

Interview with Arnaud Versluys, PhD, MD (China), LAc

By Dr. Reginaldo de Cavalho Silva Filho

Chief-editor, Medicina Chinesa Brasil <http://www.medicinachinesabrasil.com.br/>

How did you develop your interest on Chinese Medicine? And how did you pursue this goal of learning Chinese Medicine?

I have had an interest in medicine since early childhood, and developed a strong interest in complementary medicine since the age of 13 or 14. When I was about 15, my mother started receiving acupuncture and herbal treatments from Dr. Pierre Sterckx in Belgium. He was at the time one of the top people in the field in Belgium and had vast China-experience. I would accompany my mother on her visits and hold long conversations with Dr. Sterckx. He is ultimately the person who planted in me the idea of going to China to study Chinese medicine. At the age of 18, after finishing high school, I enrolled in the Hubei College of Chinese Medicine (now called Hubei University of Chinese Medicine) in Wuhan, where I started my Bachelor in Medicine training in general Chinese medicine. After 5 years I graduated there and continued to pursue a Masters and ultimately my doctoral degree at the Chengdu University of Chinese Medicine. In total I spent twelve years studying in China.

As an expert and renowned on Classical Chinese Medicine, could you please mention to our readers your opinion on the importance of the Classical Texts?

There are two definitions of ‘classics’. When I talk about ‘classics’ I am referring to the Chinese medicine writings compiled during the Han-dynasty (approx. 200 BCE- 200 CE). But in our field of TCM, any ‘old’ book has come to be called a ‘classic’, including the very young Qing dynasty works of the late 19th century. Of course, when employing the definitions of antique furniture, then everything older than 100 years can be called antique. But in my opinion, none of these works are ‘classics’ in the canonical sense of the word.

Han dynasty classics are called ‘canons’, seminal works of the highest authority on the subject. These works are to be considered the root of our medicine, as explained and practiced in its most pure and unadulterated form. And as such, they should form the foundation of all Chinese medicine studies or practice, be that herbal or acupuncture. As axioms in mathematics, the knowledge of the canons should be accepted as accurate, like traffic regulations, because it is in our best interest.

Studying the knowledge in the canons should be done with the motivation of becoming a better clinician or teacher. While questioning the obscurities of the canons should always be done with the intention of removing one’s own intellectual limitations to understanding its content. In modern times, our inability to fully understand canonical content, combined with our perceived sense of superiority over things archaic, too often leads to the ignorant issuance of error verdicts over such content. This is like pulling the

rug from under our own feet and is the first step towards failure both as a clinician, scholar or teacher.

In Brazil, most practitioners of Chinese Medicine are actually only using acupuncture in their practice. Which classic texts would you recommend for Brazilians?

When practicing acupuncture, one should exclusively focus on studying the Huangdi (Yellow Emperor) lineage of Chinese medicine by working on the Huangdi Neijing Suwen (Plain Questions) for general theory, and then focus on the Lingshu Jing (Spiritual Axis) for acupuncture. Beyond these two works, one should further focus on the Western-Han dynasty Classic of Difficulties (Nan Jing) written by Bian Que and the Jin dynasty (215-282 CE) Systematic Classic of Acupuncture and Moxibustion (zhenjiu jiyi jing) written by Huang Fumi. All of these books have been translated into English and are readily available.

Can you please tell us about your experience and the importance of the master-apprenticeship way of learning?

In general we can discern three ways of learning Chinese medicine. The first one is through auto-didacticism, but this is rare and very difficult to pull off. The second and more traditional format was through apprenticeship and discipleship. This way of learning was and is still very common in the folk medicine realm, more prevalent in rural or semi-rural settings. Apprenticeship was also the only way to learn medicine before Chinese medicine education became institutionalized. The third way is through institutionalized instruction.

