

Interview with Dr Arnaud Versluys

Ross Campbell

INTRODUCTION

Arnaud Versluys' training in China was unusual both for its thoroughness – he studied to bachelor, masters and doctorate level – and for the fact that he eventually disciplined himself to the clinical use of formulas from the *Shang Han Lun* and *Jing Gui*. He learned this way of doing things outside the university system in lineage with his master, Dr Zeng.

The method of practice he learned in that setting is based very closely on an idiomatic configuration and self-contained diagnostic structure that goes back two thousand years.

Most students with a background in TCM find this way of doing things quite exotic and are surprised to find that many basic classical precepts do not relate coherently to what they have been taught. Dr Versluys' talent as a teacher is to be able to explain the content of the classics in a very meticulous manner whilst at the same time bringing the content to life in a joyous way.

The passionate and faithful dedication to *Shang Han Lun* practice by the ongoing lineage has led to some conflict and discord with what has become the mainstream of Chinese medicine. The issues that arise from this conflict are important for all of us to understand. Here, Ross Campbell asks Arnaud Versluys about his uncommon education and his insight into the nature of Chinese medicine.



Arnaud with his master, Dr Zeng.

R: You went to China when you were 18 years old. What were the conditions in your life that led to that happening?

A: I had been interested in Chinese medicine since the age of 14; I was interested in alternative medicine in general, as a general concept. I was a big reader. I read everything I could get my hands on.

When I was 15, my mother was seeing an acupuncturist for lumbar bone spurs, with really good results – she didn't really want surgery on her spine. I became intrigued and started going along with her on her visits to the acupuncturist and started talking to the guy, quizzing him and asking him questions. He was an interesting person – well trained. He got me really excited with what he did, and I thought, yeah, I want to do this. So at 16 or so I took an evening shiatsu course in the city where I lived. Shiatsu used the channels and I wanted to know a bit more about the acupuncture points so then I did an acupuncture points course – I was sitting in on those classes at 16 thinking "yeah, cool."

R: And how did you end up in China?

A: At the age of 16 I was pretty sure I wanted to study this and started to look around, there was no real training in Belgium that would lead to a diploma. My parents said I had to go to a real school. My mother's acupuncturist said, "Just go to China, you're young, it will only take five years, get it over with, you will be really well trained", so that got the ball rolling.

R: Did you do the full TCM curriculum over there?

A: Yes, I started with the five years Bachelor in Medicine programme, having taken a year to learn Chinese first.

R: And at some point during that period you started to focus on herbs?

A: I started doing shiatsu when I was 16 and I loved it. I thought body work was my thing. You have to choose a specialty when you enter school in China – tui na, acupuncture, pharmacy or general medicine.

R: Right at the beginning?

A: Yes, because your curriculum is going to be slightly different. Ultimately I enrolled in general medicine, but initially thought I would specialise in tui na – I loved that stuff – but as soon as I started acupuncture I thought that's where the real power is, because you go much deeper. That was it – acupuncture was my thing. But then as soon as I started herbs I thought, ok forget about all that. Herbs, that's the real medicine right there, that's where you really go the deepest.

R: And on the course were they introducing you to the classics in a way that you think is suitable?

A: In your fourth year you have your four great classics, as they call it, SHL [Shang Han Lun] being one, Jin Gui Yao Lue, Nei Jing and

Wen Bing. So you get courses in each of those and each of the courses is about 60 to 70 hours per subject. It's interesting, but the Nei Jing is like a survey of the Nei Jing. They introduce certain interesting topics that are mentioned in the Nei Jing but you don't learn the Nei Jing from a clinical perspective. You learn about certain topics that are mentioned in the Nei Jing – this chapter talks about the stomach and the intestines in this way, and it is very interesting, but it's not very applicable really.

The Shang Han and Jin Gui basically are just read line by line, Shang Han especially. He explains them line by line, sometimes if you are lucky he cross references a line. I was taught by a very famous SHL specialist at the time called Mei Guoqiang – I was in Hubei, which has always been a bastion for Shang Han Lun. At that time the SHL dominium was kind of dying with the death of Yang Baifu and the old age of Li Peisheng, and the university's fame for Nei Jing status was coming up, but I still studied with a good SHL teacher.

R: But that didn't actually set you alight for the SHL at the time.

A: The classes pointed out to me that I understood nothing. I walked away from each Shang Han Lun class with a sense of certainty that that was where I would find the answers I was looking for. Not that I was able to phrase the questions yet, but I knew the answers lay in those classics.

