

# Tangible Medicine: An Interview with Andrew Nugent-Head

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## Abstract

Andrew Nugent-Head has lived in China since the age of 18. He left the United States in 1986 to study Chinese Medicine, martial arts and internal cultivation. He formally began studying Chinese medicine in 1989 in mentor-disciple relationships and entered into the Yin Style Bagua tradition in 1993 under the late Dr. Xie Peiqi. He is the founder of the Association for Traditional Studies (ATS – see [www.traditionalstudies.org](http://www.traditionalstudies.org)), a not-for-profit organisation dedicated to preserving China's traditional knowledge. When not travelling internationally to teach, Andrew is the chief practitioner of the ATS clinic in a small village within the tea hills of Hangzhou. This article is an edited account of an interview conducted by Daniel Maxwell, editor of The Journal of Chinese Medicine.

**DM:** Given your work to preserve traditional knowledge, can we start by talking about lineages? Many practitioners are currently very excited about studying classical lineage-based systems that seem to offer something better than modern state-sponsored 'traditional Chinese medicine' [TCM]. Are there drawbacks to this?

**ANH:** We are all part of a lineage. The lineage of Chinese medicine that began before the Yellow Emperor includes every book and practitioner that have shaped the medicine to today. The desire to find something outside of this speaks to a lack of connection between classical teaching and clinical application, which speaks to the lack of mentorship/internship in the current Chinese medicine paradigm. In United States programmes you have clinical practice with other students, a bit of faculty observation, and then you are graduated with a large student debt to pay off. For a Chinese student in China, internships are group affairs with large numbers of patients coming through at such speed that the ability to absorb anything of depth is almost impossible.

Lineages, microsystems and protocol medicine are filling that void. But you need to be careful with lineage-based practices, as they can be both helpful and detrimental to your development. There is a serious pitfall to be avoided. To one degree or another, a lineage implies you have something other people do not, which means you are not doing what others might be ... otherwise, you would be practising Chinese medicine as laid out in the classics, not a style or system laid out by an individual or school, even if it is based on the classics.

If you are in a clinical lineage based on scholarship,

then the uniqueness of your line is how they understand the classic books and apply that in the clinic. You gain a unique or particularly effective understanding of a text or theory. What makes a successful lineage advantageous is that your teacher has gone before you and made mistakes that they help you avoid ... and their teacher made mistakes which they helped your teacher avoid ... and so on up the line. It also means that you not only have teachers above you, but students below challenging you to explain what you know and thus mature your practice.

If you join a lineage that is only practical or protocol-based, then 'lineage' tends to mean following a rigid codification of techniques from this or that family or a particular sect of Daoism or Buddhism. Even in the best circumstances, it implies a petrified school of thought.

We are in a time of paradox: many students learn textbook theory for years and yet have no measurable skills as a result of their degree; and licensed practitioners are learning microsystems and other protocols in seminars which begs the following question: why should there even be school or theory if putting needles around the abdomen or eye or ear can treat everything? The problem is that the Chinese medicine of today, in the East and West, is mostly treating chronic conditions, subacute illnesses, or those which Western medicine either does not recognise or cannot successfully treat. In this type of practice there are very few repercussions if the patient doesn't get better or shows only mild or temporary relief. It has always been impressed upon me that there should be repercussions for poor results. In the past if you did bad martial practice you

got hit. If you did bad medical practice you had no patients. But there are now very few repercussions for people practising the Chinese arts. Taijiquan is practised for health and meditation instead of the fighting skills that made it famous, and acupuncture is used to treat chronic issues instead of the acute illnesses listed in the classics. Thus, the success of the practitioner is no longer tied to their ability to face emergency medicine or life and death situations.

**DM:** Especially if you're good at marketing ...

**ANH:** Good at marketing here in the West, or if you are in a hospital situation in China. There are so many patients coming in each day, day after day, regardless of results, simply due to the size of a population looking for some sort of relief for their ailments. But having a financially successful clinic or being able to claim that you are treating 80 patients a day does not mean you are attaining even the lowest level of practitioner described by the Nei Jing. The Nei Jing is very clear that results define the ranking of a practitioner – a top level practitioner gets nine out of 10 people better, a mid-level practitioner gets seven out of 10 people better, and a low level practitioner gets six out of 10 people better.