There are certain advantages and challenges implicit to apprenticeship. The first and foremost advantage would be the ability to live and learn with a certain highly-skilled physician and receiving his exclusive training and education. One would shadow the physician in clinic every day and learn the practice of the medicine by doing so. The master would then also suggest reading assignments and expect dedicated study outside of clinic hours. However, apprenticeship is mostly geared towards training in clinical medicine, and does not put great emphasis on theoretical education. The essence would be application. The main difficulty for Westerners is that we find it very hard to commit to studying with just one master. We tend to believe that the grass is always greener on the other side. Westerners also have more of an eclectic inclination, thinking that one needs to master multiple things, rather than sticking to just one system or style. Ultimately, the 'teacher-hopping' ruins one's ability to ever become a master at anything, thus turning us in the proverbial 'jacks of all trades' but 'masters of none'.

So where does the commitment to one style come from? It mostly comes from a rather advanced understanding of Chinese medicine in the first place. The more one studies, the more one should realize that one knows very little. With that realization comes the understanding that limitation and focus yields the best result in study. One must realize that only if one decides to focus on one or two things that one can truly penetrate deeply

into the subject matter. Proficiency or mastery in Chinese medicine is not the linear and quantitative accumulation of knowledge, but comes rather from the qualitative depth of that knowledge. One can never know the whole Chinese medicine, and so why waste your time trying? One can only choose the part that fits one's personality, style, inclination, creed or even patient population best, and then try to truly reach unparalleled depths of insight and understanding in it. Since this insight does not arise in the hearts of beginners, the ideal students of classical discipleship are already seasoned practitioners ready to take their knowledge and skill to the next level.

The second way to allow one to commit to one particular style of practice is by witnessing what is sometimes called a 'miracle cure'. Though only miraculous to the untrained eye, these fast-acting and long-lasting clinical results beyond any level of clinical efficacy witnessed before, can become the strongest motivating force to commit to the study of one style of practice. This way however has become very rare since many of the old masters have already passed away and since average Chinese medicine results in the Western world are maybe at 5-10% of the true potential of Chinese medicine. But this way was how I personally became convinced of the clinical efficacy of Shanghan Lun and Jingui Yaolue formulas. My teacher, Dr. Zeng Rongxiu of Chengdu, did not say anything that convinced me to follow him in clinic, but I was allowed to witness clinical results above and beyond anything I had ever seen performed with herbs anywhere in China. I was immediately convinced and able to commit with body and mind to the exclusive study and practice of this style. I haven't looked back ever since in the past 11 years.

I know you have a great interest in Shang Han Lun. Where did it come from?

After graduating from medical school, I felt quite insecure about my own knowledge and skill. I felt that I knew a little about a lot of things and I did not feel confident yet in clinic. I decided that I needed to study more to gain better knowledge and confidence. Every time I took a Shanghan Lun or Jingui Yaolue course in university, I walked away completely confused, but at the same time convinced that the answer to the many questions I was struggling with in Chinese medicine, could be found in those two books. I was convinced that Chinese herbal medicine was to be practiced on the level of flavors and qi. I was convinced that diagnosis and analysis was to be practiced on the level of yin and yang. And I was convinced that treatment was to be conducted with the magistral prescriptions of the canonical school. I just didn't know how to enter the subject matter, until I met my teacher who showed me the path to walk. Everything since then is history.

What is the importance of acupuncture on your daily treatments? When you use it, do you consider the theory on Shang Han Lun or you use it more in the TCM pattern way?

I have happily forgotten most of my conventional TCM knowledge and only use six conformations-based analyses in my thought process. As such, what better system to practice acupuncture along since the meridians are the physical embodiment of the six conformations. I previously published in the Journal of Chinese Medicine¹ my methodology for translating or extrapolating herbal prescriptions into acupuncture point

prescriptions. I believe that when the two modalities are finely tuned-in to each other, results are far superior. Your journal might be interested in translating and re-publishing that article.

Do you have any material or book published, so that those interested could reach for more information on your way of thinking Chinese Medicine?

