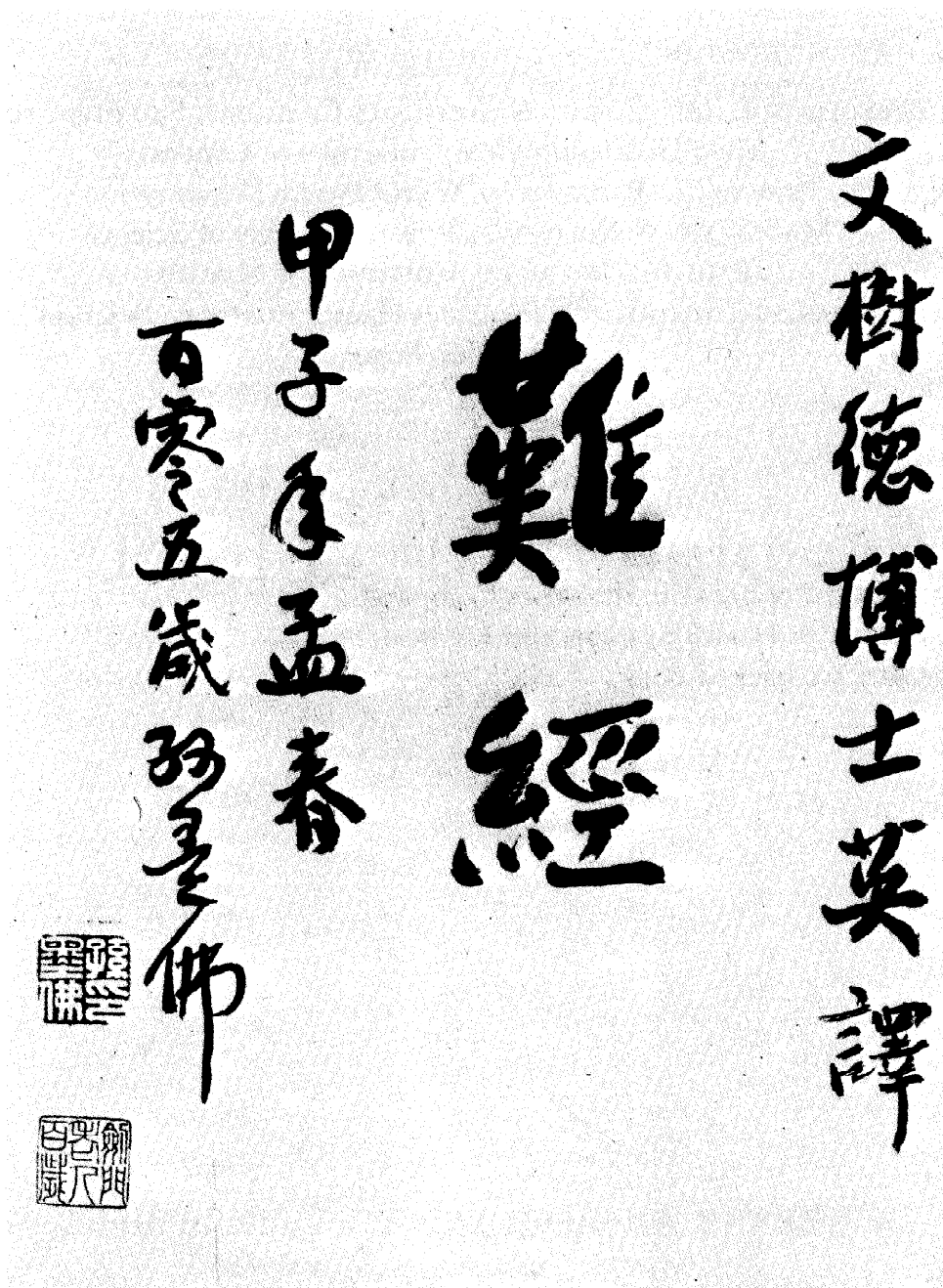


NAN-CHING



The Chinese Medical Classics

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NAN-CHING

The Classic of Difficult Issues

With commentaries by Chinese and Japanese authors
from the third through the twentieth century

translated and annotated by
Paul U. Unschuld

Introductory Remarks

The Nan-ching is an ancient Chinese medical classic; it was compiled, probably, at some time during the first or second century A.D. For the past eight or nine centuries, the Nan-ching has been overshadowed by the reputation and authority of the "original" classic, the Huang-ti nei-ching ("The Yellow Emperor's Inner Classic") with its two largely different segments, the Huang-ti nei-ching su-wen (or Su-wen) and the Huang-ti nei-ching ling-shu (or Ling-shu). The present edition of the Nan-ching combines a translation of its textus receptus and of selected commentaries by twenty Chinese and Japanese authors of the past seventeen centuries with an interpretation by this author. One of its goals is to demonstrate that the Nan-ching should once again (as was the case until early this millennium) be regarded as a significant and innovative work that marks the apex, and also the conclusion, of the developmental phase of the conceptual system known as the medicine of systematic correspondence. The contents of the Nei-ching texts, in contrast, should be appreciated as a collection of extremely valuable transitory stages in this developmental phase—valuable because they reflect various historical steps as well as a wide range of diverging (and even contradictory) theoretical arguments¹. These arguments characterize the genesis of a system of therapeutic ideas and practices which has a formative period that can be traced from its first documented sources extant (the so-called Ma-wang-tui texts of about the late third century B.C.) to the heterogeneous contents of the Nei-ching texts and, finally, to the homogeneous and highly systematized message of the Nan-ching. The origin and contents of the Nan-ching justify an identification of this work as *the* classic of the medicine of systematic correspondence. Whether this was intended by its original (unknown) author or whether it is the result of editorial work by later scholars, the Nan-ching covers—in an unusually systematic fashion—all aspects of theoretical and practical health care perceivable within the confines of the yinyang and Five Phases doctrines, as defined by the original medicine of systematic correspondence. I speak here of the "original" medicine of systematic correspondence because later

admixture to this conceptual system—such as the utilization of drugs (attempts to create a pharmacology of systematic correspondence were not undertaken before the twelfth century A.D.)²—do not appear in the Nan-ching. Such persistent elements of traditional Chinese health care as demonological medicine and religious healing were not taken into consideration either (apparently irreconcilable with the classic concepts of systematic correspondence, a demonology of systematic correspondence was developed only as late as the early Ch'ing dynasty)³.

