

An Interview with Z'ev Rosenberg

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Abstract

Z'ev Rosenberg is a practitioner, teacher, author and elder statesman of the Chinese medicine profession. This interview was conducted in late 2018 following the publication of his book, *Returning to the Source: Han Dynasty Medical Classics in Modern Clinical Practice*.



DM: Congratulations on publication of your book - for those who have not read it, could you tell us what it is about and what your aims with it were?

ZR: One of the contributors to this book, Ken Rose, used to quote the scientist Dave Weininger, describing the molecular 'language' he developed (SMILES) for computers to 'treat a large amount of information as a small amount of information.' Dave moved on to learning the Chinese language based on the same principle - that a traditional Chinese character condensed a large amount of information into a small visual image. For several years, I had tried to commit to print, and Ken (co-author of *Who Will Ride the Dragon* and *A Brief History of Qi*) was a source of feedback for me on this project, which stopped and started again several times over the years. Only in the last two years did the book fully come together; I decided to write a very condensed, concise

book that explained what the study and practice of 'classical Chinese medicine' had to offer our profession and the general public. I did a great deal of research into the history of our medicine, from Paul Unschuld's writings to modern medical anthropologists such as Judith Farquhar and Sean Lei, TCM textbooks, and of course, the Han dynasty medical classics as well. I then decided what I thought the essential principles were that needed to be chapter topics for my book, which included terminology, ying (construction) and wei (defence) qi, gan ying (resonance), qi hua (qi transformation) and mai zhen (pulse diagnosis).

DM: Early on in the book you introduce the concept of the 'internal pharmacy' - can you tell us something about this and why it is important?

ZR: Many years ago, I observed a panel discussion at UC San Diego of pharmacologists discussing the latest advances in drug development. While interesting, the conclusion of all panelists was that the future of pharmacology was 'the internal pharmacy', or the utilisation of the body's own internal 'drugs' - in other words, trace substances such as neurotransmitters, hormones, enkephalins and endorphins. We all know that the body has endogenous opioids and endocannabinoids, natural pain killers. From my studies and practice, I've observed that not only herbal medicine, but acupuncture and moxibustion can work with the body and mind to restore homeostasis, and optimise the production of the endogenous substances that are essential for health and self-repair. To some degree, we can minimise the need for 'replacement' therapies by regulating and modulating these complex systems through Chinese medical treatment.

DM: And do you have any truck with applying acupuncture or herbs based on biomedical models in order to focus on specific 'internal drugs'?

ZR: There are no specific models that I know of that use

acupuncture and moxibustion to focusing on specific drugs in the body. My approach to treatment of 'the internal pharmacy' is to respond to pulse, abdominal and visual diagnosis and symptom pattern, and use acupuncture/moxibustion or a herbal formula to help the body/mind to self-regulate. We focus on what the famous 19th century physiologist Claude Bernard called treating the 'terrain' or 'milieu intérieur', aiming for homeostasis. In Chinese medicine we regulate the channel system and the wu zang (five viscera), in order to aid the intelligence of the body/mind to self-correct biases.

DM: You are a great advocate for letting traditional/'classical' Chinese medicine stand in its own right. How do you as a practitioner practise in this way given the overwhelming biomedical bias of today's medical system? Do you experience any conflict either in yourself or in your dealings with patients or other clinicians?

ZR: I've never had a 'conflict' within the realm of my own clinical practice over decades of practice. I try to create a specific environment and approach in my office, and am proud of providing an 'alternative' perspective. I try to follow the example of Zhang Xi-chun, the early 20th century physician, who in his writings suggested that Chinese physicians root themselves in a classical perspective while being open to biomedical (and other medical) information, 'plugging it in' where appropriate to one's overall diagnosis. Chinese medicine is easy to communicate in simple language, and at least in my own practice, patients are looking for an alternative perspective to what they have been told is going on with their bodies and minds. In that light, I first feel the pulse, look at the tongue and complexion, then tell them what I find. It reframes the conversation, and gives the patient new information to work with. I then ask questions based on my findings to get a picture of this unique person who is sharing space with me. Only then, do I take their medical history and discuss any ailments that the patient wants to address. Since I am practising Chinese medicine, I 'deconstruct' the biomedically-named condition (if the patient has been diagnosed with one) and reframe it in Chinese medical terms. Otherwise, I don't feel that I'm doing my job, or representing myself accurately in terms of what I practise. We have a rich, long history, and a huge, unmatched database of theory, diagnostics and case histories to draw on, and it makes no sense to ignore this and try to treat a patient as if they've already been diagnosed and we are only offering another modality to treat the same thing.

As far as 'dealing' with patients, I am able to be selective after so many years - I know right away who I will be able to help, and who I should refer out, by the end of the initial consultation. Being in California, there are many other health professionals who are open to other approaches and perspectives, and I don't have a problem with my colleagues in that respect. Having a cash practice helps as well - not having to play insurance games, which is a huge problem in our field.

DM: So what does your clinical practice look like - does everyone get acupuncture? Do you mainly do herbs? How is your working day/week?

ZR: I see an average of 35 to 40 patients per week, one per half hour. A high percentage of my patients get acupuncture/moxibustion/cupping and a high percentage also take herbs. I work 10am to 5pm one or two days a week, 10am to 2pm three days a week, occasionally taking a day off for writing, research or hiking.

DM: Still very much at the coal-face then! And are you a raw herb advocate, or do you find granules do the job?

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ZR: When I first opened my practice, I had a full raw herb pharmacy, but these days I drop-ship raw prescriptions, and do a high percentage of liquid concentrates of formulas along with granules, as well as pills made by Simon Feeney in Australia based on *Shang Han Lun* specifications. So it is a very 'mixed bag'. But I find acupuncture/moxibustion to be essential in modern practice. I have found no other modality as effective in treating what Dr. Larry Dossey has called 'time disease' - the effects of modern digital time and counter-intuitive schedules on human health. I will often aim my acupuncture/moxa treatments at correcting visceral/channel timing using five phase theory, wu yun liu qi (five movements six qi) theory and channel theory to 'tune' the body/mind. I also work to harmonise ying (construction) and wei (defense) qi, and lunar/seasonal cycles that influence what we call today our circadian clocks.

DM: On which subject - in the chapter in your book, 'Ecological Medicine', you paint a fairly dim view of modern living and for example you contrast the lifestyles of pre-war Europeans with the disconnected, emotionally fragmented lives of modern people. I wondered whether there is a danger of taking a rose-tinted view of traditional lifestyles, and how far you go personally to live in a way that puts the classical teachings into practice?

ZR: I don't think my point of view is unusually pessimistic, considering all the warnings scientists and researchers are giving us on the sustainability of our present direction in what has been called the Anthropocene era. Humankind has profoundly altered the natural world in ways that were unknown even 150 years ago. We have also altered our own physiology, as with the microbiome, with cascading effects on long-term health. I simply use the material in the

classical medical literature, specifically *Su Wen* chapters one to six, as a template to understand firstly how far we have diverged from the principles for maintaining optimum health (i.e. yang sheng, nourishing life), and secondly include this understanding to help our patients return to health, beyond just treating presenting symptoms. It has nothing to do with golden ageism or 'belle epochism'. It has to do with timeless principles of natural law and ecological medicine, and applying these to modern clinical dilemmas that face every practitioner of Chinese medicine.

DM: Can you give us a couple of concrete examples of how you apply these classical principles in daily practice to help patients?

ZR: How about the case of a 47 year-old woman who came with severe headache behind the left eyeball, and both eyelids swollen. She had a clear nasal discharge from the left nostril. Her period had stopped for fifteen months, and recently resumed again. She had recently experienced extreme emotional stress, her mother having just passed away and moving house to San Diego from the East Coast. Her tongue body was pale, but with a dark red tip and sides. The pulses on the right revealed the guan was very replete, pushing upwards towards the cun position (lungs and chest). The chi/foot pulse was deep and thready. On the left wrist, the guan pulse was floating, replete and wiry, indicating Gall Bladder repletion, and the cun/inch pulse was wiry and replete, slightly less so than the guan pulse. I diagnosed a jueyin/shaoyang pattern, with jue (counterflow) indicating Liver wind. Her treatment with acupuncture included needling Baihui DU-20, Sibai ST-2, and alternate sides Sanjian LI-3 / Xiangyu ST-43 / Yangchi SJ-4 / Qiuxu GB-40 / Xingjian LIV-2 / Taixi KID-3 / Quze P-3. Her formula was *Wen Jing Tang* (Flow-Warming Decoction) to regulate the Chong (Penetrating) and Ren (Conception) Mai (Vessels), nourish Liver blood, warm the abdomen, cool the upper burner, and descend fire and counterflow yang qi. She felt much better after one treatment, and continued the herbs to consolidate the acupuncture treatment.

Or how about the case of a 67 year-old woman who came suffering from high stress due to caring for her elderly and sick mother. She previously has been treated by me for a range of disorders, including appendicitis, headaches, bloating and fatigue. I had picked up the appendicitis a few years previously from her painful, bloated abdomen, rapid slippery pulse, and greasy tongue coating. I gave her a treatment and then sent her to be checked for appendicitis, which required surgery. After her recent stress, she exhibited a remarkable pulse pattern where the left cun/ Gall Bladder pulse was extremely wiry, replete and flooding. All other pulses were contracted and inhibited, like small beads. Her tongue exhibited a one-sided coating and red tip, also indicating issues with the Gall Bladder. I advised the patient on stress management, prescribed *Chai Hu Shu Gan Tang* (Bupleurum Decoction to Dredge the Liver), and administered 'Liver Divergents'

treatment, which included Tongziliao GB-1, Taichong LIV-3 / Ququan LIV-8 / Daling P-7, Yangchi SJ-4 / Qiuxu GB-40 / Yanglingquan GB-34, Zhangmen LIV-13, Shimen REN-5 with moxa, Baihui DU-20 and Yintang (M-HN-3). She felt much relief after treatment, and her pulses normalised.

DM: That was more than I bargained for, thank you. These cases seem to show that the pulse informs strongly informs your diagnosis, and indeed you devote a whole chapter to it in your book. Could you tell us about how you developed your skill in pulse diagnosis (who were your main teachers?), and also could you give students/practitioners any advice on how to approach this tricky part of the diagnostic process?

ZR: Daniel, back in the mid 1970's, when I was practising as a shiatsu therapist and macrobiotic counsellor (after attending a small naturopathic school in Santa Fe), I decided to feel pulses on all of my clients, even though I didn't diagnose from my pulse readings at this point. This was largely due to the inspiration I received from Michael Broffman, today of Pine Street Clinic in San Anselmo (California), on the importance of pulse diagnosis in Chinese medicine. By the late 1970s I was in Chinese medicine school in Santa Fe, and the focus on pulse diagnosis stayed with me, despite the small amount of time devoted to it in my training there. One of my teachers in school was Dr. Vasant Lad, a famous Ayurvedic physician, who strongly emphasised pulse diagnosis, saying that 'when you feel the pulse, you are feeling the life of your patient in your hands'. Shortly after graduation (1982), I moved up to Boulder, Colorado, and attended a seminar with the Dali Lama's physician, Yeshe Dhonden, who also based his diagnosis on the pulse - especially important as he did not speak English and relied on a translator. I learned from all of these great teachers/physicians that the pulse should be the basis of one's diagnosis, followed by other methods in tandem. In 1987, Paul Unschuld released his first version of the *Nan Jing*, of which the first 22 chapters are devoted to pulse diagnosis, and I have read and reread this multiple times up to the present day. As it turns out, I am presently working on my next book, *Ripples in the Flow*, which is about *Nan Jing* pulse diagnosis (to be published in Summer 2019 from Singing Dragon).

The main thing I tell my students in doctorate programmes and seminars is that the best practice-building method is to first feel the pulse, and then let the patient know what you feel. It really helps build confidence. Rather than just reacting to a patient's biomedical - or naturopathic, chiropractic or other - diagnosis, you are reframing the patient's condition in a new context and understanding.

DM: In terms of reframing the context, you say in your book that 'To the degree that Chinese medicine abandons so-called vitalism, it moves far from its Han dynasty sources.' I know you have written before on the problems of a complete rejection of vitalism as an interpretation of the qi paradigm,

but I wondered if you could clarify the nature of the overlap between classical Chinese medicine and vitalism, and whether you see any problems with this correspondence?

ZR: This concept in my book is well illustrated in Federico Marcon's excellent text, *The Knowledge of Nature and the Nature of Knowledge in Early Modern Japan*. The changing nature of cultural world-views was already well under way in China and Japan by the time of Li Shi-zhen and his great compendium, the *Ben Cao Gang Mu*. As Macron states: 'the ensuing secularization of nature sprang from a parceling of nature in myriads of discrete objects to be described, analyzed, consumed, or accumulated in the form of standardized and quantifiable units as products, natural species, or collectables.' In other words, as a reviewer of this book in the *Kyoto Journal* stated, 'By the early 1800's, the natural environment was explicitly conceptualized as a limitless reservoir of resources for the prosperity of the state. The man who sparked this change was a sixteenth century Chinese doctor and naturalist named Li Shih-zhen.' Compare this to the world-view evident in the era of the *Shen Nong Ben Cao Jing*, based on an organic and resonant relationship between humanity and the natural world, where various plants, animals and minerals resonated with human beings in a commensal relationship that allowed for their medicinal qualities to be expressed in the maintenance of health, and secondarily, the treatment of disease.

DM: In the book you say that few in our profession are aware that the principle of zang xiang (visceral manifestation), and yet it constitutes a 'guiding light' for clinical practice. Could you say something about zang xiang and its importance, and why you think so many practitioners are not aware of its role in clinical practice?

ZR: I think that many modern practitioners are using zang xiang at least to some degree, without understanding the principle outright. We see that in the schools and clinical practice that practitioners often cannot explain why palpation of the abdomen and channels, pulse diagnosis, colour/complexion and other signs can be used diagnostically. Visceral manifestation, described in the *Su Wen and Ling Shu* as the phenomenon of internal changes and transformations being visible at the surface, is the key to understanding traditional diagnostic methods. Specifically, *Ling Shu* 47 describes external structures, such as the sternum, and its appearance - whether elevated, depressed, large or thin, tilted to left or right - as revealing diagnostic information about the heart. The same for other structures, such as the position, size and density of the ears and their relationship to the state of the kidney.

DM: So how do we bridge the gap between what is in the old books and clinical practice? I am sure many have tried to read the classics but found it challenging. How would you go about approaching their study?

ZR: This, of course, requires teachers who are versed in the classics, and can translate them into clinical practice. I hope my little book will spark a trend to help translate this material into modern clinical reality, but there are several great teachers out there, such as Arnaud Versluys, Suzanne Robidoux, Elisabeth Rochat, Sabine Wilms, Huang Huang and Ed Neal, among others, who are doing this work. The challenge is getting this material into the schools and standard programmes.

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DM: OK - finally - I was interested to find out what you learned personally about Chinese medicine through the process of writing this book?

ZR: My friend Ken Rose (who contributed to this book, and who has written books of his own on Chinese medicine) used to quote Einstein, who said 'make things as simple as possible, but no simpler'. He also quoted the late chemist, David Weininger, who said (describing both the 'language' of molecules and Chinese characters) 'I treat a large amount of information as a small amount of information'. In other words, attempt to explain the essence of Chinese medical principles in clear, simple language without wordiness, obfuscation or alliterative metaphors. I think this little book succeeds in doing that. It was in my head for twenty years, and it took an editor like Daniel Schrier to bring it out. I find it difficult to stare at a screen or notebook without feedback to my thoughts and words, and Daniel was the perfect foil. So, in summation, the entire process of writing this book enabled me to clarify, simplify, and express deep concepts in classical Chinese medicine that are necessary as the CM profession moves forward.

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