

## The Role of the Qi Mechanism in the Treatment of Knotty Diseases

by Todd Luger, L.Ac.

In America, most patients who come for Chinese herbs have what are called knotty diseases. Knotty diseases are complex, with multiple patterns present. It is often difficult for inexperienced practitioners to identify the central TCM pathomechanism in such diseases. Thus, practitioners may chase symptoms forever, never getting to the root, going round and round forever. According to Bob Flaws, many practitioners adopt a philosophy of "peeling the onion" to treat such patients, based on a homeopathic concept. However, this method does not respect the historical tradition of Chinese medicine. In fact, Flaws tells us that such conditions must be treated for all their primary "mutually engendering" pathomechanisms simultaneously, as well as any additional patterns. This often would seem to result in the selection of conflicting treatment modalities, but that is what is called for.

Flaws has relied largely on the works of Li dong yuan and Zhu dan xi to guide his unraveling of knotty diseases. Other attempts to get at the root of complex modern diseases include Heiner Fruehauf's work on six channel dynamics and gu syndrome, Yan de xin's work on blood stasis and Stephen Clavey's presentation of damp and phlegm pathology. As we shall see, these methods have much in common. Fruehauf's main sources are the Nei Jing, Shang Han Lun, Shen Nong Ben Cao, Jin Gui Yao Lue and the works of many lesser known ancient and modern medical classics. Fruehauf believes these works best represent a Taoist alchemical tradition within TCM.<sup>2</sup> Yan, inspired by his modern clinical experience in geriatrics, may be remembered as the fifth great master, for his eloquent exposition of the role of blood stasis in the diseases of aging (i.e. knotty diseases). Yan's work develops (and sophisticates) the foundations established by Wang qing ren, an early advocate of blood quickening and stasis transformation.

Now, modern TCM is also based on the work of the classics and the great masters. However, when the modern textbooks were written, several factors influenced their utility in America. First, communist oversight promoted the creation of a superficially monolithic TCM. Second, the actual patterns chosen to be recorded in texts reflected the clinical realities of post revolutionary China, where disease patterns and etiology were markedly different than in the west. Third, in order to actually understand how to use TCM to treat complex diseases, it is necessary to study the classics. This puts formulae into deep context. Thus, while a book may say that bu zhong yi qi tang is one possible formula to treat myasthenia gravis or atony pattern, only reading the Pi Wei Lun (or being instructed in its content) will reveal to the practitioner the proper application of this formula. The same is true of all the classical formulae.

What the so called classics and other source texts offer the practitioner that textbook TCM does not is something dynamic. The core of Chinese medical philosophy emphasizes the dynamic nature of existence. Life is change and transformation perpetually. TCM clinical references instead offer static snapshots of disease states. However, while this approach has clinical utility, it often fails in the face of chronic

illness. Thus, one refers to the classics to read about the dynamics of pathology and health and the formulae themselves in the words of their creators and learned commentators. Therein the process of disease is revealed. A good formulary like Bensky's has a lot of this type of commentary. For many years, it was the best source available on the classics of Chinese medicine. However, now there is considerable information available in this area and this article is merely a primer for the serious student or practitioner. Proper use of the formulae discussed herein requires graduate level knowledge in TCM Herbology. My purpose is not to reject the basic textbook information on these prescriptions, but rather to provide a dynamic perspective in which to incorporate this information.