R: Can you say why that was at that point?

A: I felt overall dissatisfaction with the TCM education that I received. And the only reason I stayed in China for another three years to do a masters was because I had no clinical confidence, I knew a little bit about a lot of things. I had attended surgeries. I had done minor surgeries myself. I had done rotations in Western medicine, done rotations in all the disciplines of Chinese medicine. I could do a lot of things, but it was not one coherent structured thing in my mind. I knew a little bit about a lot of things but none of those things were connected. And that was a very scary feeling. It's fine when you're in China and you don't have any personal responsibility, when you're just observing people and you're just hanging around. But seeing patients on my own? I mean, I had had successes with patients but I still felt even when I had success with patients I was just kinda lucky. It was just beginner's luck. I didn't feel like I had anything down, even after having shadowed some really good doctors and teachers. So Chinese medicine was not alive for me.

R: And do you think there is something inherent within 'TCM', which lends itself towards that product?

A: Chinese medicine is very difficult to teach in an institution, I strongly believe that. There are multiple things involved. One of the problems involved is that the structure of the science of Chinese medicine as we know it is very non-linear, therefore it's very difficult to write it down in a textbook, it's very difficult to transmit it in a linear fashion. I tell you A today and I'll tell you B tomorrow so you will know A and B, and I will tell you C the next day so that

you know A, B, C – because that requires that the teacher actually knows A-Z and there is nobody like that in Chinese medicine – it's impossible. The teachers in Chinese medicine don't have a proper insight into the structure of the science of Chinese medicine – if there is such a thing – because the 'science of Chinese medicine' may be an oxymoron. Maybe by definition it is non-structured. It might be purely chaotic, I don't know. And the strength of a good teacher is to see patterns in the chaos. I mean, that's what we do on a daily basis. But a lot of people stay stuck in seeing the chaos and accepting the chaos, and accepting pieces of the chaos and seeing the chaos as little pieces of information that are not chaotic in their own right but when you put them all together form a chaotic picture. So it was a very poignant realisation for me, really.

R: So what would you say it is about the SHL which takes you out of that?

A: Structure. Rigid structure. Yin and yang, each divided by three, equals six. Six confirmations, which are based on the five phase and the six qi model of the understanding of the climate. It's a very simple structure and that's what I like about it. It's very consistent, like I always stress in my teaching, right?

"Disease, plus pulse, plus symptoms, equals treatment."

And we name the treatment by the name of the formula. We don't even give it a therapeutic principle name or anything like that.

What is the diagnosis? Something something formula pattern.

What is the treatment? Something something formula.

Very clinical, very direct, not too much detail. Kinda dry but very structured and very consistent.

R: As a student I get the sense that you see the structure in what Zhang Zhongjing put together, and you have done a lot of work to both understand and explain the structure of the SHL clearly, but it's not actually explicit within the SHL itself, is it?

A: No, it's not supposed to be studied that way, I think. Zhang Zhongjing had no intention of writing a book that was to be understood clearly on an intellectual level. He was basically telling you, "Don't ask so many questions." Just memorise these things, practise them in clinic and do the medicine – practise it, live it. He was not telling you, "I'm going to write it this way and hopefully you will understand it while you memorise it." I don't think that is how he was intending it to be done. I mean he did not write a book that you would start with as a textbook in school. This is not a textbook – it's a clinical handbook. It's an operating instructions manual. It's not a textbook that tells you what the design of the machine is, it just tells you how to operate it.

R: Do you think at the time he wrote it there were people who perhaps had a lot more understanding, coming from that world and world view, who could perhaps understand why he didn't bother to explain things?

A: Clearly not, I mean his preface shows us that he had a lot of criticism for the state of medicine. I can only imagine that probably there were learned people around, intellectuals that belonged to a higher social status and social cast who maybe understood it very well but those people probably had very poor clinical experience, as is [the case] right now. That very dichotomy still exists when you have the folk medicine physicians in China who are maybe really good at getting their hands dirty and at curing people, who couldn't explain why they are doing it or how they are doing it. They are just doing it and it works. Then you've got the people in the universities in their ivory towers. You know, books that are being published and lofty theories that are being propagated but who have no clue as to how to cure a disease. And this is the big problem that is ultimately why I was so lucky to find a person who knew how to do it. Like Zhang Zhongjing, who was initially a commoner but worked himself up through the ranks of the intellectuals, my teacher Dr Zeng Rongxiu came from the poor class, out of the folk medicine physicians.

