

# FAMOUS CONTEMPORARY CHINESE PHYSICIANS

# Professor Shen Zhong-Li

by Volker Scheid

## *Biography*

*Ming laozhongyi* (venerated senior physician of Chinese medicine) is an honorific title awarded to doctors who have made a distinctive contribution to the development of Chinese medicine and who are acknowledged as outstanding physicians by patients and peers alike. There can be few living physicians for whom the title is more appropriate than Professor Shen Zhong-Li. Eighty-nine years old and with seventy years of clinical practice behind him, Professor Shen has taught several generations of students who now practise all over the world. He has contributed to the writing of the textbooks that define contemporary Chinese medicine for half a century. He is a nationally renowned expert in gynaecology who has formulated a number of special formulas for the treatment of ovarian cysts and uterine fibroids. Most of all, however, it is his humble manner, his approachability and willingness to share his experience, and an inquisitiveness commendable in any person half his age that make Professor Shen a truly remarkable physician.

Professor Shen was born on 28 January 1912 in Zhejiang Province South of Shanghai though he spent his early years in the North of China. His ambition to study engineering was thwarted when his father died suddenly in 1926. Professor Shen had to move to Shanghai into the care of an uncle who decided that a career in medicine implied a less expensive education. In 1927, barely fifteen years old, Professor Shen was therefore enrolled at the Shanghai Technical College of Chinese Medicine (*Shanghai zhongyi zhuanye xuexiao*). Founded in 1916 by Ding Gan-Ren, one of the most famous physicians of this century, the college was for a long time the only Chinese medical college licensed by the government and the alma mater of many influential scholar physicians of the contemporary period.<sup>1</sup>

By his own admission Professor Shen was a very introverted and focused student. Though there was certainly no better place in the whole world for having a good time than Shanghai in the 1920s, Professor Shen did not care much for socialising and concentrated entirely on his studies. Two and a half years of classroom teaching involving extensive reading of the medical classics were followed by one and a half years of clinical practice. After his graduation in 1931 Professor Shen undertook a further two-year apprentice-

ship with Ding Ji-Wan, the grandson and heir of Ding Gan-Ren, who by then had become one of Shanghai's most famous physicians in his own right.

Contrary to the image of a medicine in general decline held by many Westerners, Chinese medicine in Nationalist China experienced a period of great ferment and innovation. Shanghai was the definitive centre of these developments and the students of the Ding family were at the centre of what happened in Shanghai. Fierce competition among physicians meant, however, that it was very difficult to establish a practice. Throughout the 1930s and 40s, Professor Shen therefore worked in a number of different hospitals and clinics and also as a teacher in his old school. He became a close associate of Ding Ji-Wan and was actively involved in the late 1940s in the political struggles against the Guomindang government's policy to close down Chinese medicine schools.

Gradually Professor Shen began to make a name for himself. By the mid-1950s, following a spell of work in several large factories, he enjoyed a distinct reputation as a gynaecologist and was appointed as director of the Chinese medicine department at the Xuhui Hospital in Shanghai. In 1956 Professor Shen was recruited to the newly established Shanghai College of Chinese Medicine where he taught courses in basic theory, in the different doctrines and schools of Chinese medicine as well as in gynaecology. A clinician at heart, Professor Shen's career as a teacher was decreed from above. It provided him, however, with the opportunity to study intensively many texts he would otherwise not have read in such detail. Professor Shen also took advantage of other opportunities afforded by the Communist policy of modernisation in the health care sector in order to broaden his education by studying subjects such as acupuncture anaesthesia, Western medicine and pharmacology.

Following the closure of universities at the outbreak of the Cultural Revolution Professor Shen continued teaching Chinese medicine on a variety of extra-mural courses throughout the late 1960s and 70s. He never gave up practising and even now conducts surgeries three mornings a week at the Outpatient Clinic of the Yueyang Hospital of Chinese Medicine and the "Hall of Famous Physicians" (*Mingyi tang*) in Shanghai's Old Town. He has published twenty-three articles and written or contributed to thirteen

books. However, Professor Shen still feels his life work is not yet done. He has recently published an anthology of Ding Gan-Ren's essays and case records and is now compiling his life experience into a volume of his own case histories.

### ***Ideas on medicine***

I observed Professor Shen in his surgery for six months from April to October 2000. Often Professor Shen would ask me to put down my questions in writing and then present me with a well-researched answer at our next meeting. Such thoroughness and attention to detail is characteristic of Professor Shen's style of teaching and practice. Equally distinctive is an exceptional openness of mind. We saw in his biography how he has assimilated information and knowledge from all kinds of sources throughout his life. In some sense, he thereby followed the example set by Ding Gan-Ren who is celebrated for having bridged divisions between the major medical schools of his time.<sup>2</sup> In spite of the great respect he has for his teachers and in particular for the Ding family, Professor Shen never felt obliged to follow their way of prescribing. In his opinion today's diseases and contexts of treatment are different. What would be the sense of using a treatment style appropriate to the 1930s?

