



Drinking from a deeper well

Approaching Warm Disease through source literature

By Charles Chace

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THE IMPORTANCE OF STUDYING the pre-modern medical literature as a basis for furthering one's understanding of Chinese medicine has been a perennial topic of debate for educators and students. As a long-time student of Chinese medicine and its literary tradition, I found Liu Du-Zhou's *Thoughts Regarding the Study of Chinese Medicine* in the May 2005 issue of *The Lantern* to be among the most eloquent and articulate statements on the topic. My only reply could only be "Ditto. What he said."

Liu's essay has prompted me to ride on his coat tails in making what I hope are some practical suggestions as to how we in the West might take his words to heart. One of Liu Du-Zhou's key points is that one cannot read the classics passively, perusing them as one would a magazine. They must be engaged rigorously and in a systematic manner. This is not simply a matter of working hard. It requires that the reader proceed both intelligently and creatively.

The text itself is only half of the equation. Our challenge is to discover how to drink more deeply, as it were, from the well of insight that resides not so much in the texts themselves as in our relationship with them. Only when we have really internalized this material, claimed it for our own, does its value become apparent. As Liu points out, this is not an easy task, and it is a particularly daunting one for us in the West. In this essay, I present a few of the techniques that I found for more effec-

tively engaging pre-modern literature, and I hope to frame the two translations that accompany it in the context of those techniques.

I must confess that contrary to Liu Du-Zhou's counsel, I rarely read a source text alone, even at the beginning. Frankly, I need glosses and commentaries to be sure that I have a general idea of what is being conveyed. The writing in pre-modern medical texts is often sufficiently opaque as to engender a variety of interpretations, even among authoritative commentators. Bouncing back and forth between these commentaries and the source text itself both deepens my understanding of the text and helps to define the lines of inquiry I will pursue. Personally, I find it unproductive to simply read and re-read a text over and over. Regardless of what language I am reading in, it is easy for me to think that I've gotten the gist of passage only to discover later that I have failed to carefully examine what has been said. In the absence of some form of analysis, repetitive readings only tend to reinforce my initial preconceptions. On the other hand, once I have some clear context in which to work, I will inevitably end up reading the text dozens, if not hundreds of times.

There are two methods that I have found helpful to fully engage the classical. First, I try to discover some way of picking the material apart, some handle that I can wrestle with. This handle could be comparing what is said in one chapter with what was said in another or it could be following up on related commentaries. For especially complex passages, I will often map out the flow of ideas, analysing them at each step. Then, I'll

critique my own assessment. One thing that this process invariably does is to illustrate the scope of my ignorance concerning the topic in question and what sort of homework I have to do simply to understand the larger context of the discussion. Rather than humiliating me, I am continually reminded that the earliest of the classical texts were written to be transmitted directly to students who would copy the text, memorise it and then have it explained to them by their teachers. Later texts written for more public consumption still presupposed a greater familiarity with the literary tradition of Chinese medicine than I possess. I invariably assume that some background research on my part is required if I hope to comprehend the importance of the material. Curiously, this process also sustains my interest in a way that encourages me to stick with the task.

The other method that I use is to actually write out a translation of the material I am studying. I do this even if I read a book such as *On Cold Damage* that has already been beautifully rendered into English. I have been involved in a number of translation projects that have resulted in publication, yet the vast majority of my translation efforts never see the light of day. Translation is simply one way that I study. For myself, the process is far more important than the publication. Somehow, the rigor imposed by committing my interpretation to print helps to hone my understanding, once again clarifying what it is that I do not fully comprehend. I am compelled to examine the text in a way that I never do when simply sight-reading. I think more deeply about what is being said, and the flow of ideas. Translation is its own form of textual analysis, particularly if the source language is not your native tongue.

Here in the West we can use the fact that for many of us Chinese is not our native language to approach a text in a fresh way. We inevitably ask questions that would never occur to a native speaker. It often has been my experience that my questions are so alien to my Chinese teachers' way of thinking that they cannot even comprehend why I would ask such a thing. Yet such queries are clearly relevant to my own understanding and application of the medicine. Inquiry of this nature is not merely an option for us in the West, it is indispensable to making ourselves full partners in the ongoing tradition of Chinese medicine. If we hope to truly own our medicine, we cannot forever rely on the pronouncements of others to guide our thinking. That we develop our own relationship with the literary tradition is a central tenet of Liu Du-Zhou's message.

