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A Case of Constant Battle

M. was a woman with one child who, at the time I saw her, was teaching in an untenured position, despite having graduated with honors from a superb school. She had been separated from her wealthy husband some years before, at which time they had been engaged in a lucrative business which he suddenly destroyed when he left her for another woman. She had been the ‘brains’ of the organization and he the front man. She was left penniless and took the first job offered her in order to support her child and herself. This marked the beginning of years of court battles to obtain a divorce and support.

From the beginning, her husband rejected the child. During visits the child was abused and forced to sleep on the floor of his mansion. While the fight about money and custody dragged on for years, the child pleaded with his mother not to send him to his father, but she sent him over and over again because she was determined to force her ex-husband to act like a real father. Even years later when this man appeared in court and told the judge that “I resign from fatherhood,” she continued forcing the child to call his father and ask for visits. No argument by lawyers, friends, family, or physician could convince her that she was sacrificing her child. She could not give up her mission to make the ex-husband into a real father.

Financially she wanted many times more than the amount her ex-husband offered as a settlement. After many years she had still received nothing, due to his ability to pay lawyers to delay court appearances and allocations. When a sizable offer was made, she refused and decided instead to continue the battle which had drained both her and her child. When last seen she was off to prepare more court papers, angry that I had caused her a five minute delay, even though the energy and time she had already put into this battle had cost her a career and the physical and mental health of both herself and her child.

Her final words to me were that she was going to continue the struggle and the sacrifice until she had succeeded in making her ex-husband a responsible man. That was her mission when she married him, and a strategic retreat in favor of a productive life for her and her child was unthinkable.

Liver Yin Excess

Personality: Forever Withdrawing

The Liver yin excessive personality is forever withdrawing from the exigencies of life’s battles and makes retreat a virtue. This may be the extremely
pacifistic person who sees no value to struggle in any form, except perhaps to struggle against struggle. Turning to Jesus’ admonition to “turn the other cheek,” he embraces this message as a false rationalization for his entire life. Affect is characteristically placid, showing little variation, with a low, soft voice, great hesitation to show any strong emotion, and with a tendency toward obsequiousness.

I am not referring here to the Gandhis and Martin Luther Kings of the world who struggle non-violently. In contrast, our subjects are people who martyr themselves to the aggressions of any and all who pass their way, and either actively or inadvertently find this pacifism useful to their short or long-term needs.

The mythology which includes the story of Atlantis also tells of another great island empire that existed in the Pacific Ocean at about the same time. It was inhabited by people called the Lemurians, who lived underground and were extremely passive. The genetic remnants of that long-extinct civilization would contain personality attributes similar to those people whom I am here describing as Liver yin excessive.

Other types of personality, such as the schizoid, also have retreat as a prominent feature. However, the difference is that the Wood yin excessive person exhibits none of the cold aloofness and preference for ‘splendid isolation’ which characterizes the schizoid. He is naturally warm and friendly, giving and gentle. In this world he does not survive easily without support and protection, and he will often be found in those rare places in society that offer both, such as some monastic orders.

Other Attributes of Liver Yin Excess

Any situation that requires a struggle, aggression against another, or the need to show outward force will elicit anxiety. Aggression against self is acceptable if not desirable. Attempts may be made to avoid trouble at all costs, but the principal fear is of his own aggression. This fear may escalate to panic and beyond, into chronic phobic conditions involving the necessity for either verbal or physical aggression or assertion.

The necessity to injure even a fly might evoke a deep hurt and pain. If this were part of an ongoing, unavoidable situation, either with himself as the aggressor or someone else as the victim, it might evoke a strong emotional withdrawal. This kind of depression is a form of silent protest, a statement of not wishing to be part of something over which, however, he has no control. I observed this in medical school when course material required people to perform experiments on animals.

Cognitively, the tendency to withdraw one’s thoughts from, rather
than advance them into an interchange in the larger arena of other people’s thinking will inhibit this person’s development through loss of stimulation and render thinking stale and repetitive.

"Psychosis" would express itself in catatonic states of immobility, the ultimate state of retreat short of death. This would be the natural tendency on the part of Liver yin excessive people, when and if the threat to their existence seemed very real and the alternatives for resolution seemed impossible.

One aspect of love is the unconditional acceptance of another person even at times when one is engaged in an active interchange of sometimes necessarily unpleasant thoughts and feelings. To the extent that such an interchange is required, the Liver yin excessive person will experience great difficulties with intimate relationships.

Whereas the tendency to retreat may have some advantages in certain tantric/taoist sexual practices (where, in fact, it is not retreat but ‘alertly relaxed retention’), retirement is generally not traditionally associated with successful sexual encounters. This quality militates against frequent and exciting sex. It is more acceptable and forgivable in women, who are associated with receptivity, and it may even be considered a desirable female trait by men who are afraid of sexually assertive women. In our time of sexual ‘liberation,’ however, passivity may be considered a desirable male trait particularly by those women who need the challenge of a passive man or by those who are afraid (often for good reason) of an assertive, aggressive, or insensitive male. As with Liver yin deficiency, the mode is sadomasochism, either as a victim or a tyrant or both. Since with perversions one tends to get the less dominant aspect of the personality than is generally encountered, one would probably uncover sadistic fantasies, if not activities.

As with all stagnation in the Wood phase, bioenergetically the inclination will be toward what Lowen has described as the masochistic body structure. The excess yin and surfeit of blood in the Liver will create an edematous condition (swelling) in the musculoskeletal system, which will make that system sluggish and less capable of acting quickly and effectively. For someone whose tendency is retreat, this is not extremely significant, though, as with all handicaps, it will take its psychological toll on some level.

