

YE TIANSHI'S STRATEGIES FOR THE TREATMENT OF BLOODY STOOLS

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Introduction

Ye Gui (1666-1745), better known under his style-name Tianshi, is one of the most famous clinicians in the history of Chinese medicine. In the West he is known above all for his diagnosis of 'warm [pathogen] disorders' (*wenbing*) according to the four aspects *wei*, *qi*, *ying* and *xue*. Ye Tianshi's influence on the development of Chinese medicine goes well beyond that however, and extends to almost all areas of practice, from doctrine to treatment, from diagnosis to formula composition. Thus, he was one of the main advocates of the "new contraction of warm [pathogen] heat disorders stream" (*xingan wenre pai*) in Chinese medicine, a group of physicians who perceived warmth to be a disease cause in its own right rather than a mere transformation of previous cold penetration. Ye advanced novel approaches in tongue, pulse, and inspection diagnosis, and many key formulas in the treatment of warm [pathogen] disorders are derived from his case records. *Sang Ju Yin* (Mulberry Leaf and Chrysanthemum Decoction), *Yin Qiao San* (Honey-suckle and Forsythia Powder), and *San Ren Tang* (Three-Nut Decoction) are but a few widely known examples.¹

Published after his death by his students and family, Ye Tianshi's case records, especially his *Guide to Clinical Practice Based on Medical Case Records* (*Linzheng zhinan yi'an*), became popular with physicians seeking to benefit from the experience of a famous medical master.² His treatment strategies and clinical style thus shaped generations of physicians and came to dominate medical practice in Jiangnan, the lower Yangzi region that was then, as now, at the very centre of Chinese culture and economy. It is a clinical style that focuses above all on the unhindered circulation of *qi*, blood and body fluids, rather than on supplementing substances or draining pathogens. As such it emphasises, wherever possible, the use of opening, dissipating and regulating drugs and formulas that do minimum damage to the *qi* mechanism and avoids the usage of heavy, cloying, dispersing or drying medicinals. In terms of its intellectual orientation, it stresses experiential over doctrinal learning without however, devaluing the latter. In practice, the focus is on adjusting clinical strategies to the ever changing dispositions of disease. This means using old formulas for new purposes and even inventing entirely

new ones rather than forcing clinical reality into existing schemes of knowledge. As a result, Ye has come to be seen as one of the main representatives of the 'contemporary formula stream' (*shifang pai*) in Chinese medicine, that is of those physicians who self-consciously went beyond the 'classical formula' (*jingfang*) style represented by Zhang Zhongjing and his followers.³

The opposition implicit in this distinction, like many other representations of Ye Tianshi, is misleading however. For Ye never rejected classical formulas but rather built on them in the same manner that he developed his approach to warm [pathogen] disorders out of - and not against - cold damage (*shanghan*) therapeutics. What is most important in my opinion, therefore, about Ye's style of medicine is his extreme flexibility as a clinician, and his capacity to home in on the fundamental patho-mechanism behind the surface manifestations of a given disorder. This ability was derived from long years of study encompassing all areas of Chinese medicine - Ye apparently studied with seventeen different masters and read any medical text that he could find - and a clinical practice so busy that he never found time to write any books himself.

In this article I wish to introduce Ye Tianshi's clinical style to a Western audience still largely unaware of the rich experience available in the case records left by famous physicians in the history of Chinese medicine. For this purpose, I have chosen 'bloody stools' (*bian xue*), because it is a problem sufficiently common in contemporary clinical practice to warrant attention, yet not common enough to have produced a consensus regarding its treatment. My primary intention is to afford readers with new perspectives in developing their own approaches. At the same time I also wish to challenge, albeit obliquely, the reductionism that underpins much of contemporary Chinese medicine by contrasting its use of patterns and types with the supple virtuosity of Ye Tianshi's emphasis on strategies.

Before embarking on this project, I must emphasise to readers the subjective biases implicit in reading and interpreting the Chinese case record literature. With few exceptions, the case records left by pre-modern Chinese physicians tend to be extremely brief. They consist of a few lines of text outlining the major symptoms and signs, followed

sometimes, but by no means always, by a diagnosis and an explanation of the treatment strategy, and then invariably the prescription. Understanding a case record thus presumes a wide range of interpretative skills that I cannot claim to possess but in rudimentary form: the ability to divine from a few key observations a more complete picture of the patient, familiarity with the medical and non-medical literature to which the author may be alluding; an awareness of the polemics and debates that constitute the interpretative context to any particular set of case records; and finally an in-depth knowledge of formulas and strategies.⁴

Furthermore, as in the case of Ye Tianshi, the case records of a particular physician were frequently published by students or family, sometimes many years after his death, in order to promote his name or, by association, that of the publisher. It is often quite difficult therefore to separate the 'real' Ye Tianshi from the myth or image created by his followers. Hence in reading any set of case records, one also needs to know something about the life of a physician, about the kind of patients that came to see him, about his views and interests, his teachers and disciples. One also needs to read such case records many times in order to discriminate patterns of prescribing that provide clues to the reasoning behind any individual prescription.⁵ In the end however, it remains an extremely subjective process that is no different to the interpretation of poems or paintings. In order to reduce my personal interpretative biases as much as possible, my article therefore draws not merely on my own study of Ye Tianshi's works, but on an extensive reading of secondary sources. I follow the consensus in that literature wherever it exists, and my own ideas where it does not.⁶

1. Basic concepts and treatment strategies

In his case records, Ye Tianshi uses a number of different designations to label bloody stools: *bian xue* (lit. "stools [with] blood"), *chang hong* (lit. "intestinal red") and *zhi xue* (lit. "haemorrhoidal blood"). What I label 'bloody stools' accordingly does not refer to one single disease category, whether Chinese or biomedical. Nevertheless, all cases I consulted are grouped under this rubric in the *Guide to Clinical Practice*. A brief discussion of pre-Qing approaches to the problem also is necessary in order to understand Ye Tianshi's own treatment strategies.⁷

Two different sections in the *Neijing* provide Ye Tianshi with his basic understanding of the pathology underlying all cases of bloody stools. The first of these is from *Suwen*, chapter 7, and refers to bloody stools as arising from 'knotted yin' (*jie yin*), a term designating the stagnation of pathogens in the yin vessels. *Lingshu*, chapter 66, further explains, "[I]f the yin collaterals (*yin luo*) are damaged, blood spills internally; if blood spills internally, there will be bloody stools."⁸

If the *Neijing* described the patho-mechanism underlying the symptom of bloody stools, it did not provide any suggestions for treatment. Later physicians therefore developed more clinically based systems of differentiation.

The oldest of these, put forward by Zhang Zhongjing in the *Jingui yaolue*, distinguished between 'proximal bleeding' (*jin xue*), occurring close to the anus in the lower jiao (the anus, rectum and large intestine), and 'distal bleeding' (*yuan xue*), indicating a middle jiao pathology (stomach, spleen, small intestine). The second classification was developed from the Song dynasty onward by physicians such as Yan Yonghe, who lived during the thirteenth century. It grouped all cases of bloody stools into the two classes of 'intestinal wind' (*chang feng*) and 'intestinal poison' (*chang du*). Intestinal poison was defined as bleeding of dark, turbid blood, or bleeding accompanied by rectal swelling and pain, whereas intestinal wind denoted bleeding of fresh, clear blood without rectal swelling or pain.⁹

Shao Xinfu argues that Ye Tianshi interprets the term 'yin collaterals' as designating the collaterals of the internal organs.¹⁰ Damage to the yin collaterals may result from external or internally generated pathogens, or it can be the consequence of internal depletion such as spleen unable to control blood, or kidneys unable to contain blood. He thereby rejected the simple opposition between intestinal wind and intestinal poison dominant at his time and developed more sophisticated and flexible treatment strategies based on locating the root of the pathologies in various zangfu. The differentiation between distal and proximal bleeding, on the other hand, was absorbed into this system and used as a tool for discriminating between the zangfu as the main seat of the pathology. Damage to the collaterals of the zang is more often associated with distal bleeding, for which warming supplementation (*wen bu*) is appropriate. Damage to the collaterals of the fu is more often associated with proximal bleeding, for which cold draining (*han xie*), moving (*xing*) and clearing (*qing*) is appropriate. In practice, Ye Tianshi frequently combines treatment of both zang and fu, however. Yangming stomach and intestine are always the physical location of the disorder and as such correspond at least to the manifestation. Hence, Ye Tianshi always emphasises the usage of moving and clearing strategies in order to ensure that yangming remains open. Only a very limited role is ever accorded to astringent haemostyptic drugs.¹¹

2. Stomach and large intestine patterns

Stomach and large intestine pertain to yangming. Yangming is filled with both qi and blood and is thus particularly prone to heat repletion patterns damaging the yin collaterals. Heat brewing internally easily transforms into wind. Yangming heat patterns are therefore often accompanied by spastic symptoms such as tenesmus and abdominal pain. Accordingly, treatment of yangming patterns is directed at clearing the pathogen, while simultaneously ensuring normal bowel movement, and preventing damage to the yin fluids. Rectal bleeding involving the large intestine is confined predominantly to qi and blood aspect heat patterns. Stomach patterns, on the other hand, may be seen in a wide range of conditions due to the physiological linkage of the stomach with all other zang and fu.

2.1 Yangming damp-heat

Yangming damp heat is a qi aspect heat pattern that can arise from long-standing stagnation of food and drink in the stomach and intestines transforming into heat, or from seasonal damp-warm pathogens penetrating internally via lung or spleen taiyin. It is often difficult to differentiate precisely between stomach and large intestine patterns, and spleen damp-heat constitutes a contributing factor in many cases. Key symptoms and signs found in Ye Tianshi's cases include a rapid pulse on the right, a dark greyish complexion, anal itching and irritation.

