Learning the backbone of the medicine you practice: Chinese Herbal Medicine Placement in China

Last year I studied in Beijing for six months as part of my final year placement at Middlesex University, which runs a five-year degree course in TCM. We spent 8 weeks in the internal medicine department, 6 weeks on the acupuncture wards and 2 weeks each in gynaecology, dermatology, external medicine and in the paediatric department. Because of my positive experience there it is my highest recommendation for everyone who studies Chinese herbal medicine to work several months on a wide variety of wards to fully experience and appreciate the beauty and sophistication in which CHM is practised. The following passages describe some of my encounters with the materia medica and the TCM diagnosis that have left a lasting impression on me, changing me greatly as a TCM professional.

Chinese Herbal Medicine

When I arrived in China I thought I was well prepared after three years of acupuncture training at CICM in Reading and then a further five years at Middlesex University deepening my understanding of TCM diagnosis, Chinese Herbal medicine and Western medicine. We studied TCM Materia Medica and formulae thoroughly as well as internal and external medicine, gynaecology, paediatric medicine and dermatology. By the end of the fourth year I could list 80 formulae off by heart. I had learned them by understanding their mechanisms rather than learning lists of herbs. Yet I was soon to learn that knowing formulae wasn't enough, that the real art in prescribing lay in using the materia medica with confidence and precision.

I started my internship with three other class-mates in the cardiovascular inpatient ward of XiYuan Hospital（西苑医院）. The doctor was welcoming and had a good command of the English language. He took us to our first patient that had acute heart failure; he translated for us and observed our level of confidence closely. He then took us into a side room to write our prescription and to discuss the case with us. I had a fully written page in front of me with symptoms and syndromes, wrote some herbs down for phlegm and blood stasis and qi and yang deficiency, and felt generally very lost. There were several factors blocking my thinking. What is the syndrome differentiation for heart failure? Where do I place the emphasis of the prescription if I have 10 syndromes in front of me? How do I select the most appropriate herbs?

My prescription for that patient was not a prescription but a mere collection of coincidentally selected herbs. When it was my turn to explain and justify my choices I could not say much. The teacher was surprisingly harsh as I was told off for using blood stasis herbs that mainly entered the Liver and not the Heart channel. And why didn't I use *yu jin* if it simultaneously treats blood stasis and phlegm in the Heart as well as calm the patients' anxiety? He made it clear that without *specific* choices of herbs, the prescription wasn't focused enough and therefore not right. Could I clearly differentiate between *dan shen* and *yu jin*; or *yin yang huo, ba ji tian* and *xian mao*? Could I select the herbs according to their exact temperatures, channels they entered, or their specific indications? I could not. I realised then that I was still in the infancy of CHM as I could not sufficiently select one herb over another from the same category.

When we were told the given prescription it became clear how precise a formula can be, with a minimum but highly selective number of herbs. The patient with heart failure mentioned above was mainly diagnosed as Heart Blood Stasis with Kidney Yang deficiency. From several possible blood stasis herbs that enter the Heart *Yi Mu Cao* was chosen as one of the main herbs because it moves blood in the Heart *and* is diuretic, avoiding the need of choosing several herbs for the same purpose.

Once I became more confident with cardiovascular diseases and their treatment it was time to go to the respiratory ward. The same experience as in the cardiovascular ward repeated itself: I could not select herbs well enough to write good prescriptions. Consequently, my evenings were spent learning the materia medica again, following the pattern of the placement: blood stasis herbs, yin and yang deficiency herbs, phlegm expelling and exterior releasing herbs, Spleen tonifying, qi regulating herbs and so on. It took me four whole weeks to work through Bensky and several other books again, constantly comparing herbs of the same category. My prescriptions written at the hospitals remained poorly during that time. Not knowing the herbs well enough was somewhat a lost time, as all my concentration was spent on the herbs and less on diagnosis, formula or in-depth discussions with the doctors. However, we were lucky insofar that our first few weeks were spend with in-ward patients – that meant we could take as much time as we needed for each patient. That changed after four weeks as we moved to the outpatient department of internal medicine. With 30 patients a morning to see required a good and fast recollection of the materia medica and formulae. By then I knew the herbs well enough to follow the thought pattern of the doctors, so what I saw made sense and I could integrate it into my knowledge of TCM. From then on, writing prescriptions became less of a chore and more a positive challenge.

Diagnosis

Diagnosis was, beside herbal medicine, the next greatest challenge in China. As with the herbs, we were lacking precision when diagnosing patients especially when trying to diagnose in-patients – who often presented with several diseases that complicated and confused the clinical picture. Our semi-randomly placed questions showed that we hadn't understood the diagnostic principles correctly. At the beginning we were repeatedly guided back to the main complaint of the patient as a starting point of diagnosis. What I learned for the first time in my 7 years of study of TCM was to ask selective questions with a purpose in mind rather than questioning the whole system in the hope that definite syndromes manifest in the collective of symptoms. For example when a patient has chronic cough with phlegm, establish the type of cough and type of phlegm, and then find out where it has come from, e.g. ask confirming questions about Spleen or Kidney function.

Our understanding of TCM grew on several levels. In the outpatient department each patient is maybe seen for 10-15 minutes. This requires precise understanding of physiological and pathological mechanisms, and a rapid recollection of information. Questions were fired at us that challenged and increased our know-how of diagnosis. 'How is dizziness in damp-phlegm obstruction different from dizziness due to Wind-damp blocking the head?'. 'What is the relationship of Liver and Stomach in heartburn?'. 'What is the significance of slow recovery after a cold?' or 'What is the pathological difference in poor appetite with distension compared to good appetite with distension?'. To be able to answer those questions, we had to do a lot of reading and understanding, with the result that our diagnostic thinking became very sharp. When the doctors were too busy to translate for us we were asked to rely on the tongue and pulse for our diagnosis. The hours spent feeling pulses and looking at tongues in relation to the main complaint helped me greatly to appreciate their clinical importance.