Professor Shen's own contribution to the development of Chinese medicine proceeds from an intimate familiarity with the medical tradition but seeks to develop it into new directions. His style of research can best be described as synthetic with respect to traditional doctrine, empirical with respect to clinical practice, and open to knowledge provided by modern biomedicine. His evaluation of doctrines regarding the function of Spleen and Stomach and their translation into the context of gynaecological practice can be seen as good examples of this process.

As the "root of the acquired constitution" Professor Shen accords to Spleen and Stomach a central position in the production and circulations of "original qi" (*yuanqi*) and thereby in the functioning of the entire organism. He quotes the *Jingüi yaolue* (Essentials from the Golden Cabinet) as emphasising that if "throughout the four seasons the Spleen is exuberant [the body] will not accept a pathogen". He places this quote into an uninterrupted line of similar evaluations that stretches all the way from the Han to the present. This obviously includes proponents of the "Spleen and Stomach school" in Chinese medicine such as Li Gao (Li Dong-Yuan) and his disciples Wang Hao-Gu and Luo Tian-Yi, and their later descendants, the advocates of the "school of warming" such as Zhang Jie-Bin and Li Zhong-Zi. To these he manages to add the Suzhou physicians Zhang Lu and Xu Da-Chun, the early proponent of integration between Chinese and Western medicine Zhang Xue-Hai as well as Japanese Kampo physicians.

Having thus established the central importance of the Spleen and Stomach in the functioning of the body's physiology as a common topic for apparently different medical traditions, Professor Shen demonstrates how this role can be exploited in actual therapy by providing general treat-

ment strategies that are supported with examples from his own clinic. The case of a forty-four year old man suffering from acute deafness and tinnitus following exposure to a loud noise is one such example. Based on the notion that it is the physiological function of Spleen and Stomach's directing upwards and downwards that keeps the orifices open, this case was interpreted as sinking of Spleen qi leading to inability of turbid yin to be directed downward. Treatment with a variation of *Buzhong yiqi tang* (Decoction to Supplement the Middle and Benefit Qi) over the period of a month was able to effect a cure.<sup>3</sup>

The central physiological role Professor Shen accords to Spleen and Stomach is transferred also to his main field of specialisation, that of gynaecology. He is particularly well known for his treatment of uterine fibroids and ovarian cysts.<sup>4</sup>

### ***On treating uterine fibroids***

Professor Shen holds that the modern disease category of uterine fibroids corresponds to the category "abdominal masses" (*zhengjia*) in Chinese medicine and in particular to that of "stone [-like] mobile abdominal masses" (*shijia*). Discussions of this disorder can be traced back all the way to the *Neijing* where they are attributed to cold penetrating into the lower abdomen causing stagnation of blood and qi in the Penetrating (*ren*) and Conception (*chong*) vessels. Professor Shen also cites other authors such as Zhang Jie-Bin, who extended the causes for abdominal masses to other external pathogens and emotional disturbances. Zhang argued that masses are formed particularly easily after pregnancy when the body's own qi is weak. The Ming author Li Zhong-Zi also noted that pathogens could only penetrate into the Conception and Penetrating vessels following a depletion of orthopathic (*zheng*) qi. Professor Shen notes that the observations of these authors can be related to his general theory regarding the role of Spleen/Stomach function in the production and circulation of qi. This matches with his observation that in China 70% of women presenting with uterine fibroids have had an abortion between two and five years prior to the initial diagnosis.

Professor Shen thus postulates that uterine fibroids represent a stagnation of qi and blood caused by a combination of Spleen/Stomach depletion and Liver constraint or fire leading to a gradual loss of function in the extraordinary vessels. Following many years of observation utilising both Chinese and Western medical diagnostic methods Professor Shen has sorted women suffering from fibroids into three main types (*xing*).

- Qi stagnation blood stasis type: This type manifests predominantly as subserosal or intramural fibroids. The period is frequently normal, though in severe cases the Penetrating and Conception vessels will be damaged leading to heavy periods. There may be lower abdominal distension or latent pain and a dragging sensation in the rectum. The tongue tends to be dark red and the sides may show purple stagnation spots. The pulse will be deep (*chen*)

and wiry (*xian*) or thin (*xi*) and choppy (*se*).

- Yin depletion fire flaring type: This type frequently manifests as submucosal or intramural fibroids or as multiple fibroids. Periods tend to be early and heavy and are often accompanied by a burning sensation in the chest or a feeling of heat in the lower abdomen. Patients may complain of pain in the nipples or even a stabbing pain and distension and pain in the entire breast before the period. After the period a reddish-white or yellowish-white discharge may be observed. The tongue will be red with little moisture and a fur that is reduced or thin yellow. The pulse will be wiry and thin or thin and rapid (*shu*).

- Liver constraint Spleen depletion type: This type also manifests mainly as submucosal or intramural fibroids or as multiple fibroids. Patients present with mixed repletion and depletion patterns that change from predominant repletion at the onset of the disorder to increasing depletion over time. The cycle tends to be normal or long with increased bleeding often accompanied by clotting. There may be a dragging down sensation in the lower abdomen, diarrhoea and a thin discharge following menstruation. The tongue body tends to be pale with a white fur that may be thick or thin. The pulse typically is soggy (*ru*) and thin or thin and wiry.