Bob Flaws, Charles Chace and Heiner Fruehauf have all written or taught about the Pi Wei Lun in recent years. According to Bob Flaws, the concept of yin fire espoused by Li Dong Yuan in the Pi Wei Lun is a critical concept in the understanding the TCM pathogenesis of numerous complex modern illnesses, especially chronic viral diseases, autoimmune diseases, AIDS, chronic allergies and food sensitivities.<sup>3</sup> If true, this mechanism would account for a lot of suffering, morbidity and sometimes mortality. According to Flaws, Li proposes that when the spleen and stomach fail to properly raise the pure and downbear the turbid, a number of things can happen in the body. Dampness descends into the lower warmer, where it brews and forms dampheat. The ministerial fire of the kidneys is disturbed by either this dampheat and/or by depressed fire due to qi stagnation and/or heat in any other organ system or emotions transforming to fire. The ministerial fire can then become erratic, heat in any other organ system or emotions transforming to fire. This is called a yin fire, because it arises from vacuity and often involves dampness. However, this yin fire may also include yin vacuity, causing the more familiar vacuity heat to complicate matters even more. Yin vacuity may be the result of lower burner heat from other causes burning up the yin or it may arise as a consequence of the spleen's failure to replenish yin from foodstuffs.

Flaws summarizes the process, thusly, "Li describes various disease causes and mechanisms of yin fire, we can identify five basic causes of this condition. These are:

1. Spleen qi vacuity
2. Damp heat
3. Liver depression, depressive heat
4. Yin & blood vacuity
5. Stirring of ministerial fire"<sup>4</sup>

The symptoms associated with such yin fire scenarios can be diverse and include complicated forms of atrophy disorder and painful obstruction (wei and bi syndrome). Stasis of blood often complicates the basic scenario, either due to qi depression or vacuity. Thus, it is easy to see how diseases as different as multiple sclerosis, rheumatoid

arthritis and chronic fatigue syndrome can all share the same pathomechanism. To review briefly, the Stomach is responsible for rotting and ripening. The qi of the harmonious Stomach descends and propels the turbid waste through the bowels. The Spleen transforms and transports, which is to say it breaks down foodstuffs and upbears the finest essences of the food. This pure grain qi mixes with air qi in the Lung to form blood, where it moves to the Heart to be propelled around the body. If the upbearing fails, then the pure is discharged through the bowels and one is not properly nourished, i.e. assimilation fails. If the foodstuffs are not properly transformed by the Spleen, then the turbid may pollute the newly formed blood, i.e. excretion fails.

The central formula for the treatment of yin fire is Bu zhong yi qi tang or an elegant variation called huang qi ren shen tang. According to Flaws, the key to the magic in these formulae is the use of so-called wind medicinals to uplift the qi.<sup>5</sup> The basic formula uses chai hu and sheng ma for this purpose. The two herbs serve also to clear depressed fire, so sensations of fever are relieved without necessarily using bitter cooling herbs. This is important as the latter sort of medicinals may damage the spleen. A trio of warm supplementing herbs is typical for Li. He frequently uses ren shen, bai zhu and huang qi, however these herbs are frequently referred to as having the ability to clear heat as well. How can this be? It is because the root of the heat in this condition is spleen vacuity, so when the root is simultaneously addressed with the branch in complex illness using such formulae effectively clears yin fire. Dang gui is included to harmonize the blood and chen pi to downbear the turbid and the basic prescription is complete.

Huang qi ren shen tang, a typical variation, adds mai men dong to nourish the yin, shen qu to downbear the turbid by dispersing food accumulation and huang bai. Li used huang bai to clear dampheat, but also to nourish the kidney essence. The combination of zhi mu and huang bai was often indicated for atonic weakness of the lower body<sup>6</sup>, common in multiple sclerosis, for example. Li dong yuan believed that the typical method of addressing chronic dampness by disinhibiting urine with bland percolating herbs like ze xie and zhu ling was contraindicated if urination was not inhibited. He felt the use of such herbs would further exacerbate the pathological descent of spleen qi.<sup>7</sup> He was thus the first to clearly elucidate the use of herbs to restore the normal mechanism of spleen upbearing simultaneously with stomach downbearing. However, as we shall see, he was possibly inspired in his theory by that earliest of herbal classics, the shanghanlun.

