

“There are no classical formulas, there is only classical thinking.” - Two weeks interning at the Alternative Clinic, Asheville.



Conny Cooper

Fiona was in excruciating pain when I first met her a year ago. She rated the pain in her legs from Lupus, which she had had since early childhood, at a solid 10 out of 10, and the cocktail of medications that she was on was not giving her any relief. This was already an improvement - I was told that a few months prior to my meeting her, she was having psychotic episodes and was considering having her legs voluntarily amputated in order to reduce her pain. Now, a year later, she is off any medication. She is still photosensitive and wears her sunglasses indoors - apart from this she is in good spirits and feels she has started to get herself back. She is coming in to get treatment for a bone spur on her hip, but the pain from her lupus? She marks it at 0.

Fiona has been receiving twice-weekly treatment at the Alternative Clinic in Asheville for about 18 months, and her progress has been remarkable. Andrew and JulieAnn Nugent-Head are the chief practitioners there. In less than 3 years in Asheville, they have created a thriving clinic, that proudly present itself as a high-quality Chinese Medicine Clinic, run by westerners. I visited them in 2016 already for two weeks, and was so impressed that I decided to repeat my trip this year. In the 2 weeks I was with them this time, they were fully booked each day, both seeing up to 10 people a day. Many of their patients have complex conditions that have not responded to conventional medicine, and a number of them travel significant distances to come and receive treatment.

The clinic itself is spacious, the wooden furniture and birdsong as background music immediately and make patients feel at ease. The dispensary consists of

over 300 herbs of great quality, with vibrant colours and strong fragrances. Two dispensers are on the front desk making up herbal prescriptions for patients having appointments, or as refills to be picked up. Two massage therapists, trained in-house, are also available to complement treatments or offer standalone massage sessions.



JulieAnn & Andrew Nugent-Head

Although both Andrew and JulieAnn teach Chinese medicine (they have between them over 30 years of studying with traditional doctors in China), they are first and foremost practitioners. Their love for Chinese medicine as a tangible treatment modality is palpable. They are chatty, excited, make their patients feel at ease. Part of their mission is to educate people about what Chinese medicine can do, and they spend a lot

of time explaining the Chinese view of the body and of treatment using a range of metaphors, from car mechanics to weather patterns, from the way wood grows to the flow of water in rivers.

Most of the new patients I see come from referrals and are expecting to be given herbs, and the sheer number of people wanting treatment from them is a testament to their clinical results. I try to keep a critical eye, and when faced with a surprisingly good success story, see if I can put it down to external factors or put it aside as a one-off. However, when every day, those positive stories appear and the one-offs add up, there is no denying that something remarkable is happening at the Alternative Clinic - although JulieAnn and Andrew would deny they are doing anything remarkable, they are just practising Chinese Medicine.

Classical medicine - The herbs

Andrew and JulieAnn believe passionately in the strength of the Classical approach to herbal medicine. What appeals to me about this approach is the apparent simplicity of the principles - which can then be refined more and more to treat even the most complex of cases with a clear strategy.

The main focus is on the “complete nature” (性 *xing*) of the herbs (Nugent-head, 2016). This is often rendered in our Western textbooks as a herb’s “flavour and nature” (氣味 *qi wei*). However the *qi wei* description does not convey the richness of the concept. The complete nature is much more than just a 2-word label attached to the herb. It contains ideas about strength of flavour and loudness of nature, and about whether they both linger or disappear quickly. It includes how light or heavy the herb is, and where exactly it can be felt to create a change in the body. It also includes how moist, plump or dry it is, and information on the colour, consistency and smell of both the decoction and the dry herb. It includes information on how a herb reacts to being chopped - is it fibrous, does it break, does it clump? Ideally, it should also include knowledge of the plant as it grows - what are its leaves like? Is it easy to pull the roots out of the earth? How does it call to butterflies and bees? All this dictates how it will affect the body when ingested. Each herb has a very individual energetic profile, and JulieAnn and Andrew are intimately familiar with it through their understanding of the physicality of each herb.

How can practitioners develop such knowledge? Their advice is clear: we must know the herbs through

repeatedly tasting them ourselves, holding them, handling them. This first-hand exposure is crucial to developing our own familiarity with the herbs and thus understanding their mode of action in the body.



A Selection of Herbs

Classical Medicine - Formulas

On my first day at the Alternative Clinic last year, I naively asked JulieAnn where her formulas came from as I didn’t recognise any of them. The answer surprised me: She doesn’t use set formulas. Instead, she combines the most appropriate herbs for each patient based on their complete nature to create truly individualised prescriptions.

Yet she and Andrew know the Chinese Medicine classics intimately, having studied them line by line and character by character. They both quote precise *Shang Han Lun* formulas with exact indications throughout my stay. And they are clear that it is essential for practitioners to study the Classics. The brilliant combinations of herbs that Zhang Zhong-Jing collected in all their variations are all worthy of study for the understanding of the principles of herb combination. Andrew likes to point out that the *Shang Han Lun* only uses 93 herbs: its value comes from laying out the contexts in which the formulas were created or amended - why exactly is the amount of a particular herb doubled here? Why is one herb omitted there? Once those principles are understood, the formulas themselves slide into the background, as the practitioner gains the ability to use the herbs with great freedom, in combinations that will uniquely match the patient in front of them. One of Andrew’s central tenets is: “There are no classical formulas, there is only classical thinking.”

