

Sorting Out Symptoms: The Classical Transmission of Medical Texts

More than twenty-one hundred years ago a devoted student and practitioner of medicine named Chun-yu I delineated four stages in the transmission of Chinese medical texts. These four stages provide valuable insight into the process of mastering the teachings based on the oldest medical classics. The first two stages, receiving and reading, can be attained through good luck in finding a competent teacher, and diligent work in study. The third and fourth stages require the creative inspiration of the student in learning to apply the theoretical principles to diagnose and treat specific individuals.

Receiving is both a ritual transmission of the text from teacher to student, and basic instruction in its principles. Many centuries before mechanical printing, the student was permitted to copy the text; the time and focus required by that project enhanced his studies. At that time, “reading” was far more than a cursory perusal of a text. Texts were read aloud, and often chanted, repeatedly. Thus, “reading” texts often resulted in the student committing large portions of them to memory. While these two stages require some focus and effort by the student, they are essentially receptive (yin), as the student accumulates the medical doctrine.

Nathan Sivin translated the character denoting the third stage as “sorting out.” While I follow Sivin in his translation, one must understand the connotations of that character (*jie*) to fully appreciate its meaning in this context. This “sorting out” is not like sorting a group of coins into their separate denominations. The same character is used to describe the therapeutic method for resolving fire toxins (du); it is a pictogram of an awl-like tool made from an ox horn. This “sorting out” involves patiently and persistently separating factors that appear inexorably bound to each other.

[Note: For more on the four stages of transmission delineated by Chun yu I, see Nathan Sivin’s wonderful essay: “Text and Experience in Classical Chinese Medicine.”]

This third stage of transmitting classic texts requires the student’s active (yang) participation. There are at least two different levels of “sorting out” that the aspiring student must engage. A practitioner aspiring to “sort out” the individual’s intrinsic responsiveness from the (external and internal) factors challenging vital function must slow down in order to see and discriminate both of them. This slowing down requires that one learn to watch symptoms and signs “objectively,” rather than just reacting to uncomfortable or threatening ones as “bad.”

Learning the classical standard of Chinese medicine articulated by Chun-yu I presented dual intellectual and spiritual challenges. It recognizes that symptoms and signs are not the direct result of pathology. Rather, they arise from the struggle between the intrinsic responsiveness of the individual, and the extrinsic factors that are disrupting natural flow. The challenge of profound healing requires that the individual differentiate and disentangle the pathogenic factor from his or her intrinsic qi, and focus on expelling (or releasing) the pathogenic stagnation.

That clinically oriented “sorting out” relies upon a deeper, and more profound “sorting out,” which lay at the heart of *Daoist* cultivation. This is the process of *watching*

one's compulsive and unconscious projection of individual point of view. The growing awareness one attains in this process of watching allows one to gradually "sort out" the phenomena that occur from the interpretations individuals have of those phenomena. Learning to accepting the movements of *Dao*, the intrinsic flux of the universe, through conscious recognition of one's personal projections, is central to a *Daoist* path of liberation.

This "sorting out" challenges practitioners to discern the workings of *Dao* within the microcosm of an individual patient's life process. It involves differentiating the individual's intrinsic responsiveness from the challenges of factors disrupting it. Clearly discriminating the pathogenic factor(s) from the individual's response allows one to devise treatment strategies aimed at facilitating that response, rather than at controlling the expression of distress.

Uncomfortable symptoms should attract the being's attention. They exhibit the unresolved and suspended issues of life coming back out seeking attention. Rather than suppressing these signs of distress, the embodied spirit has the opportunity to learn from them. People can live as individuals by the grace of individual embodiment, and can heal through the embodied spirit's intrinsic movement toward wholeness. This process allows patients (often with the help of willing practitioners) to engage the *Dao* as it expresses within the microcosm of each individual patient, and thus to probe profound healing.

The fourth stage of learning refines and verifies the student's relationship with *Dao* through regular application of the "sorting out" process. After sufficient practice and experience under a teacher's supervision, the student who has mastered stage three is ready to go out and establish a separate practice. He or she has the chance eventually to become the teacher's equal in probing healing through stimulating the intrinsic responsiveness of life.

The effort to control the unpleasant aspects of an individual's physiological (and personal) distress leads practitioners to fail to recognize the potential for healing found in facilitating the being's intrinsic process. If one simply classifies symptoms and signs into syndromes, and formulates treatment strategies based on them, one only manages the expression of distress. While profound healing generally improves people's experience of symptoms, many key ones remain indicators of short-term distress. They become important teachers, as soon as patients learn to use them that way.

The flux of *Dao* expresses itself through the macrocosm (the universe), and the microcosm (the individual life). People who cultivate themselves to watch this flux carefully, without the obscurations of compulsive projection, can discern how to engage and stimulate it. This is the path of the *Daoist* "wizard," who can intentionally move the natural flux of phenomena. Ironically, those with the least attachment to that power, who can accept phenomena as they are, can impact it most effectively.

The initial challenge in practicing *Daoist* medicine is transcending the individual point of view embedded in the perception of symptoms and signs. Many individuals simply view all symptoms as unwelcome, and want them eliminated or controlled. Can

the clinician simply be present with the patient who is suffering, and not buy into that projection? This is the profound degree of “sorting out” required in learning to clinically “sort out” pathological factors from intrinsic responses. Of course, this process is complicated by the passing of time:

- People often forget the historical process of their developing an ailment.
- Habituation of intrinsic responses and volitional reactions renders pathological conditions more deeply entrenched
- The nature and foundation of many symptoms transforms as the individual exhausts certain resources, and adapts by responding to changing internal circumstances. There are myriad possible response pattern that individuals create.

Treatment strategies based on clearly “sorting out” and facilitating the intrinsic response to pathogenic factors can stimulate profound transformation. Many patients struggling with a wide variety of diagnoses attain substantial degrees of disease reversion. However, such profound transformation frequently requires a high degree of commitment from patients. People often experience certain emotional and/or spiritual realizations and transformations, and find the need to make some lifestyle changes. Eating and drinking, physical exercise, breathing, and sleeping are instrumental in how individuals embody, and changes in those lifestyle factors are often part of the healing process.