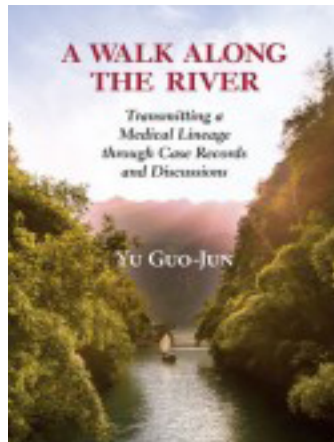




# **Yu Guo-Jun A Walk Along the River Transmitting a Medical Lineage through Case Records and Discussion**



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CHEN  
DING-SAN



JIANG  
ER-XUN



YU GUO-JUN

# A WALK ALONG THE RIVER

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*Transmitting a Medical Lineage  
through Case Records  
and Discussions*

YU GUO-JUN

TRANSLATED BY

Andrew Ellis / Craig Mitchell / Michael FitzGerald

EASTLAND PRESS ► SEATTLE

# Translators' Foreword

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## Why this book?

Bookstores in China have shelves and shelves of books on Chinese medicine. A great many of these books chronicle a practitioner's experience with and thoughts about the practice of the art. What drew us to select this book and to choose, through our translation, to offer it to Western readers is its unique depth, nature, and tangible clinical utility.

The uniqueness of this work lies in Dr. Yu's decision to base the format and content of the text on records of discussions from a study group that he led. The aim of the group was to systematically study the lineage of Chinese medicine of which Dr. Yu and his teacher, Jiang Er-Xun, were a part.

The text is structured as a case study book with each case first presented in standard fashion followed by a section entitled "Differentiation of Patterns and Discussion of Treatment." It is in this section that the book begins to show its unique character, as Dr. Yu discusses the case emphasizing the following points:

1. Differentiation of disease and differentiation of pattern
2. Careful consideration of the case history, including previous treatment
3. Clear understanding of the pathodynamic
4. Consideration of both the disorder and the patient's constitution
5. Possible pitfalls in determining the pattern or disease and prescribing treatment

The physicians in the study group ask questions that lead to in-depth discussions of important aspects of the case. In concluding this section, the formula is presented, along with any follow-up treatments.

The third section of each case is called "Reflections and Clarifications." Here the physicians ask questions that delve into the deeper aspects of the case, and Dr. Yu outlines his reasoning. In the discussion he often provides an anecdote about how he learned this

treatment strategy from one of his own teachers, or how his teacher came upon it. Just as often the discussion becomes a lesson about a passage from the *Discussion of Cold Damage*, *Inner Classic*, or other premodern text, with Dr. Yu passing on the interpretation he has received from Dr. Jiang.

This structure allows the reader to witness the process of transmission of Chinese medicine as it has been practiced for centuries. The tension between a culturally reinforced reverence for the past and the human need to adjust to current clinical realities is felt just below the surface of the case-study discussions. This tension is what has continually pulled Chinese medicine into the present tense and prevented it from becoming a static remnant of history. We witness medical knowledge passing from Dr. Jiang to Dr. Yu and on to the participants in the study group—and then to ourselves, the readers.

In the exchanges between Dr. Yu and his students, all of whom are practicing physicians, we can see the intricacies of the process that has characterized the transmission of Chinese medicine through the ages. The scientific revolution of the last few centuries has presented Chinese medicine with its biggest challenges. Modern medicine, with its emphasis on anatomy, biochemistry and microbiology, presents a world view that in many ways contradicts, or at the very least sheds doubt upon, the basic tenets of Chinese medicine. In this text we can see Dr. Yu and his students grapple with these contradictions and doubts as they participate in the traditional transmission of Chinese medicine.

Dr. Yu reminds us many times throughout the book that the proof of the pudding is in the eating. The process of medical transmission includes examining theories and methods, both ancient and modern, with the sole goal of improving clinical outcomes. We become physicians not to argue theoretical convolutions, he argues, but rather, to relieve suffering. Because Dr. Yu's goal is to emphasize the clinical application of knowledge, this text presents cases that not only deepen our understanding of the medicine we practice, but also impart lessons that are immediately applicable in the clinic. We are able to gain insights into many aspects of our practice, and in most instances these insights are applicable to cases that differ substantially from the ones presented.

Dr. Yu's theoretical discussions are always tempered with an emphasis on clinical reality. For example, in answer to a question regarding the theory in traditional medicine that posits that during the course of an externally-contracted disorder, yin patterns transform into cold and yang patterns transform into heat, he states:

The tenet that pathogens will transform from yin into cold and from yang into heat has a certain utility to it. Nonetheless, when we are discussing the myriad changes of actual diseases, it is extremely difficult to restrict oneself to a limited framework. We have to make general categorizations, as best we can, while recognizing that these cannot capture every incident.

Few of us in the West have the opportunity to study with a doctor who is part of a living lineage. This book sheds light on that tradition, while also providing valuable clinical information that is applicable to our own practices. Because the translation of this book took several years, we had ample opportunity to try out several of Dr. Yu's clinical approaches and specific formulas on ourselves and our patients. The exceptional efficacy we experienced with these formulas and approaches has reinforced our original enthusiasm about the book and amplified our eagerness to present this information to other Western practitioners.