According to professors Heiner Fruehauf (National College of Naturopathic Medicine), Shou Chun Ma (Seattle Institute of Oriental Medicine) and Guohui Liu (Oregon College of Oriental Medicine), the six channel theory laid out in the Shang Han Lun is not restricted in practice to the assessment of acute illnesses. Actually, six channel dynamics has a long history in China of being used to analyze the whole range of complex diseases. Much of Japanese kanpo is derived from this method, as well. It is for this reason that formulae such as xiao chai hu tang are the most commonly prescribed herbal formula in the world for chronic illness, despite having originally been written to treat an acute illness that won't remit after a few days.<sup>8</sup>

According to Fruehauf, when six channel theory is used to assess chronic illness, patients are placed on a yin yang continuum. Most chronic illnesses are thought to begin in the yang stage, requiring formula for taiyang, shaoyang and yangming conditions, i.e. wind invasions, dampheat, phlegm, liver qi depression and such things. If the pathogenic forces overwhelm the righteous, then disease will become yin, affecting the spleen (taiyin), kidney/heart (shaoyin) and liver (jueyin). Jueyin conditions may involve severe stasis and overwhelming invasion by parasites and bacteria. The fact that this final stage of disease did not emphasize supplementing therapies has been confusing for many commentators, especially in modern times. However, the role of blood stasis and opportunistic infection in the last stages of disease is now well recognized and zhang zhong jing is vindicated once again.<sup>9</sup>

Fruehauf calls the shanghan lun "the book of cinnamon" and zhang zhong jing "the progenitor of the yang qi school", which reflects a therapeutic emphasis on warmth and circulation, harmonizing qi and blood, constructive and defensive. However, the most important formulae for modern times are thought to come from the shaoyang category, which blend the treatment of hot and cold, vacuity and repletion, upbearing and downbearing. According to Fruehauf, Six channel theorists call shaoyang the vital hinge. It is the pivot point between yin and yang. If shaoyang fails to contain the pathogen, it enters the yin phase, from which it is much harder to dislodge, ultimately resulting in vacuity taxation and stasis.<sup>10</sup>

Much like Li Dong Yuan, modern six channel theorists emphasise the central importance of restoring the normal qi mechanism in the treatment of chronic disease, so that the pure rises and the turbid falls. This is exemplified in a report by Heiner Fruehauf and Subhuti Dharmananda from the Institute for Traditional Medicine's Immune Enhancement Program in Portland, Oregon. Zeng Rou Xiu, a modern six stages master, described his use of Si Ni San (Frigid Extremities Powder) to treat AIDS as follows, "Bupleurum raises the qi and Zhi Shi (Fructus Citri seu Ponciri Immaturus) makes it descend, so that the vital up down dynamics in the body can be restored; at the same time Peony and Licorice harmonise the Liver and the Spleen." Zeng goes on to point out that by restoring the qi dynamic of the Liver and Spleen, accumulations are dispersed and deficiencies are tonified via the improved action of the postnatal root of jing, the Spleen. This is clearly an emphasis on restoring the flow of yang qi.

However, for most modern American patients, Fruehauf himself prefers xiao yao san to either xiao chai hu tang or si ni san for long term use. Fruehauf has found, as have many practitioners, that the latter two formula are often too vigorous in their upbearing and coursing actions. Xiao yao san, by harmonizing liver, spleen, qi and blood, has more balanced effects. Though not a shanghanlun formula, Fruehauf has assigned this prescription to a place of importance in the shaoyang phase of chronic illness. It is often indicated in the early phases of many chronic illnesses from whatever perspective one chooses. From the viewpoint of the qi mechanism, this formula satisfies the basic conditions, with chai hu upbearing the pure and fu ling downbearing the turbid. Fruehauf points out this formula is an elegant combination of si ni san with dang gui shao yao san, both written by zhang zhong jing.<sup>11</sup> The former prescription regulates the qi mechanism,

as described above by Dr. Zeng, while the latter is the quintessential ancient formula for gynecological disorders involving blood and fluid imbalances. Once again the path leads back to zhang.