**DM:** I remember Bob Flaws saying that no matter what you do with acupuncture, 70 per cent of people get better anyway. This kind of thinking is confirmed by a lot of recent research that suggests that it actually doesn't matter where you put the needles.

**ANH:** This may be true for the chronic/subacute patients we just talked about, but obviously doesn't hold water when you are looking at amoebic dysentery, acute trauma, anaphylactic shock or cardiac arrest. As to research trials, the real needles are as sham as the sham needles. If you put a needle in a real point and don't do anything - that is if you don't make a commitment to move the qi with hand technique, be it tonifying or dispersing, and see the results of your choice in the patients' faces as they flush red or white or break into a sweat or have powerful sensations - then those needles are sham needles. This means research often tests sham versus sham, and both produce similar results. But those results aren't results to be proud of. In the old days of Chinese medicine your skill was judged by your treatment of patients who needed emergency medicine. You didn't knock on the great doctor's door if you had chronic tennis elbow.

Fate had it that emergency medicine was the first Chinese medicine I experienced, so I didn't know there was anything else. I was 18 and broke the

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bones of my foot in Taiwan. Fearing the quality of the hospitals at the time, I went to my martial arts teacher who also practised Chinese medicine. He firmly massaged a herbal paste onto the area of the break, then repeatedly perforated the grapefruit sized swelling with a needle, then cupped the area and sucked out the clotted blood through the holes he just made. Ten minutes later, we could clearly see the bones under the skin as he had removed the swelling completely. He then manipulated the bones back into place, applied a different herbal paste, and placed a splint on my foot with orders to re-apply the paste every day for a week as well as take herbs internally. It was probably the most painful experience of my life, but two weeks later I was walking on it.

On my first day with Dr. Xie Peiqi as his medical intern, a 21-year-old worker from the countryside came in who had had most of his hand chewed up in a corn husker. The hospital was worried about a bone marrow infection and wanted to amputate at the shoulder, but the young man was unwilling to have the surgery. Dr. Xie had me take off his bandage, clean the wound, apply a herbal medicine paste he made himself and wrap it back up. The first time he had me treat my own trauma case while he observed was a broken coccyx. This meant having to place one finger up the rectum while realigning the bones with the thumb from the outside, and then applying external pastes both inside the colon and on the buttocks.

Because of these first experiences, Chinese medicine to me is a very tangible, real medicine. It's one of the reasons we maintain a practice treating Chinese migrant workers for free - people who have no access to healthcare but who are the most in need of medicine. You end up facing conditions that are life-threatening along with the chronic or mundane, like a ruptured appendix in someone who refuses to go to a hospital no matter what you say. How you needle the extra point Lanweixue and what reactions the patient gets decides whether they go septic or their body starts to process out the pus and they live. There is no room for 'put the needle in and let the magic of acupuncture happen', nor are 70 per cent of those ruptured appendices going to get better regardless of what you do. If you make room for this to be a part of your practice, it takes you away from the world of sham acupuncture where it doesn't really matter how you needle. It does matter.

*Everyone talks about Zhang Zhongjing, Hua Tuo or Sun Simiao – our role models – but no one wants to practise the style of medicine they were doing.*

**DM:** But plenty of successful acupuncturists don't bother to obtain deqi – perhaps their patients don't really like it – and seem to get reasonable results. So something is happening with this type of treatment.

**ANH:** But only as long as their patient base fits the paradigm we were talking about and not acute or immediate medicine. You simply can't tackle life-threatening dysentery or anaphylactic shock with that style of needling. My wife tells a wonderful teaching story about when she first set up practice in Colorado. A patient called who was thrilled JulieAnn had hung her shingle just down the street from her, as she had injured her achilles and been travelling almost an hour to see an acupuncturist in Boulder for over a year. She came in, and JulieAnn gave her a 'real' treatment. The patient came back a week later and told her that she almost didn't come back in because the treatment had been so intense compared to what she was used to, but her achilles had improved from that one session more than it had in a year. A week after the second treatment, the patient called her to say that she felt it important to tell JulieAnn she was again dramatically better, but would be returning to the practitioner in Boulder instead of coming back in. She realised that she valued the quiet, meditative time and ambience of the Boulder clinic more than she valued her achilles.