Liu Du-Zhou was undoubtedly writing for an Asian audience. Although his observations remain valid for all students of Chinese medicine, the issue for us in the West is not simply whether or not we should study the classics. The vast ma-

majority of this literature is unavailable in Western languages, and even if the primary texts are some day translated, it is unlikely that their associated commentaries and case records will ever be published in English. We are inevitably faced with a corollary question of whether it is worthwhile or necessary for students of Chinese medicine to have direct access to Asian languages. I believe that if we are going to study the classics, we must have at least some access to its source languages.

That said, it is by no means impossible to engage the pre-modern literature in English translation. One is simply limited to the material that has already been translated, and it requires one to be a little more creative in one's study methods. The translations that follow this article (on pages 8 and 31) are directed toward those who do not have direct access to the literature. We have tried to frame them in a manner that facilitates their use as study tools for those working exclusively in English.

Once I have begun to immerse myself into a text, I find myself swimming in a sea of questions and ideas that inevitably begin to percolate into my clinical practice. It is not that I am anxious to try out a new herb combination or needle technique, so much as I find myself thinking about what I already do in a slightly different way. You will likely be disappointed if you look to the pre-modern literature for highly specific information on how to treat one of your patients. On the other hand, it is a wonderful means of fostering connections that you would not ordinarily make, connections that subtly but meaningfully change the way you practice. After a while, the questions that arise from my clinical ponderings then filter back into my textual studies forming of a feedback loop that incorporates an aspect of practical application to the process.

Finally, I often find collaborative efforts to be a particularly fruitful means of penetrating a text. Just as the process of written translation shakes me out of my own often unconscious preconceptions, another set of eyes, another understanding, rattles my cage and gets me thinking in directions that would not have occurred to me had I remained sequestered in my own library. The two translations that accompany this essay are the product of just this sort of collaboration and they provide concrete examples of some of the ideas I have been discussing. Z'ev Rosenberg and Fred Wong's essay on *San Ren Tang* in the last issue of *The Lantern* is the product of similar collaborative approach to research.

Both of the following translations concern warm disease. They exemplify two very different styles of Chinese medical writing. The first is a theoretical discussion written in a literary form. The latter is a case record written in the telegraphic style characteristic of many case records from the Qing dynasty. It provides a concrete example of how the

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principles of warm disease were applied in the pre-modern era. In their capacity to illuminate the warm disease literature, these two writings are mirror images of one another.

Ye Gui's *On Warm Disease*

A few years ago, an acupuncturist with an impressive resume came to work in my office. In addition to her clinical training, Daniella Van Wart had studied medical sinology with both Manfred Porkert and Paul Unschuld in Germany. Although it had been my good fortune to work with a number of skilled translators, my own training was considerably less formal than hers and I was naturally interested in her perspectives on Chinese medicine. We decided to translate something both as a means of doing some in-depth studying together, and as an exercise in comparative approaches to translation. Given our mutual interest in warm disease, Yè Guì's (葉桂) *On Warm Disease* (溫熱論 *Wēn Rè Lùn*, 1667) was an obvious choice.

On Warm Disease is a concise and unembellished outline of the central tenets of warm disease theory. Composed by a master clinician, it is also among the earliest theoretical discourses on warm diseases. The range of commentaries that it has spawned, though not nearly as extensive as the tradition of exegesis associated with *On Cold Damage*, is nevertheless varied. These qualities make *On Warm Disease* an ideal entry point into the pre-modern literature on warm disease.

In the course of translating Ye's discourse, we naturally referred to a many commentaries in Chinese, and one excellent English language textbook, Liu Guo-Hui's *Warm Diseases, A Clinical Guide* (Eastland Press 2001). Our work on this project only reinforced our conviction that this is far and away the best English language reference on warm disease. Professor Liu's text proved to be so helpful that we found ourselves faced with something a dilemma. To be truly useful, our translation needed some sort of explanation of the material, outlining the different interpretive traditions associated with the key ideas in the discussion. This was a task demanding far more effort than that required in preparing the translation itself and both of us were involved with more pressing projects. Complicating matters further was our realisation that the much of this essential commentary was already in Professor Liu's textbook and we would simply be recapitulating material he had already translated into English.