## Dr. Yu Guo-Jun

Dr. Yu was born in Sichuan province in 1946. He attended the Southwestern University of Finance and Economics in Chengdu where he majored in economics. Sent down to the countryside during the Cultural Revolution, Dr. Yu learned Chinese medicine there the traditional way—as an apprentice. Dr. Yu studied the fundamentals of Chinese medicine with the well-known Sichuanese practitioner Dr. Jian Yu-Guang. Dr. Jian was a student of the modern-day master of classic formulas, Jiang Er-Xun, with whom Dr. Yu continued his studies. Despite lacking any institutional training in medicine, Dr. Yu became a practitioner at the Leshan Hospital (where he remains active to this day), and over time, took over the advanced seminars that Dr. Jiang had been teaching. As noted above, these seminars were the genesis of this text.

## Translation approach

The first step in each translation project is to consider the original text and to develop an approach that will best bring the author's work into the target language. When the source and target languages differ as much as Chinese and English do, this task is particularly important. Early on it became clear to us that this work would require a unique and accommodating translational approach. There were several reasons that a direct word for word or even sentence for sentence translation would fall short. The first and strongest reason is that we felt it was the only way to preserve the colloquial nature and informal tone of the text. Below we discuss some less obvious factors that led us to flexible translation. These factors reflected our decision to consider the target audience, emphasize readability, and take advantage of the internet age.

### 1. *Considering the target audience*

The target audience for the original book was Chinese practitioners of Chinese medicine. The knowledge base and cultural perspective of this audience differ in important ways from the translated text's target audience of Western practitioners of Chinese medicine.

For example, there are several instances in the text where Dr. Yu or one of the questioning practitioners mentions a theory or concept that is well-known to the Chinese medicine community in China, but perhaps not as well-known to Western-trained practitioners. In these instances we took the liberty to work a brief explanation of the theory or concept into the text of the question or answer. We of course consulted Dr. Yu about this and he wholeheartedly supported this approach. The translators and Dr. Yu all agreed that this was preferable to a footnote or editor's note, as this technique fits the didactic nature of the text and minimizes any disruption in the flow.

### 2. *Emphasizing readability*

There are many phrases that sound elegant in Chinese, but when strictly translated, give the English reader pause. Some of this is cultural. For example, references to emperors, jade, white tigers, and pagodas elicit quite different things in the Chinese and Western mind.

For the Chinese they draw up clear images and feelings associated with their cultural past. To Westerners they are very foreign and even exotic.

Literal renderings of some Chinese phrases sound quaint or strange in English, or seem to reinforce cultural stereotypes. Most of the time, the phrases themselves are almost like punctuation to the Chinese reader and are seen as “just the way we say things” or “the way educated people write.” But when translated into English in a literal fashion, they often appear awkward and, in some cases, pedantic. The educated Chinese person's use of adages serves as a good example.

A Chinese adage (成語 *chéng yǔ*) is a four or eight character saying that has an historical basis and in many cases is a concise allusion to an entire story or a succinct quotation from a literary classic. Adages are used in the same way an English speaker uses a phrase from one of Aesop's fables or a line from a famous poem. Just as “sour grapes” can be used to express the meaning of pretending that one doesn't want something, when in reality that thing is unobtainable to them, and “The best laid plans o' Mice an' Men” can bring to mind thoughts of life's painful ironies, so too can a Chinese adage concisely imply a complex situation or concept.

The difference between Chinese and English in this regard is that Chinese has thousands of these adages and they are the focus of a significant amount of class time in school. It is not uncommon for an educated person to pepper his or her writing with them, even stringing several, one after another, in a four-word cadence that adds emphasis to the point being made.

It takes considerable effort to render consecutive adages into comprehensible English. Even if the effort is somewhat successful at representing the writer's meaning, it can make for stilted English full of mixed metaphors. While we took this as a challenge in some instances, in most cases of multiple contiguous adages in the text, we read the sentence, extracted the meaning, and re-wrote the sentence to make what we hope is smooth English that carries as much of the meaning and tone of the original as possible.

The goal of the translation approach we have utilized here is to place the reader into the room with Dr. Yu and his students. We hope that in this way, author, translator, and reader become linked together in the process of lineage transmission.

### 3. *Take advantage of the internet age*

In the past, it was rare that the translator of a Chinese medicine text was able to communicate easily with the author of the text. Often the author was no longer alive, or there was great physical distance between the author and the translator. Certainly, translators used traditional mail to pose questions to the author, but correspondence was usually confined to general questions and those that did not require multiple clarifications. With the advent of instant communication through the internet, a translator can now ask for clarification from the author and receive an instantaneous response. The types of questions we had the opportunity to ask of Dr. Yu ranged from queries about suspected typographical errors to issues related to translation or theoretical concepts. Internet communication was immensely helpful in reducing potential errors.

This communication, along with the several visits we made to Leshan (and Dr. Yu's

visit to the United States), resulted in many differences between our translation and the original Chinese text. We discussed this with Dr. Yu and he confirmed that we should in no way be confined to the Chinese text. Thus, through our frequent communication, the English version of the text became an updated version of the Chinese one. The original Chinese text was published in 2006. Dr. Yu has undergone over ten years of additional experience since that time and he encouraged us to incorporate what he learned in the meantime into the English version. This meant that we have omitted some things that are in the Chinese text because Dr. Yu instructed us that he no longer used those methods or formulas, and that we have replaced them with his present thinking. Further, several times in the process of explaining a point to us, Dr. Yu mentioned something that, although not in the Chinese text, we felt would add a lot to the book, so we chose to include it. In addition, there were occasions when, as practitioners, we had questions about the material. When Dr. Yu answered our questions we felt that we should share that information with readers, so we included many of these questions and Dr. Yu's answers in the book. For example, in the chapter on the treatment of herpes zoster in the Chinese version, there is no mention of the treatment of post-herpetic nerve pain. We inquired about this, and Dr. Yu then shared with us what he usually did to treat this condition. We entered this question as a practitioner question in the discussion section of the case, and then detailed Dr. Yu's response.