Professor Shen holds that treatment of uterine fibroids requires a two-pronged strategy. Softening and expulsion is needed to attack the fibroid, which represents an accumulation of dead blood and phlegm. For this purpose Professor Shen has developed a patent formula manufactured under the name "861 Disperse Fibroid Pill" (861 *Xiao liu pian*). The pill is a combination of three traditional formulas: "Cyperus and Zeodaria Pill" (*Xiang leng wan*) from the Song dynasty manual "Formulas to Aid the Living" (*Ji sheng fang*);<sup>5</sup> "Disperse Swelling and Burst Hardness Decoction" (*San zhong kui jian tang*) from Li Dong-Yuan's "Secret Treasures from the Orchid Chamber" (*Lanshimicang*);<sup>6</sup> and "Herba Sargassi Jade Pot Decoction" (*Haicao yuhu tang*) from the Ming dynasty text "Correct Ancestry of External Medicine" (*Waikē zhengzong*).<sup>7</sup> As with all commercially produced pills of this type the manufacturers withhold the precise composition. It is noteworthy, however, that it combines Hai Zao (Herba Sargassii) with Gan Cao (Radix Glycyrrhizae Uralensis) a combination that is prohibited in classical usage as one of the eighteen incompatibilities (*xiangfan*). In practice, however, this combination was employed already by Li Gao and many modern physicians feel no longer constrained by such prohibitions.<sup>8</sup>

In clinical practice Professor Shen uses his "861 Pill" in conjunction with a more specific decoction that is re-adjusted every seven to twenty-eight days. These decoctions are combinations of additional attacking and dispersing drugs with formulas that treat the underlying pattern. The most commonly used dispersing and attacking drugs are E Zhu (Rhizoma Curcumae Zedoariae), San Leng (Rhizoma Sparganii), Shi Jian Chuan (Radix Salviae Chinensis), Ban Zhi Lian (Herba Scutellariae Barbatae), Qian Niu Zi (Semen

Pharbitidis), Shan Ci Gu (Bulbus Shancigu), Hai Zao (Herba Sargassii) and Xia Ku Cao (Spica Prunellae Vulgaris). Formulas for the treatment of underlying patterns can be divided according to the three types outlined above.

- Qi stagnation blood stasis type patterns are treated with formulas that moderate the harsh action of the attacking drugs through supplementation and simultaneous regulation of qi and blood such as "Angelica and Peony Powder" (*Danggui shaoyao san*) or "Expel Stasis from Below the Diaphragm Decoction" (*Gexia zhuyu tang*). A typical formula might contain drugs such as Sheng Di Huang (Radix Rehmanniae Glutinosae), Bai Shao (Radix Paeoniae Lactiflorae), Gan Cao (Radix Glycyrrhizae Uralensis), Huang Jing (Rhizoma Polygonati), Dang Gui (Radix Angelicae Sinensis) and Fu Ling (Sclerotium Poriae Cocos).

- Yin depletion fire flaring type pattern treatment combines attacking drugs with formulas that clear heat, supplement yin and stop bleeding such as "Rhinoceros Horn and Rehmania Decoction" (*Xijiao dihuang tang*) or "Generate Pulse Powder" (*Shengmai san*). A typical formula would contain drugs such as Sheng Di Huang (Radix Rehmanniae Glutinosae), Mai Men Dong (Tuber Ophiopogonis Japonici), Tian Men Dong (Tuber Asparagi Cochinchinensis), Shui Niu Jiao (Cornu Bubali) or Huang Jing (Rhizoma Polygonati).

- Liver constraint Spleen depletion type pattern treatment focuses on Spleen and nutritive qi supplementing formulas such as "Return Spleen Decoction" (*Gui pi tang*) or "Lift the Source Decoction" (*Ju yuan qian*) in addition to the use of attacking drugs. A typical formula thus would contain drugs like Dang Shen (Radix Codonopsis Pilosulae), Huang Qi (Radix Astragali), Bai Zhu (Rhizoma Atractylodis Macrocephalae), Bai Shao (Radix Paeoniae Lactiflorae), Gan Cao (Radix Glycyrrhizae Uralensis) and Shu Di Huang (Radix Rehmanniae Glutinosae Conquatae).

Three further features characterise Professor Shen's distinctive style of prescribing exemplified here in his approach to uterine fibroids. The first is the use of dosages of attacking or poisonous drugs considered high even by contemporary Chinese standards. The average prescription will contain thirty grams each of drugs such as Qian Niu Zi (Semen Pharbitidis), E Zhu (Rhizoma Curcumae Zedoariae) and San Leng (Rhizoma Sparganii), or fifteen to twenty grams of Shan Ci Gu (Bulbus Shancigu). Professor Shen explained to me that such usage was a result of experience. When he started to treat fibroids he initially prescribed much smaller dosages of these drugs. Gradually he noticed that his way of combining drugs allowed him to increase this dosage - and according to Professor Shen thereby the effectiveness of his treatment - without producing side effects.

