

DISCUSSION OF COLD DAMAGE

WITH COMMENTARIES
FOR THE CLINIC

傷寒論

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INTRODUCTION

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WHY THIS BOOK?

What is the Discussion of Cold Damage (Shāng hán lùn)?

This book, attributed to Zhang Zhong-Jing and traced back to the early third century of the Common Era, has been a mainstay of the Chinese medical approach to externally-contracted diseases since at least 1000 CE and probably for a significant number of years before that.¹ Over time, and especially during the last few hundred years, the ideas and formulas in this book along with those in its companion text, *Essentials from the Golden Cabinet*,² have influenced the way that physicians in East Asia conceptualize and deal with a wide variety of medical issues.

To us, one of the hallmarks of *Discussion of Cold Damage* is that it is almost exclusively a clinically focused work with very little speculation of any kind. We have approached this book from the same perspective, constantly thinking about any clinical implications not only in the paragraphs themselves, but of our decisions in selecting commentaries, deciding how to translate terms, etc. We don't pretend that we have always achieved our goals, in part because to be too strict about this would distort how the tradition has approached the text, but also, to be honest, even in a text like this there are a few parts for which we cannot really find much clinical utility.

There have been many, many interpretations of

Discussion of Cold Damage. We believe that the proper approach to understanding and interpreting the work must be based on what the book actually is, which can only be appreciated by looking at the text itself, not by reading what others have said about it, or even from its preface, which was almost certainly written hundreds of years after the text itself³ and has not been translated here. Looking at the text, it is clear that at its heart, *Discussion of Cold Damage* is a bedside transcription of the basics of treating certain types of disease along with clinical pearls and occasional Q&A's between disciples and master. It does not appear to be conceived as something that was systematically planned out. This is one reason we prefer the translation of the character 論 *lùn* in its name to mean "Discussion" rather than "Treatise."

WHAT THIS TRANSLATION CONSISTS OF AND WHY

Our aim in writing this book is to help practitioners understand the intent and clinical application of *Discussion of Cold Damage*. The core of the book is a translation of the 398 main paragraphs of the Song edition,⁴ which covers *tài yáng*, *yáng míng*, *shào yáng*, *tài yīn*, *shào yīn*, *jué yīn*, as well as sudden turmoil, yin-yang exchange, and relapse after recovery due to consumption.

There are many possible ways of ordering and dealing with the text. We have utilized the original Song edition order of the paragraphs and not rear-

ranged them. This allows readers to approach the text as most people have over the last millennium. In addition, any reorganization would have to be based on a specific understanding of what the book is about. It makes sense to us that any changes to the order or the groupings of the paragraphs should be made by readers themselves, after they have come to their own understanding of the material.

PLACE OF BOOK IN TRADITIONAL EAST ASIAN MEDICINE

While *Discussion of Cold Damage* has held a place of importance in Chinese medicine for at least a millennium, how it has been viewed and valued has varied substantially, especially over the last century. This has never been more true than over the past sixty or so years since the establishment of the relatively standardized approach to traditional medicine in China that is called TCM, which can be understood as much as ‘textbook’ Chinese medicine as anything else.⁵ During some periods, only lip service was paid to its importance, and while it has always been part of the curriculum, its direct use in the clinic was largely ignored. This has changed dramatically over the past thirty years, where it has become a core component of the “classic formula” (經方 *jīng fāng*) movement.

The situation is quite different in both Japan and Korea where for at least the last few centuries, formulas from *Discussion of Cold Damage* have been the foundation of herbal practice. A very high percentage of the formulas in the official Japanese Kampo formula come from this text. All the same, due to limitations in our language skills, this book relies entirely on Chinese sources. The few Japanese commentaries we have included are drawn from books published in Chinese.