I did all the academics and studied with all these people who have authored all these books and all that stuff and they are all so clear on all these theories but in clinic these guys hardly knew what they were doing. Then I had to study with them and I was thinking, why?, why bother? I mean you sound great in class but you look awful in clinic. Patients are not getting better. Patients at most get better because of the placebo, because of your faith maybe.

They just didn't measure up to Dr Zeng, who has no college degrees or anything – just studied in a discipleship, but who is just an incredible master of clinical medicine.

He can't explain what he is doing, he sounds terrible when he tries to explain something. But you put his fingers onto somebody's pulse and the formula is going to be on the paper two minutes later and it is going to be dead on. Dead. On. Fast and accurate – it's beautiful.

R: Did it take you a while to become aware or to notice that?

A: No. When you study in China, there isn't such a thing as interning. You're always observing people. You're never writing your own prescriptions. So I realised that, with my time in China, I didn't have unlimited supplies of money and definitely didn't have an unlimited supply of time because China weighs on a person. You know, like living there for a long time weighs on you emotionally. You're not Chinese, you're still in a foreign country and it's a heavy place to live.

So I had to develop certain skills which would allow me to learn quickly, even when somebody wasn't overtly teaching me. I had to learn really strong observation skills. So I got to the point where, at the time just before meeting Dr Zeng, I remember going to a clinic with a really famous, nationally acclaimed Jin Gui professor and after a week I left because I saw it wasn't going to go anywhere. I was able to see really fast as soon as he did something – I knew exactly what he was thinking in his mind. I put a lot of work in as a

student and very quickly I picked up on whether a teacher was going to have something to offer me, whether something was worth staying for or if it wasn't going to lead to anything. That's a skill I developed over the six years or so of my time in China up to that point.

Then I met Dr Zeng, having developed those skills, which included reading prescriptions written upside down in handwritten Chinese and all that stuff that you have to know. He writes the first character of the herb name and you have to know what the next one is going to be. Immediately you have to know the formula that is in his mind. You have to know exactly what the formula is so that if he skips a herb you know he's taken one out. You've got to have all those formulas down and you've got to have the dosages down because you've got to be able to see when he changes a dose.

R: Just to keep up with him.

A: To keep up with what is happening in his mind, because I mean the guy isn't saying anything – I mean anything. On a few occasions he would say something like “this is a wiry pulse”, but only if I asked him and I had a one question quota per day. And they weren't cumulative! If I didn't use them then and there I wasn't going to have two questions the next day. Because he might be in a bad mood or something.

R: Then you began to understand how he was working?

A: Every time he sees this pulse, with this pulse he writes down this formula, with this modification. Slowly, slowly you get enough cases that you're actually able to draw conclusions from it. Like aah... that's what he's doing! And only then was I able to start asking more valuable questions.

Ultimately, after a few years into the discipleship, I started asking questions that were showing my level of understanding. We got to a point where he told me to my face, “Don't think I will teach you everything yet, you're learning too fast.” He was afraid I was going to leave him. He worried that one day I would learn everything he had to offer and I would jump to another teacher. Because in Chinese medicine there is way too much teacher-hopping that goes on. And, as a teacher I know - it's all ego speaking, I'm very well aware of that – but it's hurtful. You invest a few years in someone and then they hop and possibly don't even look back.

R: I think in the West we are suspicious of that teaching structure and the idea of a master and disciple relationship. But do you think that there is something in that structure which you can't substitute for in a university environment?

A: Ultimately, you learn the most from the silent moments between patients. It sounds ethereal, but it's like when you have a partner, or a husband or wife, girlfriend, boyfriend whatever. After you've been together for a few years there's this other type of communication or approach. You approach each other on a different level. There really are things that get transmitted even when you are not talking.

So in the beginning you're sitting there and you're just like thinking, “He's not talking to me”, and then after a while you're sitting there and you're getting it. The only thing you're paying attention to is him moving his fingers, and the only thing you're really paying attention to is the one question he asks, like “Do you have the feeling of a wet cloth on your back?” and the patient replies, like “Yes I do”, and suddenly he starts writing. And you had been looking at his fingers and you're thinking – wet wash cloth, faint pulse, fu zi tang on the paper and you're like “wow, line 303 or 306”, or something like that. This stuff really comes alive as a result of the rapport you have developed. It takes a long time to tune in to a person at that level.

R: Is there knowledge of the lineage that goes back into the mists of time – you know back to the beginning – or do things just get picked up through the generations here or there?

A: We don't know. In my lineage we don't know any higher up than Dr Tian's uncle. We don't actually know if it was his uncle or brother that he learned the medicine from. What I am trying to do now is a biographical study of my own lineage. A colleague in China and I are working on this – figuring out who lived where, who were their disciples, trying to trace it back but it's terribly difficult. I want to find Dr Tian's grave. Even his grandchildren are long gone. He would have been 130 by now. He was born in the late Qing dynasty. He died when he was 98 years old, which was in the seventies. There is only one article that has ever been published on him – in 1981 in the Chengdu university journal – otherwise there is not much known about him.

Dr Tian was just a folk physician. He was revered by people, but he was not revered by the academic world.



This is Dr Tian; The poem on the picture, taken in the mid-seventies, says:

*Peacefully and bland,
void and empty sticking
to the middle path,
Servicing mankind to
utmost skill,*

*The name of the Eight
Ingredient doctor
spreads through the
universe,*

*And is known by man
as the inheritance of
the Zhongjing style.*

R: That was my next question. How does the academic world view these people?

A: *The academic world scoffs at and looks down on the folk medicine world. My teacher Dr Zeng is very bitter about the academic world. He will speak about how the academia don't know how to do it, similar to the way I spoke just now... not knowing how to write their own name even if their life depended on it.*

Every human being wants validation and he's had very little of that in his life. Even being a very good clinician, the validation of the folk medicine doctors comes from patients. But you have no social status and of course he always craves a little bit of social status, a little bit of recognition. And that's always been hard on him. The doctors in the academic world look down on the folk physicians because they have no formal training but they are also envious because they know they have better clinical results and they think, "they've never taken a single class in anatomy etc and yet they have better clinical results than we do."

R: You've heard that being expressed?

A: *Oh, yes. Looked down upon – there's total disrespect.*

R: Are these practitioners vulnerable to a tightening up of the law and increased regulation?

A: *Yes, I've met really good young doctors who've learned only in discipleship in the countryside who will never be able to legally practise Chinese medicine because they're not in the system. They can't get a licence. The discipleship practice is no longer recognised for eligibility in medical licensing. They say it's for the protection of the public but I can only imagine there's more behind it.*

R: The scientific community is setting up shack in Chinese universities, and I wondered what you thought the future holds for Chinese medicine.

A: *In my opinion, the future of Chinese medicine is dark, cold and basically one of death. We have a few generations left if we are lucky. I don't see that there is a prosperous, bright future for Chinese medicine.*

We're completely cut off from the root. It used to be this great tree that could grow freely with its myriad of expressions. Not only have we polluted its environment but we've basically cut down the tree and the only thing we are keeping alive are little saplings in pots – and we're not even taking good care of them.

That said, there is always an undercurrent and there is a renaissance happening in Chinese medicine. But the sheer nature of the system, which means that it is a very difficult system – very few people get it or practise it in a way that approximates its full potential. It's virtually impossible. So if you have an undercurrent of people who

are trying to revive it, and I'm hopefully one of those people, we still have working against us the fact that it is so damned difficult. It's such a difficult medicine to learn and practise.

I work pretty hard to prove myself wrong, to show that maybe we can make a difference. And until I draw my last breath I'll be working on it, for the benefit of having good Chinese medicine spread, propagated and practised.

R: One of the things that is notable about you is how much you advocate having trust in the classics, whereas what you hear quite a lot is people talking about how the classics have multiple authors, contain many contradictions, that things have moved on since then with the developments in the history of Chinese medicine. How would you suggest we relate to those issues?

A: *There is no rule that says having multiple authors discredits the validity. Chinese medicine is an eclectic field made up of hundreds of thousands of individuals who each had their own take on things. What that whole collective all put together – that's what we call Chinese medicine. I don't think that would be a reason to say the classics are obsolete.*

It's like the principle of an axiom in mathematics. Without accepting the axiom you really can't function with that system of mathematics. There are certain rules you just have to accept. Those rules are man-made. Chinese medicine is a man-made science. I'm the last to say it was this thing that fell out of heaven or from the burning bush.

I always think, if I want to drink water, I'd rather drink from the river as close to the source as possible because then it hasn't been flowing very long, it just came out of the mountain, it's pretty pure and it hasn't had a lot of possibilities for people to pee in it, spit in it, with dirt washing in it or anything like that. You want to go up into the mountain where it's quiet and nobody's there.