A second point is Professor Shen's frequent usage of drugs that are less well known to Western practitioners. Some of these drugs, such as Gui Qian Yu (Ramuli Euonymi Alati), She Mei (Herba Duchesneae Indicae) and Lou Lu (Radix Rhapontici Umniflori) have long been employed by Chinese physicians but do not appear in the basic text book

formulas. Others, such as Shi Jian Chuan (*Radix Salviae Chinensis*), Lu Rong Cao (*Herba Monochasmae Savatieri*) or Radix Mao Dong Qing (*Ilicis Pubescentis*) have been added to the materia medica from local Jiangnan traditions over recent decades.<sup>9</sup> Usage of these drugs is evidence of Professor Shen's extensive engagement with the literature, both traditional and modern, over many years.

This engagement is equally pertinent to the third important characteristic of Professor Shen's treatment style, the use of drugs based on modern pharmacological research. For over seventy years Professor Shen has not only read the classical medical literature but kept abreast of all developments in his field, including the most recent pharmacological research on drug actions. As a consequence, most drugs prescribed by Professor Shen - particularly those that address a specific disorder or symptom - are chosen not merely for their traditional action but also on the basis of modern research. Examples are the use of Zao Xiu (*Herba Parisii*) because of its astringing action on the uterine mucosa, the use of Zhu Ling (*Sclerotium Polypori Umbellati*) for its anti-tumour action, or that of Shui Niu Jiao (*Cornu Bubali*) for its demonstrated effectiveness in reducing bleeding time.

The results of Professor Shen's treatment are impressive. He regularly succeeds in reducing the size of fibroids by as much as fifty percent or even in making them disappear completely and thus has helped innumerable women to avoid surgery.<sup>10</sup> In 1987 he published a study based on the clinical analysis of 223 cases of uterine fibroids that was officially cited by the Chinese Ministry of Health as of national importance. Research into the clinical efficacy of Professor Shen claims significant effects in ninety-two percent of patients treated. The following case studies exemplify his clinical approach and document its development over time.

#### ***Uterine fibroids: case study 1, 1975***

Mrs Shi, 27 years old, married was first examined on 21 March 1975. A fibroid measuring about 2cm in diameter located just above the cervix had been discovered during a routine gynaecological examination. Periods tended to be about a week late. The last period had occurred toward the end of the previous month with little bleeding and abdominal pain that started prior to the onset of the menses and stopped one day after it had finished. Other symptoms were dizziness and lower backache. The tongue fur was thin and greasy, the pulse wiry and thin. The diagnosis was of qi stagnation and blood stasis leading to obstruction of the Conception and Penetrating vessels. The treatment strategy was to nourish and enliven blood, regulate qi and eliminate the mass. The following prescription was given for seven days: Ze Lan (*Herba Lycopi Lucidi*) 12g, Chuan Xiong (*Radix Ligustici Wallichii*) 9g, Chi Shao (*Radix Paeoniae Rubrae*) 9g, Bai Shao (*Radix Paeoniae Lactiflorae*) 9g, Sheng Di Huang (*Radix Rehmanniae Glutinosae*) 12g, prepared Xiang Fu (*Rhizoma Cyperi Rotundi*) 9g, Lu Lu Tong (*Fructus Liquidambaris Taiwanianae*) 9g, Xiao Hui

Xiang (*Fructus Foeniculi Vulgaris*) 6g, Shi Jian Chuan (*Radix Salviae Chinensis*) 15g, Ban Zhi Lian (*Herba Scutellariae Barbatae*) 30g, Chong Wei Zi (*Semen Leonuri Heterophylli*) 9g, Ju He (*Semen Citri Reticulatae*) 9g, Ju Ye (*Folia Citri Reticulatae*) 9g.

On her second visit on 8 April 1975 the patient reported that her last period had started on 30 March and had still been accompanied by localised abdominal pain that had started one week prior to the onset of bleeding. The tongue fur was yellow and greasy with some cracks, the pulse was wiry, thin and rapid. The treatment strategy was as before, though with more importance given to clearing heat from constraint and also on attacking the masses. Ten bags of the following prescriptions were given: Sheng Di Huang (*Radix Rehmanniae Glutinosae*) 12g, Chi Shao (*Radix Paeoniae Rubrae*) 9g, Bai Shao (*Radix Paeoniae Lactiflorae*) 9g, Mu Dan Pi (*Cortex Moutan Radicis*) 9g, honey-fried Bie Jia (*Carapax Amydae Sinensis*) 12g, San Leng (*Rhizoma Sparganii*) 12g, Hai Zao (*Herba Sargassii*) 9g, Shi Jian Chuan (*Radix Salviae Chinensis*) 15g, Ban Zhi Lian (*Herba Scutellariae Barbatae*) 30g, prepared Xiang Fu (*Rhizoma Cyperi Rotundi*) 9g, Chong Wei Zi (*Fructus Leonuri*) 9g, Shan Zha (*Fructus Crataegi*) 9g, Ju He (*Semen Citri Reticulatae*) 9g, Ju Ye (*Folia Citri Reticulatae*) 9g.

