

# Personal Reflections: What Changed for Me After 30 Years in Chinese Medicine

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见山就是山 *Jian Shan Jiu Shi Shan* (One sees a mountain, and it is just a mountain)  
见山不是山 *Jian Shan Bu Shi Shan* (One sees a mountain, and it is no longer a mountain)  
见山又是山 *Jian Shan You Shi Shan* (One sees a mountain, and it is a mountain again)  
Old saying from Chan-Buddhism

## The Mountain

A few hundred years ago, travellers from the West brought a message from the middle kingdom. This message sparked the imagination of artists and scholars who drew paintings and made porcelain ware about China, from how they imagined it to be in that day. This meant that all the Chinese had slanty eyes, hair braids, flat round farmer's hats, dragons soaring through the air, scrolls with unintelligible markings, and lots of bamboo. This menagerie, which only vaguely corresponded to the truth and was later termed *chinoiserie* in German, originated from the French words for China and phantasy.

When I first read the philosophies of Lao-Zi and Zhuang-Zi, I would have been around 16 years old. The first translation was in German by Richard Wilhelm, then in English by John Blofeld, and lastly in French by Marcel Granet. The more I read, the more differences I discovered, and as a typical westerner I thought only one version could be right. It would take another twenty years until I was able to read the original and learn that they, like the Chinese themselves being pluralistic, were not all false, and neither were my ideas about them.

With similar *chinoiseries* in my head, and perhaps some naïve notions, I went to Taiwan in 1988. Meanwhile, I had read translations of the *Huang Di Nei Jing*, different versions of *The Book of Changes (Yi Jing)* and had also studied some acupuncture during and after my degree. In 1978, inspired by Porkert's *Clinical Chinese Pharmacology*, I conducted my own field study about the availability of Chinese medicines and their possible exchangeability with Western plants.

So I arrived in Taiwan and saw the mountain. As expected, it was a mountain. Taiwan had still kept a lot of the old traditions of Chinese culture and medicine, which for me was closer to what I had read on paper. I studied tea ceremonies and *Qi Gong* with a Daoist master, to whom, when I asked to become a disciple, I had to be initiated with kowtowing and incense like they did hundreds of years ago. At university I studied acupuncture with a patient teacher, traditional Chinese language, and literature including *Dao De Jing*, by old Lao-Zi. In addition, I was still able to see ceremonies of the triads of the underworld Gods and met scholars with long beards and Chang Pao who gathered to play the board game *Wei-Qi*. Despite the environmental pollution and scraps in parliament, and despite the coffee shops and hi-tech, I got to meet a China which seemed to correspond to my previous ideas. Although the majority of the youth were more interested in *Gong Fu* movies, there were still many old teachers who taught and had really mastered the *Wu Shu* techniques.

A highlight was a long conversation with Chen Li-Fu, the figurehead of the Chinese medicine society in Taiwan who had come over from the mainland with Chiang Kai-Shek (Jiang Jie-Shi). By founding and supporting the China Medical College of Chinese Medicine in Taizhong, and the Yi-Jing Research Society in Taipei, he had made sure that the traditional medicine would not disappear, despite the Western orientated direction of the Government. My most important question to him was 'What would be the best approach to study Chinese medicine?' He advised me to start with the very early philosophy of the *Yi Jing*, the *Nei Jing*, and the *Shang Han Lun*.

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I started eagerly and was soon a little discouraged again, since the ambiguous philosophical books escaped application in clinical practice. Everything could be put in one way, but also in a totally different way again. Frustratingly, I didn't have the experience to know when to apply which interpretation. Acupuncture and *Qi Gong* worked quite well without the philosophical background but the depth of medicinal therapy, which in Taiwan was based on the six-level model of *Shang Han*, evaded me still.