The main treatment strategy is to drain damp-heat with bitter-cold drugs such as Huang Lian (*Rhizoma Coptidis*) and Huang Qin (*Radix Scutellariae Baicalensis*), supported by warm-drying qi regulating medicinals such as Cang Zhu (*Rhizoma Atractylodis*), Hou Po (*Cortex Magnoliae Officinalis*) or Chen Pi (*Pericarpium Citri Reticulatae*). The guiding formula thus is *Ping Wei San* (Calm the Stomach Powder). Assistant drugs are added by means of appropriate additions and subtractions. Two main groups of assistants can be made out. They are: i. bitter-cold drugs that assist in the draining of damp-heat but simultaneously clear heat from the blood aspect and thereby stop bleeding such as Di Yu (*Radix Sanguisorbae Officinalis*) and Huai Hua (*Flos Sophorae Japonicae Immaturus*). ii. sour drugs which supplement yin and astringe yang such as Bai Shao (*Radix Paeoniae Lactiflorae*) and Wu Mei (*Fructus Pruni Mume*), accompanied by antihemorrhagic drugs which also have wind dispelling properties such as carbonised Jing Jie (*Herba seu Flos Schizonepetae Tenuifoliae*) and carbonised Ju Hua (*Flos Chrysanthemi Morifolii*).

Contrary to Zhao Xinfu's protestations we can identify in these strategies the enduring influence - but also the development - of the distinction between intestinal wind and intestinal poison inherited by Ye Tianshi. Rather than constituting two dialectically opposed nosological categories, they have been absorbed into a primarily zangfu based treatment approach. The first group of assistants might be chosen where damp-heat symptoms are particularly pronounced with turbid and dark blood and prominent signs of inflammation. The second group is appropriate for wind type bleeding with fresh blood. Where wind will have formed due to heat this also implies damage to yin blood. In such cases bitter-cold antistypics are contra-indicated, because they further damage the yin.¹²

The following cases are translations from Ye Tianshi's *Guide to Clinical Practice* and demonstrate both his style of treatment and mode of presentation.

Case 1: [Patient] Zheng. Damp heat [contracted] after the summer solstice is steaming internally complicated by intestinal wind. My view is [to employ] the strategy of [simultaneously using] sour and bitter [drugs].

Sichuan Huang Lian (*Rhizoma Coptidis*), Huang Qin (*Radix Scutellariae Baicalensis*), the flesh only of Wu Mei (*Fructus Pruni Mume*), fresh Bai Shao (*Radix Paeoniae Lactiflorae*), Guangdong Chen Pi (*Pericarpium Citri Reticulatae*), Hou Po

(*Cortex Magnoliae Officinalis*), carbonised Jing Jie (*Herba seu Flos Schizonepetae Tenuifoliae*), carbonised Ju Hua (*Flos Chrysanthemi Morifolii*).¹³

Case 2: Unnamed [Patient]: Pulse fast on the right, body and complexion greyish black, constitutionally full of heat. [In the present case] this is complicated by steaming internally of damp heat [that was] contracted in the late summer. The qi of food and drink stagnates, and blood drains with the stools. The strategy [here] is to use bitter cold [drugs], assisted by acrid warm drugs. In this way, by using light flavours for one month, one can attack the disorder on both flanks and cure [the patient].

Cang Zhu (*Rhizoma Atractylodis*), Huang Lian (*Rhizoma Coptidis*), Huang Qin (*Radix Scutellariae Baicalensis*), Hou Po (*Cortex Magnoliae Officinalis*), Di Yu (*Radix Sanguisorbae Officinalis*), Huai Hua (*Flos Sophorae Japonicae Immaturus*).¹⁴

2.2 Spleen depletion leading to yangming damp-heat

Intestinal damp-heat can also arise internally from qi stagnation caused by spleen qi or yang depletion. Such cases will present with a history of spleen depletion problems and symptoms such as fatigue, inability to digest and transform food, reduced appetite, abdominal fullness, bloatedness and pain. Ye Tianshi emphasises that treatment must proceed on the basis of the aetiological process and constitution rather than the manifestation alone. Supporting spleen qi, draining out damp and regulating stagnation form the basic strategy, which is supplemented by discharging depressive heat.

Prescriptions in these cases are built around formulas such as *Wu Ling San* (Five-Ingredient Powder with Poria) or *Zhi Zhu Wan* (Immature Bitter Orange and Atractylodes and Macrocephala Pill). The combination of Bai Zhu (*Rhizoma Atractylodis Macrocephalae*) with Fu Ling (*Sclerotium Poriae Cocos*) and/or Zhi Ke (*Fructus Citri seu Ponciri*) forms the foundation of a strategy that aims to build middle jiao qi without causing stasis. To this core are added assistants according to the presentation. These may be i. drugs that drain damp-heat from the lower jiao and stop bleeding such as Ze Xie (*Rhizoma Alismatis Plantago-aquaticae*) and Di Yu (*Radix Sanguisorbae Officinalis*); ii. drugs that regulate qi and blood in the intestine such as Chen Pi (*Pericarpium Citri Reticulatae*), Yu Jin (*Tuber Curcuma*) and Tao Ren (*Semen Persicae*); or iii. drugs such as Sang Ye (*Folium Mori Albae*) and Mu Dan Pi (*Cortex Moutan Radicis*) that drain depressive heat from the shaoyang, where it has accrued because of the stagnating qi and damp. The following is an illuminating case study.

Case 3: "[Patient] Cheng: In the preceding year [the patient suffered from] phlegm-rheum wheezing and panting with difficulty in comfortably lying down. Using acrid warm [drugs] to unblock yang and coerce rheum resulted in a cure. [Hence] I knew that spleen yang was internally weak with impaired management

of movement, [leading to] water and grain qi steaming, so that rheum evil was generated from damp. Damp belongs to yin, its long-term depression transforms into heat. [If] the heat enters the collaterals, this will necessarily result in bleeding below. However, constitutionally this [patient] belonged to the yang depletion [type]. All proprietary formulas for the treatment of bloody stools [rely] on bitter cold [drugs], as, for example, *Zang Lian Wan* (Gut and Coptidis Pill). If [these] do not accord with the constitution, one should not [prescribe them] overhastily¹⁵.

Fresh Bai Zhu (Rhizoma *Atractylodis Macrocephalae*), Fu Ling (Sclerotium *Poriae Cocos*), Ze Xie (Rhizoma *Alismatis Plantago-aquaticae*), carbonised Di Yu (Radix *Sanguisorbae Officinalis*), Sang Ye (Folium *Mori Albae*), Mu Dan Pi (Cortex *Moutan Radicis*)¹⁶

Comment: This case exemplifies Ye Tianshi's treatment of acute conditions against the background of constitutional factors. Only if the latter are taken fully into account can an appropriate treatment strategy be formulated. Constitutional treatment does not imply however, treating a person on the basis of the same formula irrespective of the presenting pathology. Thus, whereas in the preceding year this patient had been treated with warm acrid drugs for phlegm and breathlessness, their use is contra-indicated in a case of bleeding due to heat damaging the yin collaterals.

2.3 Large intestine blood heat

If the above constitute patterns where heat from stagnation enters and damages the yin collaterals, the heat in this pattern is located in the blood aspect itself. Such heat can arise in the course of externally transmitted illnesses, particularly warm pathogen disorders, or it develops internally from damp-heat qi aspect illnesses, or from damaged yin with strong depletion heat.

Ye Tianshi's cases do not describe patient presentations in detail so these must be deduced from the condition treated. One would not expect to see much thirst or lack of appetite unless the qi and fluids were also damaged, but would expect profuse bleeding of fresh blood which is difficult to arrest or of dark and clotted blood due to stagnation, a rapid pulse that will be strong as long as the yin is not excessively weak, and a red or crimson tongue, perhaps with raised papillae at the tip, which may or may not have a yellow fur depending on the degree of qi aspect heat.

Blood heat not only causes the blood to spill out of the yin collaterals, but also potentially leads to blood stasis or wind flaring internally. Treatment strategies therefore equate to those developed by Ye Tianshi for blood aspect patterns in general. The first goal is to stop bleeding while simultaneously ensuring the continued circulation of blood and preventing the formation of wind. Astringent haemostyptic drugs are thus contra-indicated. Instead, blood-cooling drugs such as Sheng Di Huang (Radix *Rehmanniae Glutinosae*), Tian Men Dong (Tuber *Asparagi Cochinchinensis*) and Xuan Shen (Radix *Scrophulariae Ning-*

poensis) are combined with cold blood moving drugs such as Mu Dan Pi (Cortex *Moutan Radicis*) and Dan Shen (Radix *Salviae Miltiorrhizae*).

Bitter cold drugs which stop bleeding and cool blood in the intestines such as Huai Hua (Flos *Sophorae Japonicae Immaturus*), carbonised Di Yu (Radix *Sanguisorbae Officinalis*) and black-fried Chun Pi (Cortex *Ailanthi*) are added only as assistants. The second goal is to clear the heat from its source. If, for instance, heat has entered the blood because of a damp-warm disorder, Ye Tianshi uses cold-bitter heat draining drugs such as Huang Bai (Cortex *Phellodendri*), Huang Qin (Radix *Scutellariae Baicalensis*) and Zhi Zi (Fructus *Gardeniae Jasminoidis*), and acrid damp parching drugs such as Ze Xie (Rhizoma *Alismatis Plantago-aquaticae*), Fu Ling (Sclerotium *Poriae Cocos*) and Wu Jia Pi (Cortex *Acanthopanax Radicis*). If it arises internally from depletion heat, he selects blood and nutritive qi nourishing drugs such as Bai Shao (Radix *Paeoniae Lactiflorae*) and Dang Gui (Radix *Angelicae Sinensis*). If the heat is located in the ying rather than the blood level, it can be vented outwards by assistants such as Jin Yin Hua (Flos *Lonicerae Japonicae*), Lian Qiao (Fructus *Forsythiae Suspensae*) or Dan Zhu Ye (Herba *Lophatheri Gracili*).¹⁷ The following are two representative cases and prescriptions.

Case 4: "[Name] Unknown, 37 years: Internal heat, bloody stools leading to haemorrhoids. One should clear heat from the yin aspect.

Sheng Di Huang (Radix *Rehmanniae Glutinosae*), Mu Dan Pi (Cortex *Moutan Radicis*), wok-fried Huang Qin (Radix *Scutellariae Baicalensis*), carbonised Huai Hua (Flos *Sophorae Japonicae Immaturus*), carbonised cake made from Shi Zi (Kaki), Xuan Shen (Radix *Scrophulariae Ningpoensis*), Jin Yin Hua (Flos *Lonicerae Japonicae*), Zhi Zi (Fructus *Gardeniae Jasminoidis*).¹⁸

Case 5: [Name] Qian, 18 years: Yin depletion internal heat. Incessant bleeding from the bowels.