The third visit was on 6 May 1975. The last period had occurred on 30 April with severe pain accompanied by the passing of blood clots on the first day. After this the pain had stopped and the period finished after six days. The tongue was pale red, the pulse wiry and thin. Although this patient had a constitution tending to yin depletion with flaring Liver yang, the fact that the periods were not excessive indicated to Professor Shen that his mixed strategy of attacking and supplementation could be continued. Seven bags of the following prescription were given: Sheng Di Huang (*Radix Rehmanniae Glutinosae*) 15g, Chi Shao (*Radix Paeoniae Rubrae*) 9g, Bai Shao (*Radix Paeoniae Lactiflorae*) 9g, Chuan Xiong (*Radix Ligustici Wallichii*) 6g, Shi Jian Chuan (*Radix Salviae Chinensis*) 30g, Ban Zhi Lian (*Herba Scutellariae Barbatae*) 30g, honey-fried Bie Jia (*Carapax Amydae Sinensis*) 12g, Bai Ji Li (*Fructus Tribuli Terrestris*) 9g, Shan Zha (*Fructus Crataegi*) without seed 9g, Qing Pi (*Pericarpium Citri Reticulatae Viride*) 3g, Chen Pi (*Pericarpium Citri Reticulatae*) 3g.

On the fourth visit on 3 June 1975 the patient reported that the last period had started on 31 May. The first two days had been marked by pain in both sides of the lower abdomen though the blood itself had been clear. The mouth was dry, the tongue fur thin, greasy and slightly yellow, the pulse was deep and small. Professor Shen attributed these signs to the depletion of qi and yin occurring as a consequence of the chronic illness and decided to generate fluids in addition to the previously used strategies. Ten bags of the following prescription were given: Sheng Di Huang (*Radix Rehmanniae Glutinosae*) 15g, Bai Shao (*Radix Paeoniae Lactiflorae*) 9g, Chuan Xiong (*Radix Ligustici Wallichii*) 6g, Tian Hua Fen (*Radix Trichosanthis*) 12g, honey-fried Bie Jia

(Carapax Amydae Sinensis) 12g, Shi Jian Chuan (Radix Salviae Chinensis) 30g, Ban Zhi Lian (Herba Scutellariae Barbatae) 30g, Shan Zha (Fructus Crataegi) without seed 12g, Xu Duan (Radix Dipsaci) 9g, Gou Ji (Rhizoma Cibotii Barometz) 12g.

The fifth and final consultation took place on 15 July 1975. The last period had started on 5 July and been free of pain. The tongue fur was thin white, the pulse deep and small. A gynaecological exam on 12 July indicated that the fibroid had disappeared. The patient was given seven bags of a prescription to prevent occurrence of further problems by nourishing blood, regulating the menses and warming the uterus to prevent stasis. Seven bags were prescribed of: Sheng Di Huang (Radix Rehmanniae Glutinosae) 15g, Bai Shao (Radix Paeoniae Lactiflorae) 9g, Chi Shao (Radix Paeoniae Rubrae) 9g, Bai Zhu (Rhizoma Atractylodis Macrocephalae) 6g, Zi Shi Ying (Fluoritum) 30g, honey-fried Bie Jia (Carapax Amydae Sinensis) 12g, Shi Jian Chuan (Radix Salviae Chinensis) 15g, Ban Zhi Lian (Herba Scutellariae Barbatae) 30g, San Leng (Rhizoma Sparganii) 9g, Lu Lu Tong (Fructus Liquidambaris Taiwanianae) 9g, Shan Zha (Fructus Crataegi) without seed 12g, Ju Ye (Folia Citri Reticulatae) 9g.<sup>11</sup>

#### **Uterine fibroids: case study 2, 1992**

Mrs Du, 36 years old, married. Date of first examination: 14 April 1992. In the course of a routine gynaecological examination on 7 April fibroids had been diagnosed. Ultrasound: Uterus 4.1 cm x 5.2 cm x 5.7 cm. The uterus did not appear normal. The anterior uterine wall had a protruding area measuring 1.9 cm x 2.4 cm x 2.1 cm, the posterior uterine wall one measuring 2.9 cm x 3.1 cm x 3.5 cm pointing to the presence of uterine fibroids. Generally, menstruation was still normal, though menstrual bleeding was heavy and accompanied by clotting. Occasional backache and tinnitus. Constipation. Tongue red with thin fur. Pulse thin and slightly wiry. Menstrual history: menarche at age thirteen. Menstruation occurs every twenty-four to twenty-five days, lasting four to five days. No pain on menstruation. Last menstruation occurred on 11 April 1992. One child, no miscarriages and two abortions.

Internal gynaecological examination revealed a retroverted and enlarged uterus of a size corresponding to a seven-week pregnancy. The uterus was moveable, not painful on pressure and felt hard. No abnormalities of the fallopian tubes or ovaries.

Diagnosis. Chinese medicine: moveable abdominal masses (stasis heat binding internally, the long persistence of which produced the masses). Western medicine: uterine fibroids (multiple type). Treatment method: Transformation of stasis and softening of hardness, enriching yin and clearing heat.