We hope that it is clear that the choices we made in translation and editorial methods were designed to enhance the reader's experience and to bring the Chinese text smoothly into English.

For the translation of technical terms we have, by and large, taken a much more structured approach and followed the glossary of Eastland Press which is available at the 'Resources' tab of the Eastland Press website. Where the text required us to translate a character or phrase that was not in the glossary, or for which the glossary did not have a translation that fit the circumstance, we consulted other glossaries, most notably *A Practical Dictionary of Chinese Medicine* (2nd ed.) by Nigel Wiseman and Feng Ye, or determined our own renderings.

Lastly, for us, the most rewarding aspect of translating this book was the opportunity to work with Dr. Yu. It is hard to describe the enchantment of spending time with a person who is steeped in the culture and history of Chinese medicine and is completely open to sharing his knowledge and experience, someone who treats everyone he meets with care and respect. Dr. Yu's deep regard for the process of transmission of Chinese medicine and culture is evident in everything he does. He clearly delights in the mysteries of the medicine he practices and the world in which he lives. This delight has infected us and we hope it shines through our efforts in this book.

## About the title of this book

The Chinese title is:

中醫

師承

實錄

Chinese Medicine

Received from Teacher

Clinical Record



This title has sophistication and clear meaning in Chinese that is extremely difficult to render into English. We decided to use the Chinese title as the English subtitle:

Transmitting a Medical Lineage through Case Records and Discussions

We chose the main title, *A Walk Along the River*, to convey what could not be expressed in the literal translation: the idea that this book is in essence a brief, edifying stroll along the banks of a living Chinese medicine current.

This title seemed particularly apropos to us since a visit with Dr. Yu inevitably includes a walk with him along the picturesque river that cuts through his home town of Leshan. It is a well-known location as, towering over the river on the opposite shore, is the largest statue of Buddha in China.

## ■ ACKNOWLEDGEMENTS

**Andrew Ellis** I was surprised when Dan Bensky of Eastland Press agreed to this project, as we had worked together on two previous endeavors. Obviously, he thought that publishing this book would be worth putting up with me for one more effort. For that I am very grateful. My back and forth with Dan during the editing process was great fun and a truly enriching experience. I want to thank Craig Mitchell and Michael FitzGerald for their hard work and for providing enthusiasm and scholarship during the several years it took to complete this project. If they had not signed up for this work you would not be holding this book in your hands. John O'Connor, as always, was a joy to work with; thanks John.

When I discovered this book and brought it to Dan for consideration, I had no idea that it would lead me to develop a close relationship with a gentleman of such high character as Dr. Yu. In the Chinese medicine field it is rare indeed to find a person so willing to share his thoughts and experiences. Furthermore, Dr. Yu took all of us into his life like we were long-lost kin. This truly was a blessing.

**Craig Mitchell** I would like to thank Andy Ellis for many years of guidance and friendship. You always seem to find the best books! I would like to thank Dan Bensky for his wise counsel and supportive engagement. Your mentoring and friendship have enabled me to succeed. To Michael FitzGerald, well done and on to the next project. To Marguerite, your love and support make all things possible.

**Michael FitzGerald** I would like to thank Dan and John at Eastland Press for their support of this project, and receptiveness to some of my ideas. Also Andy Ellis, who I have known since the beginning of my journey in Chinese medicine. I am grateful for your support and value your insights and the many discussions we have had over the years about Chinese medicine, both mundane and profound. Craig, it's been great working with you on this project and I hope we have more opportunities to do so in the future. And finally, I would like to thank my wife, whose support I depend on in so many ways.

tions of food and drink, [treats] hot and cold pathogenic qi; and pushes [out] the old to make way for the new.” A thorough reading of the *Divine Husbandman’s Classic of the Materia Medica* (*Shén Nóng běn cǎo jīng*) will reveal that there are 365 different medicinal substances recorded within its pages, but there are only two herbs with the explicit function of “pushing [out] the old to make way for the new”: Rhei Radix et Rhizoma (*dà huáng*) and Bupleuri Radix (*chái hú*). Rhei Radix et Rhizoma (*dà huáng*) is bitter, cold, and has a very potent and harsh nature. Its ability to push out the old to make way for the new exists because of its functions of clearing heat, expelling stasis, and flushing and draining downward. Bupleuri Radix (*chái hú*), on the other hand, is bitter and balanced and has a mild quality. Its capacity to push out the old and make way for the new is the result of its ability to open and facilitate the qi dynamic and expel pathogens outward. If people took a serious look at Bupleuri Radix’s (*chái hú*) ability to push out the old and make way for the new when researching and using Minor Bupleurum Decoction (*xiǎo chái hú tāng*) and its related formulas, the clinical scope of these formulas would be greatly expanded.

## 1.2 Cough

### A three-month-long cough

*An outstanding formula for coughs*

出類拔萃的止咳專方

#### ■ CASE HISTORY

**Patient:** 26-year-old woman

Three months prior to coming to the clinic the patient had been caught in a downpour and came down with a cold. She developed a stuffy, runny nose, chills, generalized aches and pains, and a cough with copious phlegm. She took two doses of Schizonepeta and Saposhnikovia Powder to Overcome Pathogenic Influences (*jīng fáng bài dú sǎn*) combined with Apricot Kernel and Perilla Leaf Powder (*xìng sū sǎn*). This alleviated all of her symptoms except for the cough. Because she was hoping to get faster results she stopped taking the herbal medicine and began taking Western medication. She took biomedical antivirals and antibiotics for three days but her condition did not improve. She continued these medications with the addition of an intravenous drip for one more week. This also yielded little improvement.

