This information is referred to in *Ancient Chinese Medicine* (see, for example, the table on p.50), but the extent of the current debate it is not obvious from this book. In fact, the 20th century doctors Jiang Tai Yin and Chen Yi-Ren opposed the theory of qi transformation (as Liu does quote, pp.107-8), and the *Tang Ye Jing Fa* lineage of Hu Xi-Shu and Feng Shi-Lun totally refutes the need for complicated *Nei Jing* theory in *Shang Han Lun* study. They understand the *liu jing* as locations in the body rather than channels; *Shao Yin* is seen as the yin aspect of the *Tai Yang* exterior; *Tai Yin* the yin aspect of *Yang Ming* interior, and *Jue Yin* the yin aspect of *Shao Yang* half interior-half exterior.

However, having accepted that *Ancient Chinese Medicine* is written in the *Nei Jing* style, Chapters 6 to 9 form an interesting and thorough discussion. It is great to find the theory of *ben, biao* and *zhong qi* written down clearly in a textbook, and the review of *qi* transformation theory is extensive and interesting in itself. However, as a busy clinician, my question is, ‘how is this applicable in clinic?’, and although Liu does address this in the last section of Chapter 6, it is through theory only, without practical case examples.

The *Shao Yang* chapter (7) is a discourse on harmonisation and pivoting. ‘Half interior half exterior’ patterns are the most controversial in China, and Liu points out that although this specific phrase was first used by Cheng Wu-Ji in 1144, there is a similar phrase in clause 148: ‘half in the interior half in the exterior’. Chapter 8 discusses the harmonisation of *yin* and *wei*, and Chapter 9 goes deep into complicated *Yi Jing* hexagrams and the *zi wu* clock to explain Zhang Zhong-Jing’s teachings on how long it takes diseases to resolve.

There is very little theory in Zhang Zhong-Jing’s original text, and some theoretical guidance to access this text clinically is indispensable. *Ancient Chinese Medicine* is a strong theoretical exposition that clearly presents *Nei Jing*-style *Shang Han Lun* theory - to my knowledge for the first time in English. There are copious and detailed references, and while not being an easy read, this is a dense and informative book with a useful historical and theoretical perspective. The danger for the Western reader-clinician is that it makes the *Shang Han Lun* study sound very complicated, which contrasts strongly with my experience of following a *Shang Han Lun* doctor in clinic in Beijing, where a simpler interpretation of theory informs the complexity of living patients so well. Nevertheless, *Ancient Chinese Medicine* is an important contribution to the English *Shang Han Lun* literature, and helps us to understand the wider historical context of the classical medicine we are beginning to study and practise.

**Frances Turner**

This book is available at a reduced price from the JCM bookshop [www.jcm.co.uk/bookshop](http://www.jcm.co.uk/bookshop)

This is an important book. And with its phone-book-sized girth of 1000-odd pages and introductory promise of ‘revealing … secrets that others don’t get to see’, on initial inspection it certainly looks the part. But the significance of this book goes beyond such superficialities. This is an important book, because it enables Western readers to assess for themselves the tectonic forces that acted on Chinese medicine from the end of the Qing dynasty through to the present day. It has become something of a truism, especially amongst classically-focused clinicians, to deride the product of these forces - state-sponsored ‘TCM’ - by pointing out its clinical shortcomings and contrived provenance. However, beyond a familiarity with works by authors such as Karchmer, Hanson and Scheid, most practitioners will have had little contact with the original evidence for such charges. In this book, Yaron Seidman and his colleagues have assembled a formidable collection of historical documents that allow modern practitioners to judge for themselves the nature of Chinese medicine’s transformational encounters with Western medical missionaries, Communism and modern science. These original (albeit translated) materials include letters, articles, books, announcements and official documents, grouped together in themes to facilitate comparison.

Chapter 1, ‘Historical Background’ provides a snapshot of Western missionary attitudes towards Chinese medicine at the turn of the twentieth century. For the traditional practitioner their scornful attitudes make for exasperating - if unsurprising - reading. Whilst disdainful of the ‘conjecture and superstition’ of Chinese doctors in comparison to the ‘assured diagnosis and scientific truth’ of their own medicine, they seem blissfully unaware of the contradiction inherent in their own beliefs in Christ and the ‘Great Father’ (the ‘Greatest of all Physicians’).