The Classical approach uses concepts such as blood, damp and heat from the *Huang Di Nei Jing*, and TCM practitioners will be familiar with most of the language. However it places a lot of emphasis on the energetic



The dispensary at The Alternative Clinic

causes - the key questions that are being asked are not “what is our diagnosis?” but rather “why” or “how has this developed?”. The emphasis is on understanding the person as a whole and seeing the common thread throughout their body in terms of movement of qi - this will guide the practitioner towards using certain flavours and natures to treat them. As an example, if a patient presents with bloating, the question would be “how is this person’s qi allowing bloating to develop?”. Is the qi too sunken and needs light lifting herbs such as *sheng ma* (*Cimicifuga heracleifolia*) or *chai hu* (*Bupleurum chinense*) to create space that will allow the digestion to function? Or has it accumulated too much and we need heavy, descending herbs such as *zhi shi* (*Citrus aurantium*) and *hou po* (*Magnolia officinalis*) to free the bowels? Or is it locally stuck and a warm, acrid herb such as *mu xiang* (*Aucklandia lappa*) would regulate the digestion? Or are fluids obstructing the digestion, and a sour herb such as *bai shao* (*Paeonia lactiflora*) is necessary to draw them in and regulate the abdomen? Is the person’s qi emotionally constrained and this constraint is affecting the digestion, and *yu jin* (*Curcuma wenyujin*) is necessary? All these are herbs that JulieAnn has used to treat bloating, depending on the exact qi of the person in front of her. I am in no doubt that she would happily use any other one that she felt would be appropriate for the patient, even if the particular herb was not listed as being indicated for bloating, as long as its nature matched the person’s qi.

Assessing effectiveness - the importance of dosage

Any combination of herbs in a prescription is possible

at the Alternative Clinic, the only criteria being: does it work? Hence typically, the first formula is given to patients for 3-4 days only, after which they are asked to give feedback, usually via email - are there any unwanted side-effects? And, more importantly, is the formula clearly creating an improvement for them? Andrew and JulieAnn expect to start seeing improvements in their patient’s health within a few days. If not, the formula is amended (at no charge) and the patient can come and pick up some different herbs. It is refreshing to see Chinese Medicine held to such a high standard, that such clear and tangible results are expected. It is also reassuring to see practitioners being open with their patients about the fact that although they do their best, sometimes they will write formulas that don’t create an improvement, in which case they need to rethink and try another approach.

To achieve such tangible results, it is often necessary for dosages to be higher than what most practitioners in the UK will be familiar with. I saw prescriptions including 30g of *rou gui* (Inner bark of *Cinnamomum cassia*), up to 45g of *gui zhi* (twig of *Cinnamomum cassia*), up to 75g of *bai shao*, up to 50g of *chuan xiong* (*Ligusticum chuan xiong*). Having these powerful dosages, in prescriptions that are balanced and correctly tailored to the person in front of us, would clearly create a positive result within a short period of time.

JulieAnn argues that in the *Shang Han Lun*, dosages were high. She makes a compelling argument for equating the controversial Chinese *liang* to 15g rather than 3g: If a formula contains 12 squashed *da zao* (*Ziziphus jujuba*), as *Cinnamon Twig Decoction* (*gui zhi tang*) does, it would have an overpowering sweet flavour, and one would need to add a substantial amount of other ingredients for their flavour to stand out. Equating 3 *liang* of *gui zhi* to 45g rather than 9g makes a lot of sense in that context, especially when it is considered that *gui zhi tang* is a powerful decoction that is meant to yield results in a matter of hours.

However, it is also important to realise that Andrew and JulieAnn are very flexible in their approach to dosages. Although often, they will prescribe amounts of herbs that would be considered high by many other practitioners, they will also prescribe amounts that can be very low - one formula I saw was simply the combination of 10g of *bai he* (*Lilium lancifolium*), 10g of *gui zhi* and 3g of *fu ling* (*Poria cocos*). Yet another patient stored their decoction in ice cube trays in the freezer, having an ice cube a day, and making a single bag of herbs last two weeks. The key, as always, is not to be stuck in dogma, but to prescribe in a way that is appropriate to the patient.

Decoction method

The intense pragmatism that is at the heart of Chinese medicine can be seen in a new decoction method that is used at the Alternative Clinic. When travelling through China, the Nugent-Heads found it practically difficult to brew herbs up on a hob, and experimented with different ways of decoction. Based on a method of cooking herbs from the *Shang Han Lun* that steeps herbs in a closed container, they tried putting raw herbs in a double-walled thermos flask and fill it with boiling water. In this way the herbs would steep in very hot water overnight, yielding a significant amount of full strength decoction in the morning. This “thermos cook” method has now been adopted by most patients at the Alternative Clinic, greatly increasing convenience and therefore compliance, reducing the cost of herbs, while keeping the great flexibility and precision of using custom-made formulas from the raw herb dispensary.