Because her condition had not improved, the patient decided to try Chinese medicine again. She visited a succession of doctors, four in all, and took a total of more than 20 packets of Chinese herbs. Most of the formulas she took consisted of herbs that stop cough and transform phlegm, along with patent medicines that stop cough and expel phlegm such as Snake Bile and Fritillariae Liquid (*shé dǎn chuān bèi yè*), Cough Extract (*ké sou jīng*), and fresh Bambusae Succus (*zhú lì*). These treatments did not alleviate her cough.

## INTAKE EXAMINATION

DATE: October 13, 1992

The patient reported a tickle in her throat and frequent bouts of coughing (particularly in the morning and evening) that produced a scant amount of phlegm which was difficult to expectorate. The patient also described a mild feeling of tightness in her chest that occurred when she breathed and an occasional hacking cough. Her tongue was verging on pale with a white coating that was slightly thick in the center of the root. Her pulse was fine and carried a quality of slipperiness. A blood test and a chest x-ray did not reveal any abnormalities.

## DIFFERENTIATION OF PATTERNS AND DISCUSSION OF TREATMENT

**DR. YU** Although cough is one of the most common symptoms of Lung disorders, it can sometimes be difficult to treat. There is a folk saying, “Famous physicians don’t treat cough or wheezing.” The implication is that famous physicians fear being unable to successfully treat these problems and that such failure would harm their reputations. Though this saying may be an exaggeration, it is nevertheless born from the experience of generations of doctors. Furthermore, because many people consider a cough to be a rather minor health problem, they feel that if a doctor is unable to cure a cough, he or she may be unable to treat more serious illness. I too have had difficulties treating cough and wheezing, so what I present here is learned through the fire of trial and error. Even now, when treating cough, I am reluctant to promise flawless results.

**PHYSICIAN A** I agree with you that if treatment fails and the patient’s cough lingers on it can be difficult to know how to resolve the situation. In a case such as this one, where the patient had taken Western pharmaceuticals and her cough continued for three months, it would be easy to misdiagnose her case as a pattern of deficiency or a complex of deficiency and excess.

**DR. YU** In this case, the patient initially had a pattern of wind-cold with cough. After taking Schizonepeta and Saposhnikovia Powder to Overcome Pathogenic Influences (*jīng fāng bài dú sǎn*) with Apricot Kernel and Perilla Leaf Powder (*xìng sū sǎn*) the patient’s general symptoms of common cold markedly improved, but her cough did not.

The patient’s condition may have improved if, at this point in the treatment, warm, acrid, dispersing herbs had been removed and replaced with herbs to disseminate Lung qi, disperse wind, and promote downward flow of Lung qi, assisted with agents that transform phlegm and stop coughs. Instead, because the patient was anxious to resolve her cough, she began taking Western pharmaceuticals, including expectorants and antibiotics. After those medications failed to improve her situation she went back to Chinese medicine, which included herbs to stop coughs and transform phlegm. Those herbs, however, failed to disseminate Lung qi, disperse wind, and promote the downward flow of qi. Such a treatment cannot drive out pathogens; this allowed the wind pathogen to remain intertwined with the Lung.

Let us review the patient’s signs and symptoms: cough due to a ticklish sensation in the throat, a sensation of constricted breathing, hacking cough, scant phlegm that is difficult to expectorate, a white tongue coating, and a fine pulse that carries a quality of

slipperiness. Together these signs indicate that a wind pathogen is lingering in the Lung and inhibiting the natural dissemination and downward movement of Lung qi. When treating such patients it is wise to heed the ancient precepts: “There is not a ‘stopping’ [method] for coughs” and “Without [treating to] stop a cough, the cough can stop on its own.” The method of disseminating and promoting the downward movement of Lung qi together with dispersing wind is suitable for both chronic and acute coughs. Slavishly adhering to the idea that chronic coughs are usually due to deficiency or internal damage will lead to misdiagnosis and improper treatment.

Even though the patient had a cough for three months she still had a pattern of wind fettering the Lung along with signs that the Lung qi was unable to disseminate and descend.

## TREATMENT AND OUTCOME

Treatment involved the use of a modified Inula Powder (*jīn fèi cǎo sǎn*) which disperses wind-cold and disseminates, clarifies, and promotes the downward flow of Lung qi.

The patient was prescribed two packets of the following formula:

Inulae Flos ( <i>xuán fù huā</i> ) [separately wrapped] .....	10g
Paeoniae Radix alba ( <i>bái sháo</i> ) .....	12g
Glycyrrhizae Radix ( <i>gān cǎo</i> ) .....	5g
Schizonepetae Herba ( <i>jīng jiè</i> ) .....	15g
Perillae Folium ( <i>zǐ sū yè</i> ) .....	10g
Peucedani Radix ( <i>qián hú</i> ) .....	10g
standard Pinelliae Rhizoma praeparatum ( <i>fǎ bàn xià</i> ) .....	10g
Armeniacae Semen ( <i>xìng rén</i> ) .....	10g
Sinapis Semen ( <i>bái jiè zǐ</i> ) .....	10g
Platycodi Radix ( <i>jié gěng</i> ) .....	10g

SECOND VISIT: The ticklish sensation in the patient’s throat resolved, her coughing decreased significantly, and expectoration of phlegm had become much easier.