Formula and drugs (own composition): Sheng Di Huang (Radix Rehmanniae Glutinosae) 30g, Bai Shao (Radix Paeoniae Lactiflorae) 20g, Gan Cao (Radix Glycyrrhizae Uralensis) 9g, Xia Ku Cao (Spica Prunellae Vulgaris) 15g,

Shi Jian Chuan (Radix Salviae Chinensis) 20g, Ban Zhi Lian (Herba Scutellariae Barbatae) 30g, San Leng (Rhizoma Sparganii) 20g, Gui Qian Yu (Ramuli Euonymi Alati) 20g, Guan Zhong (Rhizoma Guanzhong) 20g, She Mei (Herba Duchesneae Indicae) 20g, Xuan Shen (Radix Scrophulariae Ningpoensis) 15g, Xu Duan (Radix Dipsaci) 15g, 1 bag per day. In addition, the patient was prescribed 861 pills.

Treatment was continued for ten months with variations of the above strategy. A second ultrasound examination on 7 February 1993 showed that both fibroids had disappeared. Periods were normal and no other abnormal symptoms or signs were noted. The patient took 861 pills for three more months to prevent reoccurrence of the disorder.<sup>12</sup>

#### **Comments on the two case studies**

The two case studies selected here exemplify Professor Shen's treatment of uterine fibroids and present evidence for the development of his treatment style. Professor Shen comments that this was a very small fibroid that obviously had not been present for long, hence it was relatively easy to treat. The second case is more severe and therefore requires longer-term treatment.

The first case was obviously diagnosed via an internal examination by palpation whereas the second case was diagnosed by means of an ultrasound scan. The use of such technology in Chinese medicine hospitals is nowadays routine and we can see how it is assimilated to the Chinese medicine classification of disorders in Professor Shen's typology of uterine fibroids.

The basic strategy used in both cases is the same: simultaneous nourishing and enlivening of blood accompanied by softening of hardness and expulsion of the mass. The main herbal combinations for this purpose are very similar in both cases. Ban Zhi Lian (Herba Scutellariae Barbatae) and Shi Jian Chuan (Radix Salviae Chinensis) function as a synergistic pairing of drugs (*duiyao*) used to transform blood stasis and dispel the accumulated mass. Drugs such as San Leng (Rhizoma Sparganii), Hai Zao (Herba Sargassii), Xia Ku Cao (Spica Prunellae Vulgaris), Xuan Shen (Radix Scrophulariae Ningpoensis) and honey-fried Bie Jia (Carapax Amydae Sinensis) are used to soften hardness. The supplementation side of the prescription in both cases uses the same kind of drugs and can be seen as variation of basic gynaecological formulas such as Si Wu Tang (Four-Substance Decoction), or Xiao Yao San (Rambling Powder).

We can see, however, how Professor Shen's style of treatment changes over the course of twenty years both in terms of the dosage and amount of attacking drugs used. We must consider that this represents a development in a very experienced physician between the ages of sixty-three and eighty-two. It demonstrates both Professor Shen's commitment to life-long learning and the problematic nature of current attempts to evaluate Chinese medicine as a "system" of therapy. Professor Shen has practised Chinese medicine all his life yet his way of doing so keeps changing as his knowledge and experience accumulate.

Another important observation is the relatively low dosage of qi regulating drugs such as Qing Pi (Pericarpium Citri Reticulatae Viride) 3g, Chen Pi (Pericarpium Citri Reticulatae) 3g or prepared Xiang Fu (Rhizoma Cyperi Rotundi) 9g, especially if this is compared to the large dosages of attacking and softening drugs. The intention of qi regulation is the ordering of qi so as to ensure the harmonious function of the Spleen and Stomach to which Professor Shen accords such a central importance. They thus act on physiologically vital qi rather than on pathological substance. The latter is useless and needs to be expelled. The former is functioning and needs to be preserved, an intention that would be counteracted through forceful regulation by means of acrid dispersing drugs. Viewed from another perspective, this usage might also be interpreted as synthesis also in practice of the various styles that Professor Shen outlined in his discourse on doctrine. He combines the emphasis of the Spleen and Stomach school on regulating the centre with the Suzhou style preference for mild regulation of the qi mechanism and the aversion of these physicians to acrid and dispersing drugs.

In my translations of these case studies I have kept close to the presentation of material in the source texts though I have avoided unnecessary repetitions. Case 1 is written in the style typical of traditional case records (*yi'an*), while Case 2 is much closer to biomedical hospital records in its presentation of material. This - like much else - implies to me that Professor Shen's development cannot be understood on the individual level alone but needs to be integrated into the transformation of Chinese medicine as an institution over the course of his life

### ***Seventy years of clinical practice***

Professor Shen's reputation as a gynaecologist extends across the entire spectrum of the discipline, in particular to the treatment of ovarian cysts and dysfunctional uterine bleeding. His approach to the latter emphasises simultaneous moving and arresting of bleeding and exploits the uplifting and blood controlling functions of the Spleen. His treatment of ovarian cysts resembles that of fibroids in its combination of attacking with supplementing and regulating methods. However, it also takes into account essential differences in physiology and pathogenesis. While fibroids by definition involve blood stasis (the uterus being the sea of blood), ovarian cysts occur in the lower abdominal cavity and are seen by Professor Shen as involving both phlegm and blood stasis. This has to be reflected in treatment, which must focus on the dispersal and elimination of phlegm as well as on transforming and dispelling blood stasis.