In Chapter 2, ‘Education and Schools’ and Chapter 3, ‘Debating Chinese Medicine versus Western Medicine; Native versus Modern’, the hatchet-job on Chinese medicine continues apace. There is enough censure of Chinese medicine here to get the blood of your average traditionalist boiling. Some of the critique is subtle, some not so (‘Alas, all the sciences of our nation are poisoned blind with this Yin Yang’). But not all the criticism is from Communist and scientific fundamentalists. We hear proponents of yin-yang and *Shang Han Lun* theory railing against ‘ridiculous’ five-phase theory, calling for the abandoning of such theory for charlatans: ‘Each day we don’t destroy the theory of five elements, is one more day it blocks all people’s daily lives.’ It is edifying to remember that is not just modern ‘medical’ acupuncturists who have a beef with traditional Chinese medicine theory. Practitioners themselves can be seen comparing, testing, wondering and pronouncing - because this is simply what good physicians do.

Such conflicts exemplify the heterogeneity and confusion that constituted part of the original motivation to unify and standardise Chinese medicine in the 20s and 30s. As Seidman interjects, ‘One cannot ignore the fact that Chinese medicine is filled with conflicting opinions … who is right and who is wrong?’ … How can we overcome this problem? Some authors tackle such confusion head-on; Chen Cunren, for instance, takes a forthright and global perspective of the ‘different schools’ of Chinese medicine who ‘have tunnel vision looking through a peephole’, likening them to the proverbial blind men in a dark room feeling different parts of an elephant, all confident that their own partial perception represents the whole truth.

Reading through these documents, one
becomes aware of the huge diversity of Chinese interpretations regarding their own history and medicine. The reader witnesses a dizzying swirl of hope, disappointment, prejudice, nationalism, politics, pride, wisdom, naiveté, blindness and simple financial greed, through which historical and medical ‘facts’ are filtered. Not all of the documents are rabblerousing polemics, however - some exhibit the kind of honest inquiry that many modern practitioners go through in order to get the best results from traditional and modern medicine for the benefit of their patients. In the shorthand of modern Western Chinese medicine education such nuance is often reduced to ‘the Communists wrecked Chinese medicine’. Indeed, in some of these documents the two-dimensional stereotype of the Communist bureaucrat sucking the lifeblood from Chinese medicine is eclipsed by lively, intelligent human beings whose passion for medicine shines through, despite their harsh critique of some of its aspects.

This text is replete with myth-busting evidence. It becomes clear, for example, that the standardisation and ‘scientification’ of Chinese medicine were not solely a Communist project, but were initiated by Chinese medicine practitioners themselves during the Republican era, as a tactic to survive an increasingly hostile modern scientific environment. Many sincere Chinese medicine practitioners were complicit in these changes. Even those sympathetic to Chinese medicine tended to agree that ‘scientification’ (‘Qi means nerves’, etc) was the most sensible path forward, a policy championed by the moderniser Tan Cizhong, whose proposals to merge Chinese and Western medicine (with Chinese medicine scientised and subordinated) became the dominant agenda through the Communist years.

Studying history in this way shows us that the same arguments go around and around. People often presume that debates of the ‘Chinese medicine is rubbish’/ ‘No it isn’t’ variety are a modern Western affair. In reality the discourse seen in modern online journals, blogs and forums is an echo of these early twentieth century exchanges, even in the way the debates begin courteously but rapidly descend into personal attacks and bullying as participants shout at each other from distant paradigms. Seidman urges the reader to consider the arguments on their own terms – some of which are detailed, systematic and delivered by people well-trained in both Chinese and Western medicine (such as the arch-moderniser Yu Yunxian) - rather than simply seeing them as being expressive of cultural and/or political conditioning.