Our translation rested quietly in the re-

cesses of our hard-drives for over a year until it occurred to us that we could key each line of the text to the pertinent passages in *Warm Diseases, A Clinical Guide*. Such an approach provides readers with a bi-modal method of studying warm disease, allowing them to freely move back and forth between a seminal source text and a modern textbook interpretation. We had already experienced for ourselves how useful this technique was in deepening our own understanding of warm disease. In essence, the translation has become a complementary study tool to the textbook.

Unfortunately, in our work on the translation we had given little thought to the demands of a future commentary. Rather myopically, we had not bothered to record the specific pages of any of the sources we referenced. John Devlin, an acupuncture student working in our office pharmacy, came to the rescue. He undertook the task of re-keying Liu's textbook to our translation, lending his beginner's mind to the project and in the process confirming the usefulness of this method as a means of learning about warm disease.

As Liu Du-Zhou is careful to point out, when studying the classics it is essential to consider more than the individual words, sentences or clauses. We must consider the relationship of each of parcel of meaning to one another. Daniella and I found this to be especially true in our work with *On Warm Disease*. Such relationships are invariably lost when the content is redacted into a textbook format, whether in Chinese or in English. In preparing our translation, we consistently found that many of Ye's sentences could be interpreted one way when taken alone, but quite clearly meant something different when considered in the context of the overall progression of ideas. Nowhere in *On Warm Disease* is this more apparent than in Ye's discussion of tongue diagnosis. A cursory reading suggests that it is a simple list of tongue presentations and the patterns they reflect. Yet on closer inspection it becomes clear that there is more to it than that. Ye organised his material on tongue diagnosis in a way that provides the reader with clear picture of the progression of warm diseases pathodynamics. Ye never explains what he is doing, he simply expects that these relationships will be obvious to an attentive reader. In light of this, readers will profit paying careful attention to the flow of ideas throughout Ye's discourse. This aspect of the text contains its own thread of information.

It is also worth mentioning that the *On*

Warm Disease was written in a rather off the cuff manner. According to Ye's student, *Gù Jǐng Wén* (顧景文),¹ Ye was discussing the topic while they traveled by riverboat, and Ye simply jotted out a rough draft which was never carefully edited. Clearly in awe of his teacher, the student never dared change anything. This helps to explain why some ideas are presented more clearly than others, why some passages seem to assume a great deal on the part of the reader while others are sometimes redundant.

Daniella and I carefully translated a not very carefully composed document that contained a certain amount of literary throat clearing. In preparing the manuscript for publication, it became apparent that some editing was in order. In the interest of improving its readability, we have made minor changes to the text mostly involving deletions of words such as furthermore or nonetheless that muddle the prose in English.

It also seemed that students might benefit from the inclusion of a few of Ye's case records to provide a concrete example of how Ye himself applied these ideas. Toward this end, I have included a few of Ye's cases along with short explanatory notes. These are presented next to relevant passages in the text. Given their exceedingly terse nature, these cases have been extensively edited for clarity.

Liu Bao-Yi's *Understanding of Lurking Pathogens*

Around the time that Daniella and I were working on Ye's discussion of warm disease, another colleague, Jason Blalack, and I were involved in an ongoing conversation concerning the nature and clinical application lurking pathogens (伏邪 *fú xié*). Some time earlier, I had posted online a rough translation of one of the more explicit discussions of lurking pathogens extant in the pre-modern literature. It was written by the late Qing dynasty physician, Lǚ Bǎo-Yí (柳寶詒). This had generated a fair amount of online conjecture as to how useful the Chinese medical concept of lurking pathogens might be in terms of the treatment of modern diseases such as multiple sclerosis and AIDS. Sceptical of some of the claims being made, Jason and I resolved to look into this.