Wok-fried black Chun Pi (Cortex *Ailanthi Altissimae*) 30g, wok-fried Sheng Di Huang (Radix *Rehmanniae Glutinosae*) 9g, wok-friend Jin Yin Hua (Flos *Lonicerae Japonicae*) 4.5g, wok-friend black Di Yu (Radix *Sanguisorbae Officinalis*) 6g, Dang Gui (Radix *Angelicae Sinensis*) 3g, fresh Bai Shao (Radix *Paeoniae Lactiflorae*) 3g, wok-fried Mu Dan Pi (Cortex *Moutan Radicis*) 3g, Fu Ling (Sclerotium *Poriae Cocos*) 3g.¹⁹

Comment: While the pathomechanism causing the bleeding in both cases is the same, the aetiology is different, requiring an adjustment in treatment strategy. The first case is one of blood heat arising from qi aspect internal heat. It is treated by cooling and moving blood, supported by venting the heat outwards via the qi and wei aspects. Treating the root here is treating the manifestation. The second case is one where large intestine blood aspect heat has arisen from internal yin depletion, so that root and manifestations differ. However, as blood heat is predominant, the treatment strategy is to cool blood and stop bleeding, while

supporting yin and blood is a secondary goal. In Ye Tianshi's practice, appropriate treatment of large intestine blood heat therefore requires a careful diagnosis of the aetiology and ongoing development of the disorder. The former is necessary in order to be able to clear the heat at its source, the latter is the foundation for treating what is not yet ill.

2.4 Yangming not closed (*yang ming bu he*)

This pattern designates bloody stools occurring in the context of yangming depletion. The *Neijing* compares both yangming and jueyin to the passage afforded by a door.²⁰ In the case of yangming, it is the passage through which stuff must pass, physically as well as physiologically, in order to enter the interior of the body to be transformed into blood or essence. Excessively rapid passage of food through yangming thus hinders normal assimilation of blood and essences.

In Ye Tianshi's view, yangming depletion patterns always have a tendency to lead to yin depletion. This follows clearly from yangming's physiological function discussed above. In the case of bloody stools, where essence and blood is lost, this tendency is exacerbated. Hence where bloody stools occur in the context of yangming depletion, it is essential not merely to supplement or raise qi but also to secure yangming and to take into account potential or already existing damage to the fluids. This treatment principle is referred to in the *Guide to Clinical Practice* as "closing yangming" (*he yangming*).

Its practical application consists primarily in selecting the sour and astringent drugs Chi Shi Zhi (*Halloysitum Rubrum*) and Yu Yu Liang (*Limonitum*), which firm and secure yangming and stop bleeding. These are then incorporated into prescriptions that address the root cause of the bleeding pattern, be it downward fall of qi into the lower jiao with resultant stasis and damage to the yin collaterals, or yin depletion with heat in the lower jiao.

The following two cases are representative of this method and in light of the above require no further explanation.

Case 6: [Name] Cai, 38 [years]. Pulse soggy small, food [intake] reduced [indicating] qi debilitation. In the spring [onset of] bowel bleeding. The stools are sometimes knotted, sometimes semi-liquid. I take into consideration that in spring and summer yang ascends, [while] yin is weak [affording] less securing. [Li] Dongyuan's [method] of boosting qi tends to ascend yang. Fearing [that this would] damage the yin fluids even further, my view is to use sweet and sour [drugs] that secure and astringe, which [corresponds to] the strategy of closing yangming. Ren Shen (*Radix Ginseng*), wok-fried Gu Ya (*Fructus Oryzae Sativae Germinantus*), Yu Yu Liang (*Limonitum*), Chi Shi Zhi (*Halloysitum Rubrum*), Mu Gua (*Fructus Chaenomelis Lagenariae*), wok-fried Wu Mei (*Fructus Pruni Mume*).

Case 7: [Name] Unknown. Able to eat. Bowel bleeding. Pulse thin, wilting complexion, downward sagging haemorrhoids. My opinion [is to employ] sour and bitter [drugs] to extinguish wind and harden yin.

Carbonised Shan Zhu Yu (*Fructus Corni Officinalis*), carbonised Wu Wei Zi (*Fructus Schisandrae Chine-nsis*), carbonised Huang Bai (*Cortex Phellodendri*), carbonised Di Yu (*Radix Sanguisorbae Officinalis*), Yu Yu Liang (*Limonitum*), Chi Shi Zhi (*Halloysitum Rubrum*).²¹

3. Heart and lung patterns

Although large intestine blood heat patterns can develop from various causes, the present manifestation is always in the large intestine. These are therefore yangming patterns. However Ye Tianshi differentiates such cases from others, where bloody stools due to blood heat in the yin collaterals of various zang (heart, lung and kidneys) are a manifestation of the wider dysfunction of these zang. Although the presentation of such patterns can involve bloody stools as the main symptom, they are not large intestine patterns. Both large intestine blood heat and blood heat due to heat in the zang are, from another point of view however, all blood aspect heat patterns sharing a distinctive symptomatology. The distinction between these patterns therefore requires considerable diagnostic skill. It leads to the formulation of therapeutic strategies whose sophistication provides a telling example of Ye Tianshi's extraordinary craftsmanship.

3.1 Lung heat leading to blood not flowing smoothly

Lung heat causing yin to become depleted slows the circulation both of fluids (which are under the control of lung qi) and blood throughout the body. As lungs and large intestine share an interior-exterior relationship, long standing lung heat easily transmits to the yin collaterals of the large intestine, where it causes symptoms such as sticky blood, constipation, rectal burning, and pain accompanied by thirst, dark urine and a dry cough, or cough with blood streaked sputum.²²

Therapeutically, clearing blood aspect heat and nourishing yin with drugs such as Sheng Di Huang (*Radix Rehmanniae Glutinosae*) and Tian Men Dong (*Tuber Asparagi Cochinchinensis*) must be supported by additional strategies which include one or more of the following: i. moistening and descending of lung qi to facilitate movement of stools in the large intestine with drugs such as Huo Ma Ren (*Semen Cannabis Sativae*), Shi Zi (*Kaki*) cakes, and Dang Gui (*Radix Angelicae Sinensis*); ii. venting of lung heat in the upper jiao via the qi and wei aspects through drugs such as Jin Yin Hua (*Flos Lonicerae Japonicae*); iii. unblocking stagnation in the yangming with moist moving drugs such as Shan Zha (*Fructus Crataegi*) and Dong Kui Zi (*Semen Abutili seu Malvae*).

Case 8: [Name] Unknown. Rectal bleeding of sticky stagnant blood from which [the patient has been unable] to recover for four years [so that now] yin and qi are damaged. Sagging rectum with stabbing pain and gummy stool. [In this situation] it is difficult for drugs to bring about a rapid improvement. One should use a moistening prescription to unblock the fu:

Sheng Di Huang (*Radix Rehmanniae Glutinosae*), Lu

Dou Yi (Pericarpium Glycinae), Shan Zha (Fructus Crataegi), Huo Ma Ren (Semen Cannabis Sativae), Dong Kui Zi (Semen Abutili seu Malvae), Dang Gui Shen (Radix Angelicae Sinensis body).²³

Note: The usage of Lu Dou Yi here is not clear to me. It is used to stop sweating and thus could be used here to prevent further loss of fluids. Some sources say that it cools or moves blood. Finally it is said to eliminate wind, which may arise here from the depletion of yin, although no symptoms are specified.

3.2 Heart disorders leading to blood aspect heat

The heart resonates with both heat and blood, which link it to all blood aspect disorders. Heart fire, external heat penetrating into the pericardium, and heart yin depletion can all result in blood aspect heat and resultant bloody stools. Symptoms and signs will depend on the precise pattern, but invariably involve heart disturbance such as agitation, restlessness and palpitations. Agitation of yang above easily engenders wind, while damage to yin-blood necessitates treatment strategies common to all blood aspect heat disorders in addition to those which clear heat specifically from the heart. The guiding formula for the treatment of repletion patterns is *Zhu Ye Di Huang Tang* (Lophatherus and Rehmannia Decoction), while for depletion patterns it is *Tian Wang Bu Xin Dan* (Emperor of Heaven's Special Pill to Tonify the Heart).

Only very few such cases can be found in Ye Tianshi's case histories. More frequent is an inability of nutritive qi to control blood attributed to a joint spleen and heart disorder. The pattern and its treatment are discussed in section 5.2.

4. Liver and gall bladder patterns

Ye Tianshi identifies cases of bloody stools with liver and gall bladder dysfunction as the predominant pattern in situations where excess liver qi damages the yin collaterals. In terms of disease nosology he classifies these as sub-patterns of liver accosting earth. Excessive, unregulated and therefore inappropriately developed liver qi arises either from liver qi depression transforming into heat, or from fire, or from liver yin or blood depletion²⁴. It is characterised by abdominal pain and distress in association with other characteristic liver or gall bladder symptoms and signs that point to the root of the disorder such as propensity to anger, a bitter taste in the mouth, or alternating heat and cold.

4.1 Liver depression, depressive shaoyang heat, and liver fire

These patterns arise in the context of: i. liver qi and blood depletion leading to depressed liver qi; ii. depressive anger (*yu nu*), which in my opinion designates non-released frustrations; iii. uncontrolled anger (*chen nu*), which in my opinion designates an inability to control frustration.

The first of these is a depletion pattern complicated by depressive shaoyang heat. Ye Tianshi uses one of two strategies for such patterns. Where knotting of qi is pronounced (bloody stools accompanied by significant ab-

dominal or body pain, as well as other signs of liver qi depression) he draws on variations of *Xiao Yao San* (Rambling Powder). If heat is predominant (focal distension rather than pain, depressive vexation), Ye Tianshi eschews the use of Chai Hu (Radix Bupleuri). The combination of Sang Ye (Folium Mori Albae) and Mu Dan Pi (Cortex Moutan Radicis) is employed instead, to simultaneously move qi and blood, and to drain depressive heat¹⁴. A typical formula in this case is *Ren Shen Sang Ye Fang* (Ginseng and Mulberry Leaf Formula). This formula combines Ren Shen (Radix Ginseng) and Dang Gui (Radix Angelicae Sinensis) to nourish spleen nutritive qi, Zhi Shi (Fructus Citri seu Ponciri Immaturus) juice and wok-fried Ban Xia (Rhizoma Pinelliae Ternatae) to unblock yangming stagnation, and Sang Ye (Folium Mori Albae) and Mu Dan Pi (Cortex Moutan Radicis) to discharge shaoyang depressive heat.