Unfortunately, what does come across in some of these documents is the feebleness of the arguments of the traditionalists, who have a hard time substantiating the theory and effectiveness of traditional medicine in the face of pot-shots from smart, well-educated detractors. Cold, hard facts are trotted out, such as the Manchurian plague of 1910-11 in Manchuria in which 60,000 died, and in which CM practitioners were unable to save their patients or themselves (although Seidman sets the record straight that it was the nascent understanding of transmission and quarantine that eventually saved people, rather than Western drugs). Many traditional physicians were, of course, poorly educated, and tended to resort to the weight of history to confirm effectiveness (‘this practice has existed for forty centuries and … is believed in by the masses [this] is the proof that there must be some good in it’). In addition, the supporters of the old methods of Chinese medicine were not necessarily those with a loud official mouthpiece. Just as today – it is the writers, academics and polemists who tend to hog the headlines rather than the great clinicians. Some voices of hope and reason shine through, however, and there are rousing calls to set the record straight from Chinese medicine heroes like Qin Bowei. In How to learn the Essential of Beijing we see Qin desperately trying to tread the line between tradition and modernity by explaining basic Chinese medicine principles in a way palatable to the sceptics. However at some points Qin - who for years advocated modernisation and standardisation – seems to go too far, even prefacing one book by referring exclusively to nerves and blood flow without a mention of qi (although in fact he changed his mind by 1956, calling for a return to a return to the ‘spirit and methods of the apprenticeship system’). Another hero that springs from these pages is Yun Tieqiao, who proposed a reasonably sophisticated model of integrative medicine, in which both paradigms co-exist productively (‘The physiology of Western medicine comes from dissection. The physiology of Nei Jing comes from Qi transformation … knowing the one, but not knowing the other, often times will yield poor results’).

Chapter 4, ‘Political and Ideological Influences’, documents the stranglehold that Communism imposed on Chinese medicine, and the complete subordination of medicine to politics. The freedom of debate seen during the Republican years was stifled and the process of scientification became all-consuming. The idea that acupuncture works by stimulating the nerves became the only permitted explanation of its effects, and public discourse was dominated by Marxist (and Soviet, rather than Chinese) propaganda. Nevertheless, we are given some fascinating glimpses of that time – government directives on what Chinese medicine doctors were permitted to think, testimonials of Chinese doctors who went to work in America, and official dictats demanding the ‘checking’ of the work of the old doctors, who must have had a truly miserable existence at this time. This section documents the seismic shifts in Chinese medicine, which due to political machinations (and after years of trying) once again becomes part of state healthcare. Traditional medical theory is again accepted - albeit in scientified form - and major hospitals are forced to recruit Chinese medicine doctors to participate in medical treatment. Unfortunately at this time practitioners now served at the bottom of an authoritarian top-down power structure. Seidman urges the reader to question the validity of TCM, given that it was essentially the product of Chinese and Western medicine being arbitrarily forced together, due partly to the need for cheap healthcare, but primarily to serve the political ends of an extreme socialist government.

Reading this book is a significant undertaking, and thankfully the text is accompanied by atmospheric black and white photos of early twentieth century Chinese life and poignant mug-shots of some of the dramatis personae. The language is often colourful and evocative (and in translation can border on kung fu movie-style rhetoric - ‘The Ling Su Shang Dui statements cannot scratch where it itches’), but also at times reads as the crushingly dreary rhetoric of Chinese bureaucracy. Some of the excerpts are long-winded, and a firmer editorial hand might have made for a more economical text. The lack of an index is a shame, although the work involved in indexing such a book makes this understandable. And whilst the clinical side
Increasing evidence supports acupuncture for hay fever

The evidence supporting the use of acupuncture as an effective treatment for allergic rhinitis continues to mount. An Australian study randomly allocated 175 patients diagnosed with seasonal allergic rhinitis (SAR) to receive either real acupuncture (RA) or sham acupuncture (SA), consisting of 12 acupuncture sessions over four weeks during the pollen season. RA was delivered manually, whereas SA involved superficial needling at non-acupoints without additional stimulation. RA was found to be significantly better than SA for decreasing SAR symptom severity (sneezing and itchiness) at the end of treatment and improving participants’ quality of life at the end of the treatment and follow-up phases.

A pilot study carried out with 30 SAR patients in Germany suggests that, compared with matched healthy controls, SAR patients show altered cardiovascular autonomic function at baseline, which can be partially normalised by acupuncture treatment.

Meanwhile, the various mediators, receptors and signalling pathways associated with the anti-inflammatory and anti-hyperalgesic effects of acupuncture, and which may influence its mechanism of action in allergic rhinitis, have been reviewed by another group of Australian authors. These include down-regulation of pro-inflammatory neuropeptides, cytokines and neurotrophins, activation of the cholinergic anti-inflammatory pathway and proliferation of opioid-containing macrophages in inflamed tissues.


Acupuncture improves chronic fatigue symptoms

Adding acupuncture to routine medical care can help improve symptoms in people suffering from chronic fatigue syndrome (CFS). A three-arm randomised controlled trial was performed by Korean clinicians, with 150 CFS patients divided into two treatment groups and one control group.