We were given case studies for homework, with a discussion of diagnosis and prescription the next day. Again I found that the teaching was superb, as the case studies were aimed to focus our diagnostic skills on certain clinical realities. Whilst patients can be diagnosed from different, theoretically all correct angles, not all approaches are practically effective. For example, one patient came with chronic

constipation. The diagnosis was Qi stagnation and Qi deficiency, and a suitable formula was given. No effect was achieved after one week. More moistening blood herbs were added. No change in the patient's condition. After several unsuccessful attempts of slightly varied formulae, the treatment emphasis was changed and the Lung was opened with the base formula *Da Wu Ruan Tang* so that qi flow is improved in the intestines. A treatment result was achieved within several days.

We also continued to have some lectures from specialists on diagnosis and clinically relevant treatment applications. Several of them were, for example, on the digestive tract. The Stomach and the Spleen, receiving and transforming (na-hua), up and down (shang-xia), dry and wet (zao-shi); the exact significance of appetite, distension, stool or prolapse, dryness and wetness – all symptoms were discussed in relation to individual herbs. For example, if a patient has good appetite but complains of distension after food intake meant the Stomach's receiving function is good but the Spleen's transforming function is weakened. Therefore sweet warm herbs should be chosen to recover the Spleen, such as *bai zhu, ren shen* or *gan cao*. If the distension does not improve by tonifying the Spleen's transforming function, its transporting function should be stimulated with *mu xiang, cao dou kou* and *sha ren*. I had never before seen such detailed methodology in diagnosis and use of the materia medica. It was after one of those lectures that I realised how sophisticated TCM can be practised. Thanks to those lectures I feel especially close to the diagnosis and treatment of stomach/spleen disorders.

The Exam

After two months of Internal Medicine placement we had a day-long examination that involved diagnosing 8 patients and writing suitable prescriptions. We had 15 min for the diagnosis and 15 min for the writing, followed by several minutes of interrogation by the doctors. The patients were randomly chosen and from a variety of wards: heart failure causing acute breathlessness, low grate fever after a heart attack, low grade fever and diabetes, ascites following jaundice, dizziness, weight loss and diarrhoea. Diagnosing my first patient with acute breathlessness unnerved me, as I was preoccupied thinking of the modern medicine diagnosis instead of relying purely on my TCM skills. It felt strange to write a prescription focusing on the Lung when you know in Western medicine it is the left heart that is failing. However, including *ting li zi* and *da zao* into the prescription combined the knowledge of TCM and WM, as they are commonly applied for Lung phlegm from heart failure.

The feeling I had during that exam cannot compare to anything I had experienced before. I walked out of the ward-based exams and knew I had done it: I had taken the step from being a student to being a doctor. The exam made me realise how much we learned in the previous 3 months, as by then I was able to stand by my patients' bed and ask very precise questions related to their main complaint. To a certain extend I was even able to establish details needed for choosing relevant herbs. For example I asked the patient who suffered from dizziness due to internal dampness if she ever gets superficial oedema, and upon her 'yes' included *da fu pi* into her prescription. By then my level of diagnosis was good enough not to take notes during the consultation. I had learned and understood that the diagnosis should form in your mind from when you first start seeing and asking the patient, and that each further question should just complete or support your diagnosis.

A Question of Confidence

My confidence into TCM and in myself as a practitioner of TCM grew enormously in China. The detailed assessment of the functional integrity of each organ together with the precise selection of herbs showed me that TCM is a far more

sophisticated system of medicine than I ever thought possible, particularly in the internal medicine department. I also wrote up all the cases seen in the variety of wards highlighting what I had learned from each case. Without realising then, these case notes are the single most important source for diagnosis and treatment in my practice now. The use of a particular herb for a certain condition; how to approach an illness or syndrome; treatment duration, or information needed from a patient such as Basal Body Temperature in infertile women are discussed in my case notes and allow me to still benefit from the placement as I work through them.

Most patients' I see also trigger a network in my brain that connects me to my experience in China, as most conditions I come across here I have seen there. From nail tinea to psoriasis, from oestrogen deficiency to menopausal syndrome, from bronchitis to acute throat infection, from heart attack to atherosclerosis, from peptic ulcer to ulcerative colitis, from childhood hyperactivity to acute cough, from prostatitis to breast lumps, from chronic renal failure to bladder infections – it was all treated by herbal medicine or by a combination of western drugs and herbal medicine and we were able to study and observe hundreds of patient with these conditions.

China has changed me. The background knowledge from China has given me confidence to be a doctor. To be a doctor is for me to carefully diagnose and examine patients, and also to carry out modern medical examinations if necessary, such as percussion of the abdomen for ascites or listening to the lungs. Being a good doctor is for me explaining to the patient what is happening in their body, and how we go about to treat it. I totally agree with a citation in Mark Seems new book '*one of the most healing aspects of any therapy is the simple act of giving it a name, classifying a disorder so that it becomes coherent and manageable*…' [1]. It was my experience that only a lot of clinical experience can give you the confidence to do this. In China you learn to recognise, to diagnose, to examine and to treat a wide variety of disorders. You learn about effectiveness and duration of treatment. In short, you learn the backbone of the medicine you practise.

Reference

Seem, M (2000). Acupuncture - Physical Medicine. Boulder: Blue Poppy Press.

[1] Ornstein, R, Sobel, D (1987). The Healing Brain. Touchstone Books, NY