

Interview with Professor Zhou Zhongying of NJUTCM, Nanjing, China

This article reports an interview that the AJACM had with Prof Zhou Zhongying in China in Dec 2008.

Professor Zhou is 80 years old, and has been practicing and teaching TCM for 60 years. He is one of the most prestigious traditional Chinese medicine (TCM) experts in China. Recently he has been authorized as a representative of TCM's inheritances, a project under the International Non-Material Culture Heritage Program of China.

Prof Zhou was a representative at the 7th National People's Congress of the People's Republic of China, a member of the State Natural Science Fund Assessment Committee, a senior editor of the 'Journal of Traditional Chinese Medicine' and the editor for over 30 (TCM) textbooks and books on internal medicine. He was the president of Nanjing University of Traditional Chinese Medicine (the former Nanjing College of TCM). He practises more than 20 hours a week at the Jiangsu Provincial Hospital of TCM and other hospitals.

One of the authors (ZMW) has observed at Professor Zhou's practice for more than twelve months. Professor Zhou sees a large number of patients who have not been successfully treated by other therapies or TCM doctors. Successful as he is, he always patiently listens to every case and carefully examines the treatments that patients had. To him, the best way to assess TCM and to ensure its development in modern society is its clinical effectiveness.

In the following interview, we intended to find out his thoughts on some common questions that bother young doctors and TCM students.

Zhu: Please tell us your experience when learning TCM?

Zhou: I was born in 1928 in Rudong County of Jiangsu Province of China. By my generation, my family has practised Chinese medicine for five generations. At the age of 13, I started to follow my father in his clinic and sometimes at patient's home, learning Chinese medicine. My father explained to me while

he treated patients and taught me to read medical and cultural literature whenever he had time. For masterpieces of TCM, he not only made me understand the meaning but also asked me to learn and recite them fluently. I learnt this way for 6 years until I was 19 years old. Actually this was the fundamental period of my medical life. Even now I can still recall some of the masterpieces I learned at that time. I believe that period was a valuable initiation to Chinese medicine and it has formed a solid foundation upon which my achievements have built.

In 1947 I left my hometown to study the advanced course for TCM physicians in Shanghai Medical College of Chinese Medicine. In 1955, I went to Nanjing to continue my study in the Advanced TCM School of Jiangsu Province for another two years. During that time I also practised TCM when I had no classes.

At the age of 28, I was transferred to the Affiliated Hospital of Nanjing College of TCM. I have been working there as resident doctor, chief medical doctor and specialist since then. I also taught at the college, now the Nanjing University of TCM. I am still a professor and supervisor of PhD students.

Zheng: Given the long history of Chinese medicine, many young TCM doctors think we have little chance to develop new theories and we can only follow the classics. Is it possible to develop TCM theories?

Zhou: I am a clinical doctor and at the same time a TCM lecturer. I want to help patients effectively and to pass TCM down to the next generations. I try to develop and innovate TCM theories. I give you an example. After some time of clinical observation and theoretical studies, I found out that haemorrhage in some diseases, such as epidemic haemorrhagic fever, pulmonary tuberculosis, bronchiectasis and peptic ulcer, is caused by both heat and blood stasis. If you apply blood heat-clearing or stasis-removing drugs separately, you will not get satisfactory results. So I put forward a new point of view of the pathogenesis of the mixture of stasis and heat to describe the progress of many diseases.

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Let's see the causes. Fire-heat is a very important pathogenic factor and it might originate from many sources: six exogenous pathogens turning to fire after further invasion into the interior of the body; extreme emotional disturbance generating fire; mental exhaustion stirring up empty fire; long-term depressed mood transforming into fire; indulgence in fatty, sweet and greasy food generating fire; obstruction of phlegm and stasis producing fire; and overuse of warm and dry drugs consuming body fluids and inducing fire. Once fire-heat is produced, it becomes a pathogenic factor. Blood stasis is often a result from a disorder of Qi or blood circulation. If a person has a chronic disease, his or her qi and blood will be consumed. Qi deficiency fails to propel blood flow and blood deficiency results in a slow blood circulation, leading to blood stasis. Blood stasis itself may generate fire heat if it is not resolved within a short time. When heat and stasis are combined, they form a new pathological basis for a variety of exogenous and endogenous diseases. Fire and stasis tend to stick to each other and usually make the treatment very difficult.

To me, cooling the blood to resolve stasis and clearing heat to dissolve heat stasis is the essential strategy for treating many diseases of stasis heat syndrome. But this pathogenesis wasn't mentioned in the previous TCM classics except for scattered records, probably owing to incomplete and superficial understanding at that time. Consequently there is no comprehensive discussion or systematic treatment, nor strategies and drugs for this syndrome in TCM classics.

