

Author's Foreword

DUE TO THE CIRCUMSTANCES of his youth, my father, Lou Shao-kun, had to teach himself Chinese medicine. Despite the difficulties presented by self-study of such a difficult subject, he never tired in his efforts and devoted his entire life to research and study of the *Treatise on Cold Damage* and practice of jīngfāng. His 2012 autobiography *A Life Devoted to Chinese Medicine: One Master Physician's Long Engagement with Jīngfāng* became a bestseller and was widely read not just in Chinese medical circles but in segments of the general public as well. We received many letters from physicians engaging in self-study of Chinese medicine as well as jīngfāng hobbyists requesting that we publish Dr. Lou's case studies and medical treatises.

To this end, I began compiling articles and cases my father had written over the course of his multi-decade career. These writings mostly came from articles he had published online, various lectures he'd given on jīngfāng throughout the country and highlights from *A Life Devoted to Chinese Medicine*. These compiled writings make up the bulk of the "Lou Shao-kun Jīngfāng Series" consisting of *The Jīngfāng Cases and Medical Treatise of Lou Shao-kun* and *Lou Shao-kun: The Jīngfāng Lectures*. *The Jīngfāng Cases and Medical Treatise of Lou Shao-kun* includes my father's personal case studies and details how he combined an internal medicine approach consisting of use of the four examinations, abdominal palpation and jīngfāng formula pattern diagnosis, with an external medicine approach consisting of acupuncture and other modalities to treat various difficult and intractable diseases. The medical treatises included in this book and *The Jīngfāng Lectures* record my father's thoughts and insights from his lifelong research into the *Treatise on Cold Damage* and the *Essential*

Prescriptions of the Golden Cabinet and shed light on his approach to the practice and implementation of jīngfāng medicine. These writings also reflect the clinical experience my father garnered in over forty years of practice, provide insight into the system of clinical practice he developed and detail certain academic investigations of various jīngfāng topics. Importantly, his writings also highlight certain issues and problems currently afflicting the Chinese medical world.

It is my hope that the publication of this book series will serve as a platform through which we can exchange experience in our research and practice of jīngfāng medicine, impart knowledge of jīngfāng to future generations and accelerate the spread of jīngfāng throughout the world.

— Lou Shen-shan
August 15, 2018
Wenzhou, China

Prologue

THE EARLY DECADES OF the twenty-first century were a heady time in China. After two-thousand years of dynastic rule, the great edifice of the Chinese imperial system finally crumbled, and its citizens were faced with an uncertain fate: who would rule their new country and how would it be organized? In the political and ideological vacuum left behind by the dissolution of the Qing Dynasty, ideas became a matter of literal life and death, fortune or famine. In 1912, as the new republic was birthed from the ashes of the imperium, a young Mao Zedong was holed up in a library pouring over the great works of the western liberal tradition—He read Adam Smith’s *The Wealth of Nations*, Darwin’s *Origin of Species* and John Stuart Mill’s *Utilitarianism*. Later, he and his fellow students would found the “New People’s Study Society”, an organization devoted to the study of new ideas that could guide China on its uncertain path forward. For those of us living at a far remove from revolution and revolt, in a post-modern world suspicious of “absolute truths”, it might be difficult to imagine how these revolutionaries invested such a world-historic import in mere ideas, but for these young minds faced with the blank political canvass of a leaderless China, nothing could have been more vital.

Reading through the works of Lou Shao-kun, one is immediately catapulted back into the heady milieu of early twentieth-century China. While a physician by trade, Lou was clearly possessed of a ferocious intellect and his medical treatises are shot through with the fruits of his wide-ranging scholarly exploits. Alongside quotes from the greats of the *kampo* lineage we find references to Marx, Hegel, Lukács, and Lévy-Bruhl. Lou’s engagement with ideas was not, however, some frivolous foray, Lou believed like Huang Huang that “conceptual models decide

clinical outcomes” and he was of the firm belief that “what the Chinese medicine world needs now is more practitioners...who dare to question, dare to experiment, dare to seek the truth and dare to innovate.”