The Nan-ching is comprehensive: it addresses questions concerning the location, size, and normal functions of the basic units that constitute the organism; discusses the origins and the nature of illnesses; outlines a system of therapeutic needling; and develops—in great detail—an innovative approach to diagnosis.

To date, no seriously philological translation of the Nan-ching has existed in any Western language (the same applies to other classic and ancient texts of traditional Chinese medicine, with one exception)⁴. This might be regretted for a number of reasons. While a number of the classical writings of ancient European medicine (such as the Corpus Hippocraticum of the sixth century B.C. through the first century A.D. and Galen's works of the second century A.D.) are available in philologically mature and dependable renderings in modern languages⁵, no Chinese equivalents exist that could serve as a solid basis for comparative and analytical research for those who cannot read the ancient Chinese texts themselves.

Also, in recent years various factors have contributed to an increasing interest in the West in Chinese traditions of health care. An impressive array of books has been published in English and other Western languages on the theory and practice of "Chinese medicine" (with only an extremely limited number of their authors having access to Chinese primary sources), and Chinese medicine (mostly acupuncture) is practiced in almost every American and Western European city. Yet one may wonder whether these developments occur on a firm basis in terms of a valid understanding of the origins, nature, and history of the concepts and practices that constitute traditional Chinese medicine. One can hardly escape the impression that the so-called theoretical foundations of Chinese medicine outlined in these books remain closer to an occidental mode of thinking than to the Chinese way of understanding health and health care which they purport to convey.

On the level of individual concepts, one of the most commonly encountered distortions has resulted from attempts to employ a concept of "energy" in order to illustrate traditional Chinese notions of human physiology and illness etiology. Historically, though, even the core Chinese concept of ch'i bears no resemblance to the Western concept of "energy" (regardless of whether the latter is borrowed from the physical sciences or from colloquial usage)⁶.

A second major distortion is unavoidable where attempts are undertaken to render the conceptual contents of traditional Chinese medicine in more or less artificially created terms borrowed from ancient Greek or Latin. This approach is questionable for various reasons. It creates the incorrect notion that one set of clearly definable technical terms has accompanied the medicine of systematic correspondence for the past two thousand years. However, even a comparison of the Nei-ching and the Nan-ching demonstrates that a significant number of identical terms was employed to express

rather different ideas. The use of a Greco-Latin terminology in Western secondary literature not only generates a false image of conceptual stringency in traditional Chinese medical terminology but also neglects the internal dynamics of traditional Chinese medicine over time.

Another reason for the inadequacy of Greco-Latin terminology in rendering traditional Chinese medical texts is that the core terms of the medicine of systematic correspondence (and many terms of secondary importance) rarely reached the level of abstraction from the vernacular that is characteristic of modern Western medical terminology. A number of Chinese terms appear to have been created deliberately to denote a specific concept without carrying a colloquial meaning. Such terms are quite difficult to render in Western languages, especially when they do not correspond to any established Western concept. In these cases it is left to the discretion of the philologist whether to use a transcription of the Chinese pronunciation of the term in question (accompanied by a definition of its meaning) or whether to introduce a newly created Western term. In all other cases, though, the vernacular terms employed in traditional Chinese medical literature serve a specific metaphorical function in addition to their technical purpose. They carry specific images that come immediately—consciously or subconsciously—to the mind of the Chinese reader. These images are most important. They have been, as I have shown elsewhere,⁷ quite decisive for the acceptance of the medicine of systematic correspondence by certain strata of Chinese society because they reflect both a recognizable environmental reality and a specific social ideology, which they then project into the organism. The more a conceptual system of health care concerning the nature, origin, prevention, and treatment of crises (i.e., illnesses) of the individual organism corresponds to notions concerning the nature, origin, prevention, and treatment of crises of the social organism harbored by a group in society, the more plausible and acceptable this conceptual system of health care—and the practices it recommends—will be to that group. If we wish, in our renderings of ancient Chinese medical texts, to recreate as much as possible their original messages and imagery, we will prefer a translation that does not bury Chinese references to a desired or existing everyday social and physical reality under the pseudo-scientific guise of Greco-Latin terminology.

A third major distortion encountered in nearly all European and American attempts to characterize traditional Chinese medicine is related to this issue of terminology; it results from efforts to squeeze the enormous array of concepts and schools of thought in traditional Chinese medicine (which are sometimes mutually contradictory, antagonistic, or exclusive) into the kind of homogeneous, logically coherent system of ideas and practices that is so attractive to the Western mind. Here we encounter a most fundamental misunderstanding. In contrast to the notion of science that dominated the West for centuries (and corresponding only to some developments in modern physics), over the past two millennia the Chinese rarely attempted to generate one coherent worldview designed to embrace—without logic incoherences—as many phenomena perceived in the world as possible, thus neglecting (or even denigrating) all phenomena that do not fit into it (Thomas Kuhn's notions of "scientific revolution" and "periods of normal science" are hardly applicable to Chinese history of science). One might argue that such aspirations in the West have been fostered by an extreme sense of

confidence in the perceptive faculties of the human species; it might also be worthwhile to consider whether what one might call mono-paradigmism is not somehow linked to the Judeo-Christian emphasis on monotheism.

Traditional Chinese medicine differs from European science in that it appears to be based on what one might call patterned knowledge. Various patterns of knowledge—sometimes overlapping, sometimes antagonistic and mutually exclusive—exist side by side in the literature and probably, in the minds of the people. There have been Chinese authors who, for reasons about which we can only speculate, have rejected some and accepted only a limited number of other very specific patterns. This is true both on the level of macro-patterns (in that some intellectuals objected to demonological knowledge while acknowledging the paradigm of systematic correspondence) and on the level of micro-patterns (in that some proponents of the paradigm of systematic correspondence rejected the Five Phases concepts, which represent one pattern of knowledge within the paradigm of systematic correspondence, while relying solely on the yinyang doctrine which represents another pattern within that paradigm). In general, however, a notion seems to have prevailed in China which lent some justification to all patterns of human knowledge. A specific pattern might be useful for handling a certain issue or situation successfully, and it might be contradicted logically by another pattern of knowledge that had also proven to be useful for handling the same (or another) issue. Both patterns—and this seems to have been the dominant attitude in Chinese history—were therefore legitimized. The "either/or" approach that springs to a mind trained in the Western tradition appears to have been posed with much less persistence in traditional Chinese medicine. Hence authors did not find it difficult to propose, in one and the same book, therapeutic guidelines derived from mutually exclusive paradigms or patterns of knowledge. Such "pragmatic" tendencies have been observed in the behavior of patients and practitioners all over the world: wherever two or more conceptual systems of health care coexist, the population is known to oscillate between these systems and utilize them eclectically or syncretically according to its perceived needs. What appears particularly characteristic of China is the fact that this conciliatory attitude toward differing patterns of knowledge is so enormously pervasive.