Zhu danxi, a follower of Li's theories, put strong emphasis on the damage that enduring heat does to the yin and thus he is credited with founding the school of yin tonification. Zhu's concept of yin damage has had an overwhelming impact on modern TCM ideas about longevity and chronic illness, as Yang Shou Zhong has mentioned.<sup>12</sup> However, a careful reading of Dan xi's works, such as the Dan Xi Xin Fa, reveals a physician who wholeheartedly embraced the concept of the central qi dynamic in his clinical practice. Unfortunately, basic modern texts seem to draw a sharp distinction between kidney yin xu and spleen qi xu, but this is not the clinical reality in America, nor does it accurately reflect the classics. Unfortunately, the textbook dividing line centers around heat in most cases, with yin xu being hot and qi xu being cold. Because of that, many chronic heat conditions are assigned to yin xu in basic texts, basic classes and American clinics, despite conflicting tongue and pulse signs. A more sophisticated understanding of how chronic heat conditions arise in the body would seriously consider the pathomechanism of spleen qi sinking with yin fire, a point Bob Flaws has made repeatedly in recent years.<sup>13</sup>

One of Dan xi's favorite formulae was yue qu wan, a simple formula for depression patterns. This formula resolves depression of qi, food, blood, fire, damp and phlegm and it can be modified to treat a wide range of illnesses. This formula restores the qi mechanism, with upbearing medicinals like chuan xiong and turbidity downbearing ones like shen qu. Unlike most of the other formulae introduced here, this one contains no tonics of any kind, yin or yang, weak or strong. It is thus indicated where qi stagnation is the primary mechanism leading to myriad different diseases. Heat arises in this condition due to the transformation of depressed substances, rather than spleen stomach vacuity. Nevertheless, the regulation of the qi mechanism is central to its action. This is underscored by this formula's use in a wide range of chronic gastrointestinal disorders.

Heiner Fruehauf has also written at length about gu patterns.<sup>14</sup> Gu were traditionally described as parasitic worms that can lead to a wide range of zang-fu disharmony. Flaws has pointed out that the concept of gu meshes nicely with his ideas about yin fire and the therapeutic approach is somewhat similar. Basically, gu toxins can only find a home in an already unbalanced environment. As Flaws has suggested, Spleen qi sinking with yin fire accumulating provides the perfect home for gu and gu disrupt the raising of the pure and descent of the turbid. This concept is very similar to modern pathogenesis of certain chronic health problems, such as candida, which seem to be related to pathogenic overgrowth of large microscopic flora and fauna within the large intestine.<sup>15,16</sup> Like the other dynamic models we have discussed, gu toxins are treated not by forceful expulsion, but by restoration of the qi dynamic. In his formulae, Fruehauf uses wind medicinals such as zi su ye, bo he and sheng ma, for what he describes as their penetrating effect. With this are combined specific anti gu tonics like huang jing, bai he and dang gui, as well as the anti gu blood movers, san leng and e zhu, both of which also aid in the descent of turbidity by dispersing food accumulation. The key is the use of light pungent herbs to

guide the other herbs into the darkest recesses of the body to disentangle the gu wherever it has penetrated.<sup>17</sup>

Flaws has pointed out that Fruehauf's *antigu formulae* use many of the same categories of herbs as Zhu dan xi and Li dong yuan's *yin fire formulae*.<sup>18</sup> It is true that a typical *antigu* formula may include *huang qi*, *chai hu*, *sheng ma*, *dang gui*, *bai shao*, *bai zhi*, *chuan xiong*, which were favorites of Li's and comprise the qi and blood harmonizing portion of *bu zhong yi tang*, etc. However, in Fruehauf's opinion, the presence of gu toxins contraindicates the use of tonics like *Ren shen*. In fact, he says the worsening of a condition upon taking ginseng can be diagnostic of gu in some cases. On the other hand, Flaws present cases from Zhu dan xi that seem to contradict this prohibition. In any event, there is indeed a similarity between the two methods, from the perspective of the qi mechanism. Fruehauf in fact identifies qi counterflow as a chief mechanism in the symptoms caused by gu toxins, which Flaws also indicates in *yin fire*.<sup>19</sup> Clinically, the presentation of gu syndrome is somewhat different from uncomplicated spleen stomach vacuity, so careful differentiation must be done.