The patient was given three packets of the above formula combined with Stop Coughing Powder (*zhǐ sòu sǎn*):

Inulae Flos ( <i>xuán fù huā</i> ) [separately wrapped] .....	10g
Paeoniae Radix alba ( <i>bái sháo</i> ) .....	10g
Glycyrrhizae Radix ( <i>gān cǎo</i> ) .....	5g
Schizonepetae Herba ( <i>jīng jiè</i> ) .....	10g
Platycodi Radix ( <i>jié gěng</i> ) .....	10g
prepared Asteris Radix ( <i>zhì zǐ wǎn</i> ) .....	15g
prepared Stemonae Radix ( <i>zhì bǎi bù</i> ) .....	10g
Peucedani Radix ( <i>qián hú</i> ) .....	10g
Armeniacae Semen ( <i>xìng rén</i> ) .....	10g
Agrimoniae Herba ( <i>xiān hè cǎo</i> ) <sup>1</sup> .....	30g

THIRD VISIT: The patient no longer coughed during the day, but still would occasionally cough at night.

1. For the reason this herb is used, see p. 8

The patient's formula was replaced with a folk formula called Eleven Herbs to Arrest Cough (*zhǐ ké shí yī wèi*) to address her night time cough.

Eleven Herbs to Arrest Cough (*zhǐ ké shí yī wèi*) consists of a decoction of 6g each of the following herbs (the decocted liquid is divided into three doses):

Angelicae sinensis Radix (*dāng guī*)  
 Chuanxiong Rhizoma (*chuān xiōng*)  
 standard Pinelliae Rhizoma praeparatum (*fǎ bàn xià*)  
 Poria (*fú líng*)  
 Citri reticulatae Pericarpium (*chén pí*)  
 Glycyrrhizae Radix (*gān cǎo*)  
 Mori Cortex (*sāng bái pí*)  
 Citri reticulatae viride Pericarpium (*qīng pí*)  
 Armeniacae Semen (*xìng rén*)  
 Schisandrae Fructus (*wǔ wèi zǐ*)  
 Fritillariae cirrhosae Bulbus (*chuān bèi mǔ*)

[grind into fine powder and take with strained decoction] ... 2g per dose

The patient was given two packets of this formula but her cough resolved before she finished the entire prescription.

Disease	Primary Symptoms	Pattern Diagnosis	Treatment Method	Formula
Cough	Cough due to tickle in the throat, scant phlegm that is difficult to expectorate	Wind-cold fettering the Lung, loss of dissemination and descending movement of Lung qi	Disperse wind-cold, disseminate and promote downward movement of Lung qi	Inula Powder ( <i>jīn fèi cǎo sǎn</i> )

## REFLECTIONS AND CLARIFICATIONS

**PHYSICIAN A** As I recall, in the standard internal medicine textbooks for universities of traditional Chinese medicine, the formulas recommended for treatment of wind-cold cough vary from one edition to the next. In the second edition, Inula Powder (*jīn fèi cǎo sǎn*) is recommended. However, in the fifth edition, Apricot Kernel and Perilla Leaf Powder (*xìng sū sǎn*), Three-Unbinding Decoction (*sān ǎo tāng*), Stop Coughing Powder (*zhǐ sòu sǎn*), and other formulas are listed as options. This multitude of choices leaves students confused. Would you explain your reasons for using Inula Powder (*jīn fèi cǎo sǎn*)?

**DR. YU** There are many formulas that can be employed for any given treatment method. Such a situation can be very confusing for those just beginning to practice and many students will wonder which formula is truly effective. Although it is said that “all roads lead to Rome,” surely not all roads are equally direct.

My experience confirms that all of the formulas you mention, if properly modified, can treat wind-cold cough. However, there are differences among these formulas, and in my opinion, Inula Powder (*jīn fèi cǎo sǎn*) is the most effective.

**PHYSICIAN B** Why is that?

**DR. YU** Inula Powder (*jīn fèi cǎo sǎn*) is able to disperse wind and scatter cold, and also diffuse and promote the downward flow of Lung qi, as do the other formulas. The key difference lies in three herbs: Inulae Herba (*jīn fèi cǎo*) (nowadays, Inulae Flos [*xuán fù huā*] is more commonly used), Paeoniae Radix alba (*bái sháo*), and Glycyrrhizae Radix (*gān cǎo*).

Most ancient and modern documents only mention that Inulae Flos (*xuán fù huā*) has the ability to eliminate phlegm and promote downward flow of Lung qi. This limited understanding may be in part due to a well-known saying: “All flowers rise, Inulae Flos (*xuán fù huā*) alone flows downward.” It is certainly true that the ability of Inulae Flos (*xuán fù huā*) to promote the downward flow of Lung and Stomach qi, and to eliminate phlegm and thin-mucus, is quite remarkable. In fact, patients frequently feel a clear sensation that the stagnant qi in their chest and diaphragm is descending after taking the herb.

It shouldn't be forgotten, however, that Inulae Flos (*xuán fù huā*) has other functions as well. It is acrid, and the acrid flavor imparts a dispersing quality and a horizontal movement. Also, this gives the herb the ability to diffuse and disperse Lung qi all the way out to the skin and body hair. It both promotes the downward flow and diffuses Lung qi. Consequently, Inulae Flos (*xuán fù huā*) is able to restore the proper functioning of the Lung. Inulae Flos (*xuán fù huā*) is also said to have a salty flavor, allowing it to enter the Kidneys and promote that organ's function of grasping the qi. Further, it moves the qi downward and returns it to the root (Kidneys). This downward movement of qi stimulates any phlegm, oral-mucus, or thin-mucus in the Stomach to continuously move downward and be eliminated through the turbid pathways<sup>2</sup> so that they don't ascend and attack the Lung. Therefore, the Lung can recover its natural functional state of being clear and empty.