From at least the tenth century, *Discussion of Cold Damage* has been the bedrock of how to approach externally-contracted diseases in Chinese medicine. While this approach, based on the concept that these diseases are primarily due to invasion of wind and cold pathogenic influences, is very useful, it is not a panacea. Thus, over the centuries a variety of other approaches have been developed that took

other pathogenic influences, such as warmth, dryness, dampness or combinations thereof, as the main actors in these diseases. By the eighteenth century, these differences had been somewhat formalized into various ‘schools’ or ‘currents’ of approaches to externally-contracted diseases.⁶

In modern times, there are practitioners and pundits who make a firm dichotomy between those who depend on the formulas of Zhang Zhong-Jing, known in China as the “classic formula” (經方 *jīng fāng*) current, and those who work within the rubric of other approaches, which are commonly known as the “contemporary formula” (時方 *shí fāng*) or, more frequently, the “warm pathogen disease” (溫病 *wēn bīng*) currents. While not without foundation, this difference should not be exaggerated. Many, if not all, of the physicians who in retrospect are credited with devising the more modern approach to warm pathogen diseases were themselves deeply steeped in the works of Zhang Zhong-Jing and used them frequently. For example, there are case records of Cinnamon Twig Decoction (*guì zhī tāng*) being used by Wu Ju-Tong, who wrote *Systematic Differentiation of Warm Pathogen Diseases*, one of the most influential books on warm pathogen diseases. (There is an example in our entry for ¶13.) Later, Lei Feng, the author of the late-19th century *Discussion of Seasonal Diseases*, a warm pathogen disease text, exhorted his students on the necessity of being thoroughly conversant with *Discussion of Cold Damage*. This means that even to this day, regardless of which approach to externally-contracted diseases is your default, it is important to have a familiarity with *Discussion of Cold Damage*.

IMPORTANT BACKGROUND ISSUES

What exactly is cold damage (傷寒 shāng hán)?

Since at least the Han dynasty, the term cold damage (傷寒 *shāng hán*) has had two basic meanings.

- In chapter 31 of *Basic Questions*, it states that “All heat diseases are of the category of cold damage.” Thus, at the time when *Discussion of Cold Damage* was written and for quite some time thereafter, any type of what we would call an externally-

contracted disease was regarded as a type of cold damage.

- Additionally, at least from the time of *Discussion of Cold Damage* and probably for quite a while before, cold damage also referred to one specific type of externally-contracted disease, that which is due primarily to cold. For example, in chapter 58 of *Classic of Difficulties*, it states that there are a few types of (general) cold damage, one of which is (specific) cold damage. One other type of cold damage mentioned both in chapter 58 of *Classic of Difficulties* and very often in *Discussion of Cold Damage* itself is 中風 *zhòng fēng* or ‘wind strike.’ The basic differences between cold damage and wind strike are explained in ¶¶2 and 3 of *Discussion of Cold Damage*.

It is worth noting another variety of externally-contracted disease mentioned in both chapter 58 of *Classic of Difficulties* as well as in *Discussion of Cold Damage*: warm disease 溫病 *wēn bing*. This is described in ¶6 as *tài yáng* disease with fever and thirst, but no chills. In the text itself, no treatment is listed, only what types of things can go wrong if it is inappropriately treated. It is impossible to know whether this is because Zhang Zhong-Jing had no treatment for this type of problem, or, much more likely, because this part of his writing was lost. It was the effort by practitioners much later to fill this lacuna that gave birth to what is called the “warm pathogen disease school.”

TERMINOLOGY

There are many valid and useful approaches to translation, even between languages and cultures as different as ancient China and the modern English-speaking world. The one that we prefer aims to make our text as approachable to our readers as the original texts were to their readers. This follows the path of the noted twentieth-century linguist, educator, and scholar Yuen Ren Chao, who stated, “I shall prefer to use a familiar term, with a warning against making unwarranted inferences, in preference to using unfamiliar terms, which, though safe from being misunderstood, are also safe from being understood.”⁷ We often don’t succeed in this task, but

believe that having that as a goal helps this book be relatively readable and therefore more useful.

The core of this book is a translation of a text from the third century and includes translations of commentaries from the most recent thousand years, along with our own thoughts. Given this range of approximately 1800 years, there are definite diachronic issues, that is, the same word has significantly different meanings or shadings of meaning over that time. Our approach here, whenever possible, is to use the terminology that retains as much fidelity as possible to how these words were originally understood. Of course, we must also note that individual writers sometimes had their own different understanding of what a particular term meant.