The second is a pure repletion pattern that requires clearing of depressive liver heat. Here, too, Ye Tianshi draws on the combination of Sang Ye (Folium Mori Albae) with Mu Dan Pi (Cortex Moutan Radicis), which are combined with liver heat clearers and yang unblockers. A typical formula is *Sang Ye He Ye Fang* (Mulberry and Lotus Leaf Formula) containing Sang Ye (Folium Mori Albae), He Ye (Folium Nelumbinis Nuciferae), Mu Dan Pi (Cortex Moutan Radicis), Bai Shao (Radix Paeoniae Lactiflorae), Zhi Zi (Fructus Gardeniae Jasminoidis), Chen Pi (Pericarpium Citri Reticulatae) and fresh Gu Ya (Fructus Oryzae Sativae Germinantus).

The third pattern is characterised by more fulminating liver fire which flares upwards causing internal bleeding complicated by symptoms such as vomiting, jueyin headache, dizziness, sensations of qi rising upwards in the abdomen, and abdominal distension. A strange symptom pointed out by Ye Tianshi is that of patients feeling chilly rather than hot. This is explained as false cold due to upward rising of yang qi that thereby becomes unavailable for fulfilling its warming function. Treatment is via prescriptions that combine the draining of liver fire with the safeguarding of yin fluids and the regulation and unblocking of yangming stomach and intestines. Typical formulas are *Dang Gui Long Hui Wan* (Tangkuei, Gentiana Longdancao and Aloe Pill) and *Zhu Che Wan* (Vessel and Vehicle Pill).

4.2 Liver yin is depleted

Stirring liver wind causing damage to the yin collaterals arises in the context of liver yin and blood depletion, which in turn can be caused by a variety of factors. Ye Tianshi's cases extend from the treatment of iatrogenic illness due to the inappropriate use of acrid warming qi ascending drugs, to chronic internal bleeding that is difficult (and indeed unnecessary) to differentiate from constitutional yin depletion. Symptoms and signs are those of general liver yin depletion and ascending of liver yang such as headaches, dizziness with an empty sensation in the head, and blocked nose.

Treatment in these cases must be directed primarily at nourishing yin with drugs that are simultaneously capable of cooling and moving blood so as to stop bleeding and

prevent stasis. Sheng Di Huang (Radix Rehmanniae Glutinosae), Mu Dan Pi (Cortex Moutan Radicis), Tian Men Dong (Tuber Asparagi Cochinchinensis) and Xuan Shen (Radix Scrophulariae Ningpoensis) are Ye Tianshi's favourites for this purpose. These may be assisted by: i. drugs which clear heat from the upper jiao, head and heart such as Lian Qiao (Fructus Forsythiae Suspensae) and Dan Zhu Ye (Herba Lophatheri Gracilis); ii. drugs which direct qi and blood downward and return it to the liver such as Niu Xi (Radix Achyranthis Bidentatae); iii. drugs such as Fu Shen (Poriae Cocos Pararadicis Sclerotium) and Shi Hu (Herba Dendrobii) which support the middle, particularly its yin aspect, so as to safeguard the assimilation and distribution of qi and blood. Once acute symptoms have been resolved, Ye Tianshi employs prepared formulas such as *Da Bu Yin Wan* (Great Tonify the Yin Pill), *Hu Qian Wan* (Hidden Tiger Pill), or *Yang Rou Jiao Wan* (Mutton and Ass Hide Gelatin Pill), dispensed as pills for long term consolidation treatment.

Where liver wind, instead of ascending upwards, knots in the abdomen causing symptoms such as inhibited urination, thirst, abdominal pain and palpable, painful, right-sided concretions, the treatment strategy is to nourish the liver and extinguish wind so as to reenable the liver to carry out its normal coursing and discharging functions. *Shao Yao Gan Cao Tang* (Peony and Licorice Decoction) is the formula of choice. To this may be added sour astringents to drain liver from earth and nourish yin such as Mu Gua (Fructus Chaenomelis Lagenariae) and Wu Mei (Fructus Pruni Mume), as well as drugs that supplement the middle and drain accumulated heat and dampness downward, for example Ze Xie (Rhizoma Alismatis Plantago-aquaticae) and Fu Ling (Sclerotium Poriae Cocos).

I include two exemplary case records of bloody stools arising from liver and gall bladder disharmony to exemplify Ye Tianshi's use of the above principles.

Case 9: [Patient] Liu, age sixty-one. Depressive anger complicated by bowel bleeding. Wood fire seizes the collaterals of the fu [causing] slight abdominal pain. My opinion [regarding the appropriate strategy] is to harmonise yin.

Winter Sang Ye (Folium Mori Albae), Mu Dan Pi (Cortex Moutan Radicis), fresh Bai Shao (Radix Paeoniae Lactiflorae), black Zhi Zi (Fructus Gardeniae Jasminoidis), Guangdong Chen Pi (Pericarpium Citri Reticulatae), dry He Ye (Folium Nelumbinis Nuciferae), fresh Gu Ya (Fructus Oryzae Sativae Germinantus).

Case 10: [Patient] Cheng, forty-six. Shaoyang collateral disorders invariably invade taiyin. [Where] spleen yang is debilitated, [there is] knotting and focal distension in the middle jiao, with a wilted complexion as if being overworked, and blood after the passage of stools. [According to] doctrine the spleen is a soft zang and without hardening one cannot revive its yang. However where vigorous depression results in a disorder, warm acrid [drugs] can only be used with

difficulty. In my opinion, the method of supplementing earth and draining wood [is appropriate].

Ren Shen (Radix Ginseng), Dang Gui (Radix Angelicae Sinensis), Zhi Shi (Fructus Citri seu Ponciri Immaturus) juice, wok-fried Ban Xia (Rhizoma Pinelliae Ternatae), Sang Ye (Folium Mori Albae), Mu Dan Pi (Cortex Moutan Radicis). Ren Shen and Dang Gui (Radix Angelicae Sinensis) supplement the spleen's nutritive qi. Zhi Shi and Ban Xia open the stagnation of the yangming. Sang Ye and Mu Dan Pi drain depression of the shaoyang.²⁵

5. Spleen patterns

Spleen-earth occupies the central position and connects to all the other viscera. Hence Ye Tianshi rarely identifies patterns of pure spleen dysfunction. More often, combined patterns involving other zangfu such as stomach, liver, heart and kidneys are diagnosed. It is possible, nevertheless, to tie all of these patterns together by understanding them as focusing on the failure of nutritive qi to control blood. And it is this focus on the nutritive qi as core pathology that distinguishes them from other zangfu patterns.

Like the spleen, which as a zang has distinctly yang functions, nutritive qi too, has a dual aspect. It is tied to the physical substratum from which blood is produced and it is the agent of this production. Although it is a type of qi and therefore yang in nature it has a distinctly more yin character than the defensive qi circulating outside the vessels. In as much as it belongs to spleen earth, it represents the ascending functions of spleen yang within the vessels and as such is said to 'contain' blood. Thus, whenever the functions of spleen yang are impeded, whether due to external or internal pathogens, or depletion conditions, nutritive qi fails to hold and contain blood. At the same time however nutritive qi itself is produced by the spleen – the functions of which it represents vis-à-vis the blood - in the process of digestion.²⁶

5.1 Middle jiao obstruction patterns

Spleen and stomach obstruction patterns leading to bloody stools arise where external pathogens such as damp or cold impede the spleen's ascending and the stomach's directing downward of qi. Middle jiao nutritive qi unable to ascend causes stasis of nutritive qi within the yin collaterals, which in turn leads to bleeding. Penetration of damp or cold into the middle jiao is facilitated by weakness of middle jiao yang qi or internally generated dampness. In clinical practice, depletion and repletion patterns are therefore invariably conjoined and will be discussed here together. Typical symptoms and signs of middle jiao obstruction in Ye Tianshi's case studies are bloody stools of purplish red blood (designating stagnation and repletion) accompanied by abdominal distension which is aggravated by eating, periumbilical pain and diarrhoea.

The normal treatment strategy in cases of cold and damp obstruction in the middle jiao is to move middle jiao yang and disperse stagnation, supported by warming and forti-

fication of the middle. However, given the physiological relations outlined above, bleeding also invariably involves loss of - or damage to - nutritive qi and blood, even though such damage does not constitute the actual cause of the bleeding in these cases. Moreover, moving middle jiao yang qi with warm acrid drugs can further aggravate bleeding once it has occurred. On the other hand, formulas commonly employed to nourish nutritive qi and to stop bleeding due to spleen depletion such as *Gui Pi Tang* (Restore the Spleen Decoction) are cloying and tend to aggravate rather than relieve stagnation. Ye Tianshi, therefore, recommends a more subtle approach that combines coursing the stomach (which facilitates the elimination of pathogens) with nourishing the spleen (which facilitates the ascending of middle jiao yang and the spleen's ability to contain blood). The guiding formulas are *Li Zhong Tang* (Regulate the Middle Decoction) and *Bu Zhong Yi Qi Tang* (Tonify the Middle and Augment the Qi Decoction). The former combines warming supplementation with damp draining, the latter unblocks stagnation by ascending spleen qi.

