bladder line on the back are thought by some schools to influence more of the spirit aspect of their corresponding organs. Although I needed po hu as part of the set combination due to the size of the pulse in the right cubit position, I de-emphasized it in my overall diagnosis. While the hun and the po are generally referred to in tandem, they are in fact distinct. Chen Jia-yang cites the po as the aspect of spirit which facilitates bodily movement." In the po we see all the movement of the bodily structures in all its forms."⁷ S.K.'s condition seemed to be focused more on dysfunction of the hun.

My emphasis with acupuncture, especially at the beginning was on the spirit disorder itself, as opposed to attempting to address the organ imbalance which precipitated it. Ki 1, yong quan, was chosen to literally root the hun in her body, given its function of stabilizing the spirit disposition and downbearing inversion conditions. GB 44, zu qiao yin, was chosen for its effect on nightmares, and LI 5, yang xi, was chosen for its influence on spirit disorders due to hot wind. As S.K. improved and her hun was staying closer to home, I began to include points with a greater influence on organ function such as P 6, nei guan, and Liv 2, xing jian. Shamanic soul retrieval and the wandering hun In addition to seeing myself, S.K. was working with a shamanic healer and together they performed a ceremony she referred to as a soul retrieval. While this had no clear immediate symptomatic effect, it did wonders for her overall peace of mind and was clearly of great benefit. Such interventions directly at the level of spirit cannot be underplayed, especially when the disharmony is primarily one of the spirit. This case made it clear to me that a wandering hun may manifest in an essentially repletion type pattern. It also seems likely that the herbal medicine had a direct effect on keeping her hun at home, both by literally chaining it to a rock with heavy minerals and by clearing away some of the chaos created by liver heat and wind. As I said above, I'm now inclined to see the hun as a potentially discrete entity which is housed in the liver. While it is generated by the liver, it nevertheless has some autonomy.

My experience with Chinese herbal medicine in dealing with spirit disorders in the past has been that this modality has been most effective in cases which have a clear biochemical component. The practice of Chinese herbal medicine is the business of prescribing drugs and its influence extends outward from an epicenter located on a biochemical level. Herbal medicine works best on the material substrata which houses the

spirit, as opposed to the spirit itself. The above case has, however, tempered this perspective somewhat. Acupuncture, it seems to me, with its capacity for directly manipulating the qi, has a much greater potential for directly influencing the spirit. The fact that when doing acupuncture, one often gets the sense that one is working with a radionics box seems uniquely appropriate for working with the most confounding radionics box we know of, the spirit-mind.

Nonetheless I have found it useful to keep in mind that touching the qi is not the same as touching the spirit, even though spirit is a species of qi. It has become evident to me that while the Chinese medical model may often provide a nice context for understanding a variety of spirit disharmonies, this does not always translate into clinical effectiveness. It's easier to talk a good game than it is to play one, and touching a person's spirit is not a trivial matter. Poltergeists In the course of treating a 58 year old client, J.S., for recurrent dental and gastro-intestinal problems, she began complaining of "poltergeists." She had suffered from dental caries, periodontal pockets and oral ulcers all her life, as well as frequent stomach aches, gastric tension and constipation. She had a slight build, her hearing was oversensitive and she suffered from frequent anxiety attacks as well as deja vu experiences when over stressed. Her tongue body was small, a little pale and slightly cyan with a red tip. Her pulse was empty on the right, and deep but unrooted in the left chi position.

My initial diagnosis was a depletion of liver and kidney yin and essence, binding heat in the stomach, and a generalized qi depression. The following prescription was administered:

Radix Puerariae (ge gen) 45 grams
Herba Menthae (bo he) 21 grams
Radix Scutellariae (huang qin) 18 grams
Rhizoma Cimicifugae (sheng ma) 21 gr.
Radix Glycyrrhizae (gan cao) 12 grams
Radix Conchitis Rehmanniae (sheng di huang) 18 grams
Radix Dioscoreae (shan yao) 18 grams
Fructus Corni (shan zhu yu) 18 grams
Fructus Psoraleae (bu gu zhi) 18 grams
Fructus Lycii (gou qi zi) 18 grams
Radix Paeoniae Rubrae (chi shao) 12 gr.
Radix Scrophulariae (xuan shen) 8 grams

Two bao (packets) taken over five days each.