In 2001, I treated a 60 year-old male patient. He had two attacks of epistaxis each year for four successive years. During the last year the symptoms became worse. Each time before the bleeding, he felt hot rushes in the nose and throbbing of the blood vessels. The blood usually poured out with a bright red color, sometimes it filled a basin. He felt dry of the mouth in the morning and evening and liked to drink a lot of water. He had dry stools, a red face and red tongue body with yellow sticky coating. The pulse was thready and slippery. He didn't have hypertension but hyperlipidemia and a history of pulmonary TB and emphysema. He was hospitalised twice in the Provincial People's Hospital but with an unclear diagnosis before coming to my clinic. I analysed his symptoms and signs and believed they were caused by blood heat and stasis. This patient had underlying excessive heat in the lung and stomach. The fire heat tended to rush upwards and stagnate blood to form stasis. Then heat and stasis combine to force blood to overflow. So the treatment strategies should be to clear heat and cool blood so as to resolve stasis and check bleeding. I prescribed seven packages of *Shui Niu Jiao* (*Cornu Bubali*), *Sheng Di Huang* (*Radix Rehmanniae Glutinosae*), *Chi Shao* (*Radix Paeoniae Rubra*), *Mu Dan Pi* (*Cortex Moutan Radicis*), *Zhi Zi* (*Fructus Gardeniae Jasminoidis*), *Xuan Shen* (*Radix Scrophulariae Ningpoensis*), *Da Huang Tan* (carbonised *Radix et*

Rhizoma Rhei), *Bai Mao Gen* (*Rhizoma Imperatae Cylindrica*), *Niu Xi* (*Radix Achyranthis Bidentatae*), *Huai Hua* (*Flos Sophorae*), *Zi Zhu* (*Folium Callicarpae Pedunculatae*), *Han Lian Cao* (*Herba Ecliptae Prostratae*), and *Xue Yu Tan* (carbonised *Crinis Carbonisatus*). Seven days later the patient came back with no more bleeding. Hot rushing sensation in the nose, thirst and dry stools were also improved. His tongue margins and tip were dark purplish and the coating was yellow and sticky. The pulse was thready and slippery. I prescribed another seven packages of the same prescription but adding *Sha Shen* (*Radix Glehniae*) and *Mai Men Dong* (*Radix Ophiopogonis*). This was to consolidate the previous effect.

It is a general rule that epistaxis is caused by excessive heat in the lung and stomach and hyperactivity of liver fire, which jointly forces blood to overflow. The nose is the orifice of the lung, the stomach meridians travel along the sides of the nose and the collaterals of the liver meridian go into the throat and enter the nasal pharynx. When the fire heat becomes exuberant in the lung, stomach and the liver, it may flame upwards along the meridians, forcing blood to overflow and injure the collaterals to cause nasal bleeding. Persistent blood heat tends to stagnate blood and cause stasis. So in order to stop bleeding, the treatment strategies should be to clear heat from the lung, stomach and liver, cool blood and at the same time to resolve blood stasis.

Zheng: One of the difficulties that young TCM doctors face is how to understand new diseases and conditions with TCM theories. Could you please tell us how you apply TCM theories to the diagnosis and treatment of modern diseases?

Zhou: Chinese medicine is a complete therapeutic system. Under the guidance of this system, we are able to treat common diseases, modern diseases or stubborn diseases if we apply the method of differentiation of syndromes, ascertain the pathogenesis and treat patients and diseases accordingly. One typical example I have is the TCM understanding of epidemic haemorrhagic fever.

In the 1970s, epidemic haemorrhagic fever spread over many European and Asian countries. Our country was among the most severely affected. I had no idea how to treat this disease when asked to take a medical team to the infected area. We went into the patients' houses in spite of infection and tried to help them with my TCM knowledge. At the same time I collected the clinical materials and studied them with TCM theories. After some time of observation I found the common clinical features of this disease were fever, bleeding, hypotensive shock and renal damage. In Western medicine, the pathological process includes fever, hypotensive shock, oliguria, polyuria and recovery phases. In TCM, we can describe the pathological changes as the Defensive, Qi, Nutrient and Blood