This phlegmatic condition is somewhat ameliorated by the tendency of this group to eat sparingly as an inherent existential expression of their tendency toward prudence and non-aggression.

Children with Liver Yin Excess

The personality traits which have just been described are more obvious
in children than in adults who may have learned that it is unwise to reveal themselves in this aggressive world. During the years that I worked as a child psychiatrist I encountered many children who were so constituted. They were described by their parents as “easy children,” highly malleable, easy to “train.” In the playground, or even with younger siblings, they characteristically gave way in any encounter involving territory or possessiveness. If attacked they simply lay down. I recall one child who, upon seeing another with whom he frequently played approach the playground, would lie down on the ground. When asked why, he replied, “Well when P. gets here I am going to be down anyway.” At a younger age when these two children encountered each other in passing baby carriages, S. would allow P. to board his carriage and remove whatever items took his fancy. They were of equal size and only three days apart in age, from similar backgrounds, and with appropriately aggressive parents.

Many of these children were later a frustration to their parents because they required constant pressure to move ahead whenever they met obstacles in life. Usually they preferred activities that did not involve many people and gravitated toward other children with similar proclivities. Today computers have become the ideal retreat for the more active, and of course television for the more passive. Eventually, with parental or other guidance, these children may find a niche in life that requires little assertiveness and in which they perform tasks which remove them from the day to day strife of competitive life. In these positions they feel no frustration from lack of advancement. They are not, in Thoreau’s words, the ones who are leading “lives of quiet desperation.” Without the good fortune of wise counseling, their families and spouses may, on the other hand, be endlessly vexed.

Liver Yang (Gallbladder)

With regard to the evolution of being: the will to assert is Kidney yang, the nourishment to assert is Earth, and the means to assert is Wood. The function of Liver yang energy in this regard is to balance the Liver yin’s capacity to retreat and wait with the ability to advance and act. The disharmony of Liver yang centers around the failure to perform this function at the appropriate time and place, with the appropriate person, and with appropriate execution.

The drive to be is characteristic of living things generally and in people reaches its zenith in the organism whose Wood energies provide it with a strong, supple musculature, adequate blood storage, an integrated nervous system, and good eyesight for the greatest physiological potential. It is this remarkable strength which, in the masochistic character structure, becomes
First Encounters and Empirical Implications

Mental and Muscular States

Beginning with my own treatment by Dr. Van Buren in England in 1971 and with my first patient in 1973, it was clear to me that Chinese medicine had a profound effect on emotion, mental states, cognition, and personality. By that time I had read Lawson-Wood who states: “All thought processes and mental states coexist with related muscular activity and tension. If a therapist is able to affect muscle tension activities, he will, ipso facto, affect the same degree of thought processes and mental states.” Later he added, “Rigidities on the level of the psyche will tend to externalize corresponding rigidities on the level of the soma. Fixed ideas are all too often the precursors of fixed or stiff joints. Even if articular or muscular rigidities are not yet present, one would select and treat points as if they were. Rigid narrow minds, obstinacy, and stubbornness that refuses to re-evaluate prejudices etc., would be treated for arthritis, muscular rheumatism and fibrocytis.”† Lawson-Wood goes on to talk about yin types of fear where the person becomes “limp with fear,” in which case he would treat with points for “extreme weakness,” and the yang types of fear where the person becomes “stiff with fear,” in which case he would treat with points for “spasm and muscle tension in general, or even convulsions.”‡ This expresses the concept of treating by similitude, using the vastly more available information about physical illness and applying it analogously. In 1975 I reported to the First World Congress of Acupuncture in New York that I had treated approximately 120 patients during the previous one-and-a-half years in the setting of a general psychiatric practice in a rural community.
The problems I had encountered covered the entire range of psychiatric disabilities, including borderline states, anxiety states, depression, manic-depressive illness, psychophysiological disorders, schizophrenia, addiction, and personality disorders. I had previously treated these disorders for 20 years in a standard psychiatric practice with psychoanalysis, Gestalt, Bioenergetics, group therapy, family therapy, play therapy, encounter workshops, and occasionally psychotropic drugs.

**Acupuncture Engenders Awareness**

Acupuncture clearly demonstrated its ability to shorten the period of time required for significant change to occur, and to engender major alterations in patterns of behavior and thought well beyond what the other modalities of treatment could contribute. Prior to using acupuncture, I enjoyed a reasonable success, particularly treating the population of psychiatric patients who were the most ill and who had the least evidence of a ‘self.’ (In passing, I will say that these people were the easiest to help, and usually made rapid progress because they had the least success with their current behavior patterns and had the least to lose in changing.)

I was clearly introducing a new dimension to my work. Acupuncture fit well into the framework of a humanistic psychotherapeutic tradition, and many patients, especially those coming only for physical problems, frequently opened up to their deepest, unexpressed and even unknown feelings and thoughts. My personal experience of the “descent into hell” and that of my patients during the years of my psychoanalytic practice enhanced the working through of these insights.

The accepted goal of therapy, to achieve a change in character in the ways in which a person characteristically avoids living life, was more readily achieved with the introduction of the needles. The depressed person who avoids both joy and responsibility for negative feelings; the obsessional person who avoids feeling by means of rigidity and orderliness; the oral person who avoids standing on the earth with his own two feet by demanding to be held and nourished; the schizoid person who avoids feeling through detachment; the schizophrenic person who avoids terror through fragmentation; or the paranoid person who avoids the unknown through projection: all of these desperate, maladaptive restorative maneuvers represent the best that a person could do at the time, and with what was available, to stay in contact while staying intact. And any such individual might be helped toward a constructive restoration by the needles.

