FOR MUCH OF OUR DAY-TO-DAY PRACTICE we can get by quite well with our basic standard model approach to diagnosis and prescription-writing. Indeed, as beginners we imagine that the basic TCM package is going to be sufficient for our whole careers without having to delve too much into the intricacies of Western pathology and pharmacology. Sooner or later it dawns on most of us that we are, in fact, woefully under-equipped to deliver reliable care to some patients – especially those unfortunate people coping with cancer or serious autoimmune disorders. We feel compelled to give the best care we possibly can but are frustrated by the realisation that access to better information would improve outcomes: information such as clinical and pharmacological research combined with the extensive experience of authorities working in specialist departments of Chinese hospitals.

We can take some consolation in the fact that doctors in mainland China seem to have had similar sentiments in the decades after the Mao era when it was realised that, in the light of modern pathology, the historical tradition was deficient in some areas. This realisation led to significant scientific resources being allocated to areas such as cancer and autoimmune disease. The interest in cancer followed in the wake of President Nixon’s historic visit to China in 1971, perhaps because a little earlier Nixon’s presidential mission statement had publically proclaimed that America declares war on cancer. Many other illnesses that are quite poorly addressed by modern biomedicine were also singled out for research – SLE being a notable example.

Faced with numerous cancer patients seeking my help in my first years of practice, I managed to find the resources to develop sufficient competence to make a real difference for some. It proved much harder to gain competence to with autoimmune immune disorders – like most, my basic standard model was supplemented with a few half-remembered ‘truisms’ from the research literature along the lines of “shengdi – often good in autoimmune problems”; “lei gong teng – inhibits immune autoimmune processes but be careful.” For some lucky patients muddling through in this way some sometimes gave good results but the hit rate was sub-optimal. I began to dread these difficult cases. When I employed Ying Luo as my assistant I was able to saddle her with the worry. A bright practitioner with research experience in nephritis in autoimmune patients, I had chance to observe a higher level of skill at work as she successfully tackled our autoimmune patients’ woes. To give the best chance to our patients we desperately need the insights that have come from the marriage of high-level TCM scholarship with modern pharmacology, pathology and medicine – insights that have long been tricky to acquire in the West.

This brings me to my great joy at getting a copy of Shen’s Management of Autoimmune Disorders with Chinese Medicine, the result of a collaboration of a renowned Shanghai doctor and his peers who have researched and specialised in this field for 40 years. My task is, as succinctly as I can manage, to offer you a glimpse of its scope, depth and style.
Five introductory chapters examine immune function from the biomedical and CM perspectives, discuss the CM aetiology and treatment methods of AI disease and the way that Western and Chinese methods can work side-by-side. These hundred pages lead us with authority to an overview of China’s current state-of-the-art understanding from the (sorry for this...) inadequate state-of-the-ark undergraduate deal we tend to get on this at college.

This is followed by extensive individual chapters on:
RA, SLE, Discoid Lupus, Sjogren’s, systemic sclerosis, polymyositis/dermatomyositis, mixed connective tissue disease, Reynaud’s, ulcerative colitis, Crohn’s, thrombocytopenic purpura, autoimmune-haemolytic anaemia, autoimmune-hepatitis, Graves disease, Hashimoto’s thyroiditis and MS.

Each chapter opens with an up-to-date summary of the biomedical pathology, clinical features, Chinese medicine aetiology (referenced to both the classic and modern CM literature), detailed differentiation and treatment together with case histories, some of the clinical and laboratory research literature plus appropriate acu-moxa treatment. All this delivered in exemplary style, error-free and in good English. Wonderful!

Focussing on the chapter on rheumatoid arthritis (RA) gives us an idea of the comprehensive and practically-orientated qualities of this work.

Biomedical background
The biomedical story presented here is spot-on. It is clear, up to date with just the right amount of depth and included discussions on usual investigations, complications and differential diagnosis in biomedicine. This is good stuff, it feels fresh, much more than just a perfunctory rehash of a decades-old medical textbook it draws on current US and EU definitions and research concerning RA.

CM aetiology
This is a detailed and illuminating account of RA aetiology that brings together the classical viewpoint and marries it to the distilled experience of modern authorities such as Jiao Shu-de who, we find, introduced some new classifications of Bi zheng.

Pattern identification and treatment
Twelve patterns are described. A closer look, though, reveals that some are either simply late stage complications or are subcategories such as wind-cold-damp bi: wind predominant, so things do not get too out of hand complexity-wise. Clarity is helped, too, by clear tabulated summaries of the patterns.
A single formula is given for each pattern – mostly straightforward unfussy jiajian versions of known formulae and which incorporate modern pharmacology knowledge without abandoning traditional structure. Standard herbs are used so we don’t have the frustration of long lists of banned or unobtainable medicinals. OK, Wu tou and shi gao are included – simply because these are crucial substances, there are also discussions here and there on animal-derived substances – their power and possible substitutions. Everything is clearly explained and, in the usual way, guidance is offered on modifications to the base formulas and suitable acu-moxa protocols are discussed. Exemplary.
Other treatment methods
This section gives extra detail on special acupuncture approaches, on prepared chengyao medicines, on external herb treatments, rehabilitation techniques, appropriate Chinese dietary therapies – most of which are herb-based congees.

Clinical Notes
This section deals with some of the finer points of diagnosis such as distinguishing hot and cold, shi and xu, as well as examining the treatment principles; using pungency, understanding disease depth and stage and treating according to the location affected.

In the next sections we get a summary of the main herbs that have been researched for use in RA, a discussion on WM-CM integration in RA treatment that includes a brief critical appraisal of the role of drugs such as NSAIDs, methotrexate, etc. Patient advice is provided and then ten detailed case histories are presented. A selection of clinical trials of CHM and acupuncture for RA taken from the Chinese literature are summarised with extra sections on electro-acupuncture and moxibustion.

As if this was not quite comprehensive enough the RA chapter continues with a detailed appendix on RA in the elderly that incorporates various mini-essays on subjects such as the importance of capillary circulation.

Multiply all this by the other fifteen AI illness chapters covered and you begin to get an idea of just what a truly remarkable resource this text is. Truly wonderful. The only other way you could conceivably get your AI treatment skills up to this level would be to learn good Mandarin, identify some brilliant AI specialists in China and beg them to let you study with them for ten years. A good approach but one that is going to cost you rather more than £60-70!

So, if patients with hard-to-treat disorders are your nightmare, this Donica title is a dream. For the sake of all those stricken by rheumatoid arthritis, ulcerative colitis, Crohn’s, MS, Graves and the like – please, please get this book.

Charles Buck