The Psyche in Chinese Medicine
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Treatment of Emotional and Mental Disharmonies with Acupuncture and Chinese Herbs

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For many Westerners encountering Chinese medicine, one of the great attractions is that it appears to address the whole person, seamlessly integrating body, mind and spirit within its understanding of human health and disease. This is considered to be in stark contrast to a Western view which, for various reasons, has tended to separate the material from the emotional and spiritual, especially since the 17th century. Even as far back as the 4th century BCE, Plato was complaining, “The greatest mistake in the treatment of diseases is that there are physicians for the body and physicians for the soul, although the two cannot be separated.”

So strong has been the attraction of this integrated Chinese perspective that it has been the primary factor motivating many individuals to study and practice Chinese medicine. And even more, it has led to schools of thought within the new Western traditions of Chinese medicine which consider addressing the emotional and even spiritual dimensions of a patient to be a prerequisite of healing, perhaps in the process according more obviously physical concerns a lesser significance.

There may indeed be some historical basis for this emphasis. Certainly in the teachings of “yang sheng fa”, the art of nourishing life, we find that training and regulating the mind and emotions is the starting point of health-promoting behavior.

This is spelled out in the Yellow Emperor’s Inner Classic: “If one is calm, peaceful, empty, without desire, then true Qi follows. If essence and spirit are protected inside, from where can illness come? If will is at rest and there are few desires, the heart is in peace and there is no fear.” (Huang Di Nei Jing Su Wen, chapter 1), and even earlier in the Nei Ye (Inward Training), 4th century BCE, “Those who keep their minds unimpaired within. Externally keep their bodies unimpaired....”

This is reflected, also, in the Yellow Emperor’s Inner Classic theory of the heart as Emperor of the body. The heart houses the Shen and if the heart is strong and in harmony, then the other organs of the body – performing their different “official” roles – will naturally follow, in the same way that a wise Emperor was thought to ensure the well-being of the Empire.

Understanding the historical discussion of the Shen and its relationship to health and well-being is not, however, straightforward. As Giovanni Maciocia emphasizes throughout this book, when attempting to absorb the teachings and medical practices of a culture so distant in both geography and time, the first requisite is to understand what is actually being said when terms such as mind, will and spirit are used. Without this understanding, we risk imposing our own cultural and personal prejudices on what we read, study and teach.

What is meant, however, by classical discussions of the Shen, is only one of the many important questions this vital subject demands that we consider. To what degree can treatment, administered by another, help resolve our emotional or spiritual distress; to what degree do we consider that the content of the emotional landscape is the true measure of an individual; how should we try to manage (and teach our patients to manage) emotions; to what degree should we fully embrace and inhabit them and to what degree should we try to train and restrain them? These are all questions that relate both to our own personal development and to our ideas about our role as practitioners.

If we look at some of the traditional Chinese teachings on regulating the mind and emotions, we find the following advice from the great Daoist 7th century doctor Sun Si Miao:

“To live long, people should take care not to worry too much, not to get too angry, not to get too sad, not to get too frightened, not to do too much, talk too much
or laugh too much. One should not have too many desires nor face numerous upsetting conditions. All these are harmful to health."

How can we reconcile this seemingly arid denial of the emotions with our own belief in the health-giving richness of exploring, freeing and expressing these emotions?

In the culture we find ourselves in, reconciling these two perspectives can be a challenge – both in our work with patients and in our own lives. It may be that – as so often – it is the harmonization of these seeming opposites that offers a solution. Quietening the mind and dwelling in the present allows us to connect with what is universal and withdraw from the peripheral, debilitating noise of what is emotionally unnecessary. At the same time, cultivating this deeper awareness allows us to feel and explore the truer currents of our emotional life. Perhaps in that way we can hold a vision of emotional health that is neither repressive nor self-indulgent.

In this essential work, Giovanni Maciocia has addressed all these important questions, whether in his detailed exploration of classical Chinese and classical and modern Western perspectives, his thorough exposition of the most common and distressing manifestations of emotional disorder, and his personal reflections on his own extensive clinical experience. This book will add significantly to the body of work that, through unremitting authorship over decades, Giovanni Maciocia has been compiling on the theory and practice of this human treasure, Chinese medicine.

Peter Deadman, 2009
The seeds for the writing of this book were planted 35 years ago when I first started practicing acupuncture. I can say that not a day went by in my practice that I did not question the nature of Shen and its meaning in the context of modern Western patients. After practicing for only a few weeks, it became obvious to me that very many patients presented with emotional suffering which was either at the root of their medical problem or a contributory factor to it.

I also started noticing straight away that acupuncture had a profound influence on the emotional and mental state of my patients, alleviating depression and anxiety even when the patient may have come simply to have a shoulder-joint problem fixed. I came to experience for myself the “unity of body and mind” that my teachers talked about.

In the past 10 years or so, I have been totally absorbed in the study of the Shen in Chinese medicine seen in its historical, social and philosophical contexts and, as a result, my research developed along four strands:

1. The study of Confucian philosophy
2. A research into the influence of Confucian philosophy on Chinese medicine and particularly on its view of the Shen and emotions
3. A research on the emotions in Western philosophy
4. An analysis of the differences between the concept of Self in the West and in China.

I have been absorbed by the above studies because I have come to realize that Confucianism had a much bigger influence on Chinese medicine than we think. In my opinion, we tend to overemphasize the influence of Daoism on Chinese medicine and overlook that of Confucianism. One simple reason why the influence of Daoism on Chinese medicine is overemphasized is probably because whenever we read the word “Dao” in Chinese texts, we assume it reflects the Daoist philosophy. However, the Confucians also constantly refer to the Dao. This is discussed in Chapter 15.

In particular, I believe that the concept of Self in Chinese medicine and its view of emotions is Confucian. These ideas are discussed in Chapters 14 and 15 which the reader is urged to read (although they can be read quite separately from the other chapters and not necessarily in the order in which they appear). I do realize that these two chapters do not make “light reading” but I do urge the reader to read them carefully as the ideas expounded therein permeate the whole book.