True, heated polemics were exchanged between the proponents of contradictory paradigms, but once a new pattern had existed long enough, its antagonistic relation with older paradigms tended to decrease in importance until it was accepted into the heterogeneous pool of patterns from which a patient or practitioner could select the one most suitable for coping successfully with the specific problem at hand.

In its outline of diagnosis, the Nan-ching itself provides ample evidence of a harmonious coexistence of micro-patterns within the paradigm of systematic correspondence—micro-patterns that have a common theoretical basis but that are, nevertheless, difficult to reconcile with one another. Within his accepted conceptual framework, the author of the Nan-ching linked differing patterns of diagnosis without posing the either/or question that is implicit in all Western secondary literature on traditional Chinese medicine. Western authors seem to be continually forced to decide which single pattern of knowledge (whether on the macro- or on the micro-level) they should present to their readers. Almost

unanimously, they have not accepted Chinese demonological and religious therapies as facets of traditional or contemporary Chinese medicine, despite the fact that these patterns of knowledge have exerted a tremendous impact on health care in China from remote antiquity up to the most recent times. On a smaller scale, to give another example, the either/or approach demands an answer to whether terms like hsin ("heart"), kan ("liver"), and p'i ("spleen") must be understood solely as references to abstract functional systems that do not necessarily correspond to tangible anatomical structures (as some passages in ancient Chinese literature suggest) or as designations of concrete structures within the organism (as other passages suggest). Clearly, both notions have coexisted in traditional Chinese medical literature, so it should be a moot point as to which interpretation of the Chinese terms is correct.

As a consequence of decisions in favor of one or another notion or pattern of knowledge, Western authors writing on traditional Chinese medicine tend to be selective and to omit all patterns of knowledge that fail to correspond to the demands of conceptual coherency or stringency (perhaps this attitude is motivated by an underlying fear that Chinese medicine otherwise might appear "unscientific" to a contemporary audience). In the short run, such a streamlined Chinese medicine may indeed generate the attraction intended by its advocates, especially if it appears clad in Greco-Latin terminology and based on the Western concept of energy. In the long run, however, this does a disservice not only to those who wish to learn about the real nature of traditional Chinese medicine but also to the traditional conciliatory worldview underlying the patterned knowledge of traditional Chinese health care—and to whatever beneficial effects that worldview may still promise to humanity in general.

The present edition of the Nan-ching shall point to a different direction. Because it includes not only the entire text itself but also selected commentaries from twenty authors of the third through the twentieth century, the reader will become familiar both with the contents and general history of the reception of this text through the centuries and with differences in opinion voiced by medical authors over time. Consequently, a vivid portrait of an ongoing discussion should emerge which reflects some (and only some) of the dynamics inherent in traditional Chinese medicine and which documents some of the strengths and weaknesses of the concepts that underlie the medicine of systematic correspondence.

However, this edition of the Nan-ching should serve primarily as a research tool. It is hoped that the publication of this book will stimulate others to embark on the difficult task of philological analysis of other writings from the history of Chinese medicine, and to develop ever-improving methodologies for conveying the concepts they contain to a Western readership. It is only with the understanding resulting from such analysis that historians, anthropologists, sociologists, and others concerned with the exploration of science and knowledge will have the tools that permit them to pose comparative and other questions. And it is only with this kind of access to the primary sources that those interested in the practice of Chinese medicine as an alternative to Western medicine will be in a position to determine whether the concepts of traditional Chinese medicine are indeed applicable to a contemporary Western clientele in any meaningful way.

In conclusion I should like to point out, with sincere gratitude, the unconditional support I received from the China Research Institute for the History of Medicine and Medical Literature at the Academy of Traditional Chinese Medicine in Beijing, where I enjoyed ideal working conditions during two study periods in 1982 and 1983. My special thanks go to Professors Ma Jixing and Ma Kanwen, who found the time to discuss with me a number of problematic passages, and who enabled me to gain access to rare sources unavailable in the United States or Europe. Similar thanks go to the Research Institute for Humanistic Studies of Kyoto University, and especially to Dr. Akira Akahori for his valuable suggestions and for his part in compiling the list of commentated Nan-ching editions published by Japanese authors. Financial assistance for conducting this study and travelling to East Asia was provided by a Heisenberg grant and by travel subsidies awarded by the German Research Association (DFG), to whose officers and consultants I am most grateful for the understanding my project received. Finally, my thanks go to the academic editorial board of the *Münchener Medizinische Wochenschrift* for a grant that assisted in the production of this volume.

Historical Significance of the Nan-ching

The prehistory of the Nan-ching as a work marking the apex of the application of the concepts of yinyang and of the Five Phases to medicine in Chinese antiquity may have begun at some time in the third century B.C. with the emergence of the medicine of systematic correspondence. As far as we can judge from the evidence available today, before the third century B.C., health care in China was based on a recognition of an ancestral responsibility in matters of illness and health (a doctrine that seems to have dominated during the Shang and early Chou), and on an awareness of the activities of malevolent demons as causative agents of human illness.⁸ In addition, although less well documented, it must be assumed that pharmaceutical drugs played an important role in health care (without necessarily being linked to either demonological or ancestral concepts). Historical sources, such as the Tso-chuan, contain many references to non-metaphysical concepts of etiology which allegedly date back as far as the sixth century B.C. Yet whether, for instance, the remarks made by the physician Ho (when he reproached the Marquis of Chin for his excessive intercourse with women) to the effect that "the six heavenly influences [i.e., yin, yang, wind, rain, obscurity, and brightness]—when they are in excess—produce the six diseases" do indeed reflect a mode of thinking existing at that time—or whether (as I assume) they constitute a retrospective political metaphor phrased from the perspective of half a millennium later—can hardly be decided as long as no evidence from the era in question has come to light.⁹