Perhaps the most important consequence of the introduction of acupuncture into my practice was the flowering of awareness in my patients and my own appreciation of its significance to growth and development.
People became aware of the tensions in their body, and how they were creating them through thought and action; of their resistance to feeling good and how they made themselves feel bad. Their sensitivity to food, sound, air, and emotional ambiance made them more alive and better able to care for themselves and self-heal. There were abreactions and cathartic events. Repressed emotions, thoughts, memories, dreams, images, and dissociated material (including that of childhood, the birth experience, and even perhaps old incarnations) came into awareness.

With even momentary relief of tension, anxiety, depression, and pain there came, often for the first time, the knowledge that it was possible to be free of the commonplace and accepted misery. Hope of renewal, accompanied by fear of the unknown, emerged from the shadow of the past. Perhaps most remarkable to me were changes in body awareness, balance, centering, groundedness, esteem, and even amazing changes in physiognomy. Psychophysiological conditions were profoundly affected. My first patient, a Frenchwoman who had received acupuncture in France, not only recovered quickly from a manic-depressive illness, but also, within a matter of months, from a lifelong asthmatic and allergic condition. I recall one patient saying to me, “Now that you have relieved my physical pain, I must face my mental pain.”

Patients have reported feeling more alive and balanced, with an increase in energy to cope with problems of survival, communication, relating, working, and other stresses. Ego functions often improved, accompanied by expression of overall satisfaction with life. Even spiritual growth has been included by some as one of the benefits of acupuncture in this setting. Strangely, acupuncture has seemed to have the most dramatic results with people who showed the strongest denial mechanisms, the least insight, acute debilitating emotional states such as panic, drug, and alcohol dependent conditions, and the most severe psychiatric disorders. Even the draining, ‘toxic’ personality became more nurturing.

Reflections of an Acupuncture Patient

One patient with whom I worked during this early period reported the following:

I first came to see Dr. Leon Hammer when I was 29. My wife of nine years had just delivered our first child. I had graduated college three years previous to this and was employed as ——. Because of deep set feelings of inadequacy and an accompanying high anxiety level, I felt a need to drink heavily and take large amounts of Valium to keep functioning in my job, my social life, and my marriage. I also abused certain other drugs, especially marijuana.
THE EARTH PHASE

INTRODUCTION: EARTH YIN (SPLEEN) AND EARTH YANG (STOMACH)

Earth yin (Spleen) is primarily concerned with bonding and the beginning of the formation of boundaries, while Earth yang (Stomach) is primarily concerned with the maturation of boundaries and separation. Each section is divided into natural functions of these organ energies and the pathologies associated with the distortion by life experience of these functions, first with deficiency and then with an excess of these energies.

NATURAL FUNCTIONS OF THE EARTH PHASE SYSTEM

Bonding

Whereas the Water phase is associated with the continuation of the species, with the survival of the individual from one generation to the next, the Earth phase dedicates its energies to the survival of the individual in this generation. From inception through its functions of digestion, absorption, and metabolism of all material substance and energy transformations, it is the life-giving earth mother.

Viewed from the scheme of the Five Phase system, the Earth phase occupies a central position during our lifespan (‘later heaven’).

The Five Phase concept arose, as far as we know, in a culture that oriented and adapted itself to the natural world, understanding itself as an integral part of the behavior of that world. Hunting and gathering preceded agriculture, and so the original orientation to the larger natural scheme was spatial. The points of the compass — east, west, north, and south — were probably the first abstractions of the universe upon which man projected
his own place in the great scheme of things. The earth is, of course, the center, the source of earthly sustenance that feeds and nourishes the other phases during this earthbound lifespan. It is certain that an Earth phase that is unable to perform completely the vital function of providing food energy to its dependent organ systems would leave those organ systems, and the entire organism, in a weak and vulnerable state.

The Earth phase dominates the oral-bonding and first-separating phases of psycho-social development for both parent and child. As the source of all material substances, the Earth phase is the nourishing mother. The capacity of the earth mother for unconditional, minimally egocentric love during the in-utero and early oral developmental eras is the endowment which will determine the quality or quantity of the ‘bonding’ between the earth mother and offspring, as well as the latter’s bonding with itself and with the entire human race, as long as it endures here and beyond. The earth’s gravity is a centripetal force which, by its fundamental nature, is the bonding energy of our existence.

The trust and self-worth (“I am worthy of such care”) that ensues from relatively consistent positive initiative and response by the earth-mother to her offspring in those early encounters leaves an imprint that little less than a lifetime of new experience can alter, for better or worse. Indeed, it is in the context of this exchange that a new person will more or less identify himself as human, or wish to be identified with all humanity. Trust in mother is, paradoxically, the condition which allows human beings to believe that it is safe to expand this bond to others and thus fulfill their developmental destiny as adults. This earth-trust is the fertile soil for all natural separations in the ‘evolution of being,’ the first of which is the gradual emergence into the newborn consciousness of awareness of another being, necessary and helpful, and yet with her own needs.

From its position in the center of the Five Phases, or even from its place between Fire and Metal, the Earth phase feeds all other organ systems; and by its inherent correspondence to the emotion compassion, it also exercises, through the Ko or controlling cycle of the Five Phase system, a direct, mitigating influence over fear and, indirectly, over anger. This tender ambiance is requisite to the healthy assertion of ‘being,’ and at once softens, ameliorates, and balances the Wood phase’s ‘negative’ aggressiveness.

Normally, the energies of the Earth phase contribute to the general equation of human affect a sense of quiet, peace, calm, compassion, and groundedness. These energies balance, with serenity and thoughtful reflection, the more disquieting, aggressive, impulsive, and restricted energies of compromised becoming, such as those associated respectively with Wood.
(anger), Fire (excitement and apprehension), and Water (fear and anguish). The Earth is the phase of evenness and easiness, the oil on troubled waters.