syndromes or stages (*Wei Qi Yin Xue*). The transitions between these syndromes or stages is often so fast that during the Qi stage, sometimes even at the Defensive stage, the pathogenic heat has already involved the Nutrient and Blood systems, manifesting simultaneous Defensive or Qi with Nutrient or Blood syndromes. Exuberant fire in the Qi and Nutrient stages is the most commonly seen syndrome and it may appear together with fever, hypotensive shock and oliguria phases. I also tried to explain the diseases from the theories of *Sanjiao* – Six Meridians. In light of the theories of warm diseases (*Wen Bin*) and cold-induced diseases (*Shang Han*), I analysed the pathological features of each phase and came up with a TCM understanding: the pathological center of this disease was at the Qi and Nutrient stages and fever was due to exuberant fire torturing the Qi and Nutrient systems; thereby even at the Qi stage, we could use nutrient-clearing drugs if there were some signs showing heat invading the Nutrient system, for example: hotness in the body, red face and eyes, haemorrhagic spots in the skin and mucous membrane. This strategy was effective in preventing further invasion of pathogenic heat. Furthermore we added qi-clearing drugs to nutrient-clearing drugs so as to drive pathogenic heat out through the Qi system even when the heat has already moved into the Nutrient system. This idea came from Ye Tianshi, a famous TCM physician in the Qing Dynasty. This method can control high fever and stop further transmission; it is the key approach in shortening the pathological process, reducing aggravated syndromes, enhancing the therapeutic result and lowering the fatality rate. We used Chinese herbs to induce purgation, remove stasis, moisten yin and induce diuresis in patients with epidemic haemorrhagic fever. Altogether we treated 1127 patients. The fatality rate was 1.11%, which was much lower than that of the control western medicine group (5.08%).¹

This research has obtained the First Class Prize of the National Public Health Ministry of China and the result was sent to the former Soviet Union for international exchange as the highest achievement of TCM treatment for haemorrhagic fever. Based on this experience, I started to do more research on difficult and intractable diseases and initiated 20 projects, including acute renal failure, viral infectious fever, tumor, hepatic diseases, cerebral diseases, hypertension and shock.

Zhu: What are your main secrets of successful TCM treatments?

Zhou: I am happy to share my treatment strategies. Firstly, TCM emphasises individualised treatment. This is a basic rule and also one of the most important guides in treating difficult and intractable diseases. The same disease with the same pathogenic agents may present different pathological changes depending on the age, climate, seasons, geographic regions and individual constitutions. For example, haemorrhagic fever

in Jiangsu province was of warm-heat type and that in Jiangxi province was of damp-heat type. Different persons also show different symptoms from the same pathogens.

Secondly, we need to pay attention to the treatment sequence, particularly to these diseases with complicated pathogenic factors. We must be able to catch the main problem and distinguish the primary from the secondary. The general principle is to treat the symptoms for acute conditions and the root cause for chronic circumstances. But in the clinic we also need to be flexible.

The third aspect is to apply compound prescriptions. In the clinic, difficult and intractable cases are often seen involving several *zangfu* organs and presenting contradictory manifestations, for example, exterior and interior, cold and heat, deficiency and excess. The prescription should be made of drugs with both cold and heat properties, possessing potential ascent and descent and purgative and tonifying effects. The concrete method is to determine the essential strategy according to the principal syndrome, then to add the secondary strategies and corresponding drugs to solve the mixed pathogenesis.

The fourth is trial and error and ‘reversal thinking’. These two methods can be used when we have tried the conventional methods and failed. If the pathological conditions are too complicated to find out the pathogenesis, try some gentle formulas to ascertain the pathogenesis. Dosages can be increased or more drugs can be added if there are some improvements. If there is no result, try to think of other prescriptions.

Reversal thinking is reanalysing the condition and trying to treat it from the opposite aspect to your original strategy.

Zhu: Would you please give some advice to students on how to study Chinese medicine?

Zhou: In addition to the required courses, I think there are two very important methods. The first is to read and recite TCM classics and the second is to start clinical practice as early as possible. I read a lot of classic works of Chinese literature and learnt by heart many masterpieces of the TCM classics. Even now I can still recite some chapters in *Shang Han Lun* (Treatise on Cold-Induced Diseases) and *Qian Jin Fang* (Prescriptions Worth a Thousand Gold). Sun Simiao and Zhang Zhongjing are my favorite physicians. TCM classics, originating from Chinese culture, are the essential guides to previous physicians’ experience. The later generations also enrich and supplement them to make a complete therapeutic system. These are the source and basis of Chinese medicine.

TCM classics can be learnt in two ways. One is to start reading the most elementary ones, namely the four classics, *Nei Jing* (The

Internal Classic of Yellow Emperor), *Shang Han Lun* (Treatise on Cold-Induced Diseases), *Jin Kui Yao Lue* (Synopsis of the Golden Chamber) and *Wen Bing Lun* (Treatise on Epidemic Febrile Diseases), then gradually to read other medical works. This way can lay a solid foundation for later study or even the whole of life if one can memorize more masterpieces even though it may seem boring, dull and confusing at the time of studying.

The other way is to study and remember some practical writings written by the later generations, such as *Tang Tou Ge Jue* (The Rhymes of Chinese Herbal Formulas), *Yao Xing Fu*, (The Odes of Herbal Potency), *Pin Hu Mai Xue* (*Pin Hu* Pulsology), and *Yi Xue San Zi Jing* (Medical Classics of Three Characters). At the same time read *Wen Re Jing Wei* (The Essence of Epidemic Febrile Diseases), *Wen Bing Tiao Bian* (The Detailed Analysis of Epidemic Febrile Diseases), *Yi Zong Jin Jian* (The Golden Mirror of Medicine), *Yi Xue Xin Wu* (Medicine Comprehended) and *Yi Fang Ji Jie* (Collection of Prescriptions with Notes). One should also read books of case analysis by a couple of famous physicians. Books of case analysis are very useful and I still read them. Case studies are close to clinical practice. Advanced study of the elementary TCM classics is still necessary for laying a solid foundation. The classical learning will be better understood and perceived after some time of clinical practice.

Zhu: Why do you think that the TCM students should start clinical practice as early as possible?

Zhou: TCM is a practical science that has originated and developed in people's everyday life, work and clinical practice. So it is quite reasonable to say without clinical practice, there will be no TCM. And there will be no brilliant TCM if there is no clinical practice with its excellent effects.

Nowadays TCM students spend too much time studying books and in their classrooms, but with only a little time in the clinic. Without clinical practice or observation, many students lose their confidence in TCM and prefer to use western medicine instead of TCM. If they could start to practice TCM as early and as soon as possible, and observe and experience the unique results by themselves, I am sure they will have strong belief and apply TCM in their practice confidently.

My confidence in TCM is very firm, which I think is related to my TCM family. In that environment, I was able to observe TCM even when I was very young. Now I am over 80 and I have practised TCM for over 60 years. Even when I was very busy in the leading position as the president of the hospital or university, I still held onto clinical practice. Long-term practice offered me opportunities and inspirations for my clinical experience and academic achievements. I hope that the

students today start practice as early and as soon as possible. It can help them comprehend and improve their understanding of TCM theories and it is the only way to become a superior TCM doctor.

Zheng: Some students do not see the necessity of studying Western medicine or understanding modern research. What do you think the place of Western medicine is in our practice?

To improve TCM academic level, we must learn some western medical knowledge, which may help us understand the human body and supplement TCM theory. But the purpose is to make TCM better. It is just like a Chinese saying 'A stone may be as beautiful as a piece of jade in some circumstances'. For example, modern pharmacological research finds out some medicinal herbs possess blood pressure-lowering effect. We may use them to treat hypertension, but the usage must be under the guidance of TCM theories. *Tian Ma* (*Rhizoma Gastrodiae Elatae*) and *Ju Hua* (*Flos Chrysanthemi Morifolii*) have the function to calm the liver and extinguish wind, so they should be used for hypertension due to hyperactivity of liver yang and internal wind. *Xia Ku Cao* (*Spica Prunellae Vulgaris*) and *Huang Qin* (*Radix Scutellariae Baicalensis*) have the function to clear fire and resolve phlegm, so they are used in hypertension due to exuberant phlegm fire. Anti-hypertension is the common function of many herbs, but as a TCM doctor we should use them according to syndrome differentiation.

Zheng: What do you think of today's TCM education?

Zhou: In my opinion, high education of TCM should aim at training tip-top TCM doctors for the needs of society. TCM is a special profession and possesses its own features, just like training Beijing Opera actors. We should know TCM is a traditional medical science. It is a very important strategy to balance the inheritance and its evolution since it will not continue to develop if there is no heritage. Apprenticeship is a good model, which should be taken as a part of TCM education. This is the traditional way of teaching TCM. The apprentice students will learn basic theories, features, clinical effects as well as the master doctors' way of thinking and treatment approaches when they follow the doctors in the clinic. As I said before, clinical practice will not only build up their confidence in TCM practice but also enhance their understanding of TCM. In this way they can inherit and develop it in future.

Zhu and Zheng: Thank you very much for your time and advice.

Reference

- 1 Jin MW, Zhou ZY, Fu WM. TCM routine treatment to epidemic hemorrhagic fever. *Journal of Nanjing College of Traditional Chinese Medicine* 1980;04:10-13