A gynaecologist by profession, Professor Shen has never felt constrained by narrow definitions of practice but followed where his patients have led him. Thus, when he found that he was able to help many patients suffering from heart disease that were referred to him by his female patients, he developed a second specialisation. Researching heart disease in his characteristically meticulous manner

and dedicating part of his clinical practice to its treatment, he now has developed a number of special formulas and treatment strategies and divides his practice between the two specialities.

### ***Conclusions***

Professor Shen was born just one year after the last emperor of China had abdicated. His education at the Shanghai Technical College of Chinese Medicine, his relationship with his teacher Ding Ji-Wan and his career at the Shanghai College of Chinese Medicine placed him close to the events and people that safeguarded and transformed Chinese medicine in the course of this - his - eventful century. Professor Shen never tried to occupy centre stage, however. Rather, in his quiet, certain and self-assured way he dedicated himself to practising medicine in the best way he could. In so doing he embodies Chinese medicine as a complex, living and developing discipline. Professor Shen's humanism and morality are deeply rooted in China's Confucian heritage while his open-mindedness and future orientation match the most positive conception of the Enlightenment ideal. He succeeds in assimilating Western science to Chinese medicine in a practically effective manner without ever risking confusing the essential difference between centre and periphery. Intimately familiar with his tradition he has no qualms about disposing of anything he considers useless. He told me once to read only modern research because it was the most important resource for advancing Chinese medicine. Yet in his late eighties, editing the case histories of his medical ancestor Ding Gan-Ren still came before publishing his own.

Criticism and the eternal question of what needs to be kept and what should be thrown away is part of the make-up of Chinese medicine. Neither Fei Bo-Xiong, nor Ding Gan-Ren, nor Qin Bo-Wei, nor Professor Shen shied away from changing what they inherited. But in each case their simultaneous efforts at preservation gave them the authority to do so. Perhaps, it is an awareness of this tension between continuity and change that we can learn from physicians like Professor Shen. Not only that but also how to resolve it in exemplary fashion.

### ***Endnotes***

The biographical information in this article has been drawn from Liu Wen-Feng. Yaowu xiaoliu shengshou (The master of eliminating fibroids with drugs). In Yang Zhong-Hua, ed. *Shanghai dangdai mingyi lizhuan (Exemplary biographies of famous contemporary Shanghai physicians)*. Shanghai: Kangfu zazhi bianjibu, 1989, pp. 58 - 64. *Shanghai zhongyiyào dàxué zhōngyixuéjiā zhuānjī (Biographies of Chinese medicine scholars at Shanghai University of Chinese Medicine and Pharmacology)*. Běijīng: Rénmín wèishèng chūbǎnshè, 1999, pp. 173 - 203.

1 Teachers included apart from Ding Gan-Ren (then Shanghai's most famous physician) luminaries such as Xie Li-Heng (the editor of the enormously influential Encyclopedia of Chinese Medicine (*Zhongyi dacidian*) and Cao Ying-Fu (a scholar-physician and leading representative of the *jingfang* school). Students, all of whom also became teachers at the college, included Cheng Men-Xue and Huang Wen-

Dong (the first and second presidents of the Shanghai College of TCM), Qin Bo-Wei and Zhang Zi-Gong (influential educators and advisors to the Ministry of Health in the 1950s and 60s), Wang Yi-Ren (editor of the first Journal of Chinese Medicine) and many more. The pre-eminent position of the College can be read off from the fact that three of the six members of the national delegation that went to Nanjing in 1929 to argue the case for Chinese medicine with the government were associated with the school. For a history of the College see 'Mingyi yaolan' biānshēn wēiyuánhuì, ed. *Mingyi yaolan (Cradle of famous physicians)*. Shànghāi: Shànghāi zhōngyīyào dàxué chūbānshè, 1998.

2 These were the *jingfang* and *shifang* schools of Chinese medicine. The term *shifang* refers to physicians who use classical prescriptions especially those laid down in the *Shanghan lun* and *Jingui yaolue*. The term *shifang* refers to physicians who use later prescriptions and especially to those who make up their own. It is often implied that these physicians are followers of the *wenbing* school though the term emerged historically before the emergence of this tradition.

3 The actual prescription used reads as follows: Dang Shen (Radix Codonopsis Pilosulae) 9g, Bai Zhu (Rhizoma Atractylodis Macrocephalae) 9g, Ge Gen (Radix Puerariae) 30g, Chuan Xiong (Radix Ligustici Wallichii) 12g, Xia Ku Cao (Spica Prunellae Vulgaris) 12g, Luo Bu Ma 12g, Han Lian Cao (Herba Ecliptae Prostratae) 12g, Sheng Ma (Rhizoma Cimicifugae) 6g, Dan Nan Xing (Rhizoma Arisaematis cum Felle Bovis) 6g, Shi Chang Pu (Rhizoma Acori Graminei) 9g, Gui Zhen Cao 30g, Gou Teng (Ramulus Uncariae Cum Uncis) 15g, Gan Cao (Radix Glycyrrhizae Uralensis) 6g. See *Shexi Li Dongyuan piweixu ze qiu qiao butong lun* ('Attempting an analysis of Li Dongyuan's doctrine regarding spleen stomach depletion resulting in the nine orifices becoming obstructed'), Shanghai zhongyiyao zazhi 1983 (11): 7-8.