In reviewing the literature we found that though modern Chinese language textbooks on warm disease often attributed an impressive range of complex illnesses to lurking pathogens, this was largely theoretical

posturing. In these textbooks, lurking pathogens were primarily a buzz-word with little relevance to clinical practice. MS, AIDS or spinal meningitis might be modeled in terms of lurking pathogens but their treatment had little to do with actually resolving them. Indeed, the familiar organisation of treatment strategies according to fixed zang-fu patterns effectively froze the fluidity of the prescribing espoused in the source literature. Disappointed, it occurred to us that we might have once again fallen prey to our own preconceptions regarding a poorly understood topic in the pre-modern literature. We took a step back and began looking into how warm disease specialists during the Qing dynasty had applied the concept of lurking pathogens. In particular, we reviewed the extensive case records left by Ye Gui and Liu Bao-Yi.

By and large, we found that in addition to spring-warm patterns, respiratory tract infections that began with few or no exterior symptoms as a consequence of some earlier contraction or any problem that lasted a long time might be considered a lurking pathogen. Nevertheless, in its critical development during the late Ming and Qing dynasties, the concept of lurking pathogens was rarely applied to degenerative diseases as we understand them today.

Many of the cases we looked at contained only one or two entries, hardly the complex clinical presentations we were associating with lurking pathogens in our own practice. A few of his case records concerning lurking pathogens were lengthy and quite convoluted. We began analysing these in some detail, looking for clues as to how Liu, an influential theorist on lurking pathogens, actually treated deep-lying problems.

Case records from the Qing dynasty are not easily absorbed. They assume that the reader is sufficiently conversant with the medical theories at play that he can follow the flow of ideas with little or no explanation as to what is transpiring. Consequently, the only data included in these case records is the information that most directly pertains to the point the author is trying to make. Almost nothing is spelled out for the reader and it is up to him or her to make sense of the case. Readers unaccustomed to this style of writing can easily gloss over a case record, assimilating only its superficial aspects. It immediately became apparent that it would not be enough to simply read over these cases. We would have to carefully pick them apart.

At the time we began our research, we had no access to Liu's own case records. Anthologies of Liu's cases are much less readily available than his annotated collections of cases written by others.

We finally settled on a single case record from Liu's anthology of the cases of Wáng Xù-Gāo (王旭高). In our initial review of this record, we were confident that we had clearly understood both Wang's

methodology and Liu's critique. This provided us with not one, but two perspectives on the treatment of a lurking pathogen. As our analysis progressed, however, this case repeatedly caused us to question many of our assumptions concerning the application of warm disease theory, particularly with regard to the timing of treatment strategies. Jason, in particular, spent long hours mapping out the treatment strategy and its progression, trying to understand the subtle changes in each prescription. We would then get together and deconstruct our own analysis, looking for inconsistencies in our logic and refining our interpretation.

In the end, the message was clear. For Liu Bao-Yi, the effective treatment of lurking pathogens meant *nothing more or less than the skillful and timely execution of basic warm disease theory*, the very same principles outlined by Ye Gui. Our translation and analysis of that case is the second of the essays that follow.

These translations and ideas they contain have been gestating for some time. My purpose in presenting them now is threefold. Obviously, I hope that they are a worthwhile contribution to the Chinese medical literature now available in English. More importantly, I want to illustrate how my colleagues and I have effectively engaged the pre-modern literature using translation as a tool for analysis. Our understanding of this material is far greater than had we contented ourselves with sight-reading it over and over in either Chinese or English. For those endeavoring to access the warm disease literature in English translation, I hope that these essays will provide some useful tools beyond the content of the translations themselves. In summary, I hope that this material will help us all drink from a little deeper well.

I have a knack for picking projects of an awkward size. They tend to be too long to fit into a single journal article and too short to merit independent publication. That may be another reason they often languish on my hard drive. My collaborators and I thank Steve Clavey at *The Lantern* for consenting to publish these monographs in a serialised form. Readers may find Liu Bao-Yi's case record, in particular, something of a cliffhanger in the first issue: does the patient survive? Thanks to my clinic staffers Kacey Wardle and Kate Nott for lending their considerable editorial skills to the project. Finally, most importantly, special thanks to our friend and mentor, Liu Guo-Hui, who was generous enough to review both translations, offering many valuable suggestions and corrections. Of course, any errors are entirely our own.

1. This account was recorded in the *The Collected Papers of Wu Physicians* (吴医汇讲 *Wú Yī Huì Jiǎng*).

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