The earliest Chinese medical texts extant (which are also the earliest ones we know of) are the texts discovered at Ma-wang-tui. Together with the data in historical and philosophical sources of the last centuries B.C., these texts suggest that, concurrently with the first unification of the Chinese empire between the third and the first centuries B.C., ancestral and demonological concepts of health care were supplemented by—and lost their dominant position to (at least among most members of the literate strata in society)—a conceptual system employing non-metaphysical notions of natural law.¹⁰ This new medicine appears to have been developed as a consequence of the emergence of at least two philosophical schools (with origins traceable to the fifth century B.C.) that introduced paradigms of

systematic correspondence to China. The doctrines they expounded were based on the yinyang and Five Phases paradigms. The representatives of the two doctrines opposed each other vehemently in the beginning, and yet—in a manner typical of subsequent developments—neither was the contradiction between the two doctrines solved in a true synthesis, nor did one paradigm win over the other. Rather, the two were linked (although this proved by no means an easy task). Thereafter, the rise, transformation, and disappearance of any phenomenon in the real world or in the world of concepts could be interpreted by referring to its correspondence to the interactive dynamics of the yinyang categories of all existence, to the interactive dynamics of the Five Phases of all existence, or to both—whichever appeared to be most conclusive. A Western scientist might ask (as a few Chinese writers did): "Are there five or six basic functional systems in the organism?" A proponent of the pattern approach characteristic of traditional Chinese medicine might have answered: "It depends! Five if you wish to apply the Five Phases pattern, and six if you prefer to apply the yinyang pattern."

Throughout its history of two thousand years, the medicine of systematic correspondence has been transformed and expanded. It has even been linked to originally rivalling paradigms—when the *Zeitgeist* allowed for such bridges. The medicine of systematic correspondence has always been the subject of probing debates among intellectuals and practitioners of traditional Chinese medicine; over the centuries, there have been countless attempts to reconcile its basic tenets with thoughts and experiences gained by physicians in actual clinical therapy. Yet the formative period of the medicine of systematic correspondence appears to have been marked by extraordinary dynamics within a relatively short span of time—dynamics that were unsurpassed even by the developments between the twelfth and fifteenth century. The medicine of systematic correspondence may be traced from a collection of individual writings of the late third or early second century B.C. (unearthed from the tombs at Ma-wang-tui in the early 1970s) which recommend health care and therapy based on demonology, concepts of magic and systematic correspondence, as well as surgical and pharmaceutical knowledge that may have been derived in part from experience and observation (without theoretical underpinnings).¹¹ From here, it may be traced to the *Huang-ti nei-ching* anthology of systematic correspondence of the second or first century B.C., in which only a few allusions to demonology and drug lore remain and thence to its conclusion—that is, to the compilation of the *Nan-ching* around the first century A.D.

This early phase of development included the struggle between the yinyang and Five Phases doctrines and their merger in the field of medicine; the transition of the concept of "wind" from a spirit entity to a non-metaphysical natural phenomenon responsible for illness; and the supplementation—and partial replacement—of the concept of "wind" by a concept of "vapors" (*ch'i*) or "finest matter influences" that underlie all physiological and pathological change. This phase also included an innovative understanding of the functional structure of the organism and the introduction of a therapeutic technique hitherto unknown (or at least undocumented) in China—namely, needling or acupuncture.

The significance of the *Nan-ching* in this historical context is twofold. First, its unknown author contributed to the formative period of the medicine of systematic correspondence by creating a

conceptual system of medical theory and practice that for the first time consistently accounted for the "discovery" of a circulatory movement in the organism (documented earlier in the Huang-ti nei-ching texts).¹² Second, the Nan-ching marks the end of this formative epoch because it discarded all the irrelevant ballast of the past and concentrated—in a most coherent manner—on nothing but the most advanced concepts of systematic correspondence. No similar work has since been written.

In devising his conceptual system, the author of the Nan-ching adopted, with no change, a number of concepts from the Huang-ti nei-ching texts. In addition, he borrowed some older terms but adapted them to his own ideas by presenting them with a modified meaning. Finally, he introduced a series of innovative terms and concepts to complete the doctrine he intended to teach.

The core idea around which the entire Nan-ching appears to be centered is a modification of diagnosis and therapy in accordance with the "discovery" of a circulatory movement of vapor-influences (and blood) in the organism—a discovery that may have occurred some time during the second century B.C.¹³ Two of the Ma-wang-tui manuscripts of around 200 B.C. (i.e., the Shih-i mo chiu ching texts) refer to eleven vessels that permeate—separately and without mutual interconnection—the human body. Six of these vessels extend upward from the feet into abdomen and chest (some of them reaching the head); five are described as extending from the hands into the chest or head. These vessels are filled with ch'i-vapor; they may suffer from depletion or repletion, or from unusual movements of their contents. Each of these vessels has its own illnesses that produce a characteristic set of symptoms. The sole treatment recommended for manipulating the contents of the eleven vessels is heat, applied by burning a particular herbal substance on the courses the afflicted vessels are believed to take. No specific points at which to conduct such treatment are identified.

By the time those sections of the Huang-ti nei-ching texts were compiled that are concerned with physiology and needling, significant changes had taken place. Twelve vessels were named which take different courses in comparison to the eleven vessels of the Ma-wang-tui scripts and which form an interconnected system of "streams" or "conduits" (ching) that extends throughout the body. The circuit of these conduits represented only the central structure of a fine net of passageways formed—in addition to the main conduits—by so-called network-vessels (lo-mai) and "secondary vessels" (sun-mai). Through these conduits, an endless flow of vapor-influences was believed to pass, partially taken in from the outside environment and partially generated by the organism itself. Each of the vessels was known to correspond to one of the basic functional units in the body, and to signal—through changes occurring in the movement inside it—illnesses affecting the corresponding unit. The movement in the vessels caused the vessels themselves to pulsate in a particular way. Points were defined all over the body where the individual conduit-vessels could be palpated to assess, through the condition of their movement, the condition of the functional units with which they were associated. For treatment, the Huang-ti nei-ching recommended primarily the insertion of needles at specific locations on all twelve conduit-vessels. Since needling was first mentioned in China in the Shih-chi of 90 B.C., and since it obviously was not known to the authors of the manuscripts unearthed from the Ma-wang-tui tombs (who recorded every other possible mode of treatment), we

may assume that the acupuncture sections of the Nei-ching were conceptualized and compiled some time during the late second or first century B.C.¹⁴

The author of the Nan-ching may have recognized a contradiction between the notion of an ongoing circulatory movement in the vessels and the idea that each vessel has to be diagnosed and treated as if it constituted an individual entity. If the influences pass through an endless circle of conduits again and again, it is difficult to imagine that the quality of their movement changes when they leave one section of the circuit to enter the next. Hence it is almost irrelevant where the movement is examined: one point on the circuit should reveal all the information needed. Consequently, the author of the Nan-ching discarded all locations on the body hitherto used for palpating the vessels, with the exception of one (or, under certain circumstances, two). A problem arose from this concentration, however—that is, how could one gain from a single point the same information on the condition of the individual functional units of the organism which had been gathered previously from locations spread all over the body? The information needed to assess a patient's health and to devise and conduct a proper treatment on the basis of the concepts of systematic correspondence was quite complex. It is one of the merits of the author of the Nan-ching that he developed adequately sophisticated diagnostic patterns by linking some forty-seven perceivable types of movement in the conduit-vessels (palpable in various surface or vertical sections at the wrist of one or both hands) to all the normal and abnormal states known to affect the functional units of the organism in the course of the annual seasons. All these patterns were, of course, grounded in the concepts of systematic correspondence.