Examples of terminology issues

The main example in this translation is the term 臟腑 *zàng fǔ*. In most of the books we have worked on, we have used the general concept of these as organs, with 臟 *zàng* being translated as yin organs and 腑 *fǔ* as yang organs. In some ways this reflects their semi-abstract nature in most modern understandings. It is clear, however, that for most people during the long history of medicine in East Asia, these terms were not about semi-abstract functional conglomerates, but actual organs of flesh and blood. One common translation is ‘viscera’ for 臟 *zàng* and ‘bowels’ for 腑 *fǔ*. The term ‘bowels’, however, does not work, as in any kind of medical context, the bowels are the guts, or, more specifically, the gut distal to the stomach. It is hard to see how the gallbladder or bladder (or for that matter the womb, which is an extraordinary 腑 *fǔ*) can be construed as a bowel. For that reason, we have chosen to translate 腑 *fǔ* as ‘receptacle,’ a term first suggested to us by our late friend and colleague, Charles Chace.

That said, the use of ‘viscera’ and ‘receptacle’ is not always appropriate or may be unnecessarily cumbersome, and so, depending on the context, we might use ‘organs’ for 臟腑 *zàng fǔ*. One example would be when contrasting the exterior (as in the muscle layer and surface) versus the interior: here the term ‘organs’ is clear and simpler than ‘viscera and receptacles.’ Another example is the term 藏結 *zàng jié*, which we translate as ‘organ clumping.’ Here the term 藏 *zàng*

does not refer to the five viscera in particular, but is more a generic term like ‘innards’ and so a general term like ‘organs’ works well.

With a text like *Discussion of Cold Damage* there is another issue. As you will see, there are vigorous debates among commentators about what different words mean, so that on a certain level, an argument could be made for translating many terms in multiple ways, depending on the view of the different writers. While this approach is defensible, we do not consider it advisable, as to do so would deprive the reader of a sense of the continuity of the words that the arguments are about. However, sometimes it is unavoidable.

Perhaps the poster child for this issue is the word 經 *jīng*, as in the commonly used term 六經 *liù jīng*, which is used to refer to the overall rubric of organization of the text. It is important to remember that in the chapter titles the word used is always ‘disorder’ 病 *bìng*, never 經 *jīng*. That is, there are references to *tài yáng* disorders (太陽病 *tài yáng bìng*) in the text, but the term *tài yáng* warp (太陽經 *tài yáng jīng*) never occurs.

The character 經 *jīng* itself occurs 19 times in *Discussion of Cold Damage*, but it only relates to some aspect of cold damage disorders in 13 instances (in 8 paragraphs). The most common usage relates to a pathogen either going through a *jīng*, bypassing a *jīng*, or coming to a *jīng*. Notably, the text never explains or specifies exactly what a *jīng* is, thereby prompting some of the discussion over the centuries.

The word itself has a variety of meanings which are often, but not always, easily distinguishable. It occurs in the names of books of classic or canonical significance (such as the *Inner Classic* 內經 *Nèi jīng*), as referring to the channels that flow through the body (channels and vessels 經脈 *jīng mài*, channels and networks 經絡 *jīng luò*, etc.), to menses or menstrual blood (月經 *yuè jīng*, 經水 *jīng shuǐ*), and so on. The use of 經 *jīng* that is of particular interest in relation to this text is the six *jīng* 六經 *liù jīng*, even though that term itself does not appear in *Discussion of Cold Damage*.

What the six *jīng* means has been a subject of fierce debate for at least a thousand years in China,

ever since the eleventh-century writer Zhu Gong posited in *Book to Safeguard Life Arranged According to Pattern* that this word was equivalent to the channels used in acupuncture. One recent survey by Qu Yue-Yun describes nine premodern approaches and thirty modern ones to understanding this term in the context of *Discussion of Cold Damage*.⁸ We will list a few of them here, along with the names of the writers who are associated with them, just to give a range of possibilities and to highlight the issues around translating 經 *jīng*, as well as to illustrate some of the common readings. Here are some of the definitions:

- Channels, as associated with the channels of acupuncture (Zhu Gong). Usually, but not always, only the leg channels are referenced
- Regions of the body (Ke Qin), for example, “Internally from the heart and chest to the stomach and intestines, externally it reaches to the forehead and goes from the face to the abdomen and down to the feet of the *yáng míng* surface.” (*Anthology for the Revival of Cold Damage*)
- Ministries, similar to those of a state (Fang You-Zhi), where each ministry is responsible for dealing with the pathogen when it has reached a certain part of the body, sometimes a layer and sometimes a specific viscus. “The *tài yīn* is the spleen. The spleen governs the middle and governs affairs, so it comes after the *shào yáng* and is the first of the three yin to receive [the pathogen].” (*Discriminating the Paragraphs of the Discussion of Cold Damage*)
- Layers of the body (Yu Gen-Chu), where each layer constitutes a type of tissue and has both a channel and internal part. For example, the *shào yīn* channel governs the blood vessels, while the *shào yīn* internal area governs the lower abdomen. (*Popular Guide to the Discussion of Cold Damage*)
- Stages of pathological change (the modern author Guo Zi-Guang), for example, the *tài yáng* is the loss of regulation of yin/yang in the exterior layers of the body; the *yáng míng* is in the interior, usually relating to the chest, stomach, and intestines; and the *shào yáng* is for half-interior/half-exterior diseases, usually relating to the gallbladder and triple burner.

There are many others, but most relate to the progression of externally-contracted disease through different schemata for organizing the structures of the body. This is where our translation of ‘stages’ in previous works comes from. Of course, in English, there are a number of different translations for this term in the *Discussion of Cold Damage* context besides ‘stage,’ such as channel, confirmation, level, manifestation type, and meridian.

Our task here is to find a term for 經 *jīng* that will work to stand for this variety of meanings and inferences across time and interpretations. We have chosen the term ‘warp,’ which we first came across in scholarly works.⁹ The core meaning of this term comes from weaving: the longitudinal threads on a loom over and under which other threads (the woof or weft) are passed to make cloth. That is, these are the organizing threads around which all the rest of the fabric is constructed. This is a very apt concept for our purposes, as this way of thinking was very important in early China.¹⁰ It is especially useful here because, whatever one thinks one is referring to by the warps in the context of *Discussion of Cold Damage*, it is clear that they are regarded as the organizing structures/forces/layers for the diagnoses and treatments discussed in the book. We also like this term because, to a degree, it is vague and thus can be used for a variety of interpretations. We believe that this contingency makes the use of what Y. R. Chao referred to as “unfamiliar terms” acceptable.

The reader is referred to Appendix 2 for a glossary of unfamiliar terms or translations used in this book.

WHAT EACH ENTRY CONTAINS

Main text & translation

The core of this book is a translation of *Discussion of Cold Damage* itself. For the most part, this is a straightforward affair. Each entry begins with the text of the paragraph in traditional characters, almost always punctuated in accordance with a modern standard version of the text, edited by a team under the leadership of our esteemed teacher, Nie Hui-Min 聶惠民.¹¹ There are approximately fifteen paragraphs for which we don’t follow the standard readings for a variety of reasons, which are explained in our com-

mentary to those paragraphs. Sometimes a difference in parsing is part of the disagreement and so the punctuation will be different than in Dr. Nie’s text.

This is followed by a translation into English. Our approach to translation has been described above.

Explanation

This section contains as cogent an explanation as we can manage of the text and its significance. If the text in a paragraph is quite easy to understand, this section may be nothing more than a slightly expanded version of the translation. More commonly, the explanation will touch upon some background issues and any specific clinical relevance of the passage.

Formulas and their explanations

For paragraphs that include formulas, we include the original Chinese, a translation of the ingredients and instructions for preparation, a description of how the formula is most often prepared in China at present [set off in brackets], and a brief explanation of our understanding of the composition of the formula, which is usually in line with modern textbooks.

Methods of preparation are shown here so that readers can appreciate both how things were done when *Discussion of Cold Damage* was written as well as the most common modern guidelines. These guidelines are not prescriptive, as there is a true diversity of approaches in preparing the formulas depending on personal understandings and habits, geographical preferences, and other factors. In fact, we ourselves do not always prepare the formulas as described here. However, these guidelines are useful as background and as touchstones.