Bonding, and especially the process by which bonds mature, is the enduring symbol of the energies of the Earth phase. In the early era, it establishes the human bond (yin function); and in the later era of early childhood, it creates the conditions for the expansion (yang function) of that bond to other phenomena, both human and otherwise, which occupy this space with us. Though not entirely individuated from the primary bond, the child begins, with the help of the trust these energies engender (and with Metal phase energies which serve transformation and expansion), to identify, not only with the immediate, but with the larger world of people and things. The existential family begins to become included as part of one’s self (‘being’). The Earth is the glue that bonds, and trust, its child, the solvent that separates, always at once in the same process.

The ultimate goal of a healthy Earth phase is to reproduce itself through its offspring as a new and joyful provider of nourishment to ensuing generations.

**Ego Development and Boundaries**

The rational, orderly, and compassionate use of the mother’s Earth energies during the pre- and post-partum eras is the foundation for sound ego development. Cognition is a major contribution of Earth energies to ‘being.’ The Earth phase energies are responsible as much for the ingestion, digestion, absorption, metabolism, and, to some extent, excretion, of thought as they are of food. Metabolism of thought involves the organization of information necessary to meet the demands of survival, and necessary to the enhancement of what we call ‘ego.’

The potential capacity to engage successfully in these activities is determined in-utero, increasing exponentially with the formation and growth of the placenta. The opportunity to do so occurs after birth. At either point the process may be compromised. Generally, the earlier the insult, the more profound the consequences. For those whose intra-uterine development is incomplete, the dependency on a symbolic ‘placenta’ and ‘umbilical cord,’ expressed as an inappropriate need for ego-organization from the outside, will be a determining influence on their life. A quantitatively sufficient insult to cognitive development after birth can mimic the dire consequences to ego development of damage occurring in-utero. We have indicated that though the two consequences may seem identical, the latter individual will be at a higher level of maturation when the insult occurs and has, therefore, the greater organizational capacity for recovery.
In adversity, should the Earth energies partially fail in their critical function of digesting, absorbing, metabolizing, and excreting, the normal serenity is distorted into listlessness, thoughtful reflection into obsessive worry, compassion into an excessively sweet and clinging overconcern, and quiet calmness into catatonia. These are the restorative functions of the human organism when its timely needs in the Earth phase are significantly unfulfilled.

Obsessive worry has been classically associated with an excess in the activity of the Earth phase, and over-concern and inordinate compassion for others with a deficiency in Earth energies. My own findings suggest that obsessive worrying is a function of a lack of trust, a deficiency in parenting at a basic level, and that excessive compassion the result of a defect in boundary formation.

Capacity for boundary formation begins in-utero as a consequence of many factors. The integrity of the placenta plays a particularly significant role in clearly delineating parent from child. A defective placenta that allows an abnormal exchange between mother and fetus may be responsible for a variety of physical problems, including those with Rh factor. We know that brain damage to the fetus, to varying extents, is a consequence of such a breakdown in boundaries. The danger to the mother is equally well documented.

These mental-physical disorders are intermixed pathologically. The physical breakdown of these boundaries has a profound effect on mental function. Any damage to mental function of the newborn, or to the physical well-being of the mother, will compromise the normal evolution of that relationship from bonding to separation. The bonding will become stickier for obvious reasons if the child is defective, and more tenuous if the mother’s health is compromised.

The normal development of boundaries is the foundation on which that bond can expand to include others in the process of separation from mother. Should the boundaries be less than optimal, that expansion and separation will be fraught with difficulties.

**Deficient Earth Energies: Problems in Bonding**

Clinically, there are three (and possibly four) distinguishable diagnostic categories of emotional disabilities that are associated with major deficiency in the bonding and boundary capacity of the Earth energies. The first two occur due to intra-uterine and early post-partum lack of support for Earth energies. Most serious in terms of destruction to the life process and cycle of development is a type of ‘schizophrenia.’ A less severe problem, also origi-
Preface to Revised Edition

Fifteen years have passed since the publication of Dragon Rises, Red Bird Flies. The book was an attempt most of all to demonstrate natural functions of the energetic phases of Daoist (Taoist) Chinese medicine, and the parallel ontological development of the human psyche with the concurrent evolution of these phases, within the template of the human condition.

Illustrations of the distortions of these natural functions by life trauma and heritage were necessary to highlight the natural functions, and were not meant as a text on psychopathology, as I tried to explain in a note to the reader that preceded the chapters on the phases (elements). There I emphasized my abhorrence of typology of any kind.

Shortly after the publication of this book, several things occurred. First was the surprising acceptance of the book as a contribution to the understanding of our humanity and its appreciation by the informed reader as evidenced by its appearance in popular bookstores for many years.

Second was the awareness of many errors in the book that are finally being corrected in this revised edition, and of the omission of aspects of these natural functions and their vicissitudes, especially of the Earth phase, that is advanced in this new edition. I am grateful to the editors of Eastland Press, and in particular to John O’Connor, a witty, respectful and capable partner in the difficult and precarious endeavor to re-shape words and ideas, with whom I have worked most closely during the past five years, and to Gary Niemeier, a book designer and gentleman par excellence.

Another alteration is the substitution of the word ‘phase’ for ‘element’. Phase is a more accurate translation and is commensurate with emphasis in the book on the evolution of qi and the psyche that pass through precise yet overlapping developmental stages.
After I had finished the first edition, it was my intention to write a sequel involving diagnosis and treatment of psychological conditions, and especially to focus on the general principles of growth and development and on the therapeutic relationship, especially for practitioners of Chinese medicine.