I have some articles^{2,3,4,5,6} published in various locations and have contributed to some publications. But in the last seven to eight years I have been mostly busy teaching canonical Chinese medicine globally, traveling mostly in the US and between the US and Europe or Australia. Gradually, more people are getting trained as potential co-instructors and hopefully I will be able to start handing off some of my seminars to free up some of my time to start writing. I have a few book plans in mind but don't expect to see any of my books come out until about 5-6 years from now. I never believed in Chinese medicine physicians publishing anything before 40 or 45 years of age anyway. It's against tradition, haha.

On your doctorate, your thesis was related to the origins of classical formulas. Can you tell us at least a little about your findings?

There is a large gap in our understanding of the developmental history of the field of formula science of Chinese medicine between Western Han dynasty's Fifty-two Formulas from the Mawang Tomb *mawangdui wushi'er bingfang* (approx. 200 BCE) and the Eastern Han dynasty Treatise on Cold Damage and Complex Disorders *shanghan zabing lun* (approx. 200 CE). What happened during these four hundred years? And how did the primitive formula architecture of the Fifty-two Formulas suddenly become so sophisticated and refined? As a graduate in the field of Formulas, this was the question I wanted to figure out.

My findings showed that during those four centuries, two pivotal books embodied the advancement of formulaic science, one being the Divine Farmer's Classic of Materia Medica *shennong bencao jing*, and the other being the Yiyin Decoction Classic *yiyin tangye jing*. The latter work is mostly lost to the tooth of time, but during the 20th century some archeological findings from the Dunhuang cave complex in NW China provided us with some fragmentary records of the original work. Especially, a work called the Secret Essential Instructions for Using Herbs for Bowels and Viscera *fluxingjue zangfu yongyao fayao* by Jin dynasty (215-282 CE) Tao Hongjing records 60 of the originally 360 prescriptions of the Decoction Classic. Close study of these 60 formulas showed clearly that they functioned as the blueprint for the design of Zhang Zhongjing's principal prescriptions to treat conformation diseases as recorded in his Shanghan Lun. This fact was already echoed in Jin dynasty proper by the aforementioned Tao Hongjing and Huang Fumi. I studied the Six Spirit formulas which correspond to the rhythms of six star constellations, known as the Green Dragon, Red Phoenix, White Tiger, etc, as well as the Two Dawn formulas which correspond to the rising of the sun from East to South. My findings were that Zhang Zhongjing adopted and sometimes slightly modified these prescriptions to design his own formulas of the Shanghan Lun. Further, my study of the many Major and Minor Solid and Hollow Organ Tonification and Reduction Formulas *daxiao zangfu buxie fang*, showed that they often formed the blueprint of many of the

formulas found in the Jingui Yaolue. As such, I was able to contribute to a better understanding of the development of formula science during the 400 years preceding the publication of the Shanghan Zabing Lun.

I noticed that one of your specialties is on the treatment of auto-immune diseases, can you please tell us your experience on diseases such as Multiple Sclerosis?

I wish you had asked about an ‘easier’ affliction but I can briefly introduce you to some of my understanding of MS from a canonical perspective, and more specifically from the perspective of the Shanghan Lun and Jingui Yaolue.

Immunity and the orderly expression of immunity and vitality are governed by the imperial fire of the heart. This is echoed by Neijing Lingshu chapter 27 where it explains immune reaction as the person’s shen-spirit becoming aware of irregularity in the physiology of the body. According to Neijing Lingshu Chapter 4, the head is the gathering of all yang and should always house warmth and yang. This is why it is the last body part to wear clothes in winter. As such, from a Canonical Method perspective, we consider auto-immune disease an affliction of the expression of yang, which is conformed by the involvement of the brain in MS specifically.

Sclerosis is the formation of plaque or scarring. These are considered impurities and are therefore yin in nature. In other words, they are accumulations of dense, stagnant and material nature. When an area has sufficient fire and warmth, then yin accumulations and conglomerations do not form. The presence of such lesions in MS confirms the damage to yang.