This book is not a formulary. As such, our explanations of the formulas are concise and provide only the bare minimum of information necessary to understand how the formulas are put together, as a basis for how to use them in the clinic. Similarly, even though the usage of many of the formulas in this book has been expanded over time to the point where there are now entire books written on how to extend their use to a wide variety of complaints,¹² we keep our focus on how the formulas are used in the context of the specific paragraphs in *Discussion of Cold Damage* where they are mentioned.

There has been a lot of discussion recently about the “correct dosages” for formulas in the books of Zhang Zhong-Jing. Since at least the late Ming, the general rule of thumb has been that one Han dynasty *liǎng* equals one Ming dynasty *qián*, or about 3g. Based on recent archeological research, as well as looking for internal consistency (chicken egg-sized Gypsum fibrosum (*shí gāo*), etc.), there is a growing perspective that the original dosages were much higher such that one Han *liǎng* equals ~15g. To us, however, this is mostly academic. For at least the past 500 years, and in probably all the case histories that we have collected over the past 1000 years, the dosage used is 1 *liǎng* in the text equals ~3g. This means that almost all the experience that we have access to uses a dosage in this range, and therefore we should, in general, follow it. That said, we do think that the possibility of a higher dosage being closer to the original should help us remember that when our ‘normal’ dosage doesn’t work, we can try a larger one. More information on the relationship between ancient and modern measurements can be found in Appendix 1: Measurements.

Selected Commentaries

One of the distinguishing features of this book is that for each paragraph, we provide a selection of translated commentaries, usually without our own comment. The reader will notice that very frequently there are diverse opinions not only on the significance of a given paragraph, but occasionally on what the text actually means. We have translated these instead of reducing them to a digest, so that the reader can get the information directly from the horse’s mouth, so to speak. The result is occasionally a bit unclear, but we think this methodology is worthwhile, in part because it reflects the variety of approaches and background understandings that have been brought to this text, but also because it gives the reader some sense of how commentaries have been written and understood in China. We have, by and large, avoided explaining the commentaries, but occasionally we have edited in some clarifications. These are also set off by brackets in the text.

Most commentaries were selected from a late-1980s textbook that remains our favorite source,¹³ but

others have been added from a variety of other sources. This selection of commentaries is not definitive or comprehensive in any way, but it does give the reader added insight into how *Discussion of Cold Damage* has been understood and utilized during the last thousand years as well as a more three-dimensional view of some of the controversies.

Discussion

This is the section where we (primarily Ma) give our own ideas about different aspects of the paragraph in question. These can be textual issues or those related to different interpretations of the text, but more commonly they deal with certain clinical implications of the paragraph. These comments come from Ma’s more than fifty years of engagement with this text in the clinic, as well what he has learned from various teachers. Adding one’s own thoughts to the long train of commentators is an important way to participate in the tradition and keep it alive.

Case histories

When possible, we have appended case histories to relevant paragraphs. We have done this to illustrate either the text itself or the implications of the text in the clinic. For example, while *Discussion of Cold Damage* is almost exclusively a book that deals with externally-contracted diseases, and usually relatively acute ones at that, the pathodynamics related to these conditions can occur across a wide swath of disorders and thus the formulas are useful for far more than acute, externally-contracted conditions. In this book, we have limited the case histories to those that have a clear connection to the text, so that they illuminate the text and vice versa.

For a similar reason, we have limited the cases to those that use just the formula from the relevant paragraph, or one with only slight modification (usually with no more than three additional ingredients). This, again, is done to show how the formula in question can be utilized, to add another level of meaning to the text. This could not be done, for example, by including cases in which eight ingredients are added to what was originally a six-ingredient formula.