Instead my attention was drawn away by what I believed to be a short project of collating my notes regarding Dr. John Shen's pulse practice. What was to be a six-month diversion became a twelve-year odyssey and obsession resulting in the publication, in 2001, of *Chinese Pulse Diagnosis: A Contemporary Approach*. Writing this book sharpened my understanding of many of the issues discussed in Chapter 14 of *Dragon Rises, Red Bird Flies*, which is entitled “The Systems Model of Dr. Shen.” That chapter has been revised accordingly here.

I wish at this time to correct a common misconception regarding the source of *Dragon Rises, Red Bird Flies*. The concepts developed here began their formulation around 1974, prior to my encounter and apprenticeship with Dr. Shen, and developed over the following years completely independent of this esteemed Chinese physician, who knew nothing of its contents except for the chapter devoted to his ‘systems model.’ Apart from Chapter 14, nothing in this book was drawn from my work with Dr. Shen, and even that chapter is a melding of his teaching and my own experience, as explained in the introduction to that chapter.

At this time I am engaged in developing a program at the Dragon Rises College of Oriental Medicine in Florida, which is known as Contemporary Oriental Medicine. This is based on the thesis that a medicine grounded in an advanced, sophisticated Chinese medical diagnostic methodology leads to more comprehensive management of an individual than a symptom-disease-pattern driven methodology, and on the premise that Chinese medicine must grow and change with the industrial and communications revolutions of the past three-hundred years. This program will include the sequel to this book mentioned above, evolving into an as yet to be determined body of written work.

The reader will find here a more correct and complete rendition of *Dragon Rises, Red Bird Flies*, whose thesis is evolution and which is itself a work in continuous progress.
THE SYSTEMS MODEL OF DR. SHEN

We have examined the Five Phase system model in terms of the evolution of being. We will now turn our attention to another model. This model, which is termed the ‘systems’ model, was developed by Dr. John Shen, C.M.D., during a period of over fifty years of practice and study. The foundation for what follows was communicated to me during the eight years of our close association. Its elaboration, based on thirty-five years of psychiatric practice, and seventeen years of Chinese medical clinical practice, is my own. This is especially true of those sections dealing with social and psychological considerations and traditional and alternative Western medicine. Distinguishing among the contributions of Dr. Shen, myself, and Chinese medicine to this model is difficult, but I have attempted to do so, except where it would interfere with the unfolding and flow of the material.

FOUR MAJOR ORGAN SYSTEMS

Dr. Shen came to formulate the systems model when he found patients complaining of symptoms for which he could find, on pulse, tongue, and eye examination, none of the familiar signs that were associated with disease in the traditional Chinese medical system. The complaints were of general discomfort in one or another respect. The symptoms tended to be somewhat vague, and the signs unrevealing of the organ disease usually associated with disharmony according to Chinese medicine.

What Dr. Shen discovered was that, rather than specific organ dysfunction, functional systems in their entirety were disturbed. He reduced these to four major systems, drawing upon the layering of energy, from superficial to deep, as described by Zhang Zhong-Jing in the Shang Han
In this major treatise, written around the third century, Zhang attempted to describe the progress of disease, from the most superficial to the deepest layers, primarily known as ‘injury from cold.’ Originally, there were six layers or divisions: the outermost was known as Tai Yang, followed by Shao Yang, Yang Ming, Tai Yin, Shao Yin, and finally Jue Yin, the deepest layer. The disease, having reached this level, is in its most serious stage and the person closest to death. At a somewhat later epoch, each of these divisions became associated with particular channels, which, for the purposes of our discussion, are irrelevant. Dr. Shen associated the three most superficial layers with specific systems, and the three deepest layers — Tai Yin, Shao Yin, and Jue Yin — together as one system. Specifically, he identified Tai Yang as the ‘nervous system,’ Shao Yang as the ‘circulatory system,’ Yang Ming as the ‘digestive system,’ and the combination of Tai Yin, Shao Yin, and Jue Yin as the ‘organ system.’

In this work, we are principally concerned with the most superficial layer, the Tai Yang, which Dr. Shen equates with the ‘nervous system.’ However, it will be useful to describe the other systems in a little detail in order to give an overall sense of what we are considering. We will, therefore, consider the other systems first, and then return to Tai Yang for our principal discussion. These systems have a widespread effect on health and disease, in contrast to organ dysfunction, which tends to be more specific in symptomatology, at least in the early and middle stages of the disease process.

**Correlation Between Four Systems and Five Command Points**

There are several interesting correlations between these systems and other concepts in Chinese medicine. For example, we are familiar with the five command points, or antique points, located on each channel, from the toes to the knee, or from the fingers to the elbow. Traditionally, the first was related to the nerves, the second to fevers and heat, the third to muscles and ligaments, the fourth to respiration, and the fifth to digestion. Dr. Shen revised this to some extent in keeping with his systems concept, equating the first and second to the ‘nervous system,’ the third to the ‘circulatory system,’ the fourth to the ‘digestive system,’ and the fifth to the ‘organ system.’ There is considerable sense to this kind of organization, since, for example, heat, which is normally associated with the second command point, is a very important concern in the treatment of nervous disorders, particularly heat from the Liver and the Heart. The third, or the ‘circulatory system,’ is, in Chinese medicine, a frequent source of problems in the musculoskeletal system, in the form of migrating pain. In this and other respects, it coincides
with the traditional assignment of the third position to the musculoskeletal system. The fourth is traditionally thought of as respiration, but, as Dr. Shen points out, the ‘digestive system’ consists not only of the Stomach, Intestines, and related organs, but of the Lungs and the Kidneys as well. Whereas mucus is made in the Stomach, it is the Lungs (if they are strong enough) that digest (disperse) it into water, and the Kidneys which digest the water after the Lungs cause it to descend. Within this framework, the Lungs are part of the ‘digestive system’ and so Dr. Shen’s assignment of the ‘digestive system’ to the fourth position is rational. The fifth position he sees as the ‘organ system,’ by which he means the function or dysfunction of all of the five yin organs in unison, but especially what he considered to be the most vital of the yin organs, the Heart, Liver, and Kidneys, generally regarded as the most basic functional units of the organism. Shao Yin and Jue Yin encompass these three organs, and, in contrast to the ‘digestive system’ whose organs are found on the right side, those of the ‘organ system’ are found on the left. Particularly important, in his view, is the dynamic relationship between these two systems, especially in terms of the stress on the ‘digestive system’ to support the ‘organ system’ that is burdened and drained by all of the excesses of modern life.