4 See the following articles for Professor Shen's ideas on spleen and stomach doctrine with specific respect to the field of gynaecology: *Lun piwei xueshuo dui fuchanke de lizhuang zhidao yiyi* ('A discussion of the significance of spleen and stomach doctrine for guiding clinical practice in gynaecology and obstetrics'), Shanghai zhongyixueyuan 25 zhou nian jiaoqing xuezhuzhu baogao huilun wenzhuanji, vol. 2. 1981: 12-14; *Lun piwei xueshuo dui fukexue de lilun yu linzhuang yingyong* ('A discussion of practical usage of spleen and stomach doctrine in gynaecological theory and practice'), Xinzhongyi 1982 (2) 53-54; *Lun piwei xueshuo de lilun yanjiu ji qi linzhuang zhidao yiyi* ('A discussion of theoretical research into doctrines on spleen and stomach and its significance for guiding clinical practice'), Zhejiang zhongyi xueyuan xuebao, 1982 (5): 10-12.

5 The original composition of the formula "Cyperus and Zeodaria Pill" is as follows: ding Xiang Fu (Rhizoma Cyperi Rotundi) 15g, San Leng (Rhizoma Sparganii) 30g, Zhi Ke (Fructus Citri seu Ponciri) 30g, Qing Pi (Pericarpium Citri Reticulatae Viride) 30g, Chuan Lian Zi (Fructus Meliae Toosendan) 30g, Xiao Hui Xiang (Fructus Foeniculi Vulgaris) 30g, E Zhu (Rhizoma Curcumae Zedoariae) 30g. The drugs are fried yellow with 30 Ba Dou (Semen Croton Tiglii), which are removed again before grinding the remainder into powder to manufacture pills.

6 The original composition of the formula "Disperse Swelling and Burst Hardness Decoction" is as follows: Huang Qin (Radix Scutellariae Baicalensis) 24g, Long Dan Cao (Radix Gentianae Scabrae) 15g, Tian Hua Fen (Radix Trichosanthis) 15g, Huang Bai (Cortex Phellodendri) 15g, Zhi Mu (Radix Anemarrhenae Asphodeloidis) 15g, jie Geng Mi (Semen Oryzae) 15g, Kun Bu (Thallus Algae) 15g, Chai Hu (Radix Bupleuri) 12g, Zhi Gan Cao (Radix Glycyrrhizae Praeparatae) 9g, San Leng (Rhizoma Sparganii) 9g, E Zhu (Rhizoma Curcumae Zedoariae) 9g, Lian Qiao (Fructus Forsythiae Suspensae) 9g, Ge Gen (Radix Puerariae) 6g, Bai Shao (Radix Paeoniae Lactiflorae) 6g, Dang Gui (Radix Angelicae Sinensis) 6g, Huang Lian (Rhizoma Coptidis) 6g, Sheng Ma (Rhizoma Cimicifugae) 1.8g.

7 The original composition of the formula "Herba Sargassi Jade Pot Decoction" is as follows: Hai Zao (Herba Sargassii), Kun Bu (Thallus

Algae), Zhe Bei Mu (Bulbus Fritillariae Thunbergii), Chen Pi (Pericarpium Citri Reticulatae), Qing Pi (Pericarpium Citri Reticulatae Viride), Lian Qiao (Fructus Forsythiae Suspensae), Chuan Xiong (Radix Ligustici Wallichii), Dang Gui (Radix Angelicae Sinensis), Gan Cao (Radix Glycyrrhizae Uralensis), Ban Xia (Rhizoma Pinelliae Ternatae), Du Huo (Radix Duhuo).

8 Another example is the combination of Ren Shen (Radix Ginseng) and Wu Ling Zhi (Excrementum Troglodyteris seu Pteromi) that was pioneered by Zhang Ci-Gong in the 1930s and is championed today by his student, the famous herbalist Zhu Liang-Chun. See Zhu Liang-Chun. *Zhu Liang-Chun yongyao jingyan ji (A collection of Zhang Liang-Chun's experience in the use of drugs)*. Changshai. Hunan kexue jishu chubanshe, 2000, p. 34.

9 Jiangnan is a term used to refer to the area marked roughly by the provinces of Jiangsu, Zhejiang and Anhui centred around the Jiangzi river in central China. The Jiangnan area developed as the economic and cultural centre of China since the time of the Southern Song.

10 Professor Shen thinks that only fibroids smaller than five centimetres can be cured completely.

11 Case Study 1 is taken from *Shanghai laozhongyi jingyan xuanbian (Selected and edited experiences of venerated senior physicians of Chinese medicine from Shanghai)*, photocopied manuscript in possession of the author, pp. 450-452.

12 Case study 2 is taken from Shi Qi, ed. *Shànghāi zhōngyīyào dàxué zhōngyīxuéjiā zhuānjí*, p.190.