For Lou, Chinese medicine has reached a watershed moment not unlike (nor unrelated to) the upheavals of the Chinese republic in the early twentieth century. In Lou’s estimation, the infiltration of a Confucian ethos and praxis into Chinese medicine in the Song dynasty led to an unhealthy preoccupation with abstruse theory and pathomechanism-based diagnosis, at the expense of what Lou saw as the more scientific approach of pre-Song *jīngfāng* medicine with its emphasis on the clinical reality of symptom and sign presentation. (Lou gives a fascinating account of this process in the essay “Reflections on Abdominal Patterns” included below) In recent years, *jīngfāng* has seen a resurgence, but according to Lou, “it is still in a formative, inchoate stage—the diagnostic system is not complete and it cannot yet be applied in all situations”. Thus, our generation must shoulder the gargantuan, once-in-a-millennium task of revitalizing and perfecting this classical system that by lucky trick of history, snuck out from the behind the slumbering giant of Confucian scholasticism and has come to define new horizons of Chinese medical potential in recent decades.

For his part, Lou believes that one key to the revitalization of *jīngfāng* medicine is a serious engagement with the clinical experience and medical ideologies of the Japanese *kampo* lineage. Lou read Japanese fluently, and his works are peppered with references to the works of *kampo* masters like Yoshimasu, Ōtsuka, Fujihara, Yakazu, Kyūshin and many others. One of the greatest lessons Lou derived from the Japanese was an emphasis on abdominal palpation and diagnosis. Lou often quotes Yumoto Kyūshin, who stated, “The abdomen is the source of life itself and is thus at the root of all disease. As such, abdominal palpation is an indispensable aspect of diagnosis” and Tōdō Yoshimasu, who similarly opined that “one should not prescribe a formula if the abdominal pattern is unclear”. For Lou, abdominal palpation is a simpler and more direct form of diagnosis than pulse, which he worries is too mediated by theoretical inference. Abdominal palpation, by contrast, can directly

yield “abdominal patterns”, which in turn form important constituents of formula patterns, the key to diagnosis in the jīngfāng system. Reading through the case studies in this volume, one gets a clear sense of the deciding role that abdominal palpation plays in Lou’s diagnostic process. These studies will be an indispensable learning tool for western students of jīngfāng, teaching us how to integrate abdominal diagnosis or fukushin into our intake and how the results of palpatory findings can inform our diagnosis and treatment approach.

While Lou encouraged Chinese physicians to learn from the Japanese, he still retained a critical stance towards their ideologies. He called Tōdō Yoshimasu’s insistence on pure formula pattern diagnosis with no recourse to theory an “over-correction”, but admitted that “if not for this over-correction, jīngfāng would never have broken free from the spell of *Inner Canon* mechanism theory and returned to a diagnosis and treatment system truly centered around the *Treatise*”. Despite his critical attitude towards Yoshimasu, it is clear that formula pattern correspondence is the keystone element of Lou’s clinical approach. As Lou describes, formula pattern diagnosis requires a certain amount of faith and discipline and a kind of “unlearning” of the pre-occupation with mechanisms and etiology of disease we all learn in school. Lou recounts a case in which he is questioned by a patient for palpating his abdomen when he complained of pain in his shoulder — yet, his unrelenting commitment to formula pattern diagnosis and eventual prescription of Tao He Cheng Qi Tang in that case ultimately yields an unexpected and miraculous result.