## The Non-Mountain

In 1994, I finally started a degree at a university on the mainland and was quite glad that everything was suddenly more logical, orderly and well presented for anyone's academic expectations. The pharmacology of the medicines explained a lot, but not everything. The experiments and research on people and animals, which I was part of, convinced me that there was nothing mystical about the medicines that could not be scientifically researched. I did have to study the four classics (*Nei Jing*, *Shang Han*, *Jin Gui*, and *Wen Bing*) during my degree but learned that in practice most of the doctors cared less about the old books the younger they were. The frustrations of practically applying the myriad of interpretations of the old texts was being satisfactorily replaced with modern science. And suddenly...there was no longer a mountain (of old mysterious books) anymore.

I began to demystify the last mysteries and successfully developed a logical, scientific way of interpreting pulse diagnosis. I wrote down the first pharmacological actions of the medicines in German and, with a razor (maybe Occam's), cut through the jumble of philosophy and superstitions. But my scepticism occasionally got thrown back at me when I thought that the following 'medicine' could surely have no provable effect – burnt human hair, children's urine, flying squirrel's droppings and other unusual medicines being described in the old books. To my surprise, the pharmacological and technical examinations resulted in positive proof of action over and over again and delivered a model to explain the use of these strange ingredients.

I could only shrug my shoulders and admit that the oldies knew what they did. But, it still worked quite well without them. The more I stormed up the academic ranks, the more scientific and western my studies became. I worked as a doctor in a research centre, had my own patients and students and, by the time I graduated, had begun to treat patients in my own clinic. I was rather satisfied with my knowledge and found it worked quite well in the clinic. I mostly worked with the *zangfu* model, qi and *xue*, differentiating through yin-yang, full-empty, hot-cold, exterior-interior—and it worked very well.

In about 20% of the patients though there were problems – either they were too weak and the medicine didn't go down well, or the illness was too strong and they did not react (or only slowly) to my prescriptions. In addition, there were the ones who had already healed and returned with a relapse after a few years where, here too, the body did not respond well to the renewed treatment. Was there a common pattern present?

My inner 'white-coated inspector' tried to find the smallest common factor, but in vain.

Well, my results were presentable—patients with peripheral artery occlusive disease of the third class going on mountain tours, again thanks to blood stasis therapy; children and adults experiencing complete convalescence from asthma, restitution of hypertension, gynaecology, dermatology and even cancer therapy.

Pretty reputable, isn't it?

But, perhaps something was still missing?

There were the classics, some only 200 years old, others 2000 years old, which were recommended by all the older teachers. Reading about their cases and descriptions of illnesses, I was regularly startled at how great the successes of the elders were. One prescription and everything was rosy? They either only recorded their successes, exaggerated tremendously, knew something that I didn't, or something was different with their patients. I postponed the pending question and kept on doing things as always.

By chance I bumped into a book in Yunnan where I had done my clinical placement many years ago. Back then, all the doctors had taught me something – Dr Su Lian about hepatitis, Dr Wang about stomach disorders, and so on. However, one of them was only showing me his successes with his patients and, when I wanted to record his prescriptions, he became obscure. He enciphered his prescriptions along the lines of 'WenLi-prescription 12, plus x, minus y', and the students would not let me copy. 'Typical for a practitioner with a family tradition', I thought, 'always this secretiveness with their prescriptions'. He was the son of one of the four most famous doctors in Yunnan, Wu Pei-Heng. This man had been known to everyone as 'Dr Fuzi', because he prescribed such high doses of aconite.

So I had found a book in Yunnan named 'An expedition through Fire school therapy'. First, my wife read it and was completely enthusiastic about it. Because she has the same education as I have, and in addition is a Taiwanese Chinese, she read through the book more quickly than I did and daily showed me parts of the book which sounded plainly unbelievable. I had seldom seen her so excited, and had to repeatedly calm her down by

reminding her that 'paper is patient'. She answered, 'But there are cases from 20 different doctors of the fire school, and not all of them could be exaggerated', and so I finally looked at it as well.

I was flabbergasted – restore yang to nourish yin, warm internally to lower fever instead of giving cold medicines, formulas with only three ingredients for 30 indications, initial worsening of symptoms through yin-fire, and over and over again high doses of *Fuzi*, *Rougui*, *Ganjiang*, *Mahuang* and *Xixin*. It turned everything I had learned so far on its head. Yet the explanations were conclusive, the differentiation almost simple, and the results in the practice unbelievable.