In devising his system of therapy, the author of the Nan-ching may have started from conclusions similar to those upon which he based his diagnostic system. Why prick the individual sections of the circuit through holes scattered all over that circuit if the vapor influences passing through the sections are one and the same? Hence it should be no surprise that the Nan-ching does not mention conventional circuit-needling at all, but recommends, first, the needling of "accumulation points" on the back and front of a patient where certain undesired influences gather and can be removed. Second, the Nan-ching outlines what we may call "extremities needling," a scheme previously documented in the Ling-shu. In this scheme, twelve streams (running from hands or feet to elbows or knees, respectively) are conceptualized, with five (or six) holes on each. These streams (ching) are associated with the basic functional units of the organism, but they are not seen as part of a circuit. Through inserting needles into the holes (bearing such telling names as "well," "brook," "rapids," "stream," and "confluence"), it is possible, according to the Nan-ching, to influence the organism's basic functional units in any way desired.

The Contents of the Nan-ching

An innovative diagnostic approach and a coherent concept of needling therapy are, on first glance, the two central messages conveyed by the Nan-ching; they represent, however, but two ingredients of a virtually complete conceptual system of medical care that also includes a detailed discussion of physiology, etiology, and pathology.

As is the case with the editions of the Su-wen and the Ling-shu that are extant, the textus receptus of the Nan-ching consists of eighty-one sections. In the Su-wen, all eighty-one sections are designated by a specific topic to which is added consistently the term lun ("discussion" or simply "on..."); in the Ling-shu, only a fraction of the eighty-one section titles carries the adjunct lun, while the majority have only the topic discussed as their title. In the Nan-ching, in contrast, all eighty-one sections are merely called nan, and they are numbered consecutively with no topics appearing as titles. The term nan has been interpreted by Eastern and Western authors in various ways. Hsü Ta-ch'un, an eminent eighteenth century author of conservative medical writings and a commentator on the Nan-ching, read nan as "question-and-answer dialogue" or "examination." He concluded: "The aim [of the Nan-ching] is to explain difficult issues in the text of the classic. Hence it poses questions concerning these difficult issues (wen-nan) and, then, clarifies them. Therefore it is called Nan-ching."¹⁵ Okanishi Tameto, the late Japanese historian of Chinese medical literature, followed Hsü Ta-ch'un here when he identified nan as wen-nan,¹⁶ and so, most recently, did Ku Wei-ch'eng, the editor of San-pai chung i-chi lu.¹⁷

Rather than emphasizing the question-and-answer structure of the Nan-ching, other authors have understood nan as referring to the "difficult" nature of the issues discussed. Li Chiung, a thirteenth century author of a commentated Nan-ching edition, wrote in his preface that the Nan-ching "was structured as a fictitious dialogue in order to elucidate doubtful and difficult meanings. In all, it consists of eighty-one sections. Hence it is called the 'Classic of Eighty-One Difficult Issues'."¹⁸

A third noteworthy explanation of the title was offered by Ito Kaoru, author of a thoughtful etymological Nan-ching commentary (which was never published; his original manuscript is in the Fujikawa Library of Kyoto University). Ito may have had in mind the title of section twelve of Han-fei-tzu ("Shuo nan") when he stated: "The meaning of the character nan is that of shuo [here 'to instruct', 'to persuade'] as in shuo nan ['the difficulties of persuasion'].¹⁹ It was used in antiquity to express the meaning of 'instruction'. It is, therefore, quite appropriate to consider [the wording] pa-shih-i nan as carrying the meaning pa-shih-i shuo ['eighty-one instructions']."²⁰

Over the centuries, various schemes have been introduced to group the eighty-one difficult issues. Allegedly dating back to the T'ang commentator Yang Hsüan-ts'ao (eighth century) is a system of thirteen chapters that was repeated by the Nan-ching chi-chu edition of the early sixteenth century.²¹ Other editions followed a classification initiated by Wu Ch'eng (1247-1331), a literatus who grouped the eighty-one difficult issues into only six chapters.²² These two approaches to dividing the eighty-one sections of the Nan-ching into meaningful groups or related subjects adopted an identical order of the individual difficult issues. Yet a few commentators, especially those of more recent times, have felt the need to rearrange—and even cut apart—a number of difficult issues to recombine segments of the text they interpreted as originally belonging together.²³ And concurrent with contemporary attempts to filter out of the entirety of traditional Chinese medicine those elements that some authors consider worth preserving and utilizing in practice, a few editions have been published recently which—in contrast to all former editions (which included even those sections of the Nan-ching considered to be wrong or absurd)—present not the complete text but only selected passages.²⁴

In the present edition of the complete text, the eighty-one difficult issues are presented in the traditional order adopted by all the pre-eighteenth-century editions I have seen. Since the original division of the text into "chapters" prior to Yang Hsüan-ts'ao—if there was one—is no longer known, I have adopted the six-chapter scheme introduced by Wu Ch'eng for its conciseness and clarity.

The following is a survey of the contents of each of the eighty-one difficult issues grouped in six chapters.

CHAPTER ONE: THE MOVEMENT IN THE VESSELS AND ITS DIAGNOSTIC SIGNIFICANCE

The first difficult issue

Explanation of the significance of the "inch-opening" for diagnosing illnesses through investigating the movement in the vessels.

The second difficult issue

Introduction of the first subdivision of the inch-opening into an "inch-section" and a "foot-section," divided by a line called "gate."

The third difficult issue

Discussion of the terms "great excess," "insufficiency," "mutual takeover by yin and yang," "turnover," "overflow," "closure," and "resistance" as diagnostic parameters indicated by specific movements in the vessels.

The fourth difficult issue

Explanation of yin and yang patterns of movement in the vessels, and introduction of the concept of three longitudinal levels in the movement in the vessels.