Gathering these cases has been a chore, for a variety of reasons. The primary one has to do with the

reason why cases are recorded in the first place, which is to show off the practitioner's skill, demonstrate how they have some unusually deep understanding of a problem, or present how a formula can be used in an unusual circumstance. For this reason, there are almost no records of very commonplace cases. For example, no one would publish a case where a woman with an acute fever, chills, sweats, and a floating, lax pulse is successfully treated with Cinnamon Twig Decoction (*gui zhi tang*). Such a case would be too ordinary to merit recording.

Another reason is that the readers of *Discussion of Cold Damage* down through the ages, as with any type of classic or canonical text, engage in a degree of cherry-picking. For any number of reasons, while some paragraphs are often cited as the basis of clinical practice, others are ignored. It is very difficult to find any cases related to these paragraphs; sometimes there are also only sparse commentaries on them.

We want to thank Wang Hui-Wu 王輝武, a colleague of Ma's from Chongqing, who in the early stages of this project was kind enough to send us quite a few case histories. Some of these came from relatively obscure sources that we would not otherwise have found.

HOW TO USE THIS BOOK

This book was written for serious students and practitioners of traditional East Asian medicine who desire to engage with *Discussion of Cold Damage* to deepen their knowledge of the tradition and thereby help deal with the complexity of the clinical encounter. This important classic can be a challenge to the modern reader and it can be difficult to figure out how to use it. Here are some suggestions to help you interact with this book.

First, for a text like this we must emphasize the obvious: begin by reading the source text itself, at the top of each entry. To really get the most out of any classic, it is important for the reader to become familiar with and accustomed to its language and cadence. While it may seem a little odd and even confusing at first, over time and with a little persistence, it will gradually come into focus. We hope that our translation will expedite this process.

Only after engaging with the source text itself should you proceed to the explanation that follows. In addition to explaining the overall meaning of the paragraph, we provide some background and clarify aspects that may be unfamiliar. After reading the explanation, it can be useful to return to the source text and review the original passage itself. Reading any classic is a recursive process that works best when you look at different interpretations and then return and review the source text with a fuller understanding.

In those paragraphs that contain a formula, the next step is to look at the formula and repeat the process above. Read the list of ingredients and method of preparation, as well as our explanation of the formula, and then revisit the source paragraph to see how the text and the formula illuminate each other. Not only will this help you remember the contents of the formula, it will connect the pathodynamic or other issues discussed in the text to the formula and vice versa. Used thoughtfully, these two aspects will help deepen your understanding. The formula dynamics can be used to understand the source text and help you make decisions about the meaning of specific signs and symptoms. At the same time, the pathodynamic described in the source text can be used to help understand the mechanism of action associated with the formula.

At this point, to delve deeper into understanding the text and how it has been used over the last millennium, the next step is to read the commentaries and discussion. While it might be tempting to jump directly to the discussion for more easily digested and clearly practical information, we would advise, in most instances, that it would be better to read through the commentaries first. Not only do they provide insight from experienced clinicians and scholars during the past thousand-plus years, they also open a window into the complexity of the text. They give us an opportunity to enter the stream of thought that has flowed from this text since the time of its writing in the Han Dynasty. Not infrequently, they show how opinions about the meaning of a paragraph or the application of a particular concept or formula were often quite varied and even divergent. This shows that the tradition has always been active

and is a clear sign to be wary of stubbornly relying on the conventional understanding when we approach a text (or a patient).

Approached in this order, when you finally reach the discussion section you will be able to place what we have to say in context. This is where we add our own insights to help you understand the text (and sometimes the tradition), as well as the occasional clinical pointer.

There are a number of case histories that illuminate the application of formulas in the text. While the cases can be utilized in different ways, as with everything else in this book, you will likely get the most out of them after a full engagement with the source text. When you have finished reading a case, return to the source to deepen your understanding of the paragraph and how that understanding can be put to use in the clinic.

The text need not be read from start to finish and the paragraphs need not be read in the order presented. Because we understand *Discussion of Cold Damage* to be a bedside clinical manual, a careful reading of any particular paragraph can provide useful clinical insights on its own as well as in the context of the text as a whole.

We think it will also be useful to read the short “General Thoughts” section at the end of each chapter. Here we give an overview of the salient points in the chapter and identify what we believe to be important clinical issues that are raised in the text.