We can see that Inulae Flos (*xuán fù huā*) enables the Lung, Stomach, and Kidneys to keep fluids from bogging down in the body by forming a waterway that promotes the free flow through the three burners.

Paeoniae Radix alba (*bái sháo*) paired with Glycyrrhizae Radix (*gān cǎo*) comprises Peony and Licorice Decoction (*sháo yào gān cǎo tāng*). Together, sour and sweet transform the yin, and thus the two herbs enrich the Lung's yang fluids and soothe and moderate the Lung qi. Modern pharmacological research has shown that this formula is able to relax spasms in the smooth muscle of the bronchioles. Although the dosage of the other herbs in this formula can be changed or even eliminated, Inulae Flos (*xuán fù huā*), Paeoniae Radix alba (*bái sháo*), and Glycyrrhizae Radix (*gān cǎo*) are key herbs and thus should not be deleted when the formula is modified.

**PHYSICIAN C** How was it that you came to realize the profound importance of these three herbs?

**DR. YU** This was something passed on to me by my teacher, Jiang Er-Xun. When Dr. Jiang was young he was rather weak and often suffered from cough. Each time he successfully treated his cough by using Stop Coughing Powder (*zhǐ sòu sǎn*), Apricot Kernel and

2. *Translators' note:* Turbid pathways (濁道 *zhuó dào*) is a term denoting the pathways by which the dregs of metabolism are led out of the body through urination or defecation.



Perilla Leaf Powder (*xìng sū sǎn*), and Six-Serenity Decoction (*liù ān jiān*). One time, however, nothing he tried brought any relief. He had an incessant cough brought on by a constant tickle in his throat. This went on for more than ten days before he discovered a passage in the early 19th-century work *Collection of Medical Writings Following on the Work of Others* (*Yī xué cóng zhòng lù*), written by Chen Xiu-Yuan. It read, “In mild cases use Six-Serenity Decoction (*liù ān jiān*), in severe cases use Inula Powder (*jīn fèi cǎo sǎn*).” Dr. Jiang decided to try the formula and after only one packet both the tickle in his throat and his cough stopped. He was amazed by this so he used the formula with his patients and also got good results. Dr. Jiang used Inula Powder (*jīn fèi cǎo sǎn*) for decades to treat coughs. He preferred to use modifications of this formula regardless of whether the nature of the cough was chronic or acute, external or internal, hot or cold, deficient or excessive. There are many examples of patients cured after a few packets of this formula despite having had coughs of two or three months’ duration and extensive treatment with Chinese and Western medicines. I have had patients who passed around copies of the formula to their friends and family who, in turn, also got excellent results with it.

**PHYSICIAN D** The functions of Inula Powder (*jīn fèi cǎo sǎn*) include dispersing wind-cold and disseminating and clarifying the Lung qi. My understanding is that ‘dispersing wind-cold’ is a slightly weaker version of ‘releasing the exterior’ and that both involve inducing sweating. Would not the combination of Inulae Flos (*xuán fù huā*), Schizonepetae Herba (*jīng jiè*), and Perillae Folium (*zǐ sū yè*) lead to at least a mild sweat? Is this still appropriate when there are no longer any signs of an exterior condition? Does this make this formula inappropriate for weak patients?

**DR. YU** This formula does not cause sweating and is very safe in relatively delicate patients. I have used it for quite young children with coughs, often in those as young as a couple of months, and have even used it in infants only a couple of weeks old who otherwise would have been given antibiotics. While this formula may be able to release a very mild exterior condition, its function is really more one of properly disseminating and dispersing the Lung qi and it does not address the systemic signs and symptoms of an exterior condition.

**PHYSICIAN E** Historically, there are two versions of Inula Powder (*jīn fèi cǎo sǎn*). One is recorded in the *Book to Safeguard Life Arranged According to Pattern* (*Léi zhèng huó rén shū*) where the ingredients are:

Inulae Herba (*jīn fèi cǎo*)  
 Peucedani Radix (*qián hú*)  
 Schizonepetae Herba (*jīng jiè*)  
 Asari Radix et Rhizoma (*xì xīn*)  
 Poria (*fú líng*)  
 Zingiberis Rhizoma recens (*shēng jiāng*)  
 Jujubae Fructus (*dà zǎo*)  
 Glycyrrhizae Radix (*gān cǎo*)

The other is recorded in *Formulary of the Pharmacy Service for Benefiting the People in the Taiping Era* (*Tàipíng huì mín hé jì jù fāng*) where it consists of the same herbs minus

Poria (*fú líng*) and Asari Radix et Rhizoma (*xì xīn*), and with the addition of Ephedrae Herba (*má huáng*) and Paeoniae Radix alba (*bái sháo*). Also, there is an Inulae Flos Decoction (*xuán fù huā tāng*), recorded in the *Discussion of Illnesses, Patterns and Formulas Related to the Unification of the Three Etiologies* (*Sān yīn jí yī bìng zhèng fāng lùn*), which is based on the Inula Powder (*jīn fèi cǎo sǎn*) formula from the *Formulary of the Taiping Era* and adds Armeniacae Semen (*xìng rén*), Poria (*fú líng*), and Schisandrae Fructus (*wǔ wèi zǐ*). Which of these formulas does Dr. Jiang use?

**DR. YU** Dr. Jiang doesn't strictly adhere to just one of these formulas, but instead makes a formula based on all three. Depending on the pattern involved, he may combine it with Six-Serenity Decoction (*liù ān jiān*), which is Two-Aged [Herb] Decoction (*èr chén tāng*) plus Armeniacae Semen (*xìng rén*), Sinapis Semen (*bái jiè zǐ*), and Platycodon Decoction (*jié gěng tāng*).