J.S. improved rapidly over the next 10 days. Her tongue tip became less red, the color of the tongue body was less cyan, and her pulse had become more rooted. As a consequence of dealing with family matters, however, her anxiety attacks had been more frequent, so I shifted the emphasis of the prescription toward supplementation of the kidneys and settling the spirit: Radix Dioscorea (shan yao) 21 grams Radix Rehmanniae Coquitae (shu di huang) 18 grams Tuber Ophiopogonis (mai men dong) 18 grams Cortex Albizziae (he

huan pi) 21 gramsCaulis Polygonum Multiflorii (he shou wu) 21 gramsFructus Psoralea (bu gu zhi) 18 gramsRadix Pueraria (ge gen) 21 gramsHerba Mentha (bo he) 21 gramsRadix Scutellariae (huang qin) 18 gramsRhizoma Cimicifugae (sheng ma) 18 gr.Radix Glycyrrhizae (gan cao) 18 gramsRadix Paeoniae Rubrae (chi shao) 12 gr.Radix Scrophulariae (xuan shen) 18 gr.

I did not see her for a number of weeks as her mother had been visiting and she was busy being both host and nursemaid. She reported having been worn ragged by her familial obligations. She then recounted the events she associated with a poltergeist. Doors would open before she reached the handle, and water faucets would turn on as she passed them and she remembered that the flowers needed watering. She would also find objects moved from where she had left them. This sort of thing had apparently happened to her a number of times before, and as we investigated this, she realized that this had always occurred during periods when she was especially depleted, both emotionally and physically.

This situation I also viewed as a case of wandering hun. I felt, however, that there was a greater involvement of the po than in the above case, as the po's function in the "movement of bodily structure" seemed to be anticipating the actual movement of the body itself. Given the constitutional weakness of her liver and kidneys and the added stress in her life, she had depleted herself to the point where her hun was acting on her slightest volition. It didn't seem to be waiting for her corporeal body to tag along.

She had not taken herbs during the period that we had not seen each other. Although she still had a bag she had not had the time to cook them up. As the prescription addressed the essential kidney vacuity and generally calmed her spirit, I suggested she begin again with the above prescription.

I needled Bl 47, hun men and Bl 42, po hu with even technique, drained Du 20, bai hui and reinforced Ki 1, yong quan. These latter two points were needled with the intent of grounding her hun in her body.

The strange experiences ceased immediately for J.S. and did not recur. It therefore did not seem necessary to change the herbal prescription. A week later J.S. did mention, however, that similar things had been happening to family members and close friends. We did the same acupuncture treatment and these seemed to cease as well. We were then able to address some of the more down-to-earth issues confronting J.S. and she continued to improve nicely.

J.S.'s case fits more neatly with the classical view of how hun disorders should manifest themselves. Supplementation of liver and kidney was in order, in conjunction with measures for calming the spirit. Although the prescription was relatively generalized, the acupuncture focused the effect on grounding the hun.

In both of these cases, I tried to conceptualize the etiology in terms of an internal disorder, rather than as the result of a more exogenous ghostly intrusion. While this approach

seems to have been clinically effective, S.K.'s experience of a hand around her throat and the fact that the poltergeist phenomena actually moved distally to J.S.'s sphere of influence before resolving, are loose ends which leave me somewhat unsettled. It is entirely possible that S.K.'s past trauma had manifested itself in a body sensation of a hand around her throat and was working itself out within the context of her ongoing pattern. It is also possible that what J.S.'s friends and relatives experienced was unrelated to her own trials with unusual phenomena. These solutions are somehow unsatisfying.

Considerations involving external demonic influences open up issues extending far beyond the scope of this essay. Nonetheless, in reviewing the above two cases, it strikes me that an exogenous visitation of some kind might have been at work as well. The typical view of ghosts and demons throughout Chinese history has largely been that such specters act independently of human influence, and that the free wandering disembodied hun were indeed intrinsically malevolent.⁸ Sun Si-miao is perhaps the reference of choice in matters, providing a wide range of remedies for demonological afflictions. In addition, Sun Si-miao is the original source of Bian Que's ghost points.