In addition, the ‘nervous system’ has been related to the upper burner or to heaven; the ‘circulatory system’ to the lower burner and to man; and the digestive and organ ‘systems’ to earth, or the middle. The latter is not of great significance to us here but does play some part in another of Dr. Shen’s concepts concerning ‘timing’ points of the body.

These systems have a very broad physiological function, and their disorder, a very broad effect on the entire organism. Let us examine the systems in greater detail. Our main concern will be with the ‘nervous system,’ which we will consider last and in the greatest detail. Suffice it to say now that, in terms of ideology, the Tai Yang may, in addition to being affected by life experience, also be predominantly affected by constitution and congenital influences. Likewise, the ‘organ system’ may be affected by constitutional, congenital, and life considerations, while circulatory and digestive ‘system’ disorders are primarily influenced by life experience itself.

**Shao Yang: The ‘Circulatory System’**

Let us first consider the ‘circulatory system.’ Circulation, in Chinese medicine, is either of the qi, which is the moving energy of the body, or of the blood, which, in Chinese medicine, is not exactly the same as our concept of blood but refers to a heavier, more dense form of energy. Traditionally, it is said that the qi moves the blood and that the blood nourishes the qi.
They are, in this sense, interdependent. With qi diseases, there is generally a feeling of weakness and, if there is pain, it tends to come and go, depending on the energy of the person at that particular time. With blood circulatory diseases, there is generally a feeling of coldness in the extremities and, in addition to pain, there will be swelling. This will be persistent and always present. Naturally, one can have a combination of qi and blood stagnation or weakness. Generally speaking, the less serious the problem, the more likely it is to be just a qi disease; the more serious the problem, the more likely it is that there will also be a blood disease.

Life experience is the basic etiology of 'circulatory system' problems. There are two general categories: one in which the circulatory problem is secondary to an energy problem, and one in which the circulatory problem creates the energy problem. In the first situation a person has either overworked or overexercised, creating a weak body condition and deficient qi. This in turn affects circulation because the qi moves the blood, and the qi is the moving part of the energy. The pulse is generally Slow and Feeble, though in the extremes it may be unbalanced, and one may not be able to get the rate at all.

The second category, in which the circulation has secondarily affected the energy, is caused by some kind of relatively strong and sudden experience, such as an accident, emotional trauma, or very severe weather conditions. In this situation, the pulse may at first be either very Fast or very Slow, but later is generally Slow though Tight, rather than Feeble. In general, the pulse tends to be somewhat slower when circulation has been affected by accident, emotion, and weather than when it is affected by the body condition or energy.

When the problem begins with energy, it is the qi, or top portion of the pulse, that tends to be most Feeble. When the circulatory problem has been caused by a traumatic episode, the top portion of the qi will be Feeble; but the middle portion, the blood portion, may also be Feeble, or, in the earlier stages, rather Tight. If the trauma is severe enough, the deepest part of the pulse will also be Robust and Tight, since the circulation in the organs themselves may be affected.

In the situation where the energy has affected the circulation, the tongue will tend to be pale. Where the circulation has affected the energy, due again to some severe trauma, the tongue may have a darker, even purple, coloration. If there has been a severe accident, there will be small, purple eccymosis on the side of the body where the accident occurred.

Another situation affecting circulation is one in which people who are exercising to the extreme for a period of time stop very suddenly. In
this situation, there will be vague complaints of tiredness, labile emotions, easy anger, feelings of being ‘spaced out,’ and, in some way, out of control. Sometimes, when these people lie down they feel that their bodies are floating away or that their arms are floating, and sometimes they can become extremely anxious and terrified by this experience. They are often seen by psychiatrists and receive diagnoses of anxiety neurosis or panic attacks.

Exercise causes the vascular system to expand so as to accommodate the increased volume of blood; the blood vessels are, therefore, wider than ordinary. When it is stopped abruptly, the amount of blood in the vascular system decreases suddenly but the blood vessels themselves tend to remain expanded. The traditional Chinese thought is that blood and energy flow together and that blood is actually a form of energy. It tends to stay toward the center of the blood vessel, while the energy stays more on the outside. The blood is considered yin, and the qi, or energy, is considered more yang. Traditionally, yang wants to expand and yin to contract; the yang is held in check from expanding too much by the yin. When the yin is markedly diminished, as in this case, the yang goes out of control. This is a situation (one of several) in which the Chinese say that the qi is ‘wild.’¹ The pulse is Yielding Hollow Full-Overflowing and Rapid. All of the organs are affected. Since the circulation of energy to the organs that maintain function is disrupted, the energy is no longer under control and is completely ‘wild.’