When adapting Chinese medicine to Western patients in the emotional and mental field, we should be aware of such differences in the concept of Self and in the view of emotions between the West and China. The Self as an individual, autonomous, inward-looking self, center of our emotional life simply does not exist as a concept in Confucianism: under the Confucian influence, the Chinese self is socially determined. As Fingarette says:1

I must emphasize that my point is not that Confucius words are intended to exclude reference to the inner psyche. He could have done this if he had such a basic metaphor in mind, had seen its plausibility, but on reflection, had decided to reject it. But this is not what I am arguing here. My thesis is that the entire notion never entered his head. The metaphor of an inner psychic life, in all its ramifications so familiar to us, simply is not present in the Analects, not even as a rejected possibility. Hence when I say that in the above passages using Yu (the opposite of Ren indicating anxiety, worry, unhappiness) there is no reference to the inner, subjective states. I do not mean that these passages clearly and explicitly exclude such elaboration, but that they make no use of it and do not require it for intelligibility or validity.
The Self as an individual, autonomous, inward-looking self, center of our emotional life, is the result of a 2,500-year evolution of thought in Western philosophy, starting from ancient Greece down to Freud and Jung: the journey from “soul” to “self” in Western civilization was a long one, and one that did not take place in China.

The Chinese (Confucian) view of the Self as socially constructed is evident from the character for ren, the Confucian quality that is sometimes erroneously translated as “compassion” or “benevolence”; this character shows a “person” and the number “two” (see Figures 15.2, 15.4 and 15.5 in Chapter 15). Ames says:2

This etymological analysis underscores the Confucian assumption that one cannot become a person by oneself—we are, from our inchoate beginnings, irreducibly social. Fingarette has stated the matter concisely: ‘For Confucius, unless there are at least two human beings, there can be no human being’.

Ames therefore clearly thinks that ren is not a psychological disposition of an individual self, a concept which simply does not exist in Confucian philosophy. Fingarette states very clearly:3 Ren seems to emphasize the individual, the subjective; it seems in short a psychological notion. The problem of interpreting ren thus becomes particularly acute if one thinks, as I do, that it is of the essence of the Analects that the thought expressed in it is not based on psychological notions. And, indeed, one of the chief results of the present analysis of ren will be to reveal how Confucius could handle in a non-psychological way basic issues which we in the West naturally cast in psychological terms.

The implication of the above passages is profound: it means that the concept of an individual self as an autonomous psychological center of consciousness and whose emotional life is influenced by the complex of past experiences of such an individual, autonomous self, simply did not exist in Confucian philosophy and, by extension, in Chinese medicine. The Chinese self is a social construct and the result of family and social relationships.

This means that the modern Western view of an individual psychological self whose emotional life is affected deeply by our childhood experiences is absent in Chinese medicine. For example, Chinese medicine considers that anger makes Qi rise and the correct treatment therefore consists of making Qi descend but it does not delve into the person’s psyche to probe whether the anger may be due to a projection that has its roots in sibling relationships (for example) or whether it may be due to a thwarted manifestation of guilt.

To give another example, I find that anger is often a manifestation of a shadow projection. When we see in others traits that make us angry, it often (although not always) indicates that we are projecting our shadow onto the other person and that their traits that make us angry are traits of our own shadow. Chinese medicine had no such psychological insights precisely because such insights require a concept of an inner-life, autonomous, individual self that Chinese culture does not have.

That might also explain the omission of many emotions from the list usually presented in Chinese medicine. For example, there is no envy, pride or guilt. One explanation of this omission is that these three emotions require a concept of self (we are proud of our self, we feel guilty about our self) that is different in Chinese medicine and culture.

I have personally a deep interest in Jungian psychology and always try to see emotional suffering of a patient in the light of their projections, complexes, relationship with their animus/anima and shadow projection. Such a view gives me a perspective of a patient’s psyche and emotions that I believe Chinese medicine simply does not have. Chinese medicine correctly identifies the emotion involved in a patient’s suffering but I have never seen in a Chinese book (modern or ancient) any mention that such an emotion may be due to that person’s mother being cold and undemonstrative in her affection (for example).

I believe that real healing from emotional suffering can take place only when the self is analyzed deeply with a conscious (and extremely difficult) effort of the patient. Of course, that is not to say that every patient should undergo psychotherapy as psychological problems occur with different depths and not all require deep psychotherapy. Moreover, Chinese medicine always has a positive role to play in alleviating emotional suffering. It creates a space where healing can take place, whether the patient delves into his/her psyche or not.

Chinese medicine alleviates emotional suffering in many different ways and I personally feel we should not adhere rigidly to a scheme. If the patient is willing
to delve deeply into his/her psyche in order to really get to the root of their suffering, then Chinese medicine provides a wonderful complement to this work. I believe it can also greatly shorten the course of therapy necessary.

An interesting passage by Xu Chun Fu (1570) discusses the combination of herbal treatment by a doctor with incantations by a shaman. He said that a pre-existing weakness in the person’s Qi made an attack by an evil spirit possible and he advocated combining herbal therapy with incantation in a very interesting passage:4

If these two methods of treatment are combined [herbal therapy and incantation], inner and outer are forged into a whole producing a prompt cure of the illness. Anyone who engages an exorcist and avoids the application of drugs will be unable to eliminate his illness, for a principle is lacking that could bring about a cure. He who takes only drugs and does not call upon an exorcist to drive out existing doubts, will be cured, but relief will be achieved slowly. Consequently the inner and outer must be treated together; only in this way is rapid success possible.

The classification of “inner” and “outer” methods of treatment (herbal drugs and exorcisms, respectively) is interesting and his advocating a combination of these two methods is significant: it is tempting to substitute “psychotherapist” for “exorcist” and infer that Xu Chun Fu advocated combining a physical therapy such as herbal medicine with psychotherapy. It is also interesting to note the difference in outcome when each therapy is used: if one goes only to an exorcist he or she “will be unable to eliminate the illness”, whereas if one goes to a herbalist, he or she “will be cured” (albeit more slowly).