However, Lou also describes exceptions to the rule, cases in which only mechanism-based diagnosis and treatment resolved a patient’s condition. We can trace this dialectical struggle between the theoretical abstraction of mechanism-based “*Inner Canon*” medicine and the practical, empirical rigor of the *Treatise*’s formula pattern diagnosis throughout Dr. Lou’s work. To Lou, this was an unresolved problem: to what degree should theory intervene in the “primitive mentality” (野性思維, a term borrowed from Lévy-Bruhl) of pattern correspondence? As in any dialectic, out of the synthesis of opposites, the interplay of theory and practice,

a new truth will emerge. In Lou's work we see him labor with a rigorous and indomitable intellectual fervor to uncover these ultimate medical truths out of the dialectical struggle of the clinical encounter. His studies and treatises provide inspiration to this new generation to "dare to question, dare to experiment, and dare to innovate" and "while steeped in the classics, seek truth from facts".

—Will Ceurvels
Taiwan 2024

Cough, Panting and Chest Oppression Treated with Mu Fang Ji Tang Combined with Ting Li Da Zao Xie Fei Tang

MS. L, 80 YEARS (152CM, 65KG)

FIRST VISIT: September 9th, 2005

CHIEF COMPLAINT: Cough, asthma, and expectoration of phlegm for 2 years.

HISTORY: Two years ago, the patient was found to have hypertension, heart failure, and Parkinson's disease and was hospitalized several times. Her symptoms were primarily chest oppression, panting, cough with copious phlegm, and severe constipation. Her condition was severe enough that she was unable to live on her own. One year ago, after undergoing surgery at a large hospital for gallstones, she developed pneumonia, which exacerbated her coughing and asthma, and caused the production of copious phlegm that was difficult to expectorate. At times, her condition was so severe that she would have to sit up all night coughing up phlegm, unable to lie flat on her back, which significantly impaired her sleep quality. In the course of a single year, she was hospitalized four times and was listed as in critical condition several times. She didn't want to pass away in the hospital, so she decided to return home and seek Chinese medical treatment.

CURRENT: The patient has a robust build with a short, overweight stature, and a dark red complexion. She appears anxious and fearful and

complains of chest oppression, chest fullness, agitation, and dry mouth with desire to drink water. She coughs and pants constantly all day and night and her copious phlegm is yellow, sticky, malodorous, and difficult to expectorate. Additionally, she complains of constipation with bowel movements occurring only once every few days, incontinence, and frequent urination with yellow malodorous urine. Her legs display pitting edema.

PULSE: Tight and replete

TONGUE: Dark red with a thick white coating

ABDOMINAL PALPATION: Substernal hard glomus and tightness, abdominal muscles are tight and not vacuous.

DIAGNOSIS: Mu Fang Ji Tang Pattern and Ting Li Da Zao Xie Fei Tang Pattern

FORMULA: Han Fang Ji 10g, Sheng Shi Gao 100g, Gui Zhi 15g, Dang Shen 10g, Ting Li Zi 15g, Da Zao 10 pieces, Mang Xiao 10g (dissolve in prepared decoction), Fu Ling 30g. (Five packets, one packet per day)

SECOND VISIT: September 21st, 2005

After taking the herbs, the patient passed a large amount of malodorous, sticky, black stools. The frequency of her coughing and panting was noticeably reduced and she was able to expectorate phlegm more smoothly. Additionally, the pitting edema in her legs was reduced and she reported feeling less agitated and hot. There was no change in any of the other symptoms.

PULSE: Tight, replete

TONGUE: Dark red with a thick white coating

ABDOMINAL PALPATION: Substernal hard glomus, abdominal muscles are tight and not vacuous.

Han Fang Ji 10g, Sheng Shi Gao 100g, Gui Zhi 15g, Dang Shen 10g, Ting Li Zi 15g, Da Zao 10 pieces, Mang Xiao 5g (dissolve in prepared decoction), Fu Ling 30g. (Five packets, one per day)

THIRD VISIT: September 27th, 2005

After taking the herbs, the patient continued to pass malodorous, impacted stools two to three times per day. The frequency of coughing and panting was significantly reduced, expectoration of phlegm was smooth, and the phlegm was yellow-white and sticky. Her urine was yellow, and she reported a slight reduction in incontinence. The pitting edema in her legs was also reduced.