Both formulas need to be adapted, however, to meet the exigencies of the situation. Such adaptations include: i. the addition of warm acrid bitter drugs such as Hou Po (Cortex Magnoliae Officinalis) and Chen Pi (Pericarpium Citri Reticulatae) to resolve stagnation by descending stomach qi. ii. the substitution in both formulas of Cang Zhu (Rhizoma Atractylodis) for Bai Zhu (Rhizoma Atractylodis Macrocephalae) to uplift spleen yang and dry dampness. Taken together the previous two strategies equate to regulating stomach qi by means of *Ping Wei San* (Calm the Stomach Powder). iii. the use of hot acrid drugs such as Fu Zi (Radix Aconiti Carmichaeli Praeparatae) and blast-fried Gan Jiang (Rhizoma Zingiberis Officinalis) to boost middle jiao yang and disperse cold. iv. Drugs which discharge wood from the middle such as Mu Gua (Fructus Chaenomelis Lagenariae) and Bai Shao (Radix Paeoniae Lactiflorae) in cases where depletion stagnation in the middle jiao is aggravated by overcontrolling liver-wood. v. the previous strategy differs from and complements the use of so-called wind-drugs such as Chai Hu (Radix Bupleuri), Sheng Ma (Rhizoma Cimicifugae), Ge Gen (Radix Puerariae) and Fang Feng (Radix Ledebouriae Sesloidis) which also discharge wood from the middle, though by means of ascending spleen and liver qi rather than by astringing and checking. vi. drugs which eliminate food stagnation and thereby restore the harmonious function of the middle jiao such as Shan Zha (Fructus Crataegi), Mai Ya (Fructus Hordei Vulgaris Germinantus) and Gu Ya (Fructus Oryzae Sativae Germinantus). vii. drugs to stop bleeding from the bowels. Black-fired Gan Jiang (Rhizoma Zingiberis Officinalis) is the medicinal of choice, as it combines haemostyptic functions with those of warming the middle. Ye Tianshi sometimes combines this with Di Yu (Radix Sanguisorbae Officinalis) if stasis has also generated heat. The use of Huang Tu (Terra Flava Usta) is another possibility. Two case histories will elucidate Ye Tianshi's approach.

Case 11: Wu, 28 years. Fullness of the middle [that has been treated] excessively by dispersion and restraining. [Now there are] bloody stools, [while] eating [anything] easily [leads to food] stagnation. This is a spleen and stomach disorder. Blood is ruled by the spleen. If the spleen is fortified, it rules and contains blood by itself. [In such cases], I dislike the static [nature] of *Gui Pi Tang* (Restore the Spleen Decoction) [and consider] the combination of coursing the fu and nourishing the zang to be appropriate.

Nine [times] steamed Bai Zhu (Rhizoma Atractylodis Macrocephalae), southern Shan Zha (Fructus Crataegi), Fu Ling (Sclerotium Poriae Cocos), Guangdong Chen Pi (Pericarpium Citri Reticulatae), Gu Ya (Fructus Oryzae Sativae Germinantus), Mai Ya (Fructus Hordei Vulgaris Germinantus).

To be taken as a decoction with Sheng Jiang (Rhizoma Zingiberis Officinalis Recens) and Da Zao (Fructus Zizyphi Jujubae).²⁷

Case 12: Bowel bleeding, abdominal distension, semi-liquid stools accompanied by slight [peri-] umbilical pain [denote that] spleen and stomach yang qi are already weak. [Although the patient] can eat, the qi [of liquid and grains] is not moved [causing] damp depression in the intestines and stomach with blood pouring incessantly. [In this case] one might consider whether the strategy of coercing stomach water used by ancient physicians like Luo Qianfu and Wang Sun'an might not be successful.

Chen Pi (Pericarpium Citri Reticulatae), Cang Zhu (Rhizoma Atractylodis), Hou Po (Cortex Magnoliae Officinalis), carbonised Sheng Ma (Rhizoma Cimicifugae), Zhi Gan Cao (Radix Glycyrrhizae Uralensis), carbonised Fu Zi (Radix Aconiti Carmichaeli Praeparatae), carbonised blast-fried Gan Jiang (Rhizoma Zingiberis Officinalis), wok-fried Dang Gui (Radix Angelicae Sinensis), wok-fried Bai Shao (Radix Paeoniae Lactiflorae), Ge Gen (Radix Puerariae), Chen Pi (Pericarpium Citri Reticulatae).

Use together with *Huang Tu Tang*, [but used] as pills.²⁸

Comment: The first case employs very simple drugs to firm the spleen ("nourishing the zang") and to rectify middle jiao stasis of food and damp ("coursing the fu"). This permits the spleen to resume its natural control over blood without the need for blood nourishing drugs or drugs to stop bleeding. In the second case, the yang qi of the middle jiao is weak and unable to transform and distribute qi with accumulation of damp and qi in the middle jiao and bleeding into the bowel. The treatment strategy of coercing stomach water (*jie wei shui*) refers to the combination of warm drying drugs such as Cang Zhu (Rhizoma Atractylodis) with hot drugs such as Fu Zi (Radix Aconiti Carmichaeli Praeparatae) and Gan Jiang (Rhizoma Zingiberis Officinalis). The entire approach is quite complex and involves the following elements: i. regulation of stomach qi in order to eliminate accumulated pathogenic

damp and qi stasis; ii. warming of the middle jiao yang to aid transformation and transportation; iii. ascending of spleen yang with wind herbs to resolve both stagnation and aid normal splenic movement; iv. nourishing of blood and yin to compensate for loss of blood and nutritive qi, and to balance the drying and warming nature of the hot acrid drugs otherwise employed.

5.2 Spleen and heart nutritive qi is damaged

Spleen and heart share an intimate physiological relationship in the production and control of nutritive qi and blood. Spleen produces and focuses on nutritive qi. If nutritive qi is insufficient, blood production and circulation are impaired and blood cannot be contained in the vessels. If heart qi is depleted, the vessels are weak, blood does not flow harmoniously, stagnates, and leaks from the vessels. In practice, therefore, nutritive qi damage leading to bleeding can involve both spleen and heart depletion. It often involves chronic rather than acute bleeding and is characterised by additional symptoms such as chills and fever (due to imbalance between the protective and nutritive qi), palpitations or clamouring heart, a sensation of emptiness or pain in the abdomen, digestive dysfunction with bloating after eating, loss of weight, fatigue, as well as a slow or empty and large pulse particularly on the right.

The appropriate treatment strategy for all patterns of bleeding due to spleen and heart nutritive qi damage is to regulate and nourish the nutritive qi, while building up earth and protecting heart yang. The emblematic formula used by Ye Tianshi here is *Gui Pi Tang* (Restore the Spleen Decoction). Other formulas used are *Gui Qi Jian Zhong Tang* (Angelica and Astragalus Decoction to Fortify the Middle) and *Ren Shen Yang Rong Tang* (Ginseng Decoction to Nourish the Nutritive Qi).

5.3 Spleen and kidneys are depleted

Bloody stools due to depletion of both spleen and kidneys are divided by Ye Tianshi into two large subgroups. The first of these encompasses bleeding due to stagnation that arises in the context of spleen and kidney yang depletion and cold in the middle jiao. This has been dealt with above in Section 4.1. The second group pertains to incapacity of spleen and kidneys to hold and contain blood due to depletion of the yin or substantial aspect of both zang. It may also be seen as a progression of patterns discussed in Section 4.2. Hence, the symptoms are similar but more severe than those discussed there: chronic bloody stools which have not responded to treatment accompanied by clear signs of substance depletion and blood desertion such as desiccated nails, a lustreless pale yellow complexion, and sagging of the lower abdomen, perhaps with anal prolapse. As to the formulation of treatment strategies Ye Tianshi states:

"[One must] treat [these patterns] in the spleen and kidneys because the spleen is the manager of containing blood while the kidneys unfold the power of promoting absorption." He explains: "Both spleen and kidneys are soft zang which

are able to receive hard drugs. Heart and liver are hard zang, which are able to receive soft drugs. This is something one has to know."²⁹

Hard drugs are medicinals that promote the unfolding of yang qi. Acrid and warm in nature, they make the zangfu more solid and hard by promoting the transformation of yin into yang. Soft drugs, on the other hand, refer to medicinals which supplement yin or blood and thereby add to the substance of the zangfu. As core zang of qi transformation, spleen and kidneys are supplemented by hard drugs, whereas liver and heart dominate blood transformation and thus require soft drugs. The logic underlying this physiologically based differentiation is clearly demonstrated in the present context. While chronic bloody stools damages nutritive qi and blood, its treatment in cases of spleen and kidney depletion requires not supplementation primarily of blood (as a substance) but of the nutritive qi that produces and contains blood.

Therapeutically, Ye Tianshi thus employs prescriptions that boost the containment and production of blood in the middle and lower jiao. Typically, these prescriptions combine hard drugs that dynamically supplement spleen and kidneys [such as Huang Qi (Radix Astragali), Bai Zhu (Rhizoma Atractylodis Macrocephalae), Cang Zhu (Rhizoma Atractylodis), Gan Jiang (Rhizoma Zingiberis Officinalis), Xu Duan (Radix Dipsaci)], with those that supplement yin and blood [such as Shu Di Huang (Radix Rehmanniae Glutinosae Conquitate), Dang Gui (Radix Angelicae Sinensis) and E Jiao (Gelatinum Asini)]. A representative example is the combination of *Gui Pi Tang* (Restore the Spleen Decoction) without Mu Xiang (Radix Saussureae seu Vladimirae), with *E Jiao Wan* (Ass-Hide Gelatin Pill) and *Liu Wei Di Huang Wan* (Six-Ingredient Pill with Rehmannia) in which the cooling and draining Mu Dan Pi (Cortex Moutan Radicis) and Ze Xie (Rhizoma Alismatis Plantago-aquaticae) have been substituted by the astringent Wu Wei Zi (Fructus Schisandrae Chinensis), Qian Shi (Semen Euryales Ferox) and Lian Zi Rou (Semen Nelumbinis Nuciferae). In other cases, Ye Tianshi uses *Hei Di Huang Wan* (Black [fried Ginger] and Rehmannia Pill) and *Tian Zhen Wan* (Heaven Genuine Pill)³⁰ without Ren Shen (Radix Ginseng). The following is an illustrative example.

Case 13: Wu, 44 years. Abdominal pain with lower [jiao] bleeding. This was cured by eating water chestnut with soya-bean milk, [that is] by drugs which discharge lung and guide out damp. Following this cure, however, [problems] recurred complicated by sinews and bones [becoming] flaccid, fever and chills and a dry mouth on lying down at night. This [indicated that in the course of] eliminating damp, qi [also] had been discharged so that the yangming vessel became lacking in [strength] and its unfolding of power. This is a case of nutritive and defensive qi having lost their regularity, and the body fluids not ascending. [It can be] managed with *Tian Zhen Wan* minus Ren Shen (Radix Ginseng).³¹

6. Kidney patterns

The large intestine is located in the lower jiao in proximity to the kidneys, which control the two yin, the urethra and anus, and function as the gate of the stomach. Physiologically, kidney yin contributes to the moisture necessary for the easy passage of stools, while kidney yang, as the source of minister fire, aids large intestinal transformation of matter. The cause of the bleeding due to all patterns of kidney depletion is an inability of the kidneys to firm the lower jiao, a dysfunction that can be caused by failure of both kidney yang and kidney yin.