In another kind of circulatory problem, less often experienced in our time, the pulse is extremely irregular, so much so that one is unable to actually count the number of beats per minute. Different names have been used to describe this pulse, but I shall call it Interrupted. This kind of pulse would be found in situations where people were overworked at an extremely young age, for example, in children who were forced to work in factories and mines. The Scattered pulse is not continuous, and the Unstable pulse in one position rapidly hits the finger in different places with each beat. These pulses also arise from excessive abuse at a very early age. Both of these pulses are also considered ones in which the qi is ‘wild,’ and both are considered to be pathognomonic of a very short life, unless some very strong intervention takes place. An Empty pulse may also be considered in the same category, but somewhat less serious in terms of the overall body condition; it occurs when there may be less overwork, or overwork may have occurred at a later age in childhood, or there may be a constitutionally deficient Kidney.

All of the above are conditions of the ‘circulatory system’ in which the entire organism and the entire pulse are involved and which cannot be delineated in terms of a single organ disharmony.
the Chinese system, the purifier of the spirit-soul in the body is the Wood phase, of which the Liver is one of the organ systems. Allopathic medicine tells us that the Liver metabolizes and separates what the body considers toxic from what it considers safe, excreting that which it deems unsafe. (The Chinese knew this thousands of years ago, prior to Western laboratory science.) Thus, in a situation in which one’s spirit is agitated and depressed simultaneously, one would look to the Wood phase for imbalance. One might treat depression by draining or supplying the Liver channel. In the theory and practice of Chinese medicine, the mind and body are one.

A Case of Early Shock

I would like to illustrate briefly what we have discussed by studying the case of a thirteen-year-old boy. As our guide we will use Chinese diagnosis, which consists of looking, listening, asking, and touching. My object here, using three of these, is to capture the conceptual style of this energy medicine by commenting on my observations of a patient as I go through his examination. The purpose is not to teach Chinese medicine, but to convey its particular flavor.

I will begin with looking. Looking involves observing the total physiognomy of a person, as well as noting individual details. In the case of this boy, a slightly bent posture indicated that the energy of his Lungs was compromised and that his spirit was sagging. In his eyes there was a lost look and excessive brightness, which indicated that the energy of his spirit was damaged and out of control. The dark blue-green color under his eyes indicated that the Kidney yin (water) and jing (inherited essence) energies were overtaxed. These energies are responsible for the passage of genetic energy from one generation to another, for providing the ‘water of life’ to the tissues of the body, and for the development of the nervous system, among other tasks. The blue color indicated overwork and fluid deficiency. The hair of his eyebrows crossed above his nose, indicating a tendency to easily lose his temper, sometimes an inherited or congenital ‘nervous system’ problem. The light blue-green color around his mouth meant that he had also suffered some kind of ‘shock,’ probably early in life. Because the color did not appear around his nose as well, the likelihood is that the shock came after birth. The mottled color of his face indicated gastrointestinal disturbance. The relative redness of his face and whiteness of his hands showed a problem with circulation, and the spots on his fingernails suggested a recent illness (and/or zinc deficiency). His lips were dry and cracked, indicating heat in the Stomach. Relatively large
ear lobes and a long, full philtrum showed that his general inherited energy store was good and could be relied on as a source for healing; and it showed that the Kidney deficiency was congenital, or occurred after birth, and was not genetic.

The tongue was swollen, which told us that he was not moving fluid in his body and probably had interstitial or cellular edema (electrolyte imbalance). The tongue was slightly pale, which indicated that this edema was from poor Kidney and/or Spleen energy function. There was a line down the center, which indicated that his Heart energy was also not strong, and, at his age, this may have been constitutional. However, the evidence (on his face) of ‘shock’ since birth indicated that the line on his tongue (Heart energy) might be related to that shock. Shock tends to affect the Heart energy more than any other. Red spots at the end of the tongue indicate heat from deficiency in the Heart. This type of heat is analogous to the heat of friction in an inefficient machine, and here it means that the Heart is overworking, working beyond its energy. It may have been weakened by the severe shock to which I am alluding. My original impression that his spirits were flagging may be relevant here. The spirit is housed in the Heart and can be seen in the eyes, which, as previously noted, appeared lost and overly bright. The red on the sides of the tongue meant heat in the Liver, probably due, at his young age, to repressed emotion, and was a sign of a system working beyond its capacity.

Passing over listening, next I made use of asking. Asking revealed that the immediate problem was cramps in the stomach, under the right costal margin, “like being stabbed with many needles.” These attacks lasted for 15 to 20 minutes, were relieved by drinking milk, and had occurred for two years. There was prodromal discomfort, which made him restless. He wanted to “punch” the pain. All this was accompanied by nausea, hiccoughs, and a sensation of pain rising with a stuck feeling in his throat. These episodes occurred at 1 P.M. and anywhere from a half to one-and-a-half hours after lunch. Bowel movements were normal, urine sometimes light. He had dull frontal headaches. There was a history of hyperactivity, insecurity, and, currently, severe nightmares. What is implied here is inflammation in the Small Intestine (a half hour to one-and-a-half hours after eating), caused by the heat from deficiency of the Liver-Gallbladder, which tends to “wander” to vulnerable areas. Likewise the symptoms of rising pain, pain under the right costal margin, nausea, hiccoughs, and the stuck feeling in his throat are all related, in Chinese medicine, to stagnant Liver energy,
causing ‘bad’ energy (heat from deficiency) to ‘attack’ the digestive system. The redness on the side of the tongue supports this thesis.