From a six conformation we regard the treatment of multiple sclerosis most closely related to shaoyin imperial fire and jueyin wind wood. This because shaoyin fire is the source of all yang in the body, and the brain houses the heart shen. The relationship with jueyin is because of the jueyin meridian’s ability to enter the brain as well as jueyin’s function of pumping blood upwards from the lower burner back to the upper burner. Jueyin also is involved in any type of hardening of originally soft tissue, especially true for tissue of the nervous system or even the blood-brain barrier. This echoes the theoretical maxim that classifies the liver as the ‘hard viscera’ since originally soft jueyin tissue will turn hard under pathological circumstances. As such, blood stasis, which often accompanies the presence of sclerosis is also a sign of hard and dry blood and points at a distorted jueyin physiology.

But the liver merely stores and circulates the blood while blood itself is governed primarily by the heart. The heart also governs imperial fire and is in charge of yang. As such blood and yang have a very tight relationship. Neijing Suwen chapter 3 states that ‘liquid yang nourishes the tendons’. As such we regard blood to be liquid yang, the material liquid that carries the warmth and spirit of the heart throughout the body. Yang is the warmth that emanates from blood that circulates throughout the body inside the *mai*-vessels and *luo*-capillaries or collaterals. As blood also carries awareness, only an area where a sufficient amount of blood flows can have awareness. This is why it does

not hurt to cut hair or fingernails, because there is not enough blood in hair and nails to manifest bleeding when cut.

One of the many symptoms of MS is numbness and paralysis. Numbness or the absence of sensation is according to Zhang Zhongjing part of the diseases called Blood Impediment or Blood Obstruction *xuebi*. Zhang Zhongjing states in chapter 5 of the *Jingui Yaolue*: “When evils are in the collaterals, there is numbness on the skin; when evils are in the channels, there is un-overcomeable heaviness ...” This means that when there is damage to the proper circulation of blood through the collateral vessels, there is loss of sensation and numbness on the skin and when qi flow in the channels is also obstructed, there will be paralysis and inability to lift or move body parts.

Chapter 6 of the *Jingui Yaolue* then goes on to explain the disease of Blood Impediment or Blood Obstruction by saying: “How does one contract Blood Obstruction? The master says: noble people, have weak bones but abundant flesh, and consequently sweat due to fatigue, while periodically moving during their sleep, and the addition of undergoing mild wind, and so it is contracted. There is only a spontaneous mild choppy pulse, with at cun and guan a minor tightness, for it is appropriate to use needles to guide yang qi, allowing the pulse to be peaceful, for when the tight [pulse] is eliminated it will be cured.” Here Zhang Zhongjing suggests that the lack of sensation is due to a failure of yang to reach a certain region and the appropriate treatment is use of acupuncture to bring yang and awareness back into the numb region. The marker for yang returning will be the disappearance of the tight pulse which signifies the yang deficiency cold.

From the perspective of herbal treatment, Zhang Zhongjing continues: “In Blood Obstruction, when yin and yang [pulses] are both faint, and there is a faint pulse on both cun and guan, with slight tightness in the chi, the exterior symptoms are lack of sensation, as if in Wind Obstruction, and Huangqi Guizhi Wuwu Tang governs.” Here the formula is a modification of Guizhi Tang, by subtracting Gancao and doubling the amount of Shengjiang while adding the herb Huangqi to tonify yang qi and act as a precursor for blood circulation. This formula is often used in the treatment of brain disorders, including multiple sclerosis. The above two paragraphs clearly illustrate the clinical relevance of the relationship between yang and blood.