Modern laboratory tests confirming parasites are one indicator that gu syndrome is at the root of an illness. However, gu and parasitic microorganisms (which were unknown in ancient China) are not identical, according to Fruehauf. Thus, Gu syndrome is one possible pattern underlying chronic low grade parasitosis, but the presence of parasites is not necessary to make a gu syndrome diagnosis. In fact, a gu syndrome should be identified like any other TCM syndrome, according to the totality of signs and symptoms. What makes a gu syndrome is when a patient with chronic digestive, emotional and systemic complaints fails to be relieved by both standard TCM therapies, as well as other classical approaches. In the early stages, patients often present with heat, requiring *su he tang*, while in later stages or for recurrent illness, a variation called *jia jian su he tang* is preferred.

Stephen Clavey's *Fluid Physiology and Pathology in TCM* also emphasizes the spleen and stomach's central role in the formation of dampness and dampheat. He discusses the uses of herbs to remove dampness from the middle burner so that turbid may properly descend and the clear may properly rise. His focus is on dampness and Phlegm, but his analysis of complex disease etiology returns to the now familiar territory of the qi dynamic. Clavey tends to draw on sources such as Liu wan su, Zhu dan xi and wu ju tong. In addition to his focus on the qi mechanism, Clavey's puts particular emphasis on the need to both transform damp with aromatic herbs and drain downwards with bitter herbs, not just one or the other. He makes the critical point over and over again that pathological fluids must be discharged ultimately. They cannot be transformed into essential fluids. Thus, while dampness is an excess of yin in a general way of speaking, it is important to remember that dampness is not an excess of yin in the specific sense of jing or blood. It is always a disease factor.

Clavey's favorite example for lingering dampheat involves the use of *san ren tang* and various modifications thereof. Wu Ju tong introduced this formula in the *Systematic Differentiation of Warm Disease*. While it is focused on the qi mechanism, it uses a

different method to restore the dynamic than I have discussed above. When dampheat is prominent, rather than vacuity, it is natural to focus on the descent of turbidity, thereby unencumbering the spleen so that it may properly upbear. While Li dong yuan focused on the vacuous spleen type of dampheat and zhu dan xi emphasized qi depression leading to dampheat, Wu ju tong emphasized the triple burner, though the approaches of these three overlap and each owes much to his predecessors.

According to Clavey, Wu's formulae characteristically included Xing Ren (Semen Pruni Armeniaca) to descend and disperse Lung qi. The Lungs control the waterways via their primary role in qi descent from the upper burner. Aromatic herbs like Hou Po (Cortex Magnoliae Officinalis) and Bai Dou Kou (Fructus Cardamomi Rotundi) are common to transform damp and strengthen the Spleen, thereby restoring the now familiar up-down dynamic. Herbs like Yi Yi Ren (Semen Coicis Lachryma-jobi) are used to drain turbidity directly from the lower burner. Inhibited urination is typical in damp-heat. Remember, Li Dong Yuan considered the absence of inhibited urination to contraindicate damp draining, so this is a key symptom. However, when damp-heat is primary and indications match, this formula can be an important tool in the treatment of chronic illness..

Finally, Wang Qingren's flagship formula, xue fu zhu yu tang makes use of the rising action of jie geng and chai hu, coupled with the falling action of zhi ke, in order to regulate qi in the whole body. This use of this formula has been expanded by modern physicians such as Yan de xin to treat a wide range of recalcitrant diseases. It thus seems that this method of regulating the "up-down" qi flow has grabbed the fancy of many great physicians throughout the ages and has won the praise of those who subsequently applied this concept in clinic. Yan explains the relationship between qi and blood and chronic disease at great length in his Blood Stasis and Aging. He makes a persuasive case for the central role of qi and blood disharmony in the process of aging, arguing that there has been an overemphasis on aging as a xu condition.