PULSE: Sunken and tight

TONGUE: Dark red with a slimy, white coating

ABDOMINAL PALPATION: Substernal hard glomus

FORMULA: Same as the second visit, but the dosage was gradually reduced with the patient taking herbs for two days and then resting for one day. The patient continued taking the medicine until October 30th, at which point the panting, cough, phlegm, and pitting edema all completely resolved, and bowel movements became regular (once every one to two days).

Eight years later, (August 18th, 2013) the patient's daughter brought her to my clinic again for treatment. After suspending treatment in 2005, the patient had remained in good health for five years and didn't take any medicine during that time. In 2010, she had a relapse of symptoms, but because we were out of town and our clinic's address had changed, they

were unable to find us and had to seek treatment from another Chinese medical doctor. Unfortunately, that doctor's treatment was ineffective, so, left with no other options, they used the formula that I had previously given the patient. The formula stabilized symptoms to a degree, but then in 2013, her symptoms worsened. After searching around, they were finally able to locate our new address and happily arrived at our clinic.

CURRENT: The patient appears alert but seems fatigued and her complexion is dark and oily. She complains of continuous coughing and panting day and night and copious, sticky, malodorous, yellow phlegm that is difficult to expectorate. She reports having to sit up all night coughing up phlegm and is unable to lie flat on her back, which has had an adverse effect on her sleep quality. She is constipated, with bowel movements occurring once every several days, and she complains of frequent incontinence with yellow, malodorous urine. She has pitting edema in her legs and complains of chest oppression and fullness, abdominal distention and fullness, agitation, dry mouth, and desire to drink water.

PULSE: Tight and replete

TONGUE: Dark red with a thick white coating

ABDOMINAL PALPATION: Substernal hard glomus, abdominal muscles are tight and not vacuous.

Despite the patient's advanced age and the chronic nature of her illness, the symptoms still clearly pointed to a Mu Fang Ji Tang combined with Ting Li Da Zao Xie Fei Tang pattern. I used the same formula as before with some slight modifications. After taking the herbs, her symptoms once again gradually resolved—her coughing, expectoration of phlegm, and pitting edema were reduced, and her bowel movements slowly normalized. After this change in symptoms, I switched her dosage to once every two days. For about 6 months after that, her condition was stable, but then an unfortunate accident occurred: on February 5th of 2014, her

caretaker fed her a large amount of milk too quickly, causing her to die of asphyxiation. She enjoyed a long life of 89 years. On March 22nd, 2015, her daughter came to my clinic with insomnia. Reflecting on her mother's treatment, she said, "Ten years ago, my mother was listed in critical condition by a large hospital on multiple occasions, but after receiving treatment from Dr. Lou, she was able to live another 10 years, enjoying a long life of 89 years. All our family, friends and neighbors were absolutely amazed by Dr. Lou's results!"

CLINICAL INSIGHT

Dr. Yue Mei-zhong (岳美中) stated: "In chronic diseases, one should not be too quick to change formulas." While keeping in mind the need to treat to the pattern, it is very important in chronic diseases to keep with a formula and not change it too cavalierly. The treatment process in this case is a prime example of the importance of this treatment principle.

"The "Lung Wilting, Pulmonary Welling-Abscess and Cough with Qi Ascent Disease, Pulse, Pattern and Treatment" chapter in the *Essential Prescriptions of the Golden Cabinet* (金匱要略) states: "When there is pulmonary welling-abscess and an inability to lie flat with panting, Ting Li Da Zao Xie Fei Tang is indicated." Also, "When there is pulmonary welling abscess, fullness and distention in the chest, full-body edema, nasal congestion, rhinorrhea, loss of sense of smell, counterflow cough, qi ascent, wheezing, and congestion, Ting Li Da Zao Xie Fei Tang is indicated." The majority of commentaries interpret "pulmonary welling-abscess" (肺癰, fèi yōng) as referring to a pulmonary abscess, while only a few interpret it as meaning "lung congestion". Recently, Professor Li Jin-yong (李今庸) has also expressed support for its interpretation as "congestion." That being said, the majority of modern textbooks still interpret it as "pulmonary abscess". Clearly, there is a need to reevaluate this interpretation. "