It is important to acknowledge that just because something happens during a treatment doesn't mean it is Chinese medicine. For example, you can get patient who isn't used to sitting still to be in a room quietly by inserting needles into their body. That same patient probably wouldn't be able to meditate on their own for half an hour. A lot of things can be going on in terms of a person's response to enforced quiet and physical stillness - releases of chemicals caused by rest or fear of movement, or a process of fear then acceptance and release - so a lot of people improve from their time on the couch. Many things are effective in the world of chronic or sub-acute illness. If you can't take what treatment methods and strategies you are using and expand them to include serious and tangible illness, then it opens up the question whether you are actually practising Chinese medicine at all. We venerate texts that discuss how to treat life and death illnesses, but the most common sound-bite you hear from the average Chinese person today is Chinese medicine can't treat emergency conditions. You go to the Western

medicine hospital if you are sick, and to the Chinese medicine clinic if you don't feel good. How silly - this would mean that for the last three thousand years before the arrival of Western medicine every person who broke their arm would have to walk around with it dangling at their side saying, 'Chinese medicine can't fix my arm, but my allergies sure are better this season!' The background to the Shang Han Lun was that two thirds of Zhang Zhongjing's 200-member family died of illness in less than ten years, so he set about gathering all the formulas that could treat the influenza of the time. Everyone talks about Zhang Zhongjing, Hua Tuo or Sun Simiao – our role models – but no one wants to practise the style of medicine they were doing. Ghost point needling doesn't just involve popping in the needles gently and leaving them on a couch. Read what it is being used for. You are treating someone who is manically raving, perhaps stripping off their clothes and running through the streets singing. I have seen this. Or you are treating someone in full convulsions, foam and blood coming out of the mouth as they have bit their tongue. It means two or three people holding the patient down while you force a needle into one of the points. Committing to burning 300 cones of moxa on someone means blisters on your fingers and on the patient. People aren't willing to acknowledge this is what made the medicine famous but want to learn authentic Chinese medicine.

Chinese medicine began as a medicine of the battlefield, not of quiet rooms and the desire of Emperors to live a long time. That followed later and is an important part of the medicine, but it was first a medicine of the battlefield – treating cholera, war wounds, parasites, frostbite. The armies that were moving around during the Spring and Autumn periods and the Three Kingdoms were massive. If you have hundreds of thousands of people moving through an area, even in the best circumstances they are going to have every illness possible; you would be treating dysentery of every type on a good day, which doesn't leave much room for the importance of your clinic's fengshui. A lot of my thinking has been around education as I have organised, translated for or given over a hundred and fifty seminars and China trips since launching ATS. I realised that people were coming to China to learn, but what they wanted to learn was not always what was being taught. When this happens to a teacher enough times, either they stop teaching, or else they make it what the students want it to be. This is how 'the real becomes fake and the fake becomes real'.

**DM:** But there seems to be something inherent in Chinese medicine and the Chinese martial arts that

takes the Western mind in the direction of esoteric abstract mystery rather than clear practicality.

**ANH:** It is a tragedy that charlatanism has always had a place in the Chinese arts – known as *jianghu* in Chinese. *Jianghu* is a very common term with a very long history. With the loss of acute medicine as the measuring stick for the quality of a doctor or a challenge match for a taiji master, the *jianghu* have been able to rise unchecked over the last 60 years. Just two years ago, one 'television doctor' on the prime time show *Staying Healthy*, claimed he could use mung beans to cure everything from diabetes to cancer. Within weeks, the price of mung beans had tripled across the country and he was booked six months ahead for fifteen-minute consultations at the cost of \$500 in China. He was finally shut down and sued, but not successfully. But the real tragedy is not that patients are being fooled, but that students are being fooled. They never realised it was a hollow path they were being taught. This leads us to the very touchy subject of these students then becoming teachers.

**DM:** That's a slightly more sinister explanation than my own, which is that there is something inherent in the qi paradigm that takes the Western mind in that direction. Even simple directions like 'insert the needle and elicit deqi' or 'propagate the needling sensation along the channel' have been taken by many people – myself included – as involving something like fairy dust rather than something tangible and physiological. You know, you send the fairy dust this way and that, or in qigong you hold the ball of fairy dust ... the fairy dust paradigm and the qi paradigm seem to fit together snugly ...