My inability to understand things in the classics should never be grounds for my considering things in the classics to be obsolete, wrong or insufficient. Even if it is contradictory, if I therefore say, "I will not accept it", it will be because I have no clear insight into why there is a contradiction, or a seeming contradiction.

In an old Chinese painting you see the bamboo. You see one bamboo – not the whole forest. Of course there was a forest, I mean it's very rare that there's only one bamboo. But they chose not to paint the whole forest, because there's less beauty in the whole forest. You paint one bamboo and the whole background is white – nothing in the background. When you look at a painting like that, your mind is able to wander into that painting and fill in all the blanks. That's how Chinese medicine works. Chinese medicine is so cryptic, so symbolic, so non-detailed because it wants or allows you to fill in all the blanks. And how do you fill in the

blanks? That's up to you, based on how you are, how you think, how you live, where you grew up – all of that stuff will come into play. That's the strength of Chinese medicine, I think – to not box you in. It allows full creativity for the person practising.

R: And yet you also advocate consistency with respect to the classics.

A: Of course, because we're doing it for a reason – that's where art and medicine do diverge. The structure of the science is an art-like structure, but the purpose of the science is very pragmatist. At that point we stop marvelling at the picture and we use that way of looking at things to actually analyse and fix a problem. To have a practical purpose, the results have to be reproducible.

So you do need consistency but the structure comes out of the chaos. The goal is to see patterns in the chaos, because the diseased human being is all chaotic and you have to see patterns and see them over and over again.

R: So there's structure and there's chaos.

A: Nobody knows Chinese medicine really well because the structure of our medicine is a non-linear, very chaotic structure. It's not even designed to be known completely. That's why I strongly advocate that individual practitioners commit to one style of practice. It's utopic to think that you will ever be able to master more than one style of practice.

But Chinese medicine is being presented in a very eclectic fashion – different formulas from different authors and you have to know a little bit of everything, right? The Chinese authorities in the past half century didn't want to promote individuals, so there was an iconoclastic movement in Chinese medicine. People now think that Chinese medicine is very eclectic and that the eclectic nature of Chinese medicine has to be embodied by every single individual practitioner, which is wrong. The eclectic nature of Chinese medicine is the product of tons and tons of practitioners each having one specific style, you put them all together and then you have an eclectic system. But it's not as though the eclectic system can be practised by every person in the same way. That is completely wrong.

R: And that is what 'TCM' has done to Chinese medicine?

A: That is exactly what it is. They are training people to embody every characteristic of Chinese medicine by themselves and it's impossible.

I would love for there to be a Sun Simiao specialist, a person who practises like Sun Simiao used to practise, a Li Dong Yuan specialist who practises like Li Dong Yuan used to practise. That is a person

that I would refer people to. Or a Ye Tian Shi specialist who practises Ye Tian Shi style Wen Bing – that is someone I would send patients to if I had a case that was very much within this person's speciality. Great!

That would be a very professional way of working with Chinese medicine. Now it's very unprofessional because we are taught that we should be able to treat everything. To a certain degree that's right, but not the way it's done now. It's totally fine to have people who are more spleen-stomach based or who are more yin tonification based, heat clearing based or more cold damage or yang promoting based, or whatever. Now that would be a really good society where people have all these subspecialties and then Chinese medicine would really flourish as a whole. By virtue of practitioners focusing on one style, they would be really good at what they do and they wouldn't be spread so thin. Because now everybody is spread way too thin.

R: What advice would you give someone who wanted to develop and improve their clinical skills?

A: Well, the *Nei Jing Su Wen*, chapter 42, urges us to choose one method and specialise, for example acupuncture, or herbs, or body work, or guided movement and breathing techniques. I would highly caution against trying to become a jack of all trades, which always results in being a master of none.

In Chinese medicine study, though 'all roads lead to Beijing' and many paths can lead to solid mastery of a set of Chinese medicine clinical skills, I would still suggest an approach that emulates a classical discipleship model.

Although the beginning always involves lots of memorisation of essential pieces of information such as herbs, flavours, qi, classical passages and clauses, this type of teaching should be limited to a minimal amount of theoretical instruction and a maximum amount of clinical observation. There will be burning questions that arise from one's own practice that will need to be answered, and the guidance of a master can then open up new avenues of thought, demonstrate different methods of analysis and contemplation and point towards important areas for further study and self-improvement. After a few years, one will know when the time has come to fly solo again.