Dr. Jiang has used this formula for decades and has developed a very effective set of modifications based on a patient's patterns. Some of the modifications include formulas within formulas. As is said, a scholar's knowledge grows with time, and Dr. Jiang has greatly expanded the range of this formula. Examples:

- If the patient presents with alternating chills and fever, add Bupleuri Radix (*chái hú*) and Scutellariae Radix (*huáng qín*), as in Minor Bupleurum Decoction (*xiǎo chái hú tāng*).
- For high fever with wheezing, add Ephedrae Herba (*má huáng*) and Gypsum fibrosum (*shí gāo*), as in Ephedra, Apricot Kernel, Gypsum, and Licorice Decoction (*má xìng shí gān tāng*).
- In cases of feverishness with sore throat, add Lonicerae Flos (*jīn yín huā*), Forsythiae Fructus (*lián qiáo*), and Belamcandae Rhizoma (*shè gān*), in the mode of a modification of Honeysuckle and Forsythia Powder (*yín qiáo sǎn*).
- When the patient has copious amounts of sticky phlegm, add Fritillariae thunbergii Bulbus (*zhè bèi mǔ*) and Trichosanthis Semen (*guā lóu rén*), as in Fritillaria and Trichosanthes Fruit Powder (*bèi mǔ guā lóu sǎn*).
- For patients with asthma with a gurgling sound in the throat, add Perillae Fructus (*zǐ sū zǐ*) and Lepidii/Descurainiae Semen (*tíng lì zǐ*), as in Descurainia and Jujube Decoction to Drain the Lung (*tíng lì dà zǎo xiè fèi tāng*).
- For patients with feverishness, chills, and spontaneous sweating, add Cinnamomi Ramulus (*guì zhī*) and ginger Magnoliae officinalis Cortex (*jiāng hòu pò*), as in Cinnamon Twig plus Magnoliae Decoction (*guì zhī jiā hòu pò tāng*).
- In cases of chronic incessant cough, add Asteris Radix (*zǐ wǎn*), Stemonae Radix (*bǎi bù*), and Eriobotryae Folium (*pí pá yè*), as in Stop Coughing Powder (*zhǐ sòu sǎn*).
- For those with a deficient constitution who frequently catch cold, add Astragali Radix (*huáng qí*), Atractylodis macrocephalae Rhizoma (*bái zhú*), and Saposhnikovia Radix (*fāng fēng*), as in Jade Windscreen Powder (*yù píng fēng sǎn*).
- When the patient has signs of Spleen deficiency and a poor appetite, or loose



stools, add Codonopsis Radix (*dǎng shēn*) and Atractylodis macrocephalae Rhizoma (*bái zhú*), as in Six-Gentlemen Decoction (*liù jūn zǐ tāng*).

- For thin, watery phlegm and oral mucus, dizziness, and epigastric focal distention, add Cinnamomi Ramulus (*guì zhī*) and Atractylodis macrocephalae Rhizoma (*bái zhú*), as in Poria, Cinnamon Twig, Atractylodes, and Licorice Decoction (*líng guì zhú gān tāng*).

**PHYSICIAN A** It seems that Inula Powder (*jīn fèi cǎo sǎn*) can be modified in numerous ways to make it useful for treating conditions that are externally contracted or internally generated, cold or hot, excessive or deficient. This adaptability makes it difficult for the novice practitioner to get a handle on how to use the formula. Can you give us some simple principles to help us understand how to best make use of this formula?

**DR. YU** Actually, Dr. Jiang's modifications of this formula aren't limited to what I just listed. Some of his modifications address cases where the patients have been given an improper treatment or received a misdiagnosis, while others are primarily orientated to addressing the patient's constitution. All of Dr. Jiang's modifications come from his clinical experience and the results can be duplicated over and over again in the clinic.

Creating some simple principles to explain this formula would, in my opinion, be like cutting feet to fit the shoes. If forced to simplify things in this way I would say that, at the very least, a practitioner should have a firm grasp on how to treat wind-cold coughs. Most coughs are due to external factors, and of those factors, wind-cold is the most common. When treating coughs due to wind-cold, it is important to select the proper formulas and herbs that can disperse and scatter wind-cold, as well as disseminate and promote the downward flow of Lung qi. In most cases, if this can be accomplished, the effects will be quick. So one may wonder, "If one is able to master the treatment of wind-cold cough, does this make the need for so many modifications of Inula Powder (*jīn fèi cǎo sǎn*) unnecessary?" Unfortunately, the answer is no.

Dr. Jiang once wrote that many doctors, as soon as they see a patient with feverishness (or a high temperature), make a diagnosis of wind-heat or phlegm-heat and begin using Mulberry Leaf and Chrysanthemum Drink (*sāng jú yǐn*) or Honeysuckle and Forsythia Powder (*yín qiáo sǎn*) type formulas and herbs to clear heat and transform phlegm, or even administer antibiotics. In other cases, patients come in with a tickle in the throat, or scant phlegm that is difficult to expectorate, and the doctors immediately declare a diagnosis of wind-dryness or damaged yin and prescribe formulas to moisten dryness or nourish yin. In yet other situations, patients with chronic, incessant coughs are diagnosed with deficiency cough and each patient gets his or her fill of tonifying formulas. The result of such misdiagnosis is that the doctor fails to treat the patient's cough properly with herbs that disperse and scatter wind, and disseminate and promote the downward flow of Lung qi. Hence, the patient's cough drags on without resolving and, in the worst case, develops into what is called a consumptive cough. Zhang Jing-Yue stressed the role of mistreatment by physicians in the development of consumptive disorders. He mockingly noted, "It is commonly said that when colds are not cured they turn into consumption. By what means could a cold [by itself] turn into consumption?"