If the patient is not prepared to undergo psychotherapy, Chinese medicine helps greatly by alleviating emotional suffering. It also creates a space where Qi is flowing, the Mind (Shen) and Ethereal Soul (Hun) are more coordinated in their activities, the Corporeal Soul (Po) is animating the body better and the Will-Power (Zhi) is strong.

I also noticed another phenomenon when treating patients with mental-emotional problems. The treatment seems to make people more aware and more receptive to emotional work spontaneously. The treatment modulates the relationship between the Mind and the Ethereal Soul, relieving depression and anxiety; however, beyond the mere relief of emotional suffering, the treatment seems to nourish the Mind and regulate the Ethereal Soul so that the individual is more open and receptive. For example, I have noticed several times that, after a series of treatments, a patient may take up an art form that they have neglected for years, for example playing an instrument or painting.

The very way Chinese medicine sees emotions as forces that disrupt the proper direction of movement of Qi (“anger makes Qi rise, fear makes Qi descend, etc.”) reflects, in my opinion, the absence of an individual, psychological self in Confucian philosophy. In other words, anger makes Qi rise, independently from a self: it is an objective force that disrupts the movement of Qi and the cognitive part of the Mind plays no role in it. The rising of Qi from anger generates a picture of disharmony that, is at once physical (headaches, dizziness) and emotional (irritability, outbursts of anger) and it does not really even require the concept of an individual self as the center of consciousness.

In my opinion, the way in which Chinese medicine sees emotions is Confucian: they are bodily and psychic forces that cloud reason and obscure our human nature. As we know from Western views on emotions, these are far more than that: to some, they are an essential way in which our psyche works and what gives meaning to our life, from both an existential and a purely neurological point of view. As discussed in Chapter 14, the development of the higher cortex also depends partly on the limbic system.

One particular feature of the book is the space dedicated to the relationship between the Mind (Shen) and Ethereal Soul (Hun). Over the years of dealing with mental-emotional problems, I have come to attach great importance to the role of the Ethereal Soul and its relationship with the Mind. For example, I think that every case of depression is characterized by a deficient movement of the Ethereal Soul (and “manic behavior” by an excessive movement of the Ethereal Soul).

More and more I see the relationship between the Mind and Ethereal Soul as a mirror of that between the cortex and the limbic system (although the Mind cannot be reduced simply to the cortex or the Ethereal Soul to the limbic system). In particular, the prefrontal cortex seems to be the arena of the interplay between the Mind and the Ethereal Soul.

The prefrontal cortex (located just behind the forehead) is responsible for the executive functions,
which include mediating conflicting thoughts, making choices between right and wrong or good and bad, predicting future events, and governing social control – such as suppressing emotional or sexual urges. The basic activity of this brain region is considered to be orchestration of thoughts and actions in accordance with internal goals.

These functions depend very much on the relationship between the Mind and the Ethereal Soul and, especially, on the normal control and integration exercised by the Mind towards the Ethereal Soul.

In my opinion, a disturbance of the relationship between Mind and Ethereal Soul is implicated in modern diseases such as autism (in which the movement of the Ethereal Soul is insufficient) or attention deficit hyperactivity disorder (in which the movement of the Ethereal Soul is excessive and the Mind’s control and integration of the Ethereal Soul is insufficient).

After researching extensively on the emotions in Western philosophy and modern neurophysiology, and on the influence of Neo-Confucianism on Chinese medicine, I have come to the (perhaps controversial) conclusion that the “emotions” we talk about in the West are simply not the emotions of Chinese medicine.

As discussed in Chapter 14, emotions are, on the one hand, what gives meaning to our life from an existential, spiritual point of view: on the other hand, in a modern neurophysiological sense, they are an essential part to the functioning of the cortex and our cognitive faculties. Emotions assist reasoning. This is a far cry from the Chinese view of emotions as factors that cloud the Mind and obscure our human nature: Sartre and Nietzsche for a start would say that emotions are our human nature.

It could be argued that it is emotions, not reason, that distinguishes us as human beings. Far from being factors that make us lose our human nature (as the Neo-Confucians say), emotions are our human nature. For better or for worse, emotions make us “human”. We can be driven not only by hatred but also by deep love, empathy and compassion which define us as human beings.

I have come to the conclusion that the “emotions” as considered in Chinese medicine are merely pathologies of Qi: anger is the arousal of Qi with its psychological and (most of all) physical manifestations. They are pathologies of Qi that are disengaged from the self because the Confucian self is not the individualized, inward-looking, autonomous self of Western culture.

Another momentous consequence of the different views of the self in China and the West is that Chinese medicine totally lacks a view of the self as a psychological center formed from birth, through our childhood experiences and adult life with all its unconscious material, projections, complexes and defences.

That is not to say that Chinese medicine cannot play a major role in the interpretation and treatment of deep disturbances of the self: indeed it can. But this work will require the painstaking effort, research and clinical enquiry of generations of Chinese medicine practitioners. I also believe that, due to the different concepts of the self in China and in the West, most of this work will have to be carried out by Western practitioners. But for this process to happen, we need to be conscious of the Confucian influence on Chinese medicine, take what applies to us and discard what does not, and abandon an unrealistic view of Chinese medicine.

By “unrealistic” view of Chinese medicine, I mean three things. First, a somewhat nebulous view of Qi as the basis of all pathology and treatment. Every mental–emotional disharmony can be diagnosed and treated as a disharmony of Qi: that does not mean that all will be cured.

Second, in the process of adapting Chinese medicine to the West, to Western patients and to our Western concept of self, we need to stay true to the roots of Chinese medicine and avoid attributing powers to Chinese medicine that (in my opinion) it cannot have.

Third, having said that we need to stay true to the roots of Chinese medicine, it is equally important that we see through the influence of Confucianism on Chinese medicine and therefore discard some of the views that do not apply to Westerners and a Western concept of self. I feel this is very important: if we persist in having a “romantic” view of Chinese medicine and take as gold nuggets everything we read in the classics without seeing its Confucian veneer, we will never accomplish the task of truly adapting Chinese medicine to the Western world.

