

A Clarification of "Key Blood-Building Strategies"

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Chinese herbal medicine is an exceedingly difficult field to study and master. This is why I worry when I read articles such as Andrew Gaeddert's "Key Blood-Building Strategies," which appeared in the June issue of *Acupuncture Today*. I would like to make some clarifying statements as to what I felt was confusing information about the prescriptive methodology underlying professional Chinese herbal medicine vis-ö-vis the treatment of anemia.

Mr. Gaeddert's article talked about blood-building strategies, addressing treatment methods to deal with anemia. Hence, when I read the article, I assumed he was referring to the Western medical concept of blood and a lack thereof (anemia). However, he then advocated the use of *ba zhen tang* (eight gem decoction) for anemia, saying that it "has been used for thousands of years to treat anemia, fatigue, pale complexion, cold limbs, post-menstrual depletion, amenorrhea and uterine bleeding." He thereby intermingled the different concepts of blood in Western and Chinese medicine and equated blood vacuity, a Chinese medical concept, to a lack of blood (anemia), a Western medical concept.

Anemia as such does not exist in the Chinese medical literature (and therefore, the above quoted statement that *ba zhen tang* has been used for thousands of years to treat anemia is certain to be wrong; it may have been used for thousands of years for symptoms commonly associated with anemia, but certainly not with anemia as such). As a matter of fact, even Western medicine does not recognize anemia as a disease, but rather considers it to be a symptom or description of an underlying pathology leading to a lack of blood. Furthermore, anemia is differentiated into many different types (aplastic, megaloblastic, iron deficiency, hemolytic, etc.) and may manifest with such different symptoms as fatigue, acute hemorrhaging, high fever, or even jaundice.

Chinese medicine is characterized by its unique method of classifying diseases and then differentiating patterns for such disease classifications. Because most Chinese disease classifications originated before the introduction of Western medicine into China, and because Chinese medicine regards the body as a microcosm in which internal changes will affect and manifest as symptoms that can be recognized without looking into or extracting fluids from the body, Chinese disease names are mostly based on symptomatology and never on blood or laboratory values. Hence, the different types of anemia fall into such Chinese medical disease categories as vacuity taxation (*xu lao*), blood vacuity (*xue xu*), bleeding conditions (*xue zheng*), jaundice (*huang dan*), etc., depending on the presenting symptoms at the time of diagnosis. For example, a case of aplastic anemia may be diagnosed as vacuity taxation at one point and as bleeding condition at another.

Having said all this, I must add that in the hematology departments in modern-day China, such disease classifications are no longer recorded into the patients' medical charts by Chinese doctors. Rather, Western disease names are used to define and distinguish the condition.¹ However -- and this is where the strength and uniqueness of Chinese medicine sets in -- all diseases are then differentiated into patterns, and the administration of Chinese herbal medicine is based on these patterns, not the

diseases. For example, the most common type of anemia, iron deficiency anemia, can be differentiated into the following seven patterns: spleen-stomach vacuity weakness; qi and blood dual vacuity; liver blood insufficiency; spleen-kidney yang vacuity; blood vacuity with fire and dryness; liver-kidney depletion and detriment with non-transformation of blood by essence; and accumulation and lodging of intestinal worms.

Symptoms vary according to pattern. For example, pattern one is characterized by spleen and stomach vacuity signs such as loose stools, reduced appetite, lack of strength in the limbs, etc., whereas pattern two is characterized by blood vacuity signs such as dizziness, a somber white complexion, palpitations, etc. Herbal prescriptions for all seven patterns vary greatly, ranging from relatively slimy yin nourishing formulas to strongly spleen fortifying decoctions.

My point in explaining all of the above is that simply taking one or two Chinese medicinal formulas and saying that they treat anemia (a term referring to a Western medical disease category which may manifest with a wide range of very different symptoms) is not practicing Chinese herbal medicine. Professionally administered Chinese herbal medicine bases its treatment on treatment principles derived from a pattern discrimination which itself is based on the patient's individual symptom complex, not his or her disease. Furthermore, it needs to be pointed out that anemia (literally meaning a lack of blood) is a Western term and is not synonymous with the Chinese concept of blood vacuity.

To illustrate this more clearly, it should be considered that the most common symptoms of anemia, fatigue and shortness of breath, are signs of qi vacuity, not blood vacuity. For a Chinese medicine practitioner, the fact that a patient presents with laboratory values reflecting an anemic state is not of great significance.² What matters most are the presenting signs and symptoms which help the practitioner to discriminate the pattern.

Chinese herbal medicine is so uniquely effective exactly because it discriminates and treats different patterns of a disease rather than the disease itself. Similarly, Chinese medicine can be ineffective or even have adverse side effects if not administered correctly. Articles such as the one quoted above and coming from a respected herbalist such as Andrew Gaedert are sure to confuse readers and create a wishy-washy system of Chinese herbal medicine nowhere near as effective as potentially possible.

References

1. However, for anyone practicing Chinese medicine and researching its literature, the original disease classifications are of paramount importance since they are still very commonly used in the Chinese medical discussion of biomedically defined and named diseases. For example, most textbooks are still organized by traditional disease classifications rather than biomedical disease names.
2. Of course, knowing that a patient suffers from a specific type of anemia may influence the treatment strategy as a whole, i.e., if a patient suffers from iron deficiency anemia, iron rich foods and possibly iron supplements should be consumed. However, even in such a scenario, if the patient suffers from the spleen and stomach vacuity weakness pattern of blood vacuity, iron supplementation plays only a secondary role; the fortification of the spleen and stomach are primary. As long as foods are not absorbed correctly, no iron supplement will be of any help. This explains why certain iron deficient anemia patients fail to improve even though they are on megadoses of iron.