The fifth difficult issue

Introduction of the concept of five longitudinal levels in the movement in the vessels, and of a method to distinguish these levels.

The sixth difficult issue

Discussion of the terms "yin abundance, yang depletion" and "yang abundance, yin depletion" as diagnostic parameters indicated by specific movements in the vessels.

The seventh difficult issue

Explanation of the significance of the appearance of any of the three yin and three yang kinds of movement in the vessels as they are related to the six periods within one year.

The eighth difficult issue

Explanation of the significance of the "moving influences" (also called "vital influences") in the organism, as appearing at the inch-opening.

The ninth difficult issue

How to distinguish illnesses in the depots and palaces by the speed of the movement in the vessels.

The tenth difficult issue

Introduction of the concept of "ten variations" in the movement in the vessels, as can be felt in the different sections at the wrist that are associated with specific depots.

The eleventh difficult issue

Explanation of the concept that one depot is void of influences if the movement in the vessels stops once in less than fifty arrivals.

The twelfth difficult issue

Introduction of the concept that the internal or external parts of the organism may be cut off from the movement in the vessels.

The thirteenth difficult issue

Introduction of the concept of a correspondence between a person's complexion, the movement in the vessels as felt at the inch-opening, and the condition of the skin in the foot-section of the lower arm.

The fourteenth difficult issue

Introduction of the concepts of "injured" (i.e., slower than usual) and "arriving" (i.e., faster than usual) movements in the vessels; also, discussion of the significance of the presence of a movement in the vessels at the inch-section when no movement can be perceived at the foot-section, and vice versa.

The fifteenth difficult issue

Elucidation of the changes in the movements in the vessels in accordance with the passing of the four seasons.

The sixteenth difficult issue

Discussion of various methods to diagnose illnesses by taking internal and external evidence into account.

The seventeenth difficult issue

How to predict a patient's impending death or survival by comparing the movement in his vessels with other manifestations of his illness.

The eighteenth difficult issue

Systematized presentation of the correspondences of the yin and yang conduits with the inch-, gate-, and foot-sections near the wrist where the movement in the vessels can be felt, on the basis of the mutual generation order of the Five Phases. Also, discussion of methods for recognizing internal accumulations and chronic illnesses through the movement in the vessels.

The nineteenth difficult issue

Introduction of the concept of differences in the movement in the vessels in males and females.

The twentieth difficult issue

Introduction of the concepts of hidden and concealed movements in the vessels, of doubled influences and of lost influences.

The twenty-first difficult issue

On the prognostic significance of situations where a patient's bodily appearance shows signs of illness while the movement in his vessels does not, and vice versa.

The twenty-second difficult issue

Elaboration of the concepts of illnesses in the vessels that are "excited" and of those that are "generated."

CHAPTER TWO: THE CONDUITS AND THE NETWORK-VESSELS

The twenty-third difficult issue

Systematized presentation of the lengths and courses of the conduit vessels as sections of a large circulatory system. Also, reference to the significance of feeling the movement in the vessels at the wrists of both hands, and explanation of the concepts of "end" and "beginning."

The twenty-fourth difficult issue

Systematized presentation and prognostic evaluation of external symptoms indicating that a specific conduit-vessel has been cut off from the movement in the vessels.

The twenty-fifth difficult issue

Explanation of the concept of "twelve conduits" in the presence of only five depots and six palaces through the introduction of the concepts of "heart-enclosing network" and "Triple Burner" as carrying a name (i.e., fulfilling a function) without having a form (i.e., an anatomical substratum).

The twenty-sixth difficult issue

Remarks on the fifteen network-vessels.

The twenty-seventh difficult issue

Introduction of the term "eight single-conduit vessels," and of the concept that they function as "ditches and reservoirs" absorbing surplus contents of the main conduits.

The twenty-eighth difficult issue

Description of the courses of the eight single-conduit vessels in the organism.

The twenty-ninth difficult issue

List of signs and symptoms caused by illnesses in the eight single-conduit vessels.

CHAPTER THREE: THE DEPOTS AND THE PALACES

The thirtieth difficult issue

Elucidation of the concepts of constructive and protective influences, and introduction of the idea that the depots and palaces are supplied with influences by the stomach directly.

The thirty-first difficult issue

Innovative reinterpretation of the concept of the Triple Burner as a functional description of the upper, central, and lower groups of organs in the body.

The thirty-second difficult issue

Explanation of why the heart and the lung are the only depots located above the diaphragm.

The thirty-third difficult issue

Discussion of apparent contradictions resulting from the association of the liver and lung with the phases wood and metal, respectively.

The thirty-fourth difficult issue

Pattern of the five depots and their corresponding sounds, complexions, odors, liquids, and tastes.
Association of the five depots with the seven spirits.

The thirty-fifth difficult issue

Discussion of theoretical issues concerning the functions and locations of the six palaces, especially as they are related to the five depots.

The thirty-sixth difficult issue

Introduction of the concept that the organism has two kidneys, one of them constituting the "gate of life."

The thirty-seventh difficult issue

Elucidation of the concept that the influences of the five depots pass through specific orifices, thus maintaining the functions of these orifices. Also, further discussion of the concepts of closure and resistance, and reference to the concepts of turnover and overflow.

The thirty-eighth difficult issue

Further elucidation of the nature and function of the Triple Burner as an answer to the question of why there are six palaces but only five depots in the body.

The thirty-ninth difficult issue

Further elucidation of the nature and function of the gate of life and of the Triple Burner in reference to the existence of six palaces but only five depots.

The fortieth difficult issue

Discussion of apparent contradictions resulting from the association of the nose with the lung (which is responsible for the sounds, while the nose is responsible for distinguishing the odors) and from the association of the ears with the kidneys (which are responsible for the liquids, while the ears are responsible for distinguishing the sounds).

The forty-first difficult issue

Explanation of why the liver is the only depot that has two lobes.

The forty-second difficult issue

Description of all depots and palaces in terms of length, diameter, weight, and capacity.

The forty-third difficult issue

Explanation of the phenomenon that someone who does not eat or drink will die after seven days.

The forty-fourth difficult issue

List of the names and locations of the seven through-gates.

The forty-fifth difficult issue

Introduction of the concept of the eight gathering-points.

The forty-sixth difficult issue

On different sleeping patterns in old and young people.

The forty-seventh difficult issue

Why the face can stand cold.

The forty-eighth difficult issue

Introduction of various diagnostic patterns allowing one to distinguish whether a person suffers from a depletion or from a repletion.