Such work is already being done by many of our colleagues and, although ideas often diverge, together we can develop a Chinese medicine that is truly integrated in the West and that addresses the emotional, mental and spiritual issues of Westerners.

As in my previous books, contrary to all other English-language authors, I continue to translate Shen
(of the Heart) as “Mind” rather than “Spirit”, reserving the term “Spirit” for the complex of the five, i.e. Mind, Ethereal Soul, Corporeal Soul, Intellect and Will-Power.

The reasons for this are explained in Chapters 1 and 2. Please note that I am not saying that the word “shen” cannot mean “spirit”: of course it does. What I am saying is that, based on the functions of the Shen of the Heart, “Mind” is a better translation of it and call “Spirit” the total of the five. The problem is not merely semantic: if we call the Shen of the Heart “Spirit” we overlook the role of the Ethereal Soul, Corporeal Soul and Will-Power in mental, emotional and spiritual problems.

To see this from a Jungian perspective, we can say that the Shen of the Heart is the ego while the total of the five (and especially Mind and Ethereal Soul together) is the Self.

Interestingly, in mental illness the Shen of the Heart is obstructed but what is obstructed is the Mind, not the Spirit. We can seen this clearly in the lives of very many great artists whose Shen of the Heart was obstructed but whose spirit soared to produce masterpieces of universal, spiritual value.

In this book, I deliberately restrict the conditions treated to the few that account for the overwhelming majority of mental-emotional problems we see, i.e. depression, anxiety and insomnia. To these, I added a few others and notably bipolar disorder and attention deficit hyperactivity disorder.

As I have done in my last book, the second edition of *The Practice of Chinese Medicine*, I report both Western and Chinese clinical trials to give the reader a general idea of the clinical use of acupuncture and herbs. In each chapter, the section on “Modern Chinese Literature” reports a few clinical trials conducted in China. Most of these trials are conducted to a standard that would not be acceptable; however, they are reported to show the treatment principle adopted by modern Chinese doctors.

Both Western and Chinese clinical trials suffer from flaws. Chinese trials often suffer from poor design to a standard that would not be accepted in the West. On the other hand, many of the Western clinical trials, although well designed, suffer from other flaws, often to do with the choice of treatment (points or formulae). An example of a Western trial suffering from poor design from the point of view of Chinese medicine could be that of a trial on the use of Chinese herbal medicine in the treatment of bipolar disorder (see Chapter 19). One such trial selected the formula Xiao Yao San _Free and Easy Wanderer Powder_, a very strange choice indeed for the treatment of bipolar disorder.

Another example of poor design is that of a clinical trial on depression after stroke using only five points (P-6 Neiguan, Du-26 Renzhong, Du-20 Baihui, Yintang, and SP-6 Sanyinjiao) and the same ones in every patient. Moreover, the points were used on the “affected” side: this is a strange choice as, if the points were chosen to treat the depression rather than the paralysis resulting from stroke, it is not clear why they would be used only on the affected side (see Chapter 16).

As in my previous books, I report Chinese herbal formulae as they were formulated in China. This means that many formulae will contain animal or mineral products. As legislation in herbal medicine differs from country to country, the reader is urged to familiarize him or herself with the laws of their country. Some substances used are illegal for reasons to do with protection of endangered species (animal or vegetable) and some to do with animal cruelty. Again, I present the formulae as they were in Chinese books so that the reader can make intelligent substitutions of unacceptable ingredients. For this reason, Appendix 2 lists suggested substitutions for mineral and animal substances.

Appendix 4 explains some of the treatment principles listed in the book when these are not self-evident: for example, the difference between “rooting the Ethereal Soul” and “settling the Ethereal Soul”.

Finally, the reader is urged to read the “Epilogue” that concludes the book. In it, I describe the issues I wrestled with over many years when treating patients suffering from emotional turmoil and I propose my own ideas about the integration of Chinese medicine into a Western practice.

My study of emotions in Western philosophy and in modern neurophysiology has led me to realize that emotions are far more than just the causes of disease envisaged by Chinese medicine. Far from obscuring our human nature, as the Neo-Confucianists tell us, they define our human nature and give meaning to our life. Together we need to develop a Chinese medicine that is based on a Western (rather than Confucian) concept of self and a view of the emotions that sees them not only as causes of disease but also as psychic factors that define us as human beings.

_Giovanni Maciocia
Santa Barbara, April 2008_
END NOTES

My first trip to China where I attended my first acupuncture course at the Nanjing University of Traditional Chinese Medicine in 1980 was an important milestone in my professional development. My first teacher there was the late Dr Su Xin Ming who played an important role in the development of my acupuncture skills. I am indebted to him for the patient way in which he communicated his skills to me.

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Giovanni Maciocia
Santa Barbara, 2009
The terminology used in this book generally follows that used in the second edition of *Foundations of Chinese Medicine, Obstetrics and Gynaecology in Chinese Medicine, Diagnosis in Chinese Medicine* and the second edition of the *Practice of Chinese Medicine*. As in those books, I have opted for translating all Chinese medical terms, with the exception of Yin, Yang, Qi and cun (unit of measurement).

I have also continued using initial capitals for the terms which are specific to Chinese medicine. For example, “Blood” indicates one of the vital substances of Chinese medicine, whereas “blood” denotes the liquid flowing in the blood vessels (e.g. “In Blood deficiency the menstrual blood may be pale.”). I use initial capitals also for all pulse qualities and for pathological colors and shapes of the tongue body.

This system has served readers of my previous books well. As most teachers (including myself) use Chinese terms when lecturing (e.g. *Yuan Qi* rather than Original Qi), I have given each term in Pinyin whenever it is introduced for the first time. One change I have introduced in this book (as in the second editions of *Foundations of Chinese Medicine* and *Practice of Chinese Medicine*) is to use the Pinyin terms more often throughout the text and at least once in each chapter when the Chinese term is first introduced. I have done this to reduce the frequency with which the reader may need to consult the glossary.