Throughout the entire text, Yan emphasizes that myriad problems of aging result from the failure of a dynamic process involving the qi and blood. His main clinical point is that the whole range of ill health in the form of various repletions and vacuities stems always originates from a disturbance of the qi and blood dynamic. I quote Yan here to underscore his allegiance to this concept when he states "the dynamic balance of upbearing and downbearing, transportation and movement of the qi mechanism is the key for maintaining normal physiological function." 20 Yan's entire book is this devoted to the selection of formula that clearly show their roots in works of zhang, li and zhu. His attention to the qi mechanism and his liberal use of aconite reflect the spleen and yang qi schools, respectively. However, his work also recognizes the role of dampheat and phlegm and enduring heat leading to yin vacuity.

Dr. Yan has developed a series of anti-aging formulae, based largely on the work of Wang qing ren. According to Fruehauf, Wang is notorious for his erroneous ideas, based as they were on his sloppy dissection methods. However, his formulae were based on classical principles. Xue Fu zhu yu tang, the flagship of Wang's fleet, is merely a combination of si ni san and tao hong si wu tang. The use of si ni san again pays clear

homage to Zhang Zhong Jing and underscores the key role that the concept of the qi mechanism plays in chronic illness. Yan has taken the elegant formulae of Wang Qing Ren, which have shown tremendous clinical success in modern illnesses, and laid out the classical foundations for understanding their actions. Yan's personal prescriptions for antiaging are variations of Xue Fu Zhu Yu Tang, which is indicated itself for a wide range of conditions due to blood stasis. According to Fruehauf, this formula is an important stroke preventive in the modern Chinese clinic.<sup>21</sup>

Fruehauf, Flaws, Yan De Xin and Clavey have served to illuminate the theories of chronic illness proposed by all the great masters of TCM from Zhang Zhong Jing all the way to Wang Qing Ren right up to modern times. These authors elaborate the detailed foundations for the sophisticated use of many commonly known classical formulae. So while Li Dong Yuan puts stronger emphasis on Spleen supplementation and Zhu Dan Xi more on Yin deficiency, Li Dong Yuan, Zhu Dan Xi, Fruehauf, Wu Ju Tong, Yan De Xin and Zeng Rou Xiu all raise the Spleen qi and course the Liver as their core therapies for chronic illness. Thus, the lineage of Zhang Zhong Jing is actually preserved in the work of Li and Zhu, the warm disease school and the blood stasis school. The main value of the theories of Yin fire, six stages and others that emphasise the qi mechanism is that they trace the process of disease through a series of dynamic transformations. This dynamic modelling is the key to the treatment of knotty diseases.

What is appealing about these various theories of chronic illness is that they embrace concepts that are unique to Chinese thought, such as the qi dynamic and mutual engenderment. As stated, textbook TCM has a static quality to it. The possible causes of illness are presented as isolated snapshots. It is implicitly assumed that one understands the relationships between organs, substances, etc. So no further elaboration is given. Yet the Chinese conceive of health and illness as a dynamic process, so only by understanding the dynamics can one make use of the snapshots to guide one's creation of formulae that approximate actual clinical pictures. Li Dong Yuan, Zhang Zhong Jing and Yan De Xin all present very dynamic models of health that can be utilized to interpret complex patterns and integrate the snapshots of textbook TCM into the panorama that is Chinese medicine.