The forty-ninth difficult issue

Introduction of the concepts of primary affection by the five evil influences from outside the organism, and of secondary affection by evil influences transmitted within the organism.

The fiftieth difficult issue

Introduction of the concepts of "depletion evil," "repletion evil," "destroyer evil," "weakness evil," and "regular evil," denoting the five possibilities of internal secondary affliction.

The fifty-first difficult issue

Explanation of different preferences and aversions on the side of the patient permitting one to distinguish whether an illness is located in the depots or palaces.

The fifty-second difficult issue

On the static nature of illnesses in the depots and on the mobile nature of illnesses in the palaces.

The fifty-third difficult issue

Introduction of the concepts of "transmission of an illness through seven depots" and of "transmission skipping a depot."

The fifty-fourth difficult issue

Illnesses in the depots are difficult to cure; illnesses in the palaces are easy to cure.

The fifty-fifth difficult issue

Reinterpretation of the concepts of "accumulation" and "concentration" illnesses.

The fifty-sixth difficult issue

Reinterpretation of terms and concepts related to accumulation illnesses, and introduction of a systematic theory of the generation of the five accumulation illnesses.

The fifty-seventh difficult issue

Introduction of a five-fold classification of different diarrheas.

The fifty-eighth difficult issue

Introduction of a five-fold classification of "harm caused by cold" illnesses and of the different movements in the vessels resulting from these illnesses. Also, a list of signs and symptoms allowing for a diagnosis of illnesses caused by heat and cold.

The fifty-ninth difficult issue

How to distinguish falling sickness from madness.

The sixtieth difficult issue

Discussion of the concepts of "stagnant pain" and "true pain" in head and heart.

The sixty-first difficult issue

Introduction of a categorization of healers as "spirits" "sages," "artisans," and "workmen," based on their respective approaches to diagnosing an illness.

CHAPTER FIVE: TRANSPORTATION HOLES

The sixty-second difficult issue

Explanation of why the conduits associated with the palaces have six transportation holes, while those associated with the depots have only five.

The sixty-third difficult issue

Explanation of why each conduit has a "well" as its first transportation hole.

The sixty-fourth difficult issue

Introduction of a systematic categorization of the transportation holes according to yin and yang and the Five Phases.

The sixty-fifth difficult issue

Remarks concerning the "well" and "confluence" transportation holes.

The sixty-sixth difficult issue

Discussion of the "origin" transportation holes as outlets of the "original influences" of the six depots and six palaces.

The sixty-seventh difficult issue

Explanation of the location of "concentration holes" on the front and of "accumulation holes" on the back of one's body.

The sixty-eighth difficult issue

Introduction of a list of illnesses that can be cured by needling the respective transportation holes associated with them.

CHAPTER SIX: NEEDLING PATTERNS

The sixty-ninth difficult issue

General advice on how to fill a depletion and drain a repletion, and when to remove an illness from an affected conduit itself.

The seventieth difficult issue

Introduction of a pattern of two different needling techniques to be applied during the spring-summer and autumn-winter seasons, respectively.

The seventy-first difficult issue

Advice for needling the constructive and the protective influences.

The seventy-second difficult issue

Reinterpretation of the terms "moving against" and "following" as concepts referring to the direction of the movement in the vessels.

The seventy-third difficult issue

Advice to needle a "brook" transportation hole if theory requires needling a "well" hole.

The seventy-fourth difficult issue

Introduction of a pattern of needling different holes in the course of the five seasons.

The seventy-fifth difficult issue

Elucidation of the theoretical basis underlying the therapeutic approach of filling a so-called depletion and of draining a so-called repletion.

The seventy-sixth difficult issue

Discussion of the concepts of "filling" and "draining."

The seventy-seventh difficult issue

Introduction of a classification of healers as "superior" or "mediocre" practitioners according to their understanding of the transmission of illnesses within the organism.

The seventy-eighth difficult issue

Reinterpretation of the techniques of filling and draining by means of needling.

The seventy-ninth difficult issue

Further elucidation of the theoretical basis underlying the treatment of states of depletion and repletion.

The eightieth difficult issue

Comments on the techniques of inserting and withdrawing a needle.

The eighty-first difficult issue

Warning against "replenishing a repletion" and "depleting a depletion."

Unschuld's Footnotes

1. For further details on the heterogeneous nature of the Huang-ti nei-ching texts, and for first analyses of historical developments reflected in these texts, see Yamada Keiji, "The Formation of the Huang-ti Nei-ching," *Acta Asiatica* 36 (1979): 67-89; Yamada Keiji, "Kyu-ku hachi-fu setsu to Shoshiho no tachiba", *Toho Gakuho* 52 (1980): 199-242; Paul U. Unschuld, "Der Wind als Ursache des Krankseins. Einige Gedanken zu Yamada Keijis Analyse der Shao-shih Texte des Huang-ti nei-ching," *T'oung Pao* 68 (1982): 91-131.
2. For a detailed account of efforts undertaken from the twelfth through the fourteenth century to combine the use of pharmaceutical drugs with the concepts of systematic correspondence, see Paul U. Unschuld, *Medicine in China: A History of Pharmaceutics*, section C.II. (Berkeley, Los Angeles, and London: University of California Press, 1986).
3. From the seventeenth through the early nineteenth century, eminent Chinese physicians discussed the nature and the reality of demonic apparitions. In this context attempts were made to explain such phenomena on the basis of the concepts of systematic correspondence. For a detailed account see Paul U. Unschuld, *Medicine in China: A History of Ideas*, section 8.2.3. (Berkeley, Los Angeles, and London: University of California Press, 1985).
4. Fr. Hübotter, M.D., Ph.D., published, in Berlin in 1929, his voluminous and still informative work *Die Chinesische Medizin zu Beginn des XX. Jahrhunderts und ihr historischer Entwicklungsgang*. Pages 195 through 238 contain what may be—to my knowledge—the first complete translation of the Nan-ching into a Western language. More recently a French translation by Pierre Grison has been published under the title *Nan-King. Les 81 difficultés de l'Acupuncture* (Paris, 1979). This edition comprises not only the text of the Nan-ching itself but also comments by the fourteenth century author of the Nan-ching pen-i, Hua Shou, as well as extensive explanatory notes by the translator himself and by the editor Maurice Mussat, vice-president of the French acupuncture association. Still, this edition fails to impress one as a careful interpretation of the Chinese original. It is marred by inexplicable sloppiness. Pien Ch'io (whom Mussat/Grison accept as the "sixth century B.C." author of the Nan-ching) appears, in the prolegomena, varyingly as Pien T'SIO (with the upper case spelling of T'SIO indicating the family name!), Pien-tsiao, Pien-ts'iao, and PIENN TSIO; and Hua Shou, the fourteenth century commentator who was raised in

Hsü-ch'ang, is introduced as "Prince Hiu Tchang-houa" and also as Hiu Tchang HOA of the thirteenth century! In addition to other such examples, the reliance of the translation on the concept of "energy" and on other Western notions makes it quite difficult to consider this edition a serious philological work. The one exception in this regard is Donald Harper's meticulous and exemplary rendering of one of the Ma-wang-tui texts in his Ph.D. thesis, *The Wu Shih Erh Ping Fang: Translation and Prolegomena* (Berkeley, 1982; available through University Microfilms of Ann Arbor, Mich.).