There was only one option to test or to refute these ideas—in the practice!

While I continued to treat my patients in an orthodox manner, we took *Si Ni Tang* and *Fuzi* at ever-increasing dosages at home, which caused my old toothache return. According to the Fire school, this is typical for yin-fire, and by taking more *Fuzi* and *Rougui* and the inflammation will disappear. So, I took more *Fuzi* and *Rougui* and the inflammation disappeared. Waves of infections began to spread around me, but we were all spared.

After I had carefully applied Fire school principles, mixed with conventional TCM, the first patients returned with results. This encouraged me to finally increase the dosages. Meanwhile I was taking 90g of *Fuzi* as raw medicine, and trying different effects, and side-effects on myself. My parents-in-law had been at 180g *Fuzi* per day for a long time and hardly felt a thing, and likewise with my father taking 60g of *Wutou*. Of course, says the Fire school, they are older and their yang is weaker.

And then, the second round of patients were treated with pure Fire school prescriptions. Day after day I sat behind my desk and heard of miracles; After five years of loss of hearing a complete recovery; macular degeneration with 10% vision to 45% with increased retina growth; after eight years of hemiplegia a man rises from his wheelchair and now practices daily with a walker; a woman who came to see me because of infertility falls pregnant after only four weeks, and, and, and...

## And again: The Mountain

I had received a fairytale book, where the elves and salamanders inside had jumped out, and now lived in my clinic as pets. The results were as unbelievable as in the cases that were described in the book. Yet the daily successes were a lot more convincing than anything printed. I started reading more literature on the Fire school. My brother-in-law was in China and he sent them to me. He wrote that in China and Taiwan the Fire school

had recently risen to extreme popularity, especially amongst the younger students.

I finally received the books of Zheng Qin-An, Wu Pei-Heng and other Fire school doctors. I wanted to know why it worked so well, yet the answers to it weren't to be found in pharmacology books. You guessed it—they were recorded in the *Yi Jing*, the *Huang Di Nei Jing* and the *Shang Han Lun*!

And now after all these years of clinical experience I understand how to put the classics into the right context. I also became clear on why the Fire school is getting so popular everywhere; it developed at a time when, due to the euphoria over the successful prevention of epidemics by using cold *Wen Bing* medicines, more and more cold was promoted. The thermal equivalent to them, though, is antibiotics which are mostly cooling and at times randomly prescribed for 50–60% of all colds, even in modern China. What does this mean? It means that warmth generating processes through active gut flora in the intestines are being minimised. The patients then often suffer from a weakness of endocrine gland secretions, lack of enzymes or simply dysbiosis, and produce soft and at times undigested stools. This is interpreted according to TCM as iatrogenic cold or spleen yang emptiness of the digestive organs. But that's not all:

- During my time in hot Taiwan working in Dr Zhang's clinic, I was wondering why most of the patients with colds came in the summertime. At this time there were no air-conditioners in the cars at home in Germany. Later in Europe, a patient needing knee cartilage replacement therapy, made me realize that it had been caused by air-conditioning, whereby he had been driving for 16 hours with the cold stream of it blowing at his right knee. Here was my answer to the colds I saw in summertime at Taiwan.
- A short while ago, I had a patient whose temperature was permanently measured in hospital because of an infection. With relief they found out that his temperature did not rise to a fever at all, and therefore no fever-decreasing drugs had to be prescribed. His body temperature was not exactly in the physiological area with 34–35 degrees, but this was dismissed as harmless and with a shrug of the shoulders. They also said there is not a drug existing which could raise his temperature either.
- When antibiotics are not a help because no antibiogram was done, or because they were even given against viral infections, or if there is already an immune disease present, then usually corticoids will be used. Their catabolic effects are originally a relic from a time where the body needed to free up reserves when danger was present (e.g. mobilising blood sugar for muscles). This means they

are not being produced over longer periods of time. Externally administered cortisone therefore interferes with the function of the sensitive hypothalamic-pituitary-adrenal axis, which finally causes atrophy of the adrenals, but also promotes the decompositions of bone tissue and other tissues.