I made the choice of translating all Chinese terms (with the exceptions indicated above) mostly for reasons of style: I believe that a well-written English text reads better than one peppered with Chinese terms in Pinyin. Leaving Chinese terms in Pinyin is probably the easiest option but this is not ideal because a single Pinyin word can often have more than one meaning: for example, *jing* can mean “channels”, “periods”, “Essence” or “shock”, while *shen* can mean “Kidneys”, “Mind” or “Spirit”.

I am conscious of the fact that there is no such thing as a “right” translation of a Chinese medicine term and my terminology is not proposed in this spirit; in fact, Chinese medicine terms are essentially impossible to translate. The greatest difficulty in translating Chinese terms is probably that a term has many facets and different meanings in different contexts: thus it would be impossible for one translation to be “right” in every situation and every context. For example, the term *jue* (厥) has many different meanings; a translation can illustrate only one aspect of a multifaceted term. In fact, *jue* can mean a state of collapse with unconsciousness; coldness of hands and feet; or a critical situation of retention of urine. In other contexts it has other meanings, for example *jue qi* (厥气), a condition of chaotic Qi; *jue Xin Tong* (厥心痛), a condition of violent chest pain with cold hands; and *jue Yin Zheng* (厥阴证), the Terminal Yin pattern within the Six Stage identification of patterns characterized by Heat above and Cold below.

Many sinologists concur that Chinese philosophical terms are essentially impossible to translate and that, the moment we translate them, we distort them with a worldview that is not Chinese. Ames is particularly clear about the intrinsic distortion of Chinese concepts when they are translated. He gives examples of Chinese terms that are distorted when translated, such as *Tian 天* (“Heaven”), *You-Wu 有无* (“Being” and “Non-Being”), *Dao 道* (“Way”), *Xing 性* (“human nature”), *Ren 仁* (“benevolence”), *Li 理* (“Principle”), *Qi 气* (“primal substance”), etc.¹

Ames is particularly forceful in rejecting a single, one-to-one translation of a Chinese term into a Western one in the introduction of his book *Focusing the Familiar* (a translation of the Confucian text *Zhong Yong*).² Ames says:³

*Our Western languages are substance-oriented and are therefore most relevant to the descriptions of a world*
defined by discreteness, objectivity and permanence. Such languages are ill disposed to describe and interpret a world, such as that of the Chinese, that is primarily characterized by continuity, process and becoming.

Ames then gives some examples of what he considers to be serious mistranslations of Chinese philosophical terms. The important thing is that these are not “mistranslations” because the terms are “wrong” but because of the intrinsic difference between Chinese and Western thinking and therefore the inherent inability of Western terms to convey Chinese philosophical ideas. Ames says:

For example, You 有 and Wu 无 have often been uncritically rendered as “Being” and “Non-being”. Influential translators, until quite recently, have rendered wu xing 五行 as “Five Elements”. Xing 性 is still most often translated as “nature”. All these translations promote the fixed and univocal characterizations of objects or essences emergent from a language rooted in a substantialist perspective [our Western languages].

Ames stresses that the use of a “substances language” (i.e. a Western language) to translate Chinese insights into a world of process and change has led to seriously inappropriate interpretations of the Chinese sensibility. Ames asserts that it is the very difference between Chinese and Western philosophy that makes translation of Chinese terms virtually impossible. He says:

In the classical traditions of the West, being takes precedence over becoming and thus becoming is ultimately unreal. Whatever becomes is realized by achieving its end – that is, coming into being. In the Chinese world, becoming takes precedence over being. “Being” is interpreted as a transitory state marked by further transition.

Ames then says:

The Chinese world is a phenomenal world of continuity, becoming and change. In such a world there is no final discreetness. Things cannot be understood as objects. Without this notion of objectivity, there can only be the flux of passing circumstances in which things dissolve into the flux and flow. A processive language precludes the assumption that objects serve as references of linguistic expressions. The precise referential language of denotation and description is to be replaced by a language of “deference” in which meanings both allude to and defer to one another in a shifting field of significance. A referential language [Western language] characterizes an event, object, or state of affairs through an act of naming meant to indicate a particular thing. On the other hand, the language of deference [Chinese] does not employ proper names simply as indicators of particular individuals or things, but invokes hints, suggestions, or allusions to indicate foci in a field of meanings.

As an example of this intrinsic impossibility of translating a Chinese philosophical term into a Western language, Ames then cites Steve Owen’s reluctance in translating shi 诗 as “poem”. Owen says:

If we translate “shi” as “poem”, it is merely for the sake of convenience. “Shi” is not a “poem”: “shi” is not a thing made in the same way one makes a bed, a painting or a shoe. A “shi” can be worked on, polished and crafted; but that has nothing to do with what a “shi” fundamentally “is” ... “Shi” is not the “object” of its writer. It is the writer, the outside of an inside.

Ames gives various translations of Li (a Confucian concept) as an example of how a multiplicity of terms may apply to a single Chinese term and how none of them is “wrong”. He says that Li has been variously translated as “ritual”, “rites”, “customs”, “etiquette”, “propriety”, “morals”, “rules of proper behavior” and “worship”. Ames says:

Properly contextualized, each of these English terms can render Li on occasion. In classical Chinese, however, the character carries all of these meanings on every occasion of its use.

This confirms clearly how, by the very translation, we limit a Chinese term that is rich with multiple meanings to a single meaning in Chinese.

Ames says that in classical Chinese philosophical texts, allusive and connotatively rich language is more highly prized than clarity, precision and argumentative rigor. This rather dramatic contrast between Chinese and Western languages with respect to the issue of clarity presents the translator of Chinese philosophical texts with a peculiar burden.