**PHYSICIAN B** Roughly what percentage of externally-contracted coughs can be treated

using modifications of Inula Powder (*jīn fèi cǎo sǎn*)?

**DR. YU** More than 80%.

**PHYSICIAN B** And what formula do you use when it is not effective?

**DR. YU** In my experience, there are three situations where Inula Powder (*jīn fèi cǎo sǎn*) doesn't produce the desired results. One situation is due to the very bitter and astringent taste of Inulae Flos (*xuán fū huā*). Some people find it unpleasant to drink and it may lead to vomiting. Consequently these patients are unable to finish the medication. Another situation is that after symptoms have resolved, some patients have a recurrence of coughing, although their symptoms are less severe. The last is because there are always some patients who have what I call the tail end of a cough, as in the case mentioned here, where they will have an intermittent cough.

There is a saying that goes, "A sweet melon has a bitter stem; nothing is perfect." The same holds true for Chinese medicine: are there any herbs or formulas in the world that are perfect? The way I handle these situation is as follows:

- For those who feel nauseous from the formula, I tell them to take the decoction in small amounts over a longer period of time. If they still cannot tolerate the formula, I use Six-Serenity Decoction (*liù ān jiǎn*) along with a formula created by the 17th-century physician Chen Shi-Duo called Soothe the Lung Decoction (*shū fèi tāng*):

Cinnamomi Ramulus ( <i>guì zhī</i> ) .....	10g
Perillae Folium ( <i>zǐ sū yè</i> ) .....	10g
Platycodi Radix ( <i>jié gěng</i> ) .....	6g
Glycyrrhizae Radix ( <i>gān cǎo</i> ) .....	4g
Poria ( <i>fú líng</i> ) .....	15g
Trichosanthis Radix ( <i>tiān huā fěi</i> ) .....	15g

- For those who once again develop a cough after having been cured, I prescribe Bupleurum and Cinnamon Twig Decoction (*chái hú guì zhī tāng*) plus prepared Asteris Radix (*zhì zǐ wǎn*), Cicadae Periostracum (*chán tuì*), and Oroxyli Semen (*mù hú dié*).
- For patients with an intermittent cough, I have them continue their treatment using Eleven Herbs to Arrest Cough (*zhǐ ké shí yī wèi*) (see patient's third visit in this case study for a listing of the formula). This formula is a folk remedy that is used to treat cough due to tuberculosis. Twenty years ago I happened to treat a patient with a cough. Once the externally-contracted symptoms had resolved, the patient's cough had diminished but still remained for another ten days or so without resolving. After one dose of this formula the patient's cough ceased. After I began to gain more experience, I started using the formula as a 'finishing' formula. There is nothing special about the herbs in this formula, but when combined, their effects are quite extraordinary. It is difficult to explain how it is that they are so effective.

Something I must mention is that in a very small number of people, even though

treatment with modified Inula Powder (*jīn fèi cǎo sǎn*) does alleviate their cough, the follow up with Eleven Herbs to Arrest Cough (*zhǐ ké shí yī wèi*) fails to eliminate the remaining symptoms. Instead, they gradually develop a dry cough, without phlegm, which is worse at night and present a tongue with no coating. In such cases I use a formula that I composed called Stubborn Cough Decoction (*wán ké tāng*), which contains the following herbs:

Scrophulariae Radix ( <i>xuán shēn</i> )	15g
Ophiopogonis Radix ( <i>mài mén dōng</i> )	15g
Schisandrae Fructus ( <i>wǔ wèi zǐ</i> )	6g
Glycyrrhizae Radix ( <i>gān cǎo</i> )	6g
Platycodi Radix ( <i>jié gěng</i> )	10g
Agrimoniae Herba ( <i>xiān hè cǎo</i> )	30g
prepared Asteris Radix ( <i>zǐ wǎn</i> )	30g
Persicae Semen ( <i>táo rén</i> )	10g
Carthami Flos ( <i>hóng huā</i> )	6g
Phragmitis Rhizoma ( <i>lú gēn</i> )	30g
Untreated Ostreae Concha ( <i>mǔ lì</i> )	30g

If this merely reduces the cough without completely resolving it, alternating Stubborn Cough Decoction (*wán ké tāng*) with Clear Dryness and Rescue the Lung Decoction (*qīng zào jiù fèi tāng*) should achieve the desired result.

## 1.2.1 Cough

### Hacking cough with a tickle in the throat

*Insights from a founder of modern TCM laryngology*

現代中醫喉科奠基人的創見

#### ■ CASE HISTORY

**Patient:** 35-year-old woman

The patient long suffered from chronic throat inflammation for which she had been treated at length without results. Her symptoms included a chronically dry, irritated throat and a slight cough. Two months prior to coming to our clinic she developed a severe cough as a result of a common cold, and was admitted to the hospital for seven days. During that stay she was concurrently given Western pharmaceuticals and Chinese medicinal substances with the result that all of her symptoms fundamentally resolved, except the cough, which showed no improvement.

After leaving the hospital the patient continued to take Chinese medicine. Initially, she took many doses of Inula Powder (*jīn fèi cǎo sǎn*), but this only aggravated her cough. Following this, she took various formulas including Stop Coughing Powder (*zhǐ sòu sǎn*),