

## P R E F A C E

### How this book came to be

This is the completely revised and expanded third edition of *Statements of Fact in Traditional Chinese Medicine*. The first edition was published in 1994. It contained a much smaller list of statements along with Chinese characters and Pinyin romanization. The second edition, published in 2001, was a true pocketbook edition, much smaller in format so that it would be easy for students to carry about with them and refer to constantly. (Dare I say it? Like Mao's "little red book") It contained many more statements than did the first edition. However, it did not contain either Chinese characters or Pinyin romanization and some teachers complained about that. When I was told that *Statements of Fact* would soon be out of stock and needed to be reprinted, I called "time out" and said we needed to do a completely new edition with even more statements but also with the Chinese characters and Pinyin put back in. I had been avoiding this task because it entailed a lot of time-consuming in-putting on the computer. However, when it came down to tackling this project, I happened to be teaching a small class on translating modern medical Chinese. When I told this class about this project, two of those students said that they would be willing to do all the in-putting from the first edition (the digital files had long been lost) and the collating of the first and second editions. These two students were Michael Johnston, L.Ac. from Ft. Collins, CO, and Timothy Rogers, perennial and peripatetic student of Chinese medicine. So thanks are due to these two

stalwarts and their many hours of toggling back and forth between English and Chinese. Their work allowed me to hunt through my library of Chinese medical texts, looking for more statements to include. At the end, all I had to do was to collate all the new statements I had found with Michael and Tim's file. Well, almost all I had to do.

I also have to thank Michael and Tim for one other thing. As they typed in all the statements from the first two editions, they kept wondering exactly what these statements mean in terms of real-life clinical practice. Therefore, they encouraged and finally convinced me to write a commentary for all of the statements appearing in this book based on my reading of the Chinese medical literature and my 30 years practice of this medicine. Although it took a bit of doing, writing this commentary was a very enjoyable and rewarding experience from which I learned a lot. In addition, this version contains a bibliography of all the Chinese texts from which I have culled these statements. I would have liked to identify the actual *locus classicus* of each and every statement contained herein, but that turned out to be simply impossible. Many of my Chinese sources did not give their sources. In any case, what appears here in this edition is a very different book from the first *Statements of Fact*. Hopefully, this edition will be even more useful to students, practitioners, and teachers of Chinese medicine than the first two editions.

All the English language Chinese medical terminology used in this book is based on the work of Nigel Wiseman, Feng Ye, Andrew Ellis, Paul Zmiewski, and others who, over the past 25 years, have created the terminology found in Paradigm Publication's *A Practical Dictionary of Chinese Medicine* (Brookline, MA, 1998). However, although I have used Wiseman *et al.*'s term choices for individual Chinese medical words, I have not necessarily used their translation of whole phrases and sentences. Rather, I have translated them myself using their building blocks. In addition, in the few places where I disagree with Wiseman *et al.*'s terms choices, I have tried to footnote these and explain my variances. Words that occur in brackets are words that I have inserted in order to make the terse

(and otherwise cryptic) Chinese read intelligibly in English. I have put these words in brackets to help students wanting to learn Chinese to follow more easily from Chinese character to English word in my translation. For the same reason, I have tried to keep the Chinese word order in my translations whenever possible. Further, all of the original Chinese statements are printed in black, while my commentary is printed in blue. Hopefully, this will make differentiation between the Chinese statements themselves and my commentary easier and unambiguous.

### What this book is & how to use it

This book is a list of some of the most important statements of fact in Chinese medicine. These are the statements that Chinese doctors (中医生, *zhong yi sheng*) in China use to learn, think and speak about, and, ultimately, practice Chinese medicine. Many of these statements come from the root classics of Chinese medicine—the *Nei Jing (Inner Classic)*, *Nan Jing (Classic of Difficulties)*, *Shang Han Lun (Treatise on Damage [Due to] Cold)*, and the *Jin Gui Yao Lue (Essentials from the Golden Cabinet)*. Others come from famous pre-modern texts written by such pre-eminent authorities as Hua Tuo, Chao Yuan-fang, Sun Si-miao, Zhang Yuan-su, Liu Wan-su, Li Dong-yuan, Zhu Dan-xi, Zhang Jing-yue, Gong Ding-xian, Ye Tian-shi, Tang Zong-hai, and Wang Qing-ren. In my experience as both a student and a teacher, if one memorizes as many of these facts as possible, one will be able to understand and practice Chinese medicine more precisely than those who only have an approximate knowledge of these facts in an imprecise translational terminology.

When I was growing up in the 1950s, we had the politically incorrect but nonetheless entertaining Charlie Chan movies. Those of my generation may remember that, when explaining a perplexing case to his hapless Number One Son, Detective Chan often repeated, “Confucius say” followed by some proverb germane to the situation at hand. To my friends and me, this

became an oft-parodied joke. However, Chinese actually do discourse this way. Chinese culture is a culture of consensus, and that consensus is partly based on the frequent repetition of famous quotes and proverbs from authoritative culture heroes. Later, when I was studying Tibetan Buddhism, each class was prefaced by a review of how to be a good student. From the Tibetan Buddhist point of view, there are three mistakes in learning:

1. Memorizing the words but not understanding their meaning
2. Understanding the meaning but not memorizing the words
3. Not remembering the material in the order presented

As a teacher of Chinese medicine in the West having studied Chinese medicine in China, I would say that sometimes Chinese students memorize the words but do not actually understand what they mean. Conversely, it is my experience that Western students understand (at least somewhat) the meaning but rarely remember the actual words. All Chinese doctors in China from Beijing in the north to Tainan in the south, from Shanghai in the east to Chengdu in the west can repeat verbatim a large portion of the statements contained in the book, and these statements act as the armature for pinning and supporting their understanding of this medicine. Their memorization of these statements gives precision and clarity to their remembrance and understanding of Chinese medical theory.

Further, when reading the Chinese medical literature in Chinese, it is clear that Chinese doctors think and solve clinical problems by arranging these various statements in logical syllogisms. In my experience, Chinese doctors tend to think in a highly logical and systematic way, with the statements contained herein comprising the fundamental propositions with which they reason. For those unfamiliar with the concept of a syllogism, the commonly used example of a simple categorical deductive syllogism goes like this:

Proposition A: All humans are mortal.

Proposition B: Socrates is a human.

Deduction: Therefore, Socrates will die.

In this case, two statements of fact are arranged in such a way that they produce a new piece of knowledge, a new fact, and this is exactly how Chinese doctors think, speak, and write and develop their understanding and practice of this medicine.<sup>1</sup> The following is an example of a multi-proposition or multi-premise Chinese medical syllogism constructed from statements found within this book.

Premise A: The spleen governs the movement and transformation of water fluids.

Premise B: If water fluids collect (*i.e.*, stop moving), they transform into dampness.

Premise C: If dampness endures, it congeals into phlegm.

Deduction (or summation): Therefore, the spleen is the source of phlegm engenderment.

To some extent, the more of these statements of fact one memorizes, the more Chinese medical problems you will be able to solve. I like to compare the memorization of these statements to the up-loading of a computer program where these statements are the operating code. Once the program is up-loaded correctly and completely, one can solve all sorts of problems with that program. However, if the software is faulty or incomplete, then the program simply does not work.

As for how to use this book, it is not a stand-alone basic theory text. However, its use can greatly help in learning the theory in such basic texts. Therefore, I recommend that students study this book along with whatever basic theory text their school has chosen. Then, along with understanding the theory contained in that text, they should try to memorize as many of the corresponding statements of fact as possible. That way, one will have remembered the words *and* understood their meaning.

---

<sup>1</sup> In point of fact, categorical deductive syllogisms do not actually create new facts. Rather, they reveal facts that may have been only implied but not previously explicitly stated.

Secondly, I recommend teachers of Chinese medicine use as many of these statements as possible in their classes, repeating them over and over again so that their students become used to hearing them. In my experience, if one really wants to master this system of medicine, one should pickle themselves in these famous statements of fact. And third, I recommend practitioners to use these statements when conversing with each other. In my opinion, one of the problems with the practice of Chinese medicine in the West is that, due to not having a standard translational terminology or a standard fund of essential knowledge, we are often confused when talking to each other. Are we talking about the same things? Are our conversations and our logic true to Chinese medicine as created and practiced in the land of its origin? By using these statements as the irreducible facts of our art, we can converse and, indeed, debate with some commonly agreed knowledge as our basis. Therefore, I do not just recommend students and practitioners read this book. Rather, I hope they will ponder, if not meditate on, these statements and commit as many of them to memory as possible.

Good luck and best wishes.

Bob Flaws  
Boulder, CO

Feb. 14, 2007