6.1 Kidney yang is depleted

This is essentially a sub-pattern of diarrhoea due to kidney yang depletion and treated by Ye Tianshi as such. Regarding kidney vacuity diarrhoea, he states:

"There are no cases of chronic diarrhoea where the kidneys would not be damaged. [In all of these cases], food intake will be decreased and [that which is eaten] is not transformed. The yang has no power."³²

In this one sentence are summarised the aetiology, pathology and core symptomatology of the entire pattern. If the ministerial fire generated by kidney yang is too weak to empower digestion, either because of constitutional weakness or because it has been quelled by excessive dampness and cold, food is no longer adequately transformed. Simultaneously however, kidney essence is also weakened, as it fails to be nourished by the essences assimilated by spleen and stomach. As a consequence, ministerial fire, which depends on the availability of essences for its own generation, decreases further. Yang qi fails to rise, causing congestion of the lower abdomen, but also in the yin collaterals. The result is chronic bleeding of clear blood accompanied by early morning diarrhoea and other symptoms and signs of kidney yang depletion.

The appropriate treatment strategy in cases of kidney yang depletion is to nourish the kidneys with warm tonics and to secure the lower jiao. *Si Shen Wan* (Four-Miracle Pill) and *Ren Shen Yang Rou Wan* (Ginseng and Mutton Pill) are prototypical formulas. Ye Tianshi does not add any specific drugs to stop bleeding. For once kidney yang rises once more this will automatically cease.

6.2 The extraordinary vessels are depleted

For Ye Tianshi, damage to the extraordinary vessels represents an even more severe disorder than zangfu disharmonies, as expressed with regard to the treatment of diarrhoea where he states: "Reviewing the causes of illnesses, [one finds] that taxation harm [invariably] progresses from the three yin [zang] to the extraordinary vessels".³³

Particularly involved are the Governing Vessel because of its close relation to the minister fire, and the Conception and the Penetrating Vessels because of their involvement in qi and blood transformations. Ye Tianshi emphasises that securing the movement of substances facilitated by these vessels rather than their simple supplementation must be

the main therapeutic goal. In the present context, this includes on the one hand securing the lower jiao so as to prevent the loss of essence, qi and blood, and on the other the ascending of qi in these vessels from below to above. Specifically, he draws on the following interrelated treatment strategies: i. warm moistening (*wen run*), ii. ascending yang (*sheng yang*), and iii. warm binding (*wen se*).

The strategy of warm moistening comprises the selection of medicinals which supplement the substances in the extraordinary vessels and thereby their function without causing either stagnation or otherwise exacerbating existing symptoms. They include drugs such as *Ba Ji Tian* (*Radix Morindae Officinalis*), *Tu Si Zi* (*Semen Cuscutae*), *Rou Cong Rong* (*Herba Cistanches*) and *Sha Yuan Ji Li* (*Semen Astragali Complanati*).

Uplifting yang has three inter-related functions. First, it re-establishes the physiological ascending of ministerial fire and of the circulation of substances in the extraordinary vessels from below to above. Second, it unblocks stasis in the intestines that occurs as a consequence of the intermixing of food and accumulated yang qi in the lower jiao. Third, it prevents or counteracts any threatened desertion of yang. Medicinals that uplift kidney yang in this way include *Lu Rong* (*Cornu Cervi Parvum*), *Xiao Hui Xiang* (*Fructus Foeniculi Vulgaris*), *Tu Si Zi* (*Semen Cuscutae*) and *Fu Zi* (*Radix Aconiti Carmichaeli Praeparatae*).

Warm binding medicinals combine supplementing with astringent properties and secure the loss of substances and the consequential damage to the extraordinary vessels. They can be further divided into medicinals which are primarily supplementing but are also firming such as *Bu Gu Zhi* (*Fructus Psoraleae Corylifoliae*) and *Yi Zhi Ren* (*Fructus Alpiniae Oxyphyllae*), and others which are predominantly binding such as *Zi Shi Ying* (*Fluoritum*) and *Chi Shi Zhi* (*Halloysitum Rubrum*). The former function as chief medicinals in many of Ye Tianshi's prescriptions, while the latter are accorded the role of assistants.

The following case is a good illustration of Ye Tianshi's approach and demonstrates, furthermore, an interesting integration of acupuncture and herbal medicine.

Case 14: Chen, 37 years. A pulse that is depleted and rough on the left, and big and soft on the right. Coccygeal pain that extends upwards through the spinal column. Bleeding after defaecation. [Mr Chen] himself feels in a constant state of anxiety and dizziness both of which diminish considerably after eating. [These symptoms and signs] clearly [indicate] that the middle and lower [jiao] are both damaged, and that the eight [extraordinary] vessels are utterly exhausted. [He is] to take *Qing Xiang Ban Long Wan* (Blue-green High Striped Dragon Pill) in the morning [together with] harsh supplementing of *Yutang REN-18* and *Guanyuan REN-4*. [Also] to take *Gui Pi Gao* [a concentrate of *Gui Pi Tang*] in the evening in order to moisten and nourish nutritive qi and yin. Guarding himself [like this] for the course of one year, [his] body-person

[should thereafter be able] to secure itself.

Lu Rong (Cornu Cervi Parvum) fresh, cut thinly and pestled; Lu Jiao Shuang (Cornu Cervi Degelatinatum) pestled; Lu Jiao Jiao (Colla Cornu Cervi) transformed through salt decoction; Bai Zi Ren (Semen Biotae Orientalis) with the oil removed by drying over heat; Shu Di Huang (Radix Rehmanniae Glutinosae Conquिताe) nine steamed; Jiu Zi (Semen Allii Tuberosi) steeped in salt water, then wok-fried; Tu Si Zi (Semen Cuscutae) ground; red and white Fu Ling (Sclerotium Poriae Cocos) steamed; Bu Gu Zhi (Fructus Psoraleae Corylifoliae) steamed for one day with pulped flesh of Hu Tao Ren (Semen Juglandis Regiae), then wiped clean and wok-fried till aromatic.³⁴

Dissolve the above [thickly decocted] syrup into processed honey to form pills. 15 g to be taken each time with light salt broth.

Lu Rong strengthens the yang of the Governing Vessel. Lu Jiao Shuang opens the qi of the Governing Vessel. Lu Jiao Jiao supplements the blood of the kidney vessel. Bu Gu Zhi enters into the Gate of Vitality (*ming men*) and is used to contract scattering and effuse yang qi. Bai Zi Ren cools the heart in order to benefit the kidneys. Shu Di Huang has a thick taste and is used to replenish the kidneys. Jiu Zi and Tu Si Zi go to the shaoyin and are used to raise qi and firm essence. I use a heavy [dosage of] Fu Ling for bland percolation. The material medica employs it as a basic drug for the yangming. It can guide all drugs to enter into the domain of the extreme yin (i.e. the kidneys). I do not use Shan Zhu Yu (Fructus Corni Officinalis). It's taste is sour and it can soften yin but it cannot enter into the [extraordinary] vessels.³⁵

6.3 Kidney yin is depleted

While bloody stools from kidney yang depletion are essentially a sub-category of diarrhoea and dysentery, the disease mechanism being the same in both cases, bloody stools on their own are more often associated with kidney yin depletion, because failure of kidney yin to provide the large intestine with yin fluids contributes to dryness in that fu, which then leads to stasis and constipation. Bleeding is caused by one or more of three inter-related factors: i. kidney yin being unable to secure the lower jiao; ii. depletion heat transforming into blood heat, which damages the yin collaterals; and iii. heat in the collaterals leading to stirring of liver wind.

Ye Tianshi's prescriptions for these cases thus invariably use chief and deputy drugs which supplement and fill kidney yin and liver blood such as Shu Di Huang (Radix Rehmanniae Glutinosae Conquिताe), Gou Qi Zi (Fructus Lycii Chinensis), Gui Ban (Plastrum Testudinis), Wu Wei Zi (Fructus Schisandrae Chinensis), Bai Shao (Radix Paeoniae Lactiflorae) and Dang Gui (Radix Angelicae Sinensis), all of which may be carbonised or wok-fried to reduce their cloying properties and thereby prevent blood stasis. To these are added assistants which achieve one or more of the

following: i. clear heat from the blood and the lower jiao, e.g. Mu Dan Pi (Cortex Moutan Radicis), Huang Bai (Cortex Phellodendri) and Zhi Mu (Radix Anemarrhenae Asphodeloidis); ii. stop bleeding e.g. Di Yu (Radix Sanguisorbae Officinalis), iii. extinguish wind, e.g. Sang Ye (Folium Mori Albae), Lu Dou Yi (Glycinae Pericarpium); iv. astringe the liver and secure yin, e.g. Wu Mei (Fructus Pruni Mume), Shan Zha (Fructus Crataegi); v. supplement the middle in order to produce blood and uplift yang, e.g. Fu Ling (Sclerotium Poriae Cocos), Ren Shen (Radix Ginseng), Qian Shi (Semen Euryales Ferox) and Lian Zi Rou (Semen Nelumbinis Nuciferae).

Guiding formulas are *Liu Wei Di Huang Wan* (Six-Ingredient Pill with Rehmannia), *Hu Qian Wan* (Hidden Tiger Pill) and *Zuo Gui Wan* (Restore the [Left] Kidney Pill). The following case histories exemplify Ye Tianshi's flexible approach.

Case 15: [Name] Chen, 30 years. Kidney yin is depleted. There is heat within the collaterals and liver wind moves. [The patient has had] incessant bloody stools for three years. The left flank down to the abdomen does not feel comfortable [indicating that] shaoyang is also rebellious. Due to excessive use [of drugs] to supplement the middle, to harmonise and contain [blood], [treatment] so far was not successful. Hence, I employ coursing supplementation in order to boost the zang and unblock the fu.