Spending time at the Alternative Clinic has been an eye-opener for me. Clearly witnessing the effectiveness of Chinese medicine, seeing how the local population had embraced the treatments and was spreading the word, and having a clear idea as to how I can improve and develop my own herbal skill have been hugely inspiring experiences, which I would recommend to any other herbalist. Among the many memorable patients I met, Grace, a cancer-patient, who last year had been given weeks to live, stands out. Her twice-weekly treatment came under pro bono hospice care. She was depressed and anxious at the time as she was moving - relatives had kindly offered for her to stay rent-free at their flat for her last few weeks, as she had to move out of her previous accommodation. However, after a year of treatment under Andrew and JulieAnn's care, she was doing well. She was off most medications, including opiates, and her cancer was waxing and waning, under control. She was having to move again as her relatives had decided that since she wasn't dying anymore, they would like to have their flat back. She is in good hands to help her weather this new move — I look forward to seeing her again next year.

Patient names have been changed.

Nugent-Head, J. (2016) *The Yin and Yang of Herbs*. Journal of Chinese Medicine, 111, pp.63-67.



A Selection of Herbs

Case study

The following case study is included to illustrate the classical thought process when prescribing herbs, as well as the feedback process that happens between patient and practitioner.

Presenting complaint:

The patient is a 50-year old woman who presented with a diagnosis of interstitial cystitis. She developed a urinary tract infection 20 years ago while travelling in Nepal, and since then has suffered reoccurring inflammation. She has a constant feeling of pressure in the lower pelvic area, and gets a throbbing pain after every urination which she rates at 7/10 and lasts over an hour. There is no pain during urination, the urine does not feel hot. She also develops a UTI every time she has sex, there is no pain with sexual intercourse itself.

Relevant clinical information:

She falls asleep easily but can wake up quickly, and tends to be awake between 3 and 4am most nights. She feels rested in the morning and has plenty of energy. Her vagina can feel dry and irritated if she doesn't use an oestrogen cream. She has very little tolerance for cold and damp. She has a good appetite and enjoys a good diet. She stays away from gluten because it can give her headaches. Dairy can make her feel congested in the nose and give her puffy eyes. She does not feel thirsty. Bowels are daily. Menses were mostly unremarkable and stopped at age 47.

Observation: slim, slight build, skin looks papery

Tongue: pink with slight red tip

Pulse: thin, not particularly rapid

First formula:

External wash:

hua shi (Talcum) 15

yu zhu (Polygonatum odoratum) 9

jin yin hua (Flower of Lonicera japonica) 12

ren dong teng (Vine of Lonicera japonica) 15

Internal formula:

gui zhi (Cinnamomum cassia) 9 (packed separately)

hua shi (Talcum) 12

jin qian cao (Lysimachia christinae) 12

zhu ling (Polyporus umbellatus) 9

tong cao (Tetrapanax papyferus) 6

mu tong (Akebia quinata) 6

hai jin sha (Lygodium japonicum) 9

dan zhu ye (Lophaterum gracile) 12

Explanation:

Although the patient presented with a local damp invasion as evidenced by the pain and distention in the lower abdomen, she overall had a dry constitution. JulieAnn therefore chose to avoid a strong bitter flavour internally so as to not dry her out even further.

Instead she mostly chose sweet, bland, slippery, cold and heavy herbs to create more flow in the bladder. Also included are *gui zhi* and *zhu ling*, both of which are sweet, acrid and warm herbs often used for urinary disorders (for example in Five-Ingredient Powder with Poria (*wu ling san*)). However as *gui zhi*'s warmth could have been too strong for the patient and possibly impacting her sleep negatively, it was wrapped separately so it could be left out if need be. *Dan zhu ye* was added as a sweet, bland and cold herb to flow heat out from the heart area as the patient was emotionally affected and cried during the consultation. The external wash included strongly bitter and cold *jin yin hua*, as there was no risk of damage to the fluids from it. The above herbs were given for a total of 4 days, after which the patient was asked to give email feedback.

Second formula:

The patient's feedback email mentioned no problems with the internal herbs. There had been no signs of heat so she had kept *gui zhi* in the formula. However, the last 2 days the patient's eyes had been dry and burning, which JulieAnn attributed to *mu tong*, the only bitter herb in the formula.

The external wash provided a lot of relief, and was therefore renewed. However the pelvic pressure and

urethral burning had stayed identical, and therefore the internal formula was deemed ineffective and needed to be changed.

JulieAnn consulted the *Jin Gui Yao Lue* on the section on women's diseases, and found a relevant section which advised a formula consisting of large dosages of *dong kui zi* (*Benincasa hispida*), a slippery and moistening herb, and *fu ling*, to flow downwards. This confirmed that these were recommended flavours and natures for this type of presenting patient.

After some thought, she therefore prescribed the following formula:

Internal formula:

xuan shen (Scrophularia ningpensