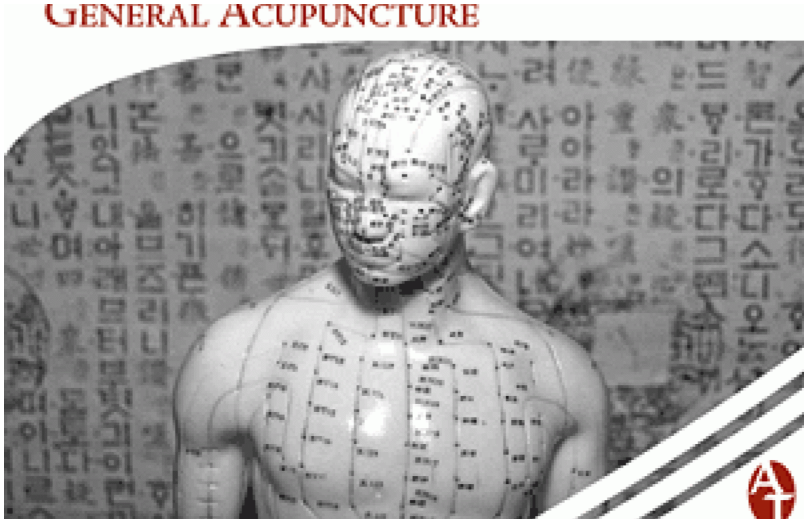
ACUPUNCTURE Today



ACUPUNCTURE & ACUPRESSURE

An Interview with Herbalist, Acupuncturist and Scholar Charles Chace

Jake Paul Fratkin, OMD, LAc

Charles Chace, who prefers to go by his nickname, "Chip," is one of America's foremost scholars and practitioners of classical Chinese medicine. He is the author and translator of numerous books on Chinese medicine including *The Yellow Emperor's Systematic Classic of Acupuncture and Moxibustion* (Huang Di Zhen Jiu Jia Yi Jing, 1994), co-authored with Yang Shouzhong; *A Qin Bowei Anthology* (1997), co-authored with Zhang Tingliang; *Channel Divergences, Deeper Pathways of the Web* (2001); and *An Exposition on the Eight Extraordinary Vessels, Acupuncture, Alchemy and Herbal Medicine* (2010) both co-authored with Miki Shima. Chip Chace lives in Boulder, Colo., where he has a full-time herbal and acupuncture practice.

Please tell us briefly about your background and training.
I graduated New England School of Acupuncture in 1984 and it was there that I began my Chinese language training. I was influenced early on by Kiiko Matsumoto. She inspired me to an interest in pre-modern Chinese medical literature, specifically how Japanese acupuncturists brought that material to life. This was formative for me. Since then, I have continued my training in classical Chinese language, and I regularly take graduate level seminars at University of Colorado in classical Chinese language and thought.

How do you practice in terms in your clinic?
I practice internal medicine, using herbs, acupuncture, osteopathic manipulation, and a smattering of functional medicine.

Do you have any advice for managing herbal patients?
If you, yourself believe in the value of prescribing decoctions, then your patients will too. When practitioners tell me, my patients won't take a decoction, that usually means that the practitioners

themselves don't take decoctions.

And if the patient doesn't want to take decoction? If a patient says, "I won't take decoction" I have to decide, really, what is best for the patient. It's a function of how sick they are. If I think they can do it with granules, that's fine. Some are so sick they can't take decoctions. Others are so sick they really need to take decoctions. If they're sick enough that you know a decoction is the best call for them, then you have a responsibility not to back down from that conviction.

How do you dose in terms of amount of herb per formula, and the final amount given to a patient?
This really depends on the patient and the situation. Sometimes I tell them to only take small doses (sips). For other patients I will have them take standard dosing. As far as final dosage in decoction, this depends. There are lots of different ways to do this. I tend to write decoctions that are nine to 11 ingredients. I prefer nine ingredients because if I can't do it in nine to 11 ingredients, this means that I don't understand the crux of the problem. Of course, I break that rule once or twice a week.

Do you use granules?
Some people do better with granules. For example, people with multiple chemical sensitivities or who are hyper-allergic, do poorly with decoction. Both the patient and I have concerns about contaminants, because sometimes there are reactions to decoctions. Even with granules, the binders can be an issue. We have to see each delivery system as a tool, and it's important to find out the optimal use of each tool. I try not to be dogmatic about taking decoctions or not taking decoctions. But its important that if you think someone needs to take a decoction, that you don't back down from that. I don't subscribe to the argument that granules are as potent as decoctions.

When you compose a formula for a patient, do you start with a classical foundation with modifications, or do your prescriptions match herbs to their condition from you own experience, regardless of a classical antecedent?
I generally start with the idea of a classical formula, the principles around which such a formula is organized, and the relationships between its constituents. The end product, however, may contain none of ingredients found in the original formula.

What do you do if your prescription doesn't work?
If what you prescribe doesn't work, or makes the patient worse, that should tell you something about the diagnosis. You have to ask yourself, "why didn't that work?" You should be able to retrieve some piece of information that points to a positive outcome. It's inevitable that you will make diagnostic mistakes, and you should use those mistakes to your advantage in a systematic sort of way. What doesn't work should be as informative as what does work.

What schools of thought do you follow, in both herbal medicine and acupuncture?
The physicians I admire the most are those who are intensely rigorous and yet flexible in their therapeutic strategies. Maybe that's the Meng He tradition that Volker Scheid has written about. I'm a big fan of Ye Tian-Shi and Qin Bo-Wei. In terms of acupuncture, I've certainly been most influenced by Japanese acupuncture styles. But most importantly, I study and follow styles that take the pre-modern literature seriously and illuminate it.

Are you working on any scholarly pieces right now?
Jason Blalack and I are translating a treatise on the pulse, Mai Xue Ji Yao, by Ding Gan-Ren. It is simple but very clear. Professor Antje Richter at the University of Colorado and I are looking at the letters of Wang Xi-Zhi - a calligrapher from the 4th century. We are looking at the content of Wang's

writings as a medical narrative. Wang Xi-Zhi wrote a great deal about his health and he was a classic "delicate scholar." There is very little self-reporting about one's health in the medical literature from any pre-modern period and it gives us some insight into how patients actually related to their health in the Jin Dynasty. Of course, it has no clinical value at all but it interesting for me in that it brings another aspect of the medicine alive.

How does your research affect the way you practice as an herbalist? Do any particular writer-physicians of the past influence your practice?
For me it started with Qin Bo-Wei, who I started reading right out of acupuncture school in the mid 1980s. He demonstrated the combination of flexibility and rigor that so attracts me. He's a 20th century physician but he was really just a modern exemplar of a whole lineage of thinking that goes back at least to the Qing Dynasty. His teacher, Ding Gan-Ren, was brilliant in the same way and was certainly rooted in how doctors like Ye Tian-Shi thought. To me, they had digested that 2,000 years of medical experience and internalized it. They were synthesists, but they're not yet the reductionists or ideologues that we typically see in modern TCM training. They are really my inspiration. I tend to get more clinical bang for my buck from reading single Ye Tian-Shi case than from most modern articles on Chinese medicine. They do require some effort on the part of the reader though. Jason Balack has translated and posted a number of Ye's cases at [url=http://www.chinesemedicinedoc.com]http://www.chinesemedicinedoc.com[/url]. It's great resource. Jason is also launching www.Bamboogrove.com, another important site.

What is your opinion of how TCM herbal medicine is practiced in the United States today?
There are some very high level practitioners out there today. Yet, it seems that many fewer people practice herbal medicine than acupuncture. People learn herbs in school and either don't really get it, they aren't sufficiently confident in their training, or they just aren't interested in thinking that way or that hard. A lot of people seem content to dabble.

Do you have any suggestions for how to improve the level of the practice of Chinese herbal medicine in the USA?
I'd encourage my peers to actually commit themselves to the medicine. While I acknowledge the importance of biomedicine and pharmacology, I think that its current emphasis in the curriculum has the tendency to subvert rigorous Chinese medical thinking. They're more likely to think first about what herbs are good for Hepatitis C than to think about how that Hepatitis C is presenting in a particular patient. They'll go for a patent medicine rather than actually do the diagnostic work. At best, they look at some modern doctor's prescription for Hepatitis C with ABC modifications for *Qi* deficiency or for liver fire, etc. This creates the illusion of evidence-based prescribing that in my experience is therapeutically impotent. It's not that pharmacology and these sorts of clinical experiences aren't potentially valuable, it's just that you can't make that the center of your prescribing. The Qing dynasty doctors I was just talking about treated some hairy diseases by simply doing Chinese medicine with the rigor and flexibility it deserves. I try to think like them.

Chip Chace maintains a website at www.charleschace.com where many of his articles and essays can be found.