The quote above comes from an essay by Dr. Xu Bing-lang (徐炳琅) called “Analysis and Identification of the term “Lung Welling-Abscess” in the *Essential Prescriptions of the Golden Cabinet*”. Putting aside the debate over the correct interpretation of the term, Ting Li Da Zao Xie Fei Tang and its treatment targets, namely, “Panting with inability to lie flat” and “Fullness and distention in the chest, full-body edema...counter-flow cough, qi ascent and wheezing with congestion” are all in keeping with the presentation in the case above. This is why Ting Li Da Zao Xie Fei Tang was prescribed. This clearly illustrates how as long as the formula prescribed matches the patient’s pattern, the treatment will be efficacious. As for the argument over the true meaning of “Lung Welling-Abscess”, it is not really that important from a clinical standpoint.

Throughout the course of my treatment of this patient, I mostly only used Mu Fang Ji Tang combined with Ting Li Da Zao Xie Fei Tang. Why was it that when I prescribed the formula for her, it was effective, but when she took the prescription filled at a different pharmacy the results were just average? I was quite confused by this disparity in efficacy, so I inquired further with the patient’s daughter. The daughter said that in those years that they couldn’t find my clinic, they had always gotten the prescription filled at the same pharmacy nearby their house. Apparently, the pharmacist said that the dosage of raw Shi Gao in my prescription was too high. He said that in the absence of fever, that high dosage of Shi Gao would be damaging to the patient’s stomach qi, not to mention that the patient was over 80-year-old and would be unlikely to withstand such a large dosage for an extended period of time! As a result, during those years, the pharmacist rarely included raw Shi Gao when filling the prescription, and if he did, he would never add more than 30g. This was probably the main reason why the prescription yielded such middling results. Here, we must consider a relevant issue: The Classical formula tradition (經方, jīngfāng) conceptualizes herbs in a way that is quite different from the mainstream approaches seen in modern herbal and formulary textbooks. In the *Treatise on Cold Damage*, when Shi Gao is combined with Ma Huang or Gui Zhi, as in Da Qing Long Tang, Xiao Qing Long Jjia Shi Gao Tang, Yue Bi Tang, Mu Fang Ji Tang, and even Ma

Xing Gan Shi Tang, the primary synergistic action of this combination is diuresis. What's more, it is absolutely essential that the dose of Shi Gao in Mu Fang Ji Tang must be very large. For reference, the dose of Shi Gao in Da Qing Long Tang is “the size of a chicken egg”, whereas the dose in Mu Fang Ji Tang is “the size of twelve chicken eggs”. This stark comparison makes the massive dose of Shi Gao in Mu Fang Ji Tang abundantly clear. Perhaps, some might ask: Why are you claiming that Ma Xing Gan Shi Tang has a diuretic action? The line describing the symptomatology for Ma Xing Gan Shi Tang in the *Treatise on Cold Damage* (After inducing sweating and the patient presents with sweating and panting, and does not exhibit severe heat effusion, Ma Xing Gan Shi Tang is indicated.) notes that the formula can be used to treat “sweating with panting”. In my actual clinical experience, I have found that this formula does not work by inducing sweating or purging to resolve the pathogenic state of sweating and panting. So, what is this formula's actual mechanism of action? Based upon Yusei Enda's (遠田裕正) theory of pathology, “Sweating, purging, and diuresis: Three basic physiological reactions and their synergistic and antagonistic relationships”, it is a simple process of elimination to deduce that Ma Xing Gan Shi Tang must resolve “sweating and panting” via diuresis.

Any doctor or patient that personally witnessed this case firsthand would invariably praise the efficaciousness of the jīngfāng pattern identification model. If we could all achieve results like this in clinic, would there really be any reason to worry about people suspecting Chinese medicine of being unscientific?

Infertility with Amenorrhea Treated with Wen Jing Tang (Juéyīn Type)

MS. ZHANG, 32 YEARS

FIRST VISIT: February 10th, 1984

HISTORY: The patient has failed to conceive in five years of marriage. Her menarche came at 18 years old and has subsequently had delayed menstruation, with periods only coming every three-four months. In the past eight months, she has developed amenorrhea, which Western medicine diagnosed as secondary amenorrhea (though the primary cause remained unclear). She was found to have a monophasic basal temperature.

CURRENT: The patient has a pale, dark complexion and complains of pain and cold in the lower abdomen, aversion to cold, cold limbs, dry lips, dry cracked palms, cold hands and feet, sloppy stools, and copious, transparent leukorrhea.

PULSE: Sunken and tight

TONGUE: Dark and pale with a thick, white, greasy coating.

ABDOMINAL PALPATION: Fullness and distention in the lower abdomen that is soft and lacks springiness. No binds can be palpated.

CHANNEL PALPATION: Pain upon pressing DU2.

DIAGNOSIS: Juéyīn disease, liver channel qì and blood stagnation, and yáng qì vacuity diffusion.

FORMULA: Wen Jing Tang: Dang Gui 10g, Ban Xia 10g, Mai Dong 10g, Dang Shen 15g, E Jiao 10g (Dissolved), Mu Dan Pi 6g, Chuan Xiong 6g, Gui Zhi 6g, Gan Cao 2g, Wu Zhu Yu 1.5g, Gan Jiang 3g.

Additionally, I wet cupped at DU2 every second week.

After fifty days of treatment, she developed a biphasic basal body temperature and showed signs of ovulation. She continued taking this formula and getting wet cupping, and ultimately conceived successfully in June of 1984.

CLINICAL INSIGHT

Intermingling of yīn and yáng, co-dependent growth and decline of yīn and yáng, and counterflow and normalization of yīn and yáng are the three principal characteristics of Juéyīn disease. Additionally, Juéyīn disease also often involves dysfunction of the coursing of liver qì and related blood disorders. The fact that the major Juéyīn formulas Dang Gui Si Ni Tang and Dang Gui Si Ni plus Wu Zhu Yu, Sheng Jiang Tang both feature Dang Gui in their names demonstrates the role of blood disorders in Juéyīn.

Wen Jing Tang can be seen as a modification of Dang Gui Si Ni Tang plus Wu Zhu Yu, Sheng Jiang. The formula appears in the “Miscellaneous Gynecological Diseases” chapter of the *Essential Prescriptions of the Golden Chamber* where it is indicated for “Urgency in the lower abdomen, abdominal fullness, heat vexation in the palms, dry lips and dry mouth... it also is indicated for coldness in the lower abdomen with infertility or advanced menstruation”. Zhong-jing’s classic blood nourishing and channel warming formula is marked by an abdominal presentation featuring coldness in the lower abdomen, lower abdominal distention and

fullness, lack of springiness, and lack of binds or masses. The patient's presentation matched the formula pattern, so naturally it was effective in treating her infertility.

In amenorrhea, one can often find sensitive spots in the lumbosacral region and especially at DU2, DU3, and below the 5th lumbar vertebrae at EX-B8 (what the Japanese call "The High Immortal Point"). Wet cupping at these points will greatly improve the efficaciousness of treatment.

Menstruation is closely linked with the liver's blood-storing and coursing functions. It is Juéyīn that chiefly presides over this dynamic of storing and coursing, inbearing and outbearing. If vacuity cold is generated within and ice lodges in the sea of blood, infertility, and transparent cold leukorrhea often result. Thus, the Jin Dynasty physician Liu Wan-su (劉完素) stated: "The flow of tiānguǐ water should be understood in terms of Juéyīn function."