For the Chinese, the opposite of clarity is not confusion, but something like vagueness. Vague ideas are really determinable in the sense that a variety of mean-
Western languages. The allusiveness of the classical Chinese language is hardly conducive to univocal translations. We would contend that, in translating Chinese texts into Western languages, it is most unproductive to seek a single equivalent for a Chinese character. In fact, rather than trying to avoid ambiguity by a dogged use of formally stipulated terms, the translator might have to concede that characters often require a cluster of words to do justice to their range of meanings — all of which are suggested in any given rendering of the character. In fact, any attempt to employ univocal translations of Chinese terms justified by appeal to the criteria of clarity or univocity often reduces philosophical insight to nonsense and poetry to doggerel. Such an approach to translation serves only to numb Western readers to the provocative significance harboured within the richly vague and allusive language of the Chinese texts.

As an example of the multiplicity of meanings of a Chinese term and therefore of the fact that it is perfectly legitimate to translate a single Chinese idea into more than one term according to different contexts, Ames says that he translates the term zhong ("center" or "central") in the title of the Confucian text sometimes as "focus", sometimes as "focusing" and other times as "equilibrium". Other times, he even translates it as "center" or "impartiality". He says strongly:

The Chinese language is not logocentric. Words do not name essences. Rather, they indicate always-transitory processes and events. It is important therefore to stress the gerundative character of the language. The language of process is vague, allusive and suggestive.

Rosemont makes the same point with regard to the translation of Li (rituals). He says Li could be translated as "customs", "mores", "propriety", "etiquette", "rites", "rituals", "rules of proper behavior", and "worship". He says:

If we can agree that, appropriately contextualized, each of these English terms can translate Li on occasion, we should conclude that the Chinese graph must have all of these meanings on every occasion of its use, and that selecting only one of them can lead only to the result that something is lost in translation.

According to Ames, in the field of philosophy, two terms particularly stand out as being influenced by a
Western thinking when translated, i.e. *Tian* (“Heaven”) and *Ren* (“benevolence”). Ames says:  \(^{11}\)

When we translate *Tian* as “Heaven”, like it or not, we invoke in the Western reader a notion of transcendent creator Deity, along with the language of soul, sin and afterlife ... When we translate *Ren* as “benevolence”, we psychologize and make altruistic a term which originally had a radically different range of sociological connotations. Being altruistic, for example, implies being selfless in the service of others. But this “self-sacrifice” implicitly entails a notion of “self” which exists independently of others and that can be surrendered – a notion of self which we believe is alien to the world of the Analects [of Confucius]: indeed, such a reading [of the term “ren”] transforms what is fundamentally a strategy for self-realization into one of self-abnegation.

With regard to Chinese medicine, the term *Xue* 膲 (“Blood”) is a good example of the above-mentioned problem reported by Ames. When we translate the word *Xue* as “Blood” we immediately alter its essential character and give it a Western medical connotation; in fact, in Chinese medicine, *Xue* is itself actually a form of Qi and one that is closely bound with Nutritive Qi (*Ying Qi*). Indeed, the term *mai* 脉 appearing in the Yellow Emperor’s Classic of Internal Medicine is often ambiguous as it sometimes clearly refers to the acupuncture channels and other times to the blood vessels.

After highlighting the problems in translating Chinese terms, Ames confirms that a single Chinese term may have different meaning in different contexts. For example, the term *shen* 神 in some cases means “human spirituality”, in others it means “divinity”.  \(^{14}\) As he considers only the philosophical meanings of the word *shen*, we could actually add many others in the context of Chinese medicine, for example “mind”, “spirit” and “lustre” (in the context of diagnosis).

Graham says:  \(^{15}\)

*Every Western sinologist knows that there is no exact equivalent in his own language for such a word as ren 仁 or de 德, and that as long as he thinks of it as synonymous with “benevolence” or “virtue” he will impose Western preconceptions on the thought he is studying.*

Ames then surveys the options that are presented to a translator and seems to favor simply transliterating the Chinese terms and leave them untranslated. He says:  \(^{16}\)

*To some, this approach may appear to be simply the laziest way out of a difficult problem. But “ritual” has a narrowly circumscribed set of meanings in English, and Li an importantly different and less circumscribed set. Just as no Indological scholar would look for English equivalent for “karma”, “dharma” and so on, perhaps it is time to do the same for classical Chinese, the homonymy of the language notwithstanding.*

Hall confirms that a single Chinese term may have a plurality of meanings. He says:  \(^{17}\)

*The Chinese have traditionally affirmed as the ground of their intellectual and institutional harmony the recognition of the co-presence of a plurality of significances with which any given term might easily resonate.*

Finally, another sinologist, Yung Sik Kim, discusses the difficulty presented by the plurality of meanings of a single Chinese term. He says:  \(^{18}\)

*I have adopted the policy of sticking to one English translation for a particular Chinese word whenever possible ... Of course, exceptions cannot be avoided altogether. I have had to resort to different translations for such characters as “xin” 心 which means both “heart” and “mind”, “tian” 天, both “heaven” and “sky”.*

In another passage, Yung Sik Kim affirms that transliteration of a Chinese term with a plurality of meanings is the only alternative:  \(^{19}\)

*The term “li” 理 is difficult to define. It is difficult even to translate because there is no single word in Western languages that covers all facets of what “li” meant to the traditional Chinese mind. The existence of many translations for the term, which often leaves transliteration as the only viable option, bespeaks the difficulty.*

Although a diversity of translation of Chinese terms may present its problems, these are easily overcome if an author explains the translation in a glossary and, most importantly, explains the meaning of a given Chinese term in its context (in our case, Chinese medicine).
In my books, I have chosen to translate all Chinese medicine terms rather than using Pinyin purely for reasons of style as a sentence written half in English and half in Pinyin is often awkward. Moreover, if we use Pinyin terms in writing, it could be argued that we should be consistent and use Pinyin terms for all Chinese medicine terms and this would not make for very clear reading. Consider the following sentence: “To treat Pi-Yang Xu we adopt the zhi fa of bu pi and wen Yang” (“To treat Spleen-Yang deficiency we adopt the treatment principle of tonifying the Spleen and warming Yang”).