WHO WE ARE

This book is a collaboration forged over decades between a very highly trained and experienced practitioner from China and a practitioner from the West with a long history of translating. A brief introduction to our stories will provide the reader with the background to understand what we bring to this project and how to best appreciate and utilize it.

Shouchun Ma

The main author of this work is Shouchun Ma (馬壽椿 Ma Shou-Chun), born in Chengdu in 1944. He became interested in medicine as a young boy—his

mother was often ill and he would look things up in *Essentials of the Materia Medica* to help her. After his own illness prevented him from applying to college, Ma studied Chinese medicine on his own and began teaching at a middle school in Chongqing. In 1969, he had the opportunity to learn from a highly respected doctor in Chongqing, Shi Ji-Min 施濟民, who was an expert in both acupuncture and *Discussion of Cold Damage*. There soon developed a small group of Shi’s devoted students. After Dr. Shi’s passing in 1973, Ma and three of his other students formed a study group that met every week until 1980. During this time, he also continued to see patients when he wasn’t teaching.

In 1980, Ma was admitted to the Chengdu College of Traditional Chinese Medicine, which had only reopened its doors a couple of years earlier to graduate students after the Cultural Revolution. Ma was one of the very few apprentice-trained students to be admitted and received the only place that year in their master’s program in *Discussion of Cold Damage* studies.¹⁴ There he had the opportunity to work under three famous experts in *Discussion of Cold Damage*: Peng Lü-Xiang 彭履祥, Dai Fo-Yan 戴佛延, and Chen Zhi-Heng 陳治恆. After graduating, he simply went to the Chongqing Institute of Traditional Chinese Medicine, which was primarily a clinical site with both inpatient and outpatient departments. He then moved to Seattle in 1988 and has been seeing patients and teaching here ever since. In 2006 he earned a Ph.D. from the China Academy of Traditional Chinese Medical Sciences under the tutelage of one of the top contemporary scholars and practitioners in China on *Discussion of Cold Damage*, Nie Hui-Min 聶惠民.

This experience gives Ma an extraordinary background vis-a-vis this text. He originally engaged with the work via an apprentice-style learning and then spent time working with it in an academic and institutional milieu, with the intense scholarly and clinical experiences that entailed. Finally, he has lived and practiced in the United States for over 30 years, so he has a good idea not only how these herbal approaches work with Western patients, but also how best to help Western students and practitioners understand and utilize the information.

Dan Bensky

The secondary author, Dan Bensky, first became interested in Chinese medicine while living in Taiwan in 1972. He began studying in earnest in 1973 at the Macau Institute of Chinese Medicine, a school established by the local Overseas Chinese Association with a faculty composed of relatively young practitioners who had graduated from TCM colleges in mainland China. Around the time that he graduated, Bensky became involved in translating a textbook on acupuncture from the Shanghai College of Traditional Chinese Medicine, which was published in English as *Acupuncture: A Comprehensive Text* in 1981. He has continued his translation work as part of different teams that produced textbooks on Chinese herbal medicine, and he has also done technical editing on a number of books for the publisher, Eastland Press. During this time, he has conducted a practice that includes Chinese herbal medicine.

As part of his training, Bensky had only a cursory introduction to *Discussion of Cold Damage*. During the early 1990s he became more interested in it, for two reasons. One was that, through his translation work, he had come to realize that the formulas in this book were not only very important in themselves, but were also the basis for a large percentage of the most commonly used formulas in contemporary Chinese medicine. He also had the good fortune to study with Ma and translate for him in classes and workshops, which brought the importance of this book and the formulas within it to the fore. In some ways, Bensky's relative ignorance of the text was helpful in this project, as it allowed him to approach the text in a fresh way and pose somewhat unusual queries to Ma.

In this project we have one author who has drunk deeply from the source of this text and engaged with it for over 55 years, and another who has been practicing and translating this medicine into English for 45 years. The similarities and differences in our backgrounds have enabled us to work well together, but with some creative tensions that we believe make this

book somewhat more engaging than it would otherwise be. In the text, "I" or "my" refers to Ma when the clinical insight is his alone. Otherwise, the pronouns "we" or "our" are used.

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