**ANH:** And there is room for everything and everyone – I'm inclusive not exclusive. Give the intangible its due – it's doing something, and some people are getting better. Recognise it, give its own name, but don't call it Chinese medicine.

**DM:** Lets take the subject of needling and deqi to go a bit deeper here. Is deqi important? At our recent annual UK acupuncture conference there was a keynote discussion on deqi with a panel of Chinese medicine literati; after an hour and a half of discussion it did not even get off the ground – we could not even agree on terms to have the discussion.

**ANH:** Well it's not yin or yang – its yin and yang. If you don't have the skill to be able insert a needle so superficially that it lays flat on the skin, as well as insert the needle and have it go all the way through a limb, or into a thick muscle and have it twitch, or

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use it to drain pus, or anchor the yuan qi in the lower jiao, then you have not yet fully realised the breadth of deqi. To understand this breadth, ask yourself who or what's qi has been obtained? The practitioner obtaining a feeling of qi through the needle? The patient obtaining a feeling of qi from the needle? Or did you affect the pernicious influence's qi by inducing sweat? It runs from one end to another, it's a very wide concept and is there to remind you to look for a tangible change in your patient, but it doesn't merit a whole lot of overthinking or codification.

**DM:** So some of the Japanese acupuncture styles specialise in one end of the spectrum, and Chinese styles at the other end - if you do Chinese acupuncture you use big needles and hurt people, and if you do Japanese style you use expensive needles and you don't want them to feel anything ...

**ANH:** I get sad when a practitioner or entire country gets pigeon-holed into one type of needling. I doubt that there was much difference between anyone or any country before the rise of Western medicine in Asia and the relegation of acupuncture and herbs to treating chronic conditions. My job is to be able to have a breadth of deqi ability that encompasses every situation and grows wider and deeper as I improve. One person might just need qi work, someone else might need a boil lanced, another patient might have pneumonia, be an athlete with a torn muscle, or a bereaved person with huge grief – and they will all get different needling. If this is holistic medicine you should be able to practise holistically – which means being able to needle with no sensation and great sensation and every shade in-between.

**DM:** But I've not come across an education or style that teaches all of that. People have to shop around – do a bit of Japanese here, a bit of Chinese there, a bit of Western trigger point there – to get that breadth of resources.

**ANH:** There is nothing wrong with having more than one teacher. I have had three great teachers who defined who I am as a person and a practitioner. Mine were all in China, but maybe yours are in Korea, Japan or down the street. Whatever your route, the point is to end up seeing everything within the context of

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Chinese medical theory, not as a separate practice or school of thought. It is about learning different things to gain a better view of the centre.

**DM:** Could you say something about what 'qi work' means and misunderstandings you come across in this regard. For instance, one often comes across the idea that when we needle we are 'putting in' some energy - through the needle into the person. The idea of 'intention' is also bandied around in this regard - that you just have to have some kind of benign intent while needling for something good to happen.

**ANH:** The grandest good intention is not as good as the smallest good deed. Intention means you plan to do something - but haven't done it yet. I might intend to go somewhere tomorrow, or intend to have Italian food tonight. I can intend for all sorts of things to happen - but it doesn't mean I've done or will do them. So if you intend to make the qi move, the next thing you have to ask yourself is what you are going to do to accomplish this once you have announced your intention.

**DM:** But the traditional saying is that the yi leads the qi, right?

**ANH:** Well the qi pulls the blood, and the yi guides the qi, but what does that really mean? You could never sell the idea that all you need is to think about playing the piano and then you can suddenly play a serenade. Yet you change the idea of the piano to qi, and you can sell it. Chinese medicine is practical, logical - there is nothing esoteric about it. It only seems esoteric when you don't understand what it is saying. Like with lightning - you look up and either think it is Thor or the effect of electrons. The truth of the matter is that generally the more esoteric something seems, the more simple the explanation when you finally recognise it.

Once you intend to do something, you then actually have to physically do something. You can't just think it and think it is going to happen. It starts with being able to develop very strong warmth in your hands, and then being able to move that warmth so the patient feels electricity-like tingling sensations beyond the needling hand. It's absolute nonsense that the qi goes out of your body through the needle into the patient. What happens is my field extends and influences the patient's qi, their field.