The hallmark of TCM may be pattern differentiation, as Flaws has often said. However what distinguishes good from great TCM is the analysis of illness as a dynamic process. And this dynamic analysis tends to focus on the qi mechanism as the central factor in health and disease. Here, the linkage with the great alchemical traditions of Taoism becomes apparent, as well. Because alchemical texts and practices put great emphasis on the qi mechanism as well. An example from Taoist meditation is its use of the so-called microcosmic orbit, which uses breathing and visualisation to stimulate proper rising and falling of qi. In chapter one of the Su Wen, Qi Bo explains to the Yellow Emperor how in ancient times people would use the method of moving qi with one's own mind to maintain health (i.e. qigong). Thus, the dynamic theories of complex illness causation implicitly acknowledge their deep Taoist roots by their reference to the qi dynamic as this central factor. There can hence be no doubt that while many of the great masters were

outwardly Confucian literati, their presentation of medicine paid an homage to Lao Tsu's dynamic worldview that defied any Confucian efforts to "rectify the names".

## **Afterword**

It is worth noting that the one of the central principles in modern naturopathic medicine seems to embrace the concept of the qi dynamic, though not overtly. A number of others, including Subhuti Dharmananda, Heiner Fruehauf and Bob Flaws have frequently noted this in their writings over the years. It is now thought by many naturopaths that so-called "leaky gut syndrome" is the root of many diverse chronic illnesses. The approach to treating this condition at the root is multifold, but typically includes improving assimilation through the use of enzymes, bitters and carminatives. This is akin to the separation of the pure from the turbid. Also used are antimicrobial substances and microbial flora to rebalance intestinal dysbiosis. This is akin to the clearance of dampheat toxins. Antioxidants containing large amounts of bioflavonoids are used to restore integrity to intestinal villi. This prevents the entry of the turbid into the realm of the pure, by minimizing undigested antigenic molecules from entering the bloodstream. Thus, the pure rises and the turbid descends. The descent of the turbid may be further aided by the use of charcoal, bentonite clay, fiber and purgatives.<sup>22</sup> Thus, the days of unsophisticated vigorous cleansing are over, it would seem. And a method of treatment that not only embraces the descent of the turbid (i.e. cleansing therapies), but the raising of the pure has spontaneously evolved. From all reports, this is a very effective therapy.

## **Endnotes**

1 LI DONG-YUAN'S THEORY OF YIN FIRE & DIFFICULT TO TREAT, KNOTTY DISEASES/Flaws, Bob, Blue Poppy.com

2 Fruehauf, Classnotes

3 ALLERGIES, AUTOIMMUNE DISEASES & YIN FIRE/Flaws, Bob, Blue Poppy.com

4 LI DONG-YUAN'S THEORY OF YIN FIRE & DIFFICULT TO TREAT, KNOTTY DISEASES/Flaws, Bob, Blue Poppy.com

5 Ibid

6 Li Dong Yuan's Treatise on the Stomach and Spleen: A Translation of the Pi Wei Lun/Yang Shou Zhong, Li Jian Yong, Boulder, CO: Blue Poppy Press 1993, pg. 102

7 Ibid, pg. 114

8 Fruehauf, classnotes

9 Ibid

10 Ibid

11 Fruehauf, classnotes

12 The Heart and Essence of Dan Xi's Methods of Treatment: A translation of the Dan Xi Zhi Fa Xin Yao/Yang Shou Zhong, Boulder, CO: Blue Poppy Press 1993, pg. xi

13 Numerous articles at Bluepoppy.com

14 "Gu Syndrome: A Forgotten Clinical Approach to Chronic Parasitism", Journal of Chinese Medicine #57, London, England 1997

15 Gu Parasites & Yin Fire Theory/Flaws, Bob, Blue Poppy.com

16 INTESTINAL DYSBIOSIS, LEAKY GUT SYNDROME, CANDIDIASIS & YIN FIRE/Flaws, Bob, Blue Poppy.com

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18 ZHU DAN-XI ON GU CONDITIONS/Flaws, Bob, Blue Poppy.com

19 LI DONG-YUAN'S THEORY OF YIN FIRE & DIFFICULT TO TREAT, KNOTTY DISEASES/Flaws, Bob, Blue Poppy.com

20 Yan, pg. 31

21 "Treatment of Stroke and Post Stroke Syndrome", Fruehauf, Heiner, Journal Of Chinese Medicine #44, 1/94, pp. 30-32

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