The notion of a fully autonomous demonological influence in the two cases above is not completely satisfying either. Xu Da-chun, the master physician and scholar, has asserted that demon spirits were akin to other pathogenic influences such as wind, cold and heat. If the integrity of the essence and spirit is intact, then there is no place for the intruder to enter. "When one's protective influences are depleted one absorbs cold, when one's constructive influences are depleted one absorbs heat and when one's spirit influences are depleted one absorbs demons."⁹ Here Xu Da-chun is clearly allowing for the existence of exogenous demonological factors, while placing the cause of their visitation of some pathology within the one being visited. Later on, however, he does say that there are illnesses resulting from one having offended demon spirits and these are curable with prayer. This situation may pertain even to some offense committed by their ancestors. Some of the hatreds incurred in this manner are so deep as to be incurable by any means, even prayer.

Xu Da-chun's perspective is mirrored and developed more fully in the Tibetan Buddhist view of demonology. It provides, for myself, the most personally satisfying framework for understanding these matters. "Demons" are viewed as manifestations of negative qi resulting from internal weaknesses or delusions. This incorporates a view of demons in the metaphoric sense of "one's personal demons," as well as a more literal understanding of a demon external to oneself which acts in the world.¹⁰ The key point here is that there is some predisposing imbalance within a patient which allows the specter access.

There is a large corpus of information pertaining to the diagnosis of demonological visitation in the Tibetan literature, much of which relates to possession resulting in insanity. Of interest to practitioners in the sphere of Chinese medicine, however, is the *gdon tsa* or ghost pulse, "characterized by highly irregular or patternless beating," and referred to in our tradition as an interrupted pulse.¹¹ An interrupted pulse in Chinese medicine indicates a debility of visceral qi and in particular an insufficiency of heart qi. It may also indicate blood stasis or phlegm turbidity obstructing the yang qi in the chest.

Here we have some clear parameters for evaluating a predisposition to such visitations. Also of interest is Daoist diagnostic of qi se or qi color surrounding a patient which is used in Daoist traditions.¹² This is ostensibly aura reading and the presence of ghostly visitations is evident in the color on one's aura.

Flaws has pointed out that the presence of ghosts was included in the etiological category of bu nei bu wai yin (neither inside nor outside) through the early decades of this century.¹³ Up until recent times, patients in China would consult both a physician and a shaman for a given malady. TCM has largely expunged this component of therapy from our repertoire. I think his case for the re-incorporation of this category has some merit.

My experience in addressing specters of an external nature has been quite limited. Acupuncture often seems to be the therapy of choice, especially when its likely origins in demonology are considered. Bian Que's ghost points are perennial favorites for evicting spooks. Window of the Sky points are frequently used in a number of sects of Chinese Daoism for similar purpose.¹⁴ There is, of course, a great deal of exorcistic literature available in both the Tibetan and Chinese cultures in the form of chants and spells. The transferability of these approaches to the West is questionable however. This is not only because Western culture is radically different from that of Asia, but also because there is so little in the way of consensual cultural values in the West itself.

In the future, I think that even the most down-to-earth of us will be seeing more of this sort of thing in our clinics. Western civilization as a whole is awakening to the fact that there are more things in heaven and earth than are dreamed of in our philosophies. If spooks are beginning to play a larger role in our cultural conscious, then we are more likely to experience spooks. By the same token, as our environment and the overall quality of life deteriorates, the internal predispositions necessary for the manifestation of such unusual phenomena are further reinforced. Conceptual and therapeutic frameworks which will allow us to deal with this kind of thing must be incorporated into existing paradigms.

I personally have no strong inclinations toward shamanic practice. Shamanic practice is, however, of value in a wide range of situations, and I see it as a specialty branch of medicine. Some of us may specialize in internal medicine, others in qi gong or tui na, and others yet may emphasize shamanic practice. I don't feel that I must be a shaman in the purest sense of the word to be an effective healer. It is only necessary that I understand a patient's shamanic journey within the context of the therapy they are participating in with me.

For myself, the most important thing to consider in applying shamanic approaches, or any other modality for that matter, is how that modality can be integrated into the existing framework that I use. I feel that a willy-nilly mixture of disparate approaches ultimately makes for poor therapy. The intention of the practitioner becomes divided at the very least, and this is clearly detrimental to the therapeutic effect, particularly in the arcane business of spirit disorders. In utilizing other approaches and traditions, the most essential consideration is that we be certain that these threads match the fabric already at

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