Carbonised Shu Di Huang (Radix Rehmanniae Glutinosae Conquिताe), wok-fried Dang Gui (Radix Angelicae Sinensis), wok-fried Shan Zha (Fructus Crataegi), wok-fried Di Yu (Radix Sanguisorbae Officinalis), wok-fried Mu Dan Pi (Cortex Moutan Radicis), winter harvested Sang Ye (Folium Mori Albae). By boosting yin and discharging yang, bleeding was arrested with [merely] four prescriptions [of the above]. However, [the patient still complained of] backache, painful obstruction in the central gastric cavity, a dry throat with desire for cold drinks and a burning rectum as if scorched by fire. [This indicates that] yang is not harmonious and calm, because yin essence has lost [its capacity to] moisten. I [therefore] employ the *Hu Qian Wan* (Hidden Tiger Pill) strategy. Carbonised Shu Di Huang (Radix Rehmanniae Glutinosae Conquिताe), Bai Shao (Radix Paeoniae Lactiflorae), Dang Gui (Radix Angelicae Sinensis), carbonised Di Yu (Radix Sanguisorbae Officinalis), Gui Ban (Plastrum Testudinis), Zhi Mu (Radix Anemarrhenae Asphodeloidis), Huang Bai (Cortex Phellodendri) made into pills with pig's marrow.

Case 16: [Name] Hu, 18 years. Bleeding above and below. [Regarding the latter,] first there was diarrhoea with blood, followed by diarrhoea. The condition has been present for several months, [so that as a consequence] yin is damaged and the yin fluids have been consumed. [The symptoms] are calmed upon eating and aggravated upon exhaustion from work. Being calm and nourishing [the body-person] by being idle

for a continued period of time is referred to as filling yin through tranquility.

Shu Di Huang (Radix Rehmanniae Glutinosae Conquिताe), Shan Zhu Yu (Fructus Corni Officinalis), Fu Shen (Poriae Cocos Paradidicis Sclerotium), Shan Yao (Radix Dioscoreae Oppositae), Wu Wei Zi (Fructus Schisandrae Chinensis), Long Gu (Os Draconis).³⁶

Comment: It is useful to compare these cases with those translated in the section on large intestine blood aspect heat. They are all instances of bloody stools caused by heat in the collaterals. The origin of the heat in each case is different however, necessitating a different treatment approach, even though the first goal is to clear and discharge this heat from the body and thereby to stop bleeding. In Case 4 the pattern is one of pure repletion with little damage, as yet, to the yin fluids. Cooling fire poison and blood aspect heat from the large intestine is the appropriate response. In Cases 5 and 14 the heat originates from a pre-existing depletion of yin, which is in turn aggravated by the bleeding. The treatment strategy must therefore be to simultaneously clear and discharge heat taking into account its pathogenesis, and to nourish blood and nutritive qi. Hence the prescriptions used in both cases are similar in their use of blood supplementing drugs but differ with respect to how they address the disease mechanism. In Case 5 blood aspect heat is predominant, whereas in Case 14 bleeding involves movement of internal wind. Case 5 would therefore be a case of intestine poison, whereas Case 14 is one of intestine wind. Case 15 finally, is a case of yin being unable to contain stools, blood and essence, but without any heat signs. Consequently, treatment focuses solely on filling yin by means of *Liu Wei Di Huang Wan* (Six-Ingredient Pill with Rehmannia).

7. Blood stagnates within the collaterals

Ye Tianshi's ideas concerning the function and pathology of the collaterals or luo-connecting vessels are one of the many innovative contributions he made to Chinese medicine. Briefly, Ye Tianshi saw qi and blood as continually circulating from the main vessels into the collaterals and back again. Within this exchange, the main vessels pertain to qi and are involved in more superficial penetration of pathogens or pathologies. The collaterals pertain to blood and are involved in deep-seated penetration of pathogens and pathologies. According to Ye Tianshi "In the beginning [of a disorder] the qi knots in the vessels. If it is long standing the blood will be damaged and [the disorder] enters the collaterals."

Disorders in the collaterals, therefore, are characterised by three distinctive features. First, they are usually chronic and long-standing disorders. Second, they are difficult to treat. Third, they often, but not always, represent disorders where the pathology acquires form (*you xing*). Due to the nature of the collaterals, which have a small diameter, pathogens cannot simply be removed by attacking them with acrid or bitter drugs. These would simply dry up the blood within the collaterals, increase the stagnation and aggravate the condition. Rather the collaterals must be gently opened

with acrid, moistening and aromatic drugs that unblock without drying. Ye Tianshi's representative formula for this purpose is *Xuan Fu Hua Tang* (Inula Flower Decoction). The formula was used for "liver fixity" (*gan zhuo*) and bleeding during pregnancy in the *Jingui yaolue*.³⁷ Many commentators interpreted these conditions as due to blood stasis in the liver yin collaterals. Xuan Fu Hua (Flos Inulae), the main drug in the formula, is considered to move the qi within the collaterals and thereby unblock them. It is assisted in Ye Tianshi's prescriptions by such drugs as Cong Bai (Bulbus Allii Fistulosi), Dang Gui (Radix Angelicae Sinensis), Ze Lan (Herba Lycopi Lucidi), Tao Ren (Semen Persicae), Hong Hua (Flos Carthami Tinctorii), Bai Zi Ren (Semen Biotae Orientalis), Xiao Hui Xiang (Fructus Foeniculi Vulgaris), Mu Dan Pi (Cortex Moutan Radicis), Yan Hu Suo (Rhizoma Corydalis Yanhusuo) etc. that moisten blood and open the collaterals. A second strategy is the use of animal drugs, specifically of insects, that contain blood, and thus naturally resonate with the collaterals. In terms of taste and qi, these drugs tend to be salty and acrid allowing them to gently soften and disperse any stagnant blood. According to Ye Tianshi they penetrate the collaterals and "track down" (*sou*) pathogens lodged there.³⁸

Bowel bleeding due to blood stasis in the collaterals presents with turbid and dirty blood and stools after exertion or bouts of anger, abdominal pain and other indicators of blood stasis. It is a sub-pattern of collateral disorders and treated by Ye Tianshi as such. In practice, this means that prescriptions are not addressed to specific zangfu. Rather, the therapeutic goal is to unblock the collaterals through the use of acrid moistening unblocking medicinals. I shall translate here one case history, which exemplifies this approach in the present context.

Case 17: [Name] Shi. Stagnant blood invariably knots in the collaterals. The collaterals arch [over] intestines and stomach and only then [descend] downwards. This is their regular course. Previously the body-constitution [of this patient] had been damaged through rushing, [exposure to] heat and cold, and overeating. If [this patient] manages to calm and ease the body-person and heart, stasis will not become complicated by gatherings. If he does not succeed and stasis should occur again in later life, it can [then] no longer be treated. Xuan Fu Hua (Flos Inulae), Qian Cao Gen (Radix Rubiae Cordifoliae),³⁹ fresh Cong Bai (Bulbus Allii Fistulosi), Tao Ren (Semen Persicae), Dang Gui Shen (Radix Angelicae Sinensis body), Bai Zi Ren (Semen Biotae Orientalis)⁴⁰.

Comment: The prescription used is a simple variation of *Xuan Fu Hua Tang* (Inula Flower Decoction). Readers will note the quite different approach to blood stasis compared with modern formulas that concentrate on moving blood by moving qi and on breaking up stasis. Ye Tianshi's approach, with its focus on moistening as well as moving and opening is much milder by comparison. As in many of his other cases, treatment is integrated into a wider perspec-

tive of how life-style contributes to the aetiology of the disorder, and how it affects the prognosis.

Conclusion

In this article I have attempted to present Ye Tianshi's strategies for the treatment of bloody stools in a manner that provides readers with access to the subtlety of his diagnosis and prescribing, while at the same time attempting to tease out the systematic features of his practice. His style of medicine is characterised by two distinguishing features. First, any set of symptoms and signs is traced back to a disorder of qi and blood transformation. This implies that a detailed understanding of physiology is the precondition for diagnosing pathology. Second, any disorder is understood as an unfolding event that can be influenced by means of particular treatment strategies. Ye Tianshi's use of military metaphors in several of the case records that I have translated, points to a wide-spread influence of military strategy on medical practice in traditional China.

The French sinologist Jullien has argued in a series of recent monographs that the perception of any given problem in terms of its disposition (*shi*, the potential of transformation inherent in any given situation), is one of the defining features of Chinese culture. Jullien is adamant that as a consequence of this perception Chinese notions of efficacy are embedded within distinctive cultural practices that are categorically different from apparently similar ones developed in the West. For a Westerner a strategy corresponds to a plan by means of which the world can be changed. Hence, we move from diagnosis to treatment by the power of our will. For a person in traditional China, strategy meant exploiting the inherent potential for transformation that is given within a situation to one's own advantage. Hence, medicine could never go beyond what was given in a person's qi dynamic.⁴¹

Seen from this perspective, it is possible to argue that Ye Tianshi's case records present us with a perspective on Chinese medical practice that is distinctly different from that of modern "traditional" Chinese medicine. For in these case records, Ye Tianshi presents himself as a strategist of medicine whose flexible use of methods aimed at the heart of qi transformation are not different, in essence, from those used by Sun Zi in the art of war. Accordingly, what needed to be argued about in debates with other physicians - for what else are published case records than contributions to the ongoing conversation of Chinese medicine - was not diagnosis. The presenting symptoms and signs, after all, were there for all to read. What was at stake, however, was strategy - the most advantageous manner in which to read the disposition of a situation and respond to it. The difference between this kind of practice and the modern Chinese emphasis on patterns and types, i.e. on diagnostic categories that are responded to by well-defined treatment methods or plans, is striking. It demonstrates, from yet another perspective, the degree to which "traditional" Chinese medicine has been shaped by its encounter with the West.⁴²

Besides becoming better clinicians, this too is something we can learn from Ye Tianshi.