Moreover, the problem arises only in the written form as, in my experience, most lecturers in colleges throughout the Western world normally prefer using Pinyin terms rather than their counterparts in English (or any other Western languages). Thus, a lecturer will refer to Kidney-Jing rather than Kidney-Essence. Indeed, when I myself lecture, I generally use the Pinyin terms rather than their English translation. Again, most lecturers use a pragmatic approach, translating some terms into English (such as “treatment principle” instead of zhi fa) and leaving others in Pinyin such as Yuan Qi or Chong Mai.

When I lecture I always try to give the participants an idea of the meaning of a particular Chinese character and its significance and application in Chinese medicine. Indeed, the use of Pinyin when lecturing renders Chinese medicine truly international as I can lecture in the Czech Republic and mention Jing, Yang Qiao Mai, Wei Qi, etc., knowing that I will be understood by everyone. A diversity of translation of Chinese terms may even have a positive aspect as each author may highlight a particular facet of a Chinese term so that diversity actually enriches our understanding of Chinese medicine. If someone translates Zong Qi 宗气 as “Initial Qi”, for example, we learn something about that author’s view and understanding of Zong Qi: the translation cannot be branded as “wrong” (I translate this term as “Gathering Qi”). Another example: if someone translates yang qiao mai as “Yang Motility Vessel”, the translation captures one aspect of this vessel’s nature; again, this could not be defined as wrong (I translate the name of this vessel as “Yang Stepping Vessel”).

Trying to impose a standard, “right” translation of Chinese medicine terms may lead to suppression of healthy debate; I therefore hope that readers will continue to benefit from the diversity of translation of Chinese medical terms and draw inspiration from the rich heritage of Chinese medicine that it represents.

I firmly believe that the future lies not in trying to establish a rigid, embalmed, fossilized, “right” terminology based on single, one-to-one translations of Chinese ideas. Indeed, I believe this is a potentially dangerous trend as it would, in my opinion, lead students and practitioners away from the richness of Chinese language and richness of meanings of Chinese medicine ideas. The adoption of a standardized, “approved” terminology of Chinese medical terms may indeed, in time, divorce students and practitioners from the essence of Chinese medicine. If an “official”, standardized translation of Chinese terms took hold, then students would be less inclined to study the Chinese terms to explore their meaning.

Ames and Hall make the same point:

Such translations have been “legitimized” by their gradual insinuation into the standard Chinese-English dictionaries and glossaries. By encouraging the uncritical assumption in those who consult these reference works that this formula of translations provides the student with a “literal” rendering of the terms, these lexicons have become complicit in an entrenched cultural equivocation that we strive to avoid.

They then further make the point that using a one-to-one translation of Chinese terms ignores the cultural background from which they came:

Our argument is that it is in fact these formulaic usages that are radical interpretations. To our mind, to consciously or unconsciously transplant a text from its own historical and intellectual soil and replant it in one that has a decidedly different philosophical landscape is to take liberties with the text and is radical in the sense it tampers with its very roots.

As I said above, an “official”, standardized translation of Chinese terms may make students and practitioners less inclined to study the Chinese terms to explore their meaning with their own interpretation. Ames and Hall say:

Our goal is not to replace one inadequate formula with another. Our translations are intended as no more than suggestive “placeholders” that refer readers back to this glossary to negotiate their own meaning, and, we hope, to appropriate the Chinese terms for themselves.

Moreover, imposing an “approved” terminology in English betrays an Anglocentric worldview: to be
consistent, we should then have an “approved” termin-
ology in every major language of the world. It seems
to me much better to try to understand the spirit and
the essence of Chinese medicine by studying its char-
acters and their clinical significance and using Pinyin
transliteration whenever appropriate.

Trying to fossilize Chinese medicine terms into an
imposed terminology goes against the very essence
of the Chinese language which, as Ames says, is not
logocentric and in which words do not name essences:
rather, they indicate always-transitory processes and
events. The language of process is vague, allusive and
suggestive.

Because Chinese language is a language of process,
the question arises also whether practicing Chinese
medicine actually helps the understanding of Chinese
terminology: in my opinion, in many cases it does. For example, I feel that clinical experience
helps us to understand the nature of the Chong Mai
(Penetrating Vessel) and therefore helps us to under-
stand the term chong in a “knowing practice” way (as
Farquhar defines it)23 rather than a theoretical way.

Of course, a translator of Chinese books should strive
for precision and consistency, but we must accept that
there is a rich multiplicity of meanings for any given
idea of Chinese medicine. The Chong Mai is a good
example of this multiplicity as the term chong could be
translated as “thoroughfare”, “strategic cross-roads”,
“to penetrate”, “to rush”, “to rush upwards”, “to
charge”, “activity”, “movement” and “free passage”.
Which of these translations is “correct”? They are all
correct as they all convey an idea of the nature and
function of the Chong Mai.

I therefore think that the future of teaching Chinese
medicine lies not in trying to impose the straightjacket
of a rigid terminology of the rich ideas of Chinese medi-
cine, but in teaching students more and more Chinese
characters explaining the richness of meanings associ-
ated with them in the context of Chinese medicine.
I myself would not like my own terminology to be
“adopted” as the “correct” or “official” one: I would rather see colleges teaching more and more Chinese
to their students by illustrating the rich meanings
of Chinese medicine terms. As mentioned above, my
main motive for translating all terms is purely for
reasons of style in an English-language textbook; when
I lecture I generally use Pinyin terms but, most of all,
I show the students the Chinese characters and try to
convey their meaning in the context of Chinese

Finally, I would like to explain my continued trans-
lation of Wu Xing as “Five Elements”. The term “Five
Elements” has been used by most Western practitioners
of Chinese medicine for a long time (also in French and
other European languages). Some authors consider
this to be a misunderstanding of the meaning of the
Chinese term Wu Xing, perpetuated over the years. Wu
means “five” and Xing means “movement”, “process”,
“to go”, “conduct” or “behavior”. Most authors there-
fore think that the word Xing cannot indicate “element”
as a basic constituent of Nature, as was supposedly
intended in ancient Greek philosophy.