A second important example of the treatment of numbness is by using the herb Fuzi (*Radix Aconiti Lateralis Praeparata*). When an area loses warm yang awareness, then yin cold numbness will overtake. Zhang Zhongjing has two significant mentions to this affect in his *Jingui Yaolue*. Chapter 5 states: “Cuishi Bawei Wan treats foot qi entering upward, with lack of sensation in the lower abdomen.” Cuishi Bawei Wan is also known as the formula Shenqi Wan or Kidney Qi Pill and its main warming herb to expel numbness from the lower burner is Fuzi. In Chapter 10 of the *Jingui Yaolue*, he goes even farther by suggesting the use of the actual root of Wutou, and not merely the Fuzi appendages to the root: “In Cold Hernia with pain in the abdomen, reversal cold, numbness of hands and feet, and if there are body aches, which moxa, acupuncture and all other herbs have been unable to treat, it should be Wutou Guizhi Tang.” Here the lack of yang and internal cold is so intense that not only do we need to warm the counterflow cold of the four

extremities with Fuzi as done in the Sini Tang collection of prescriptions, we actually even need to use Wutou to bring yang awareness back to the four extremities. Wutou Guizhi Tang is basically a modification of Guizhi Tang by adding Wutou. In summary, when warming yang of the heart and brain to increase and repair immune functions and restoring proper nerve conduction and sensory awareness, we often employ Fuzi or Wutou-based prescriptions such as Fuzi Tang, Zhenwu Tang, Guizhi Fuzi Tang, etc. While when warming blood and melting impurities and plaque, we choose the main jueyin blood warming and blood moving prescription Danggui Sini Tang. These two prescriptions are then often combined with the aforementioned Huangqi Guizhi Wuwu Tang to assist in treating numbness and promoting qi and blood circulation. All of the above prescriptions can be used to treat MS, and depending on the clinical necessity, other herbs can be added. Acupuncture is also necessary per Zhang Zhongjing's suggestion to treat the more peripheral complications of MS. When using these combined approaches, many patients can be helped and the disease progression can be slowed down greatly while many bodily functions can be improved. This is probably as good as it will get when treating MS since 'curing' the affliction is rather unlikely.

It was a pleasure to interview you. We understand that you have a pretty busy schedule, but please consider coming to Brazil some time to promote your vast and in-depth knowledge.

I would be delighted to visit Brazil and meet like-minded practitioners with a love for the classical writings of Chinese medicine and a determination to practice at a more advanced level. As long as there is interest in what I have to offer, I would be happy to oblige. Thank you for this opportunity and I wish you all the best with your new journal.

Bio:

Arnaud Versluys PhD, MD (China), LAc, is one of the very few Western scholars to have received his full medical training in China. He spent more than ten years at the Chinese medical universities of Wuhan, Beijing and Chengdu, where he pursued his Bachelor, Master and Doctorate degrees in Chinese medicine. He also trained in traditional Shanghan Lun discipleship for many years. Dr. Versluys' passion lies in the Han-dynasty canonical style of Chinese medicine. For five years he worked as a Professor at the School of Classical Chinese Medicine of the National College of Natural Medicine in Portland, Oregon, USA. In 2008, he founded the Institute of Classics in East Asian Medicine (www.iceam.org) to offer postgraduate training in canonical Chinese medicine worldwide. Dr. Versluys has a private practice in Portland, OR, and can be reached at info@arnaudversluys.com

¹ Arnaud Versluys, Stephanie Bekooy (2005). 'Acupuncture Treatment According the Six Conformations of the Shanghan Lun', *Journal of Chinese Medicine*, 77; 17-26.

² Arnaud Versluys (2004). 'Ming Dynasty Scholar Xu Feng and Classical Needling Techniques from his Ode of the Golden Needle', *Journal of Chinese Medicine*, 75; 30-35.

³ Arnaud Versluys (2004). 'Discourse on Classical Needling Techniques in the Chapter Official Needling of the Spiritual Axis Canon', *Journal of Chinese Medicine*, 74; 16-22.

⁴ Arnaud Versluys, Jessica Atkins (2006). 'The Classical Energetics of the Five Tastes', *Journal of Chinese Medicine*, 80; 50-58.

⁵ Arnaud Versluys (2008). 'Jueyin Disease and Wumei Wan', *The Lantern*, 5-3.

⁶ Arnaud Versluys, Kumiko Shirai (2010). 'Improved Understanding of Shenqi Wan Patterns through Abdominal Diagnosis', *Journal of Chinese Medicine*, 92; 19-30.