Notes

- 1 For an overview of Ye Tianshi's multiple contributions to warm [pathogen] disorder doctrine and practice see Liu Gaohui (2001). *Warm Diseases: A Clinical Guide*. Seattle: Eastland Press, pp. 18-25. For an overview in Chinese see Qiu Peiran & Ding Guangdi (eds) 1992. *Zhongyi gejia xueshuo* (Doctrines of Physicians of Chinese Medicine). Beijing: Renmin weisheng chubanshe, pp. 421-440.
- 2 *Guide to Clinical Practice Based on Medical Case Records (Linzheng zhinan yi'an)*. Attrib. Ye Gui, 1766. Critical edition reprinted in Yan Shiyun (ed.), *Ye Tianshi yi'an daquan* (The Complete Case Records by Ye Tianshi). Shanghai zhongyiyao daxue chubanshe, 1994, pp. 1-580. From now on abbreviated as LZYZ.
- 3 For a summary discussion of Ye Tianshi's style of medical practice and his contributions to Chinese medicine see Chen Kecheng (ed.) 1995. *Ye Tianshi zhenzhi daquan* (Comprehensive [Investigation] of Ye Tianshi's [Practice of] Diagnosis and Treatment). Beijing: Zhongguo zhongyiyao chubanshe.
- 4 Regarding case records in Chinese medicine see the contributions by Andrews and Cullen to Hsu, E. (ed.) 2001. *Innovation in Chinese Medicine*. Cambridge: Cambridge University Press, pp. 293-336. On the problems of studying case records see Shi Qi & Xiao Mincai (eds.). 1993. *Zhongyi bing'an xue* (The Study of Chinese Medical Case Records). Shanghai: Zhongguo da baike quanshu chubanshe (Shanghai fenshe). On the problems, in particular, of studying Ye Tianshi's case records, see Sun Lihong 1979. *Zenme xuexi, fazhan he zhengli Ye Tianshi yi'an jinghua* (How to study, develop and sort out the essence of Ye Tianshi's case records). *Zhejiang zhongyiyao* (Zhejiang Journal of Chinese Medicine and Pharmacology), 1979 (5): 1-3.
- 5 For an excellent analysis of how Ye Tianshi's books were compiled by later students and family see Hanson, M.E. 1997. "Inventing a Tradition in Chinese Medicine: From Universal Canon to Local Medical Knowledge in South China, the Seventeenth to the Nineteenth Century." Ph.D. dissertation, Department of History, University of Pennsylvania, pp. 225-248.
- 6 The best summary of the large secondary literature that has grown up around Ye Tianshi in contemporary China is Chen Kecheng 1995.
- 7 The case records discussed in this article are, with one exception, drawn from LZYZ, chap. 7, *Bian xue*, pp. 353-361. For a list of case records found in other texts attributed to Ye Tianshi see Chen Kecheng 1995, pp. 401-402. For a discussion of Ye Tianshi's general approach to the treatment of bleeding patterns (*xuezheng*) see Zhu Kangmei "Shizhe Ye Gui de xuezheng lunzhi" (An attempt to analyse Ye Gui's determination of treatment with regard to bleeding patterns). *Shanghai zhongyiyao zazhi* (Shanghai Journal of Chinese Medicine and Pharmacology), 1986 (3): 39-41, and Zhang Guoqing & Hu Youchang "Ye Tianshi zhiliao xuezheng tiaoli jingyan chushi" (A preliminary examination of Ye Tianshi's experience in the treatment and management of bleeding patterns). *Shanghai zhongyiyao zazhi* (Shanghai Journal of Chinese Medicine and Pharmacology), 1996 (6): 47-48;
- 8 *Huangdi neijing* (The Inner Classic of the Yellow Lord). Anonymous. [probably Warring States and Han]. Editions used are *Huangdi neijing lingshu jiaozhu yuyi* (The Inner Classic of the Yellow Lord Spiritual Pivot with Annotations and Translation into Modern Chinese). Tianjin: Tianjin kexue jishu chubanshe, p. 437; and Guo Aichun (ed). 1992. *Huangdi neijing suwen jiaozhu* (The Inner Classic of the Yellow Lord Simple Questions with Annotations). Beijing: Renmin weisheng chubanshe, p. 124-125.
- 9 In the *Jingui yaolue* (Essentials of the Golden Casket), chapter

- 16.15 and 16.16, proximal bleeding is seen as arising from large intestine damp heat and treated by *Chi xiao dou tang*. Distal bleeding is attributed to spleen qi vacuity cold and treated by *Huang tu tang*. Edition used Li Keguang (ed). Beijing: Renmin weisheng chubanshe, 1989, pp. 470-474. Tang Rongchuan provides an interesting integration of both categories: Proximal bleeding is defined as intestinal bleeding and subdivided into intestine poison and intestine wind. Distal bleeding is defined by him as bleeding occurring inside of the stomach and said to correspond to the Neijing category of 'knotted yin'. See *Xuezheng lun* (Discussion of Bleeding Patterns), 1884, reprinted in & Li Lin (eds). *Tang Rongchuan yixue quanshu* (The Collected Medical Works of Tang Rongchuan). 1999. Beijing: Zhongguo zhongyiyao chubanshe, 1999, pp. 105-107.
- 10 Other physicians in the history of Chinese medicine had arrived at different interpretations. Zhang Zhicong, for instance, defines the yin collaterals as the collaterals that run downward.
- 11 LZY, pp. 361.
- 12 Tang Rongchuan, in *Xuezheng lun*, p. 105, explains that wind can penetrate into the intestine from two sources. From the outside via transmission from taiyang and yangming, and from the inside via liver jueyin as a consequence of vacuity heat generating wind.
- 13 LZY, pp. 353.
- 14 *ibid.* pp. 353-354.
- 15 *Zang Lian Wan* (Gut and Coptidis Pill) is a pill for the treatment of haemorrhoids, rectal bleeding and rectal pain first mentioned in the "Correct Lineage of External Medicine" (*Waikē zhengzong*). It consists of Huang Lian (Rhizoma Coptidis) that is filled into the large intestine of a pig. The intestine is then steamed in alcohol and the processed mixture then made into pills.
- 16 *ibid.* p. 354.
- 17 For a detailed discussion of four aspect diagnosis and treatment strategies see Liu (2001).
- 18 LZY, p. 356.
- 19 *ibid.*, p. 58.
- 20 The locus classicus is *Lingshu*, chapter 5, pp. For a detailed discussion, see Yang Jiasan (ed.) 1989, *Zhenjiuxue* (Acumoxa). Beijing: Renmin weisheng chubanshe, pp. 107-109.
- 21 LZY, p. 356.
- 22 According to Tang Rongchuan, in *Xuezheng lun*, p. 53 the telltale sign of lung as the cause of rectal bleeding is a floating, fast, flooding, rough pulse in the cun position.
- 23 LZY, p. 358.
- 24 Tang Rongchuan, in *Xuezheng lun*, p. 105-106, explains lucidly how liver wind produces intestinal bleeding. "Liver focuses on blood [while] the blood chamber is furthermore situated between large intestine and bladder so that if heat enters the blood chamber one gets urinary bleeding patterns, whereas with internal blood accumulation one gets patterns [characterised by] black stools. If liver blood is vigorous above, it [issues] from the turbid passage as vomiting and from the clear passage as nosebleeds. [If] liver blood percolates below, it issues from the clear passage as haematuria and from the turbid passage as rectal bleeding. Liver is the zang of wind wood, which focuses on storing blood. If wind moves, blood cannot be stored. And [it is in this way] that one gets patterns of intestinal wind rectal bleeding."
- 25 LZY, p. 355.
- 26 The best English language discussion of the complex functions of nutritive qi and its ambivalent status as a concept in Chinese medicine can be found in Sivin, N. 1987. *Traditional Medicine in Contemporary China*. Ann Arbor: The University of Michigan Centre for Chinese Studies, pp. 147-164.
- 27 LZY, p. 356-357.
- 28 *Yeshe yi'an cunzhen* (The Extant Genuine Medical Case Records of Mr. Ye). Edited by Ye Wanqing, 1836. Reprinted in *Ye Tianshi yi'an daquan*, pp. 613-691: Chapter 1, Case 56, p. 628.
- 29 *ibid.*, p. 358.
- 30 Ingredients: fresh mutton, Tian Men Dong (Tuber Asparagi Cochinchinensis), Rou Cong Rong (Herba Cistanches), Dang Gui (Radix Angelicae Sinensis), Shan Yao (Radix Dioscoreae Oppositae), Huang Qi (Radix Astragali), Ren Shen (Radix Ginseng), Bai Zhu (Rhizoma Atractylodis Macrocephalae), glutinous rice.
- 31 LZY, p. 358.
- 32 *ibid.*, p. 333.
- 33 *ibid.*, p. 335.
- 34 The prescription transcribed is a variation of *Qing xiang ban long wan* first recorded in the Ming dynasty *Yixue shengchuan* (Correct Transmission of Medicine).
- 35 LZY, p. 359.
- 36 *ibid.*, pp. 359-360.
- 37 *Jingui yaolue*, chapter 11.7, pp. 284-289.
- 38 On Ye Tianshi's ideas regarding pathology and treatment of the collaterals see Sun Zhongkang & Sun Xiaohong. "Dui Ye Tianshi zhi luo fa de tantao" (An exploration of Ye Tianshi's methods of treating the collaterals). *Zhejiang zhongyi zazhi* (Zhejiang Journal of Chinese Medicine), 1964 (4): 1-5; Sun Yuchu "Ye Tianshi zhi huoxue huayu fazhe de tantao" (An exploration of Ye Tianshi's principles for quickening blood and transforming stasis). *Zhongyi zazhi* (Journal of Chinese Medicine), 1979 (9): 513-515; Xie Qianhui. "Xin rong tongluo fa de lincuang yingyong" (The practical application of the method of opening the collaterals with acrid and moistening [drugs]). *Jiangsu zhongyi* (Jiangsu Journal of Chinese Medicine), 1980 (1): 15-16; Wang Yumin "Ye Tianshi zhi luo fa" (Ye Tianshi's methods of treating the collaterals). *Chengdu zhongyixueyuan xuebao* (Journal of the Chengdu College of Chinese Medicine), 1982 (3): 57.
- 39 The Chinese name of this drug in the original is *xin jiang*. There are debates about the nature of this drug. Some commentators think it is Radix Rubiae, others that it is a crimson coloured cotton cloth. I use Rubia, because it can be employed in our own practice. For discussions see *Jingui yaolue*, p. 287.
- 40 LZY, p. 360-361.
- 41 Jullien, F. 1997. *The Propensity of Things*: New York: Zone Books; 1999. *Über die Wirksamkeit*. Berlin: Merve Verlag.
- 42 I have examined the degree to which pattern differentiation (*bianzheng*) in contemporary Chinese medicine has been shaped by the encounter with Western medicine in Scheid, V. 2002. *Chinese Medicine in Contemporary China: Plurality and Synthesis*. Durham: Duke University Press, chapter 7.

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