This is, in my opinion, only partly true as the elements,
as they were conceived by various Greek philosophers over the centuries, were not always
considered “basic constituents” of Nature or “passive
motionless fundamental substances”.24 Some Greek
philosophers conceived the elements as dynamic
qualities of Nature, in a way similar to Chinese
philosophy.

For example, Aristotle gave a definite dynamic
interpretation to the four elements and called them
“primary form” (prota somata). He said:25

Earth and Fire are opposites also due to the opposition of
the respective qualities with which they are revealed to
our senses: Fire is hot. Earth is cold. Besides the
fundamental opposition of hot and cold, there is another
one, i.e. that of dry and wet: hence the four possible
combinations of hot-dry [Fire], hot-wet [Air], cold-dry
[Earth] and cold-wet [Water] ... the elements can mix
with each other and can even transform into one another
... thus Earth, which is cold and dry, can generate Water
if wetness replaces dryness.

To Aristotle, therefore, the four elements became the
four basic qualities of natural phenomena, classified as
combinations of four qualities: hot, cold, dry and wet.
As is apparent from the above statement, the Aristotelian
elements could even transform into one another
and generate each other.

This interpretation is very similar to the Chinese one,
in which the elements are qualities of Nature. Further-
more, it is interesting to note the similarity with the
Chinese theory of Yin-Yang: the four Aristotelian
elements derive from the interaction of the basic Yin-
Yang qualities of cold-hot and dry-wet.

Thus, it is not entirely true to say that the Greek ele-
ments were conceived only as the basic constituents of
matter, the “building blocks” of Nature, which would
make the use of the word “element” wrong to indicate xing. Furthermore, the word “elements” does not necessarily imply that: it does so only in its modern chemical interpretation.

In conclusion, for the above reasons I have kept the word “element” as a translation of the Chinese word xing. According to Wang, the term “Five Elements” could be translated in a number of ways, for example “agents”, “entities”, “goings”, “conduct”, “doings”, “forces”, “activities” and “stages of change”.26

Recently, the term “Five Phases” is gaining acceptance, but some sinologists disagree with this translation and propose returning to “Five Elements”. Friedrich and Lackner, for example, suggest restoring the term “elements”.27 Graham uses the term “Five Processes”.28 I would probably agree that “processes” is the best translation of Wu Xing. In fact, the book Shang Shu written during the Western Zhou dynasty (1000–771 BC) said:29

The Five Elements are Water, Fire, Wood, Metal and Earth. Water moistens downwards; Fire flares upwards; Wood can be bent and straightened; Metal can be moulded and can harden; Earth allows sowing, growing and reaping.

Some sinologists (e.g. Needham and Fung Yu Lan) still use the term “element”. Fung Yu Lan suggests that a possible translation of wu xing could be “Five Activities” or “Five Agents”.30 Although the term “five phases” has gained some acceptance as a translation of wu xing, I find this term restrictive as it clearly refers to only one aspect of the Five Elements, i.e. phases of a (seasonal) cycle.

A glossary with Pinyin terms, Chinese characters and English translation appears at the end of the book. I have included both a Pinyin–English and an English–Pinyin glossary.

END NOTES

3. Ibid., p. 6.
4. Ibid., p. 6.
5. Ibid., p. 10.
6. Ibid., p. 10.
8. Ibid., p. 69.
10. Ibid., p. 16.
11. Ibid., p. 16.
17. Thinking from the Han, p. 4.
19. Ibid., p. 19.
22. Ibid., p. 56.
29. Shang Shu (c.659 BC), cited in 1980 Shi Yong Zhong Yi Xue [Practical Chinese Medicine]. Beijing Publishing House, Beijing, p. 32. The book Shang Shu is placed by some in the early Zhou dynasty (hence c.1000 BC), but the prevalent opinion is that it was written sometime between 659 BC and 627 BC.
A GUIDE TO MACIOCIA’S BOOKS

FOUNDATIONS OF CHINESE MEDICINE

Published in 2004, this book still remains the most voluminous, extensive and detailed text on Chinese medicine diagnosis. Comprising of over 1,000 pages, this book is an essential desk companion in every Chinese medicine practitioner’s clinic.

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THE CHANNELS OF ACUPUNCTURE

OBSTETRICS AND GYNECOLOGY IN CHINESE MEDICINE

The scope of this textbook is the same as that of the Practice of Chinese Medicine, i.e. to illustrate the application of the theory of Chinese Medicine to the treatment of diseases, in this case, gynaecological diseases.

THE PSYCHE IN CHINESE MEDICINE

This is one of very few books dedicated entirely to the treatment of mental-emotional problems. The book first describes the functions and nature of the five ‘spirits’ (Shen, Hun, Po, Yi and Zhi) in a depth and detail not seen previously in the English language. The nature and functions of the five spirits are creatively explained in light of modern conditions such as autism, ADD and bipolar disorder.

The book then discusses the treatment of the most common psychiatric conditions seen in a Western clinic, i.e. depression, anxiety and bipolar disorder. For each condition, the author discusses the etiology, pathology and treatment both with acupuncture and herbal medicine.

PRACTICE OF CHINESE MEDICINE

First published in 1994 (with a second edition in 2008), the Practice of Chinese Medicine is the logical companion to the Foundations of Chinese Medicine, illustrating the application of the principles of Chinese Medicine to the treatment of diseases. It is a clinical manual that helps practitioners diagnose the patterns of disease, the etiology of diseases and that discusses the treatment of each disease with both acupuncture and herbal medicine in great detail.

The book contains more than 150 case histories with detailed explanation of the diagnostic process and analysis of treatment. An 8-page color plate section with tongue slides is added to clarify diagnoses.

FOUNDATIONS OF CHINESE MEDICINE

First published in 1989 (with a second edition in 2005), this was and remains the first textbook that discusses the basic theories of Chinese medicine in detail. The knowledge derived from the book constitutes the necessary basis for the training in the theory of Chinese medicine. This applies to both acupuncturists and herbalists.

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