

## We Get Letters & E-Mail

Chinese Herbal Medicine: More Clarification Needed

Dear Editor:

I applaud Simon Becker's effort to try to clarify some of the methodology of professional Chinese herbal medicine. (*Editor's note*: see 'A Clarification of "Key Blood-Building Strategies"' in the August 2000 issue.) As one of my Chinese colleagues is fond of saying, "Differentiation according to syndromes is the essence of traditional Chinese medicine." Although practitioners using *bian zheng* have never been more than a fraction of Chinese practitioners at any period in Chinese history, the use of *bian zheng* is part of the curriculum in schools teaching TCM and should certainly be respected and employed in articles in professional journals.

Since Mr. Becker is trying to clarify the methodology, I feel he should be exact in his presentation. The article lists among the "Chinese medical disease categories," which I take to mean the *bian bing* (differentiation according to disease), "blood vacuity (*xue xu*)." *Xue xu* is a *bian zheng*, not a *bian bing*.

TCM clinical methodology can be divided into two parts: *zhen fa*, or "techniques of diagnosis," and *bian zheng lun zhi*, or "planning treatment according to the differentiation of syndromes." In *zhen fa*, there are two levels of differentiation: a *bian bing* (or disease) differentiation and a *bian zheng* (or syndrome) differentiation.

As Clavey points out: "The *bian bing* is the identification of the major presenting problem. The *bian zheng* identifies the mechanism by which the major problem arises, and also suggests the basic treatment strategy. As one will be continually reminded in China, if one's selection of the *bian bing* is incorrect, the focus of treatment will be skewed, and then even proper identification of the *zheng* will only serve to help the patient in a general way."

Thus, while it is important to plan treatment based on the *bian zheng*, the *bian bing* must be recognized first. Many articles by Flaws, Freuhauf, Dharmananda, Pokart, etc. decry the fact that in the PRC as well as the U.S., practitioners are using the *bian bing* or disease as a basis to prescribe medicinals, as Mr. Becker so correctly notes. However, I find in my teaching clinic that many students do not even know that a *bian bing* is part of TCM methodology and cannot readily distinguish between the presenting problem, symptoms, a *bian bing* and a *bian zheng*. These distinctions help one discover the disease mechanism, which becomes more important as the complexity of the problem increases.

I also take exception to the statement implying that fatigue is not a symptom of blood vacuity but only of *qi* vacuity. While some textbooks do not list this symptom explicitly, blood vacuity causes "generalized weakness of the body due to insufficiency of blood failing to nourish the body, *zang fu* and the blood vessels." (*Qi* and *Lin*) This causes fatigue. You may also look at Maciocia's book on TCM practice and note that under the listing of "tiredness" he has the following *bian zheng* (among others): heart blood *xu*, liver blood *xu* and spleen blood *xu*.

Finally, it might be worth noting that lists of common *bian zheng* for a particular *bian bing* are not exhaustive; i.e., Mr. Becker's list of *bian zheng* for iron deficiency anemia does not describe all the ways this disease may be differentiated.

### *References*

- Clavey S. *Fluid Physiology and Pathology in Traditional Chinese Medicine*. Churchill Livingstone, 1995.
- Qi W, Lin DZ. *New Practical Syndrome Differentiation of TCM*. China Ocean Press, 1992.
- Maciocia G. *The Practice of Chinese Medicine*. Churchill Livingstone, 1994.

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### The Joys of Volunteer Work

Dear Editor:

What a wonderful piece Dr. Anand's article ("Volunteer Today," October 2000) was! Volunteer work has always been an integral part of my life. It came about as an ongoing tribute to my dear grandmother. As a high school student, I volunteered at St. John's Hospital in Santa Monica and the UCLA Medical Center in West Los Angeles. Today, I am continuing my efforts at Torrance Memorial Hospital as a hospice volunteer. It is all truly rewarding, because such moments have become the best in and of themselves. They are the best moments because they are pure and so present.

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MARCH 2001