The dull frontal headaches are usually related to digestion, which, together with the stuck feeling in the throat, may indicate some phlegm from the poor digestion (Spleen dampness). The severe and terrifying nightmares are frequently the result of a combination of a ‘weak’ Heart (referring only to energy and the shen, or spirit) and poor Gallbladder function. According to Chinese medicine, the Gallbladder is the decision maker in the pantheon of cognitive functions. The boy had to decide between living with his mother or father, who were divorced and vying for his loyalty. The weakened Heart energy I have already mentioned in relation to ‘shock.’ According to Chinese medicine, the Heart controls the mind. The history is much more extensive than recorded here and includes a very detailed psychological history and family history, all of which is pertinent.

Finally, touching involves taking the pulse and palpating various points and areas of the body for tenderness or nodules, both of which ascertain in different ways the energy integrity of the inner organs.

The pulse is the most important and most difficult diagnostic tool to develop. It requires a lifetime of refinement and for this reason is a gradually dying art and science. I have spent eight years studying the pulse with a Chinese doctor who himself has studied it for fifty-six years. Some of this knowledge has been passed down and should continue to be taught and kept alive.

The boy’s pulse rate was 66 beats per minute, which, according to the Chinese, is very slow for a child of 13 and indicates Heart-circulatory problems, confirming my past suspicions. The entire pulse was Pounding, meaning heat or overwork, in this instance, of a ‘nervous system’ that is stressed by the emotional turmoil associated with the divorce. (The concept of the ‘nervous system’ will be explained in Chapter 14, which describes the systems model of Dr. Shen, my teacher). The pulse wave on the Heart and Lung areas was Flat, indicating severe disappointment, probably long ago, since circulation has been so profoundly affected. This may be the shock to which the signs are constantly pointing.

The Liver pulse was Full and like a Bowstring, which is indicative of stagnation, as I already suspected. The source is usually emotional stress beyond the capacity of the person to successfully cope. The Stomach pulse was very Tight, indicating inflammation, also from working beyond its energy by overeating or eating too quickly. The latter is often
related to emotional stress and to the concomitant Liver qi stagnation. One of the Kidney pulses related to the Kidney yin (water) was Deep, Thin, and Wiry, indicating overwork and approaching exhaustion of body fluids. The other Kidney pulse, related to general metabolism (ming men) and water movement (Kidney yang), was very Weak.

In conclusion, my diagnosis takes into account both the long range issues of this boy’s life and the short range issues currently concerning him. The immediate problem is stagnant Liver qi ‘attacking’ the digestive system, combined with a dietary change for the worse two years previously. The cause of the stagnant Liver qi is severe emotional stress, due to long-term conflicts between his divorced parents and his profound sense of inadequacy and frustration because of long-term learning disabilities, which kept him in special classes all his life. He is reaching puberty, a time of great change and pressure for everyone, without the basic skills for survival and with little hope inside himself for a normal life in the future. He has chosen to live with his father (for the past two years), seeking for some answers by being close to a man. However, he is torn by this decision, which has further affected his Liver-Gallbladder function. Together with weakness of the Heart, the Gallbladder weakness has led to severe nightmares and night terrors. All of this exists in a setting of weakness in his ‘nervous system,’ which is possibly congenital. His mother used drugs recreationally during her pregnancy with him. Kidney yin, as we have seen, is stressed. The Kidney yin and Kidney essence (jing) are related and slightly differentiated energies. When one is weak the other is also frequently compromised. Kidney essence is responsible for, among many other things, the development of the central nervous system. Its weakness in so young a person must be from an early insult and must be related to his ‘soft’ neurological signs, including severe learning disabilities and hyperactivity. Since the Kidneys are the ‘mother’ of the Liver, which is under duress, the Kidneys are also called upon to expend their precious energy to support the Liver, causing it to neglect its other responsibilities, especially to the ‘nervous system.’

Furthermore, his Heart and Lung energies have been stifled by disappointment (shock), as evidenced by the blue-green color around his mouth and the Flat wave on the pulse, adding to his many problems, especially of the mind (his nightmares).

For treatment, this model has at its disposal the ‘eight limbs’ of classical Chinese medicine. These include herbology, acupuncture, nutrition, moxibustion, cupping, exercise, massage, and meditation. The
first three are generally understood to mean the use of herbs, needles, and food as treatment, following the principles of Chinese physiology and pathology. Moxibustion is the burning of a specific herbal preparation on acupuncture points, causing little if any discomfort to the patient. Exercise is either tai ji quan or qi gong, or some other variation of the Daoist manipulation of energy through movement, such as gong fu. Massage, called tui-na, is energy-centered and differs markedly from Swedish massage, which is concerned with blood circulation. Meditations are non-specific and will vary by prescription from one problem or person to another. These modalities may be used alone or together, following the treatment plan which evolves from the diagnosis.

With regard to my patient, treatment was limited to herbs and some advice about diet and eating habits, because he lived at a great distance. Herbs were prescribed to relax and remove the stagnation from his Liver, to remove heat from his digestive system and move the energy downward, to open and relax his Heart and calm his spirit. Since he was seen only once, the more fundamental treatment of his Kidney energies was never attempted.

Within a few days he was feeling considerably better; and when his father became ill, he recommended me to him because “he helps and doesn’t hurt.” The long-range issues are, of course, quite complex and will require a great deal of management.

The purpose of this presentation is to communicate the flavor of an energetic medicine as it is used to diagnose and treat physical, mental, and spiritual deviations from the natural functions of a person’s organ systems. It is not meant to be an exhaustive teaching exercise.

With a sense of the congeniality between Western psychology and Chinese medicine, both abstract and clinical, and with a sense of an energy-based medicine and the medical model it engenders, we can examine in the next two chapters the formulations of mind-body-spirit in the current Chinese medical model. We will then be prepared, I hope, to explore certain revisions to these formulations. These revisions constitute the principal thrust of this book.