GOOD EVENING LADIES AND GENTLEMEN!

Not that long ago I received an invitation from the Guangxi College of Traditional Chinese Medicine to give a few lectures, which I heard later were well received. Based on that reception, the College later invited me to be a visiting professor and take a supervisory role over some of their projects. At that school, I’ve developed lasting relationships with both teachers and students. So now that I’ve returned (to Chengdu), the leaders of our College of Foundational Medicine asked that I would share some of my clinical experiences right here at our own university.

Just now, our very own Secretary Lai briefly introduced me and a few things about my background. As she mentioned, besides teaching here (at the Chengdu University of TCM), I have always maintained my work in the clinic. Recently, I conducted a bit of statistical analysis of my clinical cases, and I’d like to share some of that information with you here at this forum.

Last year I treated 2,745 patients, totaling 20,013 individual visits, and wrote a total of 20,076 formulas. In addition to seeing patients that came from our local region and our province, I also saw patients that came from other provinces and even from other countries. So, how is that I had 20,013 individual visits but wrote 20,076 formulas? This is because, in a few cases, I wrote two formulas for one patient. That is to say, there were a few patients who were basically cured of their disease, but just needed one more formula to be taken in small doses that would solidify their treatment effect.
During the same year I treated 83 different types of disease. Furthermore, I used a total of 42 different herbs. That is to say, among a total of 20,076 formulas I used various combinations of no more than 42 herbs. When calculating my rate of successful treatment, I considered a few different factors to arrive at the outcome; one was clinical observations of patients’ symptoms either improving or disappearing altogether; for cases involving chronic disease, I relied on biomedical laboratory tests which measured the function of an organ. For example, I sometimes ordered a liver panel to see if liver function had returned to normal.

Going back to the formulas, of the 20,076 that I wrote, 20,016 contained ginger. This included fresh ginger, dried ginger, roasted ginger, Yun ginger (a type of ginger originating from Yun County in Hebei Province), and charred black ginger. In total, I used some form of ginger in 99.7% of my formulas. As for cinnamon, including cinnamon twig, cinnamon bark and Guan cinnamon, I used it in 19,852 of the total formulas in one year. So I used cinnamon in 98.8% of my formulas. As for processed aconite, I have used Tianxiong aconite, yellow aconite, black aconite and cooked aconite. Some form of it was used in 19,423 prescriptions, some of which contained both processed Fuzi and processed Chuanwu, coming to a total of 96.8%.

As I just mentioned, I used fresh ginger in 99.7% of my formulas. More specifically, what was the dosage of the fresh or baked ginger? In any given formula, there was a range between 30 and 200 grams. In the case of dried ginger, Yun ginger or charred ginger the dosages ranged between 25 and 90 grams. The dosage of cinnamon twig ranged between 15 and 30 grams; cinnamon bark or guan cinnamon bark dosages ranged between 15 and 30 grams. I seem to recall that in previous years I may have used larger doses of cinnamon bark, but in this particular year that we analyzed, I didn’t use more than 30 grams. As for aconite, the smallest dosage was 60 grams and the largest was 250 grams. So, this is just a summary of the analysis I did of one year of clinical practice.

I remember about 10 years ago the university here asked me to host a doctor visiting from Japan. He was a high-level doctor who was older than I was at the time, and had been practicing medicine for more than 20 years. He was a graduate student at the No. 3 College here at our university, and before that he had studied Chinese medicine for 5 years at the Beijing University of TCM. He eventually got a Ph. D. in biochemistry from Toyama Medical and Pharmaceutical University and he also had an M.D. from another one of Japan’s medical colleges. His purpose for coming to Chengdu was to study the clinical application of Chinese medicine, and in particular, he wanted to observe doctors from Sichuan province. At that time this Japanese doctor was about 50 years old and he observed my clinic for about one month. At that time I was in clinic three half days a week. I still managed to see 40 to 50 patients in a half day of clinic. This visiting doctor calculated that I saw about 135 patients per week, sometimes as many as 140. When he observed with me, he would always ask patients about their current symptoms and what occurred after taking the herbal formulas that I wrote for them. Later, he entered all 700 formulas I had written in one month into his laptop computer. These formulas treated about 47 different diseases as defined by biomedicine. If you categorized these formulas by TCM differential diagnosis, the various patterns I treated were also quite numerous. At the simplest level of differentiation there were both
yin and yang deficiency patterns. After doing some analysis, the Japanese doctor had a few puzzling questions.

First, why did I treat obvious yin deficiency patterns with formulas that used warm, acrid, yang supporting herbs like ginger, cinnamon and aconite? And stranger still, why did these patients after taking these formulas have their symptoms of yin deficiency and rebellious yang disappear, with no signs of damage to fluids or five-centered heat that Chinese medicine theory warns will occur when using warm herbs in yin deficiency cases?

Second, he wondered why the formulas I wrote were composed of so few herbs. He noticed that one formula might be composed of only 5 or 6 herbs, or perhaps 7 or 8.

Third, he noticed that among 700 formulas I used only a total of 27 different herbs.

After his time of observation with me was complete, he came to me to ask about these three questions, using an interpreter. How was I able to get such good results? Why did I make pattern differentiation and use herbs in the way that I did? He found it impossible to understand. I told him that these questions could not be explained all at once. As he understood what he was taught by modern Chinese medicine textbooks, many of the disease patterns I treated were those that should not be treated with cinnamon, ginger and aconite! If treated with these herbs, the patient would likely not get better, or might even worsen. Why didn’t this happen? He was very insistent on this point. But because of the limited nature of the Chinese medicine theory that he had received, there was no way I could give him a clear answer to his question. Nevertheless, he was still very grateful to have observed with me, because he was able to see another method of differential diagnostic thinking. Originally he had just heard about this method, and now he had gotten to see with his own eyes successful treatment of problems that textbook differential diagnosis could not have resolved.

So why do I use herbs the way I do? Why do they have such good clinical results? What are the principles and thoughts behind my formulas? These are the kinds of questions that led to my visit in Guangxi. The students there also wanted me to talk about why, at such a young age, was I able to successfully treat so many patients? How was I able to have such a big influence on my patients?

Today, I will make a simple introduction to these questions, and we’ll call the title of the talk “Clinical Realizations of a Chinese Medicine Physician”.

The overall conditions for our Chinese medicine of today, are actually still very good. Our university is crowded with students, and we find many people are interested in studying Chinese medicine. In addition, government policies towards Chinese medicine are becoming more favorable. Also, the economic prospects for Chinese medicine are also pretty good. Just as long as you can solve problems for people, the market is huge! Towards the end of this talk I’ll give a little more analysis of the economic aspect of the medicine.

But first, let me add a bit more to my introduction. I was born into the Chinese medicine world. Several generations of my family have been Chinese medicine practitioners, a fact that has been recorded in contemporary publications, such as the “Deyang Market Annals” and the “Deyang County Annals” from the Republican Period. Before the final years of the Qing Dynasty, my ancestors were still living in the Deyang area, where they were a notable family. I believe I represent the seventh generation of my family to practice medicine. You can say that I started studying it when I was just a few years old; in that environment, once I could start to read, I was surrounded by the vocabulary of Chinese medicine. I learned about ginger, cinnamon, aconite, and Tianxiong aconite. The first words I spoke and wrote were related to Chinese medicine.

So it was that environment which brought forth my wish to study Chinese medicine. Still, in the end it was my own interest in medicine that led me to study it, for not all member of my family were doctors.
I focused more in the direction of Chinese medicine as a young teenager. From about the ages of twelve and thirteen, I started to read the classics of Chinese medicine, such as the *Huangdi neijing* (The Yellow Emperors Classic of Internal Medicine). Of course at that age books like these seemed somewhat dry and boring, because I had no textbook to interpret the classics. In addition, I read the *Shanghan lun* (The Treatise on Cold Damage), the *jingü yaolüe* (Essential Prescriptions from the Golden Cabinet) and the *Shen Nong bencao jing* (The Divine Husbandman’s Materia Medica). Because they were hailed as classical works, I read them at the time, but I didn’t understand them much. When I got a little older, the elders in my family would explain a line here, a line there. So I got through studying the classics in this way. Later, I myself read the three medical texts written by Zheng Qin’an, *Shanghan henglun* (The Enduring Treatise on Cold Damage), *Yili zhenchuan* (True Transmission of Medical Principles) and *Yifa yuantong* (Unobstructed Circulation of Medical Methods). Why did I read Zheng Qin’an? Because he was my grandfather’s teacher, and later I’ll tell you more about this. By the time I was 16 or 17 years old, I was already able to write formulas in the clinic, and could treat some diseases. At that time you didn’t need a license to practice medicine in China. As long as you could treat patients and as long as patients wanted to be treated by you, that was all that was required.

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In 1973, after I had completed my studies of Chinese medicine with the elders in my family, I felt I needed to broaden my understanding of medicine in general, both to receive more education in the area of modern medicine, and also to improve myself as a person. So, with the support of my uncle (Lu Yongding, one of Sichuan’s well-known doctors who practiced for more than 60 years) I attended Jiangsu New College of Medicine (this school was a combination of what is now Nanjing University of Medicine and Nanjing University of TCM, but at the time it was called Jiangsu New College of Medicine).

Right before I was about to leave to attend this college, my uncle Lu Yongding and my father Lu Yonghua advised me that I should not use my real name, nor should I reveal my background. Instead, I should keep my previous knowledge to myself and focus on being a simple student. But after about 6 months at this school, an old patient came to this school looking for me. Originally this patient was an official in the military, posted in Chengdu. Whenever he was sick, he would come to my uncle and me for treatment, always getting good results. Later he was promoted to a post in Nanjing. While in Nanjing he fell ill, and flew back to Chengdu specifically to get treatment from my uncle and myself. Of course, after looking for me in Chengdu, he soon discovered that I was studying in Nanjing. Once he returned to Nanjing, he quickly found me at the college. I thus didn’t have a choice to treat him, because he was a high-ranking military officer. After that, my true identity was revealed. I was still quite young at the time, just 25 or 26, so a general coming to be treated by a medical student caused a bit of a commotion at the school.
When this patient first fell ill, he was treated with both Chinese and biomedicine for two or three months, without seeing any improvement; in fact, it seemed he was gradually getting worse. He had Bell’s palsy—that is, one side of his face was paralyzed. He had tried acupuncture, massage, and oral medications, none of which worked. But after going through my treatment regimen, within about a month his illness was cured. After this incident, my situation at the school changed suddenly in ways that were out of my control. All of a sudden, I had become a very unusual student at Jiangsu New College of Medicine. How so? For one, the college and the Jiangsu Department of Health issued me the right to prescribe medicine (as a medical student I normally would not have had this privilege), so that I might start treating special party leaders from the provincial, city and regional levels. I also treated quite a few celebrities and doctors of both Chinese and Western medicine. Secondly, I didn’t have to attend many of the required classes that were not core curriculum at the college, such as physical education, political thought and military training classes. In my extra time the college arranged for me to see about 20 patients a day. These 20 patients went through a rigorous approval process by the college and had to have a letter of introduction from the Communist party committee of their work unit or from the college’s party committee. Once the party approved them, they had to go their department offices for approval, and then finally they could go see me as a patient.

Why such a regulated process? This had to do with the level of government acceptance of Chinese medicine theory at the time, the current level of understanding toward Chinese medicine theory, and official views on the cause of disease in general.

As for the clinical cases that I treated, for the sake of time, I will especially choose a few to speak about. By the time I came to Chengdu College of TCM in 1978, I was still quite young, just 30 years old. As soon as I arrived at the college, I was sent to the subsidiary hospital to see patients, and I also did some teaching of Chinese medicine. I was teaching part time, and seeing patients part time. At that time, a lot of misunderstandings occurred in the clinic, and I find it illuminating to speak about this experience.

I specifically remember a case of chronic nephritis, a patient who was in the early stage of kidney failure. She was the wife of a provincial Communist party leader. Tests of her kidney function revealed high levels of creatinine, as well as high levels of blood urea nitrogen (BUN), while her rate of bicarbonate combination was low. Protein levels in her urine were high and her kidney-liver function in general were showing signs of compromise.

Originally this patient sought the care of one of the senior professors at the Chengdu College of TCM. She’d been taking herbs for a long while, but hadn’t seen any improvement. When I first saw her as a patient, I had only been at the subsidiary hospital for about a month, but I already had many patients coming to me. Patients had to come a day early in order to get their place in line to see me, and for a doctor of my age, this was very rare. So this patient wanted to see what all the fuss was about and also came to see me. Of course, my treatment was noticeably different from her previous doctors, since I used high dosages of ginger, cinnamon and aconite. Within two months time, after going through my treatment plan, the protein levels in her urine disappeared, her kidney function improved and her liver function became normal. But her rapid improvement caused a problem for me, because this patient went back to the senior professor who treated her before and showed him the prescription I had written for her. The professor took one look at it and told the patient that she shouldn’t take any of it; adding that if she did, her condition would worsen. Of course, at the time, the professor didn’t know that the patient had already been taking the formula for two months with excellent results. This same patient was eventually healed completely within a year’s time. We are still in contact to this day.

Of course, because these types of situations occurred while I was at the college, misunderstandings began to mount. Because I didn’t use herbs according to the textbooks, other clinicians criticized me. “It’s not in the textbook, so you can’t use herbs that way,”
was the refrain. In addition, I had to supervise interns on my clinic shifts, which also led to a great deal of trouble. What kind, exactly? In clinic, students generally make their diagnosis and select treatment methods and formulas based on the information they learned in our standard textbooks. But what I explained to them in clinic was always different from what they had learned in these books, and some times the differences seemed irreconcilable. This situation caused students to feel quite confused. Interns first and foremost need to have contact with patients and write patient histories. Later they are able to diagnose, choose formulas and administer medicine. At first, I tacitly let them use the line of thinking they learned from the textbooks to make their pattern differentiation and administer herbs. Students would then urge patients to return to clinic for follow up. However, patients didn’t get positive results from their herbs. At that point, I said, “Let me try,” and I would differentiate patterns and treat them entirely according to my line of thinking. Of course, what I came up with would be completely different than the first treatment, but after taking these herbs, our patients got better.

The students were very smart. At that time the entire clinic building was dedicated to interns, so every department had interns of the same graduating year. Students interning with me would direct patients to be seen by professors that their classmates were observing with. Of course these professors would come up with pattern differentiation and herbal treatments that were completely in line with what was taught in textbooks, and also in line with what students thought was correct. The students were very happy that their line of thinking had been validated, and they would say to me, “Professor Lu, look, the formulas we wrote were correct. Other teachers wrote these formulas, and they are basically the same as what we wrote.” At the same time, they didn’t immediately deny my methods, and wanted to continue to test my treatment results, so they continued to use my formulas. In the end, the formulas that I wrote improved patients’ illnesses, and eventually cured them. This just led to students feeling even more confused than before. This was a real problem!

Of course, I explained to them that it is quite natural in the study of Chinese medicine to follow different schools of thought in the process of diagnosing and prescribing herbs in the clinic. But in response, they would immediately say to me, “No matter what school of thought you use to diagnose, you can’t diagnose a yin pattern as a yang pattern. Yin deficiency is yin deficiency. How can a yin deficiency become a yang deficiency?” This is a question that indeed needs a bit of time to answer clearly. This question came up first when I was in Nanjing. How, exactly? While in Nanjing, I was often invited to grand rounds. I remember one time focused on a patient who was a partly leader from Shanghai staying in a hospital in some military zone. This patient, about 60 years old, had a high fever that would not recede. He was a fairly high-ranking leader. This patient had had a high fever for over 40 days. The hospital had used all the usual methods for reducing fever but...
could not make much progress. At the time I went to see the patient, the hospital was using physical methods to bring down the fever, such as having him sleep on an ice pillow and wrapping his head in ice; his whole body was covered in ice, there were even bags of ice shoved into his armpits. At the same time, the attending Chinese medicine doctors had used formulas with high dosages of herbs that clear heat and toxicity—TCM’s standard way to treat a recalcitrant fever. The patient was bleeding from his mouth, his gums and nose, and doctors were at a loss. That particular grand round was very extensive. Experts came from 5 of Jiangsu Province’s medical colleges, from military medical schools, and even from Shanghai’s medical school and from the Shanghai College of TCM. The conclusion of this particular group consultation was pretty much what doctors had tried before. That is, in terms of Chinese medicine, doctors concluded that they should use high doses of heat clearing, toxin releasing, and blood cooling herbs. The only difference this time was that they increased the dosage amounts. Of the doctors present at this grand round, seven or eight of them were Chinese medicine doctors, and except for me as the only student present, they were all well known doctors from places such as Nanjing, Suzhou, Nantong, and Xuzhou. What were my thoughts on this case? They were completely different from everyone else’s present—I saw it as a case of yang deficiency. This, obviously, was a problem! There is a case with high fever and bleeding and I was saying that it is a case of yang deficiency. And what herbs did I choose? Huge amounts of aconite! I remember I used 90 grams of aconite, or maybe 75g. I also used fresh ginger, baked licorice and Yinyanghuo (epimedium). Now, this actually constitutes Sini Tang (Frigid Extremities Decoction) plus the single herb Yinyanghuo. Why did I choose these particular herbs? I presented my point of view, and, of course, the professors participating in the grand round did not accept it. I was the youngest participant, just 29 years old, while the other teachers were 50 or 60 years old. There were even some famous older doctors who were 70 or 80 years old. My opinion was that once this patient’s yang qi was consolidated he could successfully start fighting his illness. Stabilized yang qi would generate yin qi, and his fever and bleeding would improve. But no one believed this was the proper treatment! In the end it was the chairman of this particular grand round, a leader from the Jiangsu Department of Health and president of a military hospital, who supported me. So they agreed to try my method. The party secretary from the Jiangsu New Medical School was also there and supported me, as well. He suggested to use my prescription, while at the same time putting the medical staff on alert in case the patient were to exhibit the negative side effects that the other doctors warned would happen. Emergency measures had to be prepared in case extreme bleeding occurred. I took no offense at this. Better to have all situations covered.

The patient took my formula that same day, and by that evening his fever had already lowered from 41°C to 38°C. As a doctor, I was very pleased, and there was no extra bleeding. On the second day the fever came down even further to below 37.5°C, and his bleeding completely stopped. Following, the patient was administered my formula three more times, and his temperature returned to normal. Later, I treated this patient one more time, but since he lived very far from me and I was not his primary physician, I really only treated him for the fever.

Because of this case, I got interest and questions from others in the field of Chinese medicine. One of the people who looked me up was Ye Juquan, one of Chinese medicine’s leading authorities at the time. Why did he want to meet with me? One reason was that one of his own relatives came to me as a patient, seeking treatment for her chronic nephritis. After I treated her for two or three months, her illness made obvious improvements. I treated her with large amounts of ginger, cinnamon and aconite. Ye Juquan took notice of this, because he had himself treated his relative for this condition in the past. His relative was a teacher at Jiangsu New College of Medicine, and like many other teachers at the college, she chose to see me for her medical needs. When I met with Dr. Ye, he asked me the question that had been weighing heavily on his mind. He said he was familiar with Sichuan’s “Lu Fire Spirit School of Herbalism”, and he knew that Sichuanese prescriptions were generally different from those in Jiangsu. But now
that I was seeing patients in Jiangsu, the climate, food and geography of Jiangsu and even people’s constitutions were so different from that of Sichuan. How was I still successfully using the same herbs? I answered in this way: before Zheng Qin’an passed away, he urged my grandfather to travel throughout China. If he only stayed in Sichuan, he’d never understand the factors affecting health and how they vary from place to place. So after Zheng Qin’an died, my grandfather did just that. Within the span of three years, he traveled to 21 different provinces in China, on the one hand practicing medicine, while studying the customary medical practices of the local people, particularly the use of herbs. He visited Shanghai and Nanjing, and found that the people in these places could be treated with ginger, cinnamon and aconite just the same. My grandfather had treated patients in Nanjing, of course, many years before me, in the final years of the Qing dynasty.

Ye Juquan said: “What is the main principle behind why you use herbs the way you do?” He had carefully scrutinized the 30+ formulas that I had written for his relative and now continued to ask me: “In all of these formulas you have used acrid and warm herbs, and my relative’s condition shouldn’t be treated with those types of herbs! Yet, after taking those herbs, she didn’t feel any discomfort or side effects; in fact, she only noticed that her condition improved.” To someone like Ye Juquan, who was so well known in his field, this was a truly a source of confusion. I answered him: “The main thing I consider is supporting the patient’s inherent natural healing power, his or her yang qi.” In addition, I presented him with the following hypothesis. Perhaps, when put together, the chemical composition of the herbs in the formulas I used changed. Why not conduct a study to see what the chemical composition of all the acrid and warm herbs that I used was, exactly. Could we not ask the Nanjing College of Pharmacology to research this? He told me this was not possible. So this just remains a hypothesis.

So, in 1975 or 1976, for the purpose of clarifying this question I wrote to Ren Yingqiu of Beijing College of TCM. Ren Yingqiu, of course, had written the famous booklet titled *Yin-Yang and the Five Phases*; I am not sure if any of you have read it or not. It was published in the 1960s and very short, only about 20-30,000 characters in length. In this pamphlet it emphasized from start to finish that yin and yang are equal and have a dynamic balance that must be maintained. If one becomes greater than the other, disease will result (later textbook materials were greatly influenced by this small treatise). At the time I wrote a letter stating that, in the final analysis, the relationship between yin and yang is such that yang has a leading role while yin follows. This is true in both physiology and in pathology. At that time, Ren Yingqiu didn’t respond to my letter. However, when he visited Chengdu in 1980, I sought him out. He came to give an academic talk at a conference conducted by Chengdu College of TCM on science and technology. This was around the time of the national conference on science and technology, and the whole country was getting caught up in the technology fever. There were several well-known figures in the Chinese medicine world from Beijing who participated, including Wang Xiao’er’s son Wang Boyue, as well as Fang Yaozhong and several other well-known scholars. Ren Yingqiu also participated and I made sure to find him. When I met with him face to face, I brought up the letter I had written in 1976. I had sent several essays on the nature of yin and yang, and I asked him if he had received them or not. He said he had received them, and still remembered them, but he didn’t expect to see me at the Chengdu College of TCM. During his talk at this conference, when talking about yin and yang, he mentioned that “yang leads and yin follows.” So I asked him: “So you’ve accepted the ideas I put forward to you?” He didn’t reply.

In this context, let me give an example of my guiding principles for prescribing herbs. In those days, the
president of the Nanjing College of TCM was Zou Yunxiang, who was also a well-known doctor of Chinese medicine. At that time he was one of the national TCM specialists on kidney disease, and had held the position of president of Nanjing College of TCM since before the Cultural Revolution. Earlier, I had sometimes observed him in the clinic, and at the time I saw him again in Chengdu he was over 70 years old. He used herbs that we typically don’t use today to treat kidney disease. I saw that in his formulas he used aconite! But the dosages he used were too small—only 6g of aconite. After observing that follow up patients were reporting no significant changes, I asked him a question. I said “Professor Zou, would you consider using higher dosages in these formulas?” At that time he didn’t know who I was. He didn’t teach classes anymore so he had little contact with students. But he saw I was wearing a white lab coat and he responded, “Classmate, what do you want?” At that point I presented my point of view (I was young then, and like most young people my qi tended to be brimming over). I said, “The way you are using these herbs for the treatment of this kidney disease is not getting ideal results.” This was somewhat of an impertinent challenge, being put by a young student like me to a well-known expert. He looked at me strangely, and then he put together my Sichuanese accent with my question and he realized who I was. “Sichuan’s Lu Fire Spirit!” He then let me put forward my case. “What would you do for this patient?” he asked me. He said, “In Jiangsu one can’t treat patients the same way I would in Sichuan.” This was very similar to what Ye Juquan had said to me earlier. I persisted and told him I’d been using the Lu Family style of treatment here in Nanjing with good results. I suggested he could increase the dosage of the formula. In the end, Professor Zou was a good sport and sent patients to see me for treatment. Many of these patients after receiving treatment from me got relief from their conditions. One patient was a military leader from Xinjiang who was in the early stages of uremia. After treatment, he also noticed improvement, and later was basically cured. He was in the early stages of this disease, so he hadn’t started dialysis. Still, this case was very influential for me while I was in school.

What point, exactly, am I trying to make with these examples? In studying Chinese medicine, one has to study traditional wisdom and the classics. One has to study them and understand them. After studying the classics, one can gain a deeper insight into the truth contained within them. Ultimately, this will greatly benefit your clinical practice. To illustrate this point, let me mention an article I once wrote titled, “Guiding Principles for Using Ginger, Cinnamon and Aconite”. What was this guiding principle? In the article I talked about the Yijing (Classic of Change) and its influence on the importance of yang in Chinese medicine. Through the Yijing we can indeed attain a new knowledge and understanding of many things.

After I came back from Nanjing, the types of diseases I treated increased. Especially during the last twenty years I’ve been treating difficult blood disorders such as aplastic anemia. This started in the eighties (I treated some cases earlier as well, but not very many), and into the nineties I began to see quite a lot of cases. In total, I’ve treated about 300 cases of aplastic anemia (AA), 100 of which have been cured completely. This is a disease in which the function of making blood doesn’t work. Many of my patients come from various medical universities. Why do some Western medicine hematologists send their patients to me? This is because one
of their own administrators acquired AA through the use of antibiotics. Taking chloramphenicol first caused her to have bone marrow suppression, which then led to AA. When she first came to see me, she was already in very poor condition, her white blood cell count was only just over one thousand and her platelet count was only a few thousand, while her hemoglobin measured just over 3 grams. She was entirely reliant upon blood transfusions to stay alive. She had to get at least one transfusion a week, or she simply had no other way to live. So when treating AA, do we still need to support yang? Absolutely yes—just like in other cases, we must still primarily support yang in our approach. In supporting yang we generate blood and essence. So after treating her for about two months her condition began to improve rapidly, and she no longer needed blood transfusions. Her hemoglobin levels increased markedly. After about six months her white blood cells and her platelet count also increased. Because she was herself a mid-level manager at a medical university, she suggested that the hematology department should cooperate with the Chinese medicine college. This started a pattern—they would send patients to me for whom they’d exhausted all resources. Since these were in-patients, the head nurse would arrange for an ambulance to escort them to my clinic shift and she would accompany them during their visit with me.

That first patient I treated is now doing much better. Originally she had to get blood transfusions every week, and now she needs to go only once a month. She also needs much less blood than before, just one unit, as opposed to two or three.

I remember more than a few years ago, that same medical school wanted to cooperate with me to conduct research on AA for the purpose of discovering a new medication. Because this area was their specialty, they had collected a lot of data on recovery rates, and they calculated that of the various treatments available, mine was the most successful. After they approached me with this, I took the proposal back to my superior at the college. As I recall, at that time our current vice president of the college was then the head of the research department. However, the medical university wanted to conduct this research under the condition that they maintain ultimate control and ownership over the results. We would get to use their manpower, their technology and their research labs. Our College felt that this was not a fair deal, so ultimately this project never happened. However, even though this research didn’t go through, that university still continues to send me cases of AA. They think about it like this: treating AA is very challenging, and since old Professor Lu seems to have good results with these patients, why don’t we just send them along to him? The ones we can treat successfully ourselves we won’t bother sending. This is what the director of the relevant department told me. Today I see at least a dozen AA patients on my clinic shifts, numbers that have remained consistent during the last few years. I finish treating one group, and then another group comes in. I finish that group, and then another comes in. Naturally, from the perspective of Western medicine I am not “curing” these patients, but cause the disease to go into “remission”. Their ability to make blood has been restored, but whether or not it remains that way in 30 to 50 years down the road is another matter.

Another difficult disease to treat is lupus erythematosus. This is a very difficult disease to manage, especially the type that affects the kidneys. On my clinic shifts I have treated more than a hundred cases of this disease. I remember my first case was in 1973, and up until now, this patient is still living. At the time, the patient was a girl of 16 or 17. After her recovery, she went on to get married and have a child. Her recovery was achieved with Chinese medicine treatments only. These days, the rate of incidence of this disease is increasing, and I can say that the cases I’ve treated on my shift have gotten good results.

Also, a particularly difficult case of coronary artery disease comes to mind. This patient’s condition was quite serious, and talking was difficult for him. He was about 60 years old, with a hefty physique and a huge head. He wasn’t able to stand up, but had to lie down. The blood supply to his heart muscle tissue had been compromised, so basically his heart tissue
lacked blood. His hemoglobin levels were extremely high and his platelet levels were ridiculously high; around 800 or so, meaning more than 800,000. His hemoglobin levels were at 57 grams. He experienced pressure in his chest, pain, and his heart was exhausted. He didn’t even have the energy to speak. When I felt his pulse it was a classic Sini Tang pattern (you’ve all studied Chinese medicine so you know what I am talking about). What herbs did I choose? I chose Sini Tang plus white ginseng. Sini Tang plus ginseng! After taking this formula for three days, he started feeling better. Following, he continued treatment with me and after about two weeks he was able to sit up in bed and walk. After a month, he felt really good. In total he received treatment for about three months, and he had a general recovery. After that point, I gave him a prescription that he could take for a long period of time, had it ground into powder, and sent him home.

These examples I’ve given are cases of serious disease, and I wanted to demonstrate that Chinese medicine is able to treat them successfully.

I have another example of an important Buddhist monk, also from Sichuan. He was the abbot of Baoguo Si Temple on Mt. Emei. At the time, he was already quite old, about 86 or 87. He suddenly experienced heart failure and systemic shock. He was in the middle of giving a talk at another temple when he fell ill. He was much sought after in Buddhist circles, and was always being invited to give talks, so he fell ill from over-exhaustion. Once he fell ill, he experienced heart shock and was rushed back to Chengdu and hospitalized. However, once in the hospital, his condition made no obvious improvement. The monk’s relatives called me, and based on their description of his symptoms (I was teaching, and so I couldn’t go to the hospital myself), I wrote a formula for him: processed aconite 90 grams, dried ginger 45 grams, baked licorice 10 grams. I told the monk’s relative to cook this immediately and then slowly pour it into his mouth. After a day or two, his situation improved greatly, his heartbeat got stronger, and his heart rate increased. In the end this elder monk recovered. Now he is already 90 years old and still in decent health.

I mention these various cases to emphasize that Chinese medicine can cure a lot of difficult-to-treat, serious diseases. It’s not the case at all that Chinese medicine is out-dated and useless. Chinese medicine is, in fact very useful, and its future is wide-open.