5. See H. Leitner, *Bibliography to the Ancient Medical Authors* (Bern, Stuttgart, Vienna, 1973). For subsequent years, see also the periodicals *L'Année philologique. Bibliographie critique et analytique de l'antiquité gréco-latine* (Paris), and J. Scarborough, *Newsletters of the Society for Ancient Medicine* No. 3 (1978) ff.

6. For details, see Unschuld, *Medicine in China: A History of Ideas*, section 3.3.2.

7. *Ibid.*, Introduction.

8. *Ibid.*, chapters 1 and 2.

9. See Ch'un-ch'iu Tso-chuan, Book X, Duke Chao, First Year.

10. See Unschuld, *Medicine in China: A History of Ideas*, chapter 3.

11. For a survey of all fourteen medical manuscripts unearthed from the Ma-wang-tui tombs, see Paul U. Unschuld, "Die Bedeutung der Ma-wang-tui-Funde für die chinesische Medizin- und Pharmaziegeschichte," in P. Dilg et al. (eds.), *Perspektiven der Pharmaziegeschichte*, (Graz/Austria, 1983), 389-417; Paul U. Unschuld, "Ma-wang-tui Materia Medica: A Comparative Analysis of Early Chinese Pharmaceutical Knowledge," *Zinbun: Memoirs of the Research Institute for Humanistic Studies, Kyoto University* 18 (1982): 11-63; and especially Donald Harper, *The Wu Shih Erh Ping Fang: Translation and Prolegomena* (Berkeley, 1982), which demonstrates the coexistence of demonological, magic, empirico-pharmaceutical, petty surgical, and further therapeutic concepts and practices in Chinese medicine around 200 B.C.

12. See, for instance, Su-wen treatise 39, "Chü-t'ung lun".

13. Recently, Lu and Needham (*Celestial Lancets*, Cambridge, England, 1980, p. 23) have suggested an even earlier emergence of a concept of physiological circulation in China. As evidence they quoted a passage from the Kuan-tzu (identified by Lu and Needham as a text from the fourth century B.C.): shui che ti chih hsüeh ch'i ju chin mai chih t'ung liu che ye. In Lu's and Needham's translation this passage reads: "[One can say that] water is the blood and the chhi of the earth, because it flows and penetrates everywhere [just in the same manner] as the circulation [of the chhi and the blood] in the ching-chin [nerve, muscle and tendon] and the ching-mo [tract and channel, including blood vessel] systems." Rendered literally, this passage reads: "Water is the blood and the ch'i of the earth; it flows and penetrates everywhere just as the sinews and the vessels." One might go a little further and accept the following interpretation: "Water is the blood and the ch'i of the earth; it flows and penetrates everywhere just as [the blood and the ch'i in] the sinews and vessels [of the human body]." Kuan-tzu appears to refer here to a physiological concept reflecting the image of waterways and their contents (above and below the surface of the earth) permeating the entire country. The Chinese wording suggests neither a physiological concept of circulation nor a "meteorological water cycle." For further

details on the origin of the circulation concept in Chinese medicine, see Unschuld, *Medicine in China: A History of Ideas*, chapter 3.3.2.

14. For a more detailed discussion of the earliest references in Chinese literary sources to needling therapy, see Unschuld, *Medicine in China: A History of Ideas*, chapter 3.3.4.

15. Hsü Ta-ch'un, "Nan-ching lun", *I-hsüeh yüan-liu lun*, in Hsü Ling-t'ai *i-shu ch'üan-chi* (Taipei, 1969), 113.

16. Okanishi Tameto, *Chugoku Isho Honzo-ko* (Osaka, 1974), 14-15.

17. Ku Wei-ch'eng, *San-pai chung i-chi lu* (Harbin, 1982), 25.

18. Taki Mototane, *Chung-kuo i-chi k'ao* (Peking, 1956), 45.

19. See Shih-chi, ch. 63.

20. Ito Kaoru, *Nan-ching wen-tzu k'ao*, n.d., n.p. (see appendix C).

21. See Yang's preface reprinted in Okanishi Tameto, *Sung-i-ch'ien i-chi k'ao* (Taipei, 1969), 107.

The thirteen chapters adopted by the *Nan-ching chi-chu* edition are: 1. Diagnosing the [movement in the] conduit-vessels (sections 1-24); 2. Enumeration of [main] conduits and network[-vessels] (sections 25 and 26); 3. The eight single-conduit vessels (sections 27-29); 4. Constructive and protective [influences] and the Triple Burner (sections 30 and 31); 5. The depots and the palaces and their correspondences (sections 32-37); 6. Enumeration and measurements of the depots and palaces (sections 38-47); 7. Depletion, repletion, evil [influences], and proper [influences] (sections 48-52); 8. Transmission of illnesses through depots and palaces (sections 53 and 54); 9. Accumulation and collection [illnesses] in the depots and palaces (sections 55 and 56); 10. The five diarrheas and harm caused by cold (sections 57-60); 11. Spirits, sages, artisans, and workmen (section 61); 12. Wells [and other] transportation holes [associated with the] depots and palaces (sections 62-68); 13. Filling and draining with needles (sections, 69-81).

22. Okanishi Tameto 1974, p. 15.

23. For instance, Kato Bankei in his *Nan-ching ku-i* of 1784 (see appendix B) and Huang Wei-san in his *Nan-ching chih-yao* of 1967 (see appendix A). See also Ho Ai-hua, "Kuan-yü *Nan-ching ti pien-tz'u wen-t'i*," *Ha-erh-pin chung-i* 8 (1965): 41-43 (see appendix B).

24. For instance, Yen Hung-ch'en and Kao Kuang-chen in their *Nei Nan ching hsüan-shih* of 1979 (see appendix A).