- An example in the extreme manifests in the area of oncological chemotherapy, whereby the administered mitosis-poisoning drugs slow down cell division and the resulting thermal oxidation. Besides the often-occurring Cachexia, the patient also gets cold from the poisons released from the cell. In the statistics of the Chinese doctor Sun Geng-Chan on 1000 of his cancer patients, over 80% showed a cold syndrome according to TCM. It has already been mentioned, what the reason for this is historically. Here, the tendency is also to encourage catabolic processes and to minimize warmth, but on the other side, not to see cold as evil.

But not only is the trend in Western medicine decreasing the yang, or warmth of life, in addition our modern society is getting colder in and around us as well:

- Because we constantly have less time, food consumption has become faster and faster. It is now common practice to consume sandwiches, cold convenient products, meals scantily warmed up in the microwave, or even to eat cold food straight out of the refrigerator. The body then has to warm this food to 37 degrees centigrade with its own warmth instead of a warm meal supplying thermal calories. This means it loses physical calories from the thermal unit. Cold drinks, ice cream and other foods below room temperature account for the same problem. On top of this, it is the ideal for women to be as slender as possible and therefore consume 'calorie conscious', 'low-calorie', and 'light' foods like salads and raw food, or for us non-ruminants, indigestible foods like raw grains (muesli etc.). Interestingly, the biggest epidemiological study on nutrition and disease does not confirm this 'fear of calories' but shows that not the amount of calories, but the type of foodstuffs ingested plays a far bigger role in weight gain. These are only weak, but consistent influences.
- In a recently published Canadian study, they asked the participants to remember a socially cold situation like bullying and then to estimate the room temperature. The control group on the other hand was asked to think of a situation of human warmth and sympathy and estimate the room temperature. The results showed that even social coolness made the subjective feeling of the room temperature drop a few degrees.

In another study the participants were asked to judge a potential applicant. While doing so, one of the groups drank ice coffee, while the other drank hot coffee. The warmer the beverage, the more positive the judgments were.

The next question now would be how 'cool' our society really is, and what it means for us? Maybe the next ice age has already started within us.

At least for me a new era has begun. I can not read the old classics quickly enough for the theory, and to put the prescriptions of the Fire school into practice and spread their ideas. This treasure of Chinese medicine is perhaps the most valuable I have learnt in the past 20 years. Not that the logical and pharmacological approach is bad, but it is just a part of the whole.

In the west we have changed the old Chan saying to this one:

*First there is a mountain  
Then there is no mountain  
Then is*

That is fine as well. But actually, it goes like this:

*One sees a mountain, and it is a mountain  
One sees a mountain, and it is no longer a mountain  
One sees a mountain, and it is a mountain again*

For me, Chinese medicine has become a mountain again. And, it is a beautiful and climbable one.

### Editor's disclaimer

According to 'Standard for the Uniform Scheduling of Drugs and Poisons (SUSDUP)' produced by the Therapeutic Goods Administration, Australia, some medicinal herbs used by the author are prohibited scheduled substances in Australia and should not be supplied by Chinese medicine practitioners or herbal dispensers to patients for treatment use in Australia. The relevant herbs are *Mahuang* 麻黄 (Schedule 4, prescription only medicine), *Xixin* 细辛 (Appendix C, prohibited substance), *Fuzi* 附子 (Schedule 4) and *Wutou* 乌头 (Schedule 4). Supply of prohibited substances is a prosecutable offence. For further information, visit the website of the CMRBV <<http://www.cmr.vic.gov.au/information/schedherbs.html>>.

In addition, the dosages used by the author are far beyond the recommended dosages listed in all the standard textbooks. The opinions expressed in the article are those of the author, and do not represent those of this journal or the publisher, Australian Acupuncture and Chinese Medicine Association Ltd.