**DM:** So what do you understand as the field?

**ANH:** Well, if you are not able to reliably create warmth and tingling within your patients with just your hand, then your ability to do so with acupuncture will be much weaker. It's a bit like moving iron filings through a layer of paper with a magnet. That's what I'm doing with my qi. The patient's skin and flesh is the paper, their qi is the filings. I should be able to gather their qi to a point like the filings and then guide it with my effort - not just my intent. I have to physically do this.

**DM:** So if an acupuncturist is prone to cold hands, it means they will have to rely on the patient's qi to do the necessary work? A lot of acupuncturists are quite slight - maybe they've got into acupuncture having been sick themselves, you know, wounded healers - and they may not have very warm hands ...

**ANH:** Well hands have to be warm for the right reasons. If I drink excessively and overeat rich foods, my hands might always be warm. This doesn't mean that they will be able to do much with qi. It has to be the right type of warmth, and it has to be trained to be able to tangibly and reliably affect a patient's qi. It is not about intuition, it is about knowledge. I am often asked about the importance of intuition. My answer is if you believe that intuition is important in medicine, schedule an intuitive surgery and have the surgeon remove whatever they intuit. No one would ever do that, yet they think it is OK to use intuition when treating with Chinese medicine? I suppose if you are not doing anything tangible, it doesn't matter so much if you are relying on intuition. But when there are consequences, when someone's life is at stake, do you want intuition as part of the equation? No. Does that mean intuition is a bad thing? No. But if you have a feeling for something but you can't explain why, you need to go and try to find out - look it up, ask other practitioners. If you find out why, it is no longer intuition. The problem right now is that Chinese medicine is practised in a largely consequence-free environment. It's often not about getting the patient better, it's about making sure they don't get worse.

**DM:** That's probably a good thing, given that most of us don't have the skills to treat in matters of life and death?

**ANH:** But you don't have the skills because the challenge isn't there. Until you are faced with something you can't treat and haunts you at night, what is the challenge for you to improve?

**DM:** How do you view modern TCM-style acupuncture, given that it seems to produce reasonable results?

ANH: If you had asked me that question last year before I started my doctorate within the Chinese collegiate system, I would have said that TCM is not a style, it just means traditional Chinese medicine. You see, I've always existed and trained outside of the official Chinese system in the traditional way with traditional practitioners and therefore said I practise traditional Chinese medicine. But since starting the doctorate in Hangzhou, I can see that TCM has truly become a style and co-opted the term I spent years defending. The people who do this style of acupuncture and are reasonably successful in China are at least getting tangible *deqi* of one sort or another. But none of them are getting results that are really worth talking about. If I see 50 people a day, and 15-20 completely recover, that is a really bad average. If to get this poor average I have to ask the patient to come in every day, and every treatment I put in 20 or 30 needles, that does not indicate good practice.

Like Western medicine, it is not efficient. When you look at the amount of money and resources that Western medicine uses in order to accomplish a specific result, it is incredibly inefficient. Every successful Western medical treatment is like using a huge generator to light a single light-bulb. So it is with TCM acupuncture – which uses lots of needles and requires patients to come in every day in order to achieve a result that is not particularly impressive. I want to get my patients better as quickly as possible with as few needles and herbs as possible, and I judge my skill in terms of whether I am using less resources than before to achieve a better result. This requires more effort on my part – more study, thinking, practice and experimentation.

DM: It is often said that TCM *zangfu*-based diagnosis represents the herbalisation of acupuncture, and that acupuncture used to have its own diagnostic systems that didn't make it into TCM.

ANH: The herbalisation of acupuncture didn't just happen to acupuncture – the herbalisation of herbs is an even greater nightmare. But all the information you need is there if you make an effort and commit to tangible clinical practice.

DM: But it's not due to laziness on the part of the practitioner – the will is often there.

ANH: No. There may be the intent, but there's no will. If there was the will they'd figure it out.

DM: But presumably they'd have to go to China as you did?

*Needling is about moving qi - but life moves qi, sadness moves qi, cheering your football team moves qi ... it's not something different.*

ANH: They would have to make effort like I did, but not necessarily where I did. The world is a big place and full of great practitioners. Paradoxically, China is the best but hardest place to learn clinically-focused classical Chinese medicine, making it a bad choice for many. There are many people elsewhere who are good, there's things to find out, questions to ask and answer even if you never set foot in China. If you are serious and committed you will move forward wherever you are. You can needle yourself, get together with friends and practise needling all the points – but there doesn't seem to be that level of commitment in many of the people lamenting not having access to a higher quality of medicine. I routinely experiment on myself. Yes I might hit a nerve and give my partner drop-foot for a week, but they'll get better. Qi is not some wimpy thing – just look at the stands of a British football match and you'll see the supporters undergoing intense emotional experiences of sadness, anger, happiness and euphoria. I can't reproduce that level of qi movement in a patient with a needle! Needling is about moving qi - but life moves qi, sadness moves qi, cheering your football team moves qi ... it's not something different. If I commit to being an Olympic athlete I can expect sore knees, ripped tendons, poor sleep, bruises. It's not a free ride – or a consequence-free experience. At the risk of offending some people, if Chinese medicine were a sport, right now it is being dominated by armchair athletes.

DM: I'm not sure there is the idea of gong fu around the medicine – it's more like if you study the necessary theory and pass the exams then it's seen that you've got the goods.

ANH: It's a physical medicine, so you have to put in physical gong fu. Right now it seems people lean towards believing that you only need to know the theories and then the medicine works. If you want tangible skills, you have to tangibly practice. And the practice shouldn't end when you earn your diploma and become a professional – if you are an NBA professional, you don't stop your training once you have made the team. There seems to be an idea that once you have your degree you don't have to train yourself anymore, and you only insert needles when you have a patient. I recognise there is a level of frustration in practitioners who genuinely want to be good at this medicine, but the truth is they haven't grasped this basic concept of effort. Whether you are

*All you can do is stimulate the mechanism in the body that builds qi, but you can't add qi.*

reading books, doing your needling practice over and over again to develop finger strength, or cleaning bedpans in a hospice to find out what sickness actually looks like - it's work. But that's not what's happening today in our field, and therefore we are not going to end up in the same place as the doctors of the past.

**DM:** So what are you personally excited about right now?

**ANH:** My not-for-profit Association for Traditional Studies, has been focused on documenting one of the last living doctors who were born and educated pre 1949 for over six years now. Since working with Dr. Li Hongxiang (1924-) in the clinic, we have managed to gather hundreds of case histories, thousands of hours of audio recordings, video footage of him talking about Chinese medicine in his home, the completion of a manuscript on the study of Chinese medicine which I am translating, and the hope that his health will last long enough to film a video series of him discussing the Shanghan Lun from a classical and clinical perspective. It is an incredible culmination of ATS' work as we watch the time of the traditional practitioner come to a final close. The generation after Dr. Li was educated under the New China socialist system, so he really is the last of his kind in the mainland.

This also means that ATS is shifting its emphasis from preservation to dissemination of all the knowledge and information we have been documenting in China for 20 plus years. It is incredibly exciting to be at a stage where all of our work for so many years can suddenly have an impact on the quality of clinical practice in the West - clinical practice from the classical Chinese medicine perspective.

Finally, for my personal evolution, I am now most excited about the classics being my next teacher. One day, Dr. Li will leave, and like Zhang Zhongjing says in his preface, there will be no one left to ask. Thus, I plan to follow his example and return to the classics, reading both broadly and deeply, sinking into the all the different commentaries. More than that, it excites me to share this journey with people - teaching the classics like I learned it, cup of tea in hand. Live transmission is a very exciting way to learn. The teacher is reading the books out loud, is talking to you about them and adrenalin is coursing through you as wave after wave of realisation hit you. I've looked at the written translations, and without a guide, they tend to be pretty soporific.

**DM:** It's been said that the glass ceiling in Chinese medicine is whether you know Chinese or not. Would you say that learning Chinese essential to being a good practitioner? Because of course you wouldn't be able to mine the classics - you'd have to stay with those soporific translations.

**ANH:** The glass ceiling is nonsense. It is something said by the 'haves' to seem more knowledgeable than the 'have nots'. I am a 'have' who has lived his entire adult life in China, so these are not empty words. There are thousands of Chinese doctors in China who are native Chinese and have no clinical skill at all. It is a crisis the professors in the TCM universities openly discuss in their lectures. Closer to home, let's say someone came and interned with me and put in the necessary level of training but never learned to speak Chinese. They would be far more skilled than many who do speak Chinese because I would push them to learn and push myself to teach. I would rather have an intern who spent five years cleaning bedpans than one who spent five years learning Chinese or using OCR software and an online translating program. But why wouldn't you learn Chinese - it's fun! Similarly with qi work - why wouldn't you want to make the effort to have good qi? Really, the only ceiling any person has is the level of effort they put into themselves.

**DM:** Can we talk more about misconceptions around acupuncture and qi? How do you see the difference in effects between acupuncture and herbal medicine?

**ANH:** Well what are you really doing with acupuncture but moving qi? Acupuncture is not herbs - you can't add anything into the person. I can give you herbs that build your qi - you are putting something into your body, you digest them and you get more qi. Or I can give you herbs that drain your qi because you then sit on the toilet for half an hour. I don't know any acupuncture point that I can needle and suddenly you fill with qi from the universe like the needle was a straw and it goes funnelling in. I cannot build more qi in you with a needle. I can make the qi that you have work better, or make the part of your system that builds qi function better. But I can't add anything from the outside. And I don't know how to needle a point that will give you instant, unremitting diarrhoea - and I will gladly volunteer to be needled by anyone who claims they can. What you are really doing is moving qi - either getting it to build up and collect in a location so it is tonifying, or coursing it down a channel so it disperses a blockage and every variation in between. As a practitioner, you should not fear doing this to your patients, you should actively seek

these skills out. At the last seminar I was teaching in London, one of the participants mentioned he had never needled a Huatuojiagi point deeply because he feared hurting the qi. I took off my shirt right there and had him insert a three-cun needle and push it straight down to the hilt, encouraging him all the way. He needed those three minutes of practicum to change his understanding of acupuncture more than he needed to hear me lecture for two days, so I got on that table and had him needle me. People fear the unknown, and other people capitalise on their fear of the unknown. I believe in doing everything I can to remove the unknown.

**DM:** I've generally found that acupuncture isn't so good for really deficient cases.

**ANH:** How could it be? You have so little to work with in those situations. That is, unless you have really strong qi yourself and can gather their yuan qi to a place so it starts to build and multiply. Then they'll feel warmth, and with that they'll feel revitalised, and with that their system will kick in and start to build the qi. All you can do is stimulate the mechanism in the body that builds qi, but you can't add qi. Universal qi doesn't come into the body through the needle – that's fairy dust. People do sometimes get spontaneous shifts and emotional releases that benefit their health after a treatment – just as going out into nature for a walk or confiding in a friend until the wee hours might. Does that mean heavenly qi went into the patient and made them better? That is like explaining thunder as Thor's hammer instead of stepping back and trying to examine the myriad of complexities that created the result.

**DM:** What about moxibustion – you have the heat, and chemicals.

**ANH:** And the scent of it, and the patient's lungs absorbing it – all sorts of things. I don't use much moxa in my practice so I am the wrong person to ask. But in the end it is not food. Herbs are food. Herbs have to go through the Stomach and are digested before they affect your qi. Acupuncture isn't limited by that. On the one hand, I can affect your qi directly by acupuncture, but not with herbs, because your Stomach is in the way. On the other hand, I can't add qi to you with acupuncture, but I can with herbs because your Stomach will draw it from the herbs. It is why we have herbs and acupuncture. Use both – get better results. There are certain things you can't fix with a single tool, and none of our Chinese medicine ancestors tried to. Even if you do not yet have skill in both, it is important not to think of yourself as either

an acupuncturist or a herbalist – they are simply the tools of what you are, which is a Chinese medicine practitioner. ■

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*Daniel Maxwell* is editor of *The Journal of Chinese Medicine*.

## TCM-Therapist (m/f)

**From 01.11.2012 in Switzerland**

You have completed a course in Traditional Chinese Medicine and have at least 10 years' professional experience. Your therapeutic skills encompass pulse and tongue diagnosis, acupuncture, Tuina massage, cupping, moxibustion, phytotherapy and electroacupuncture.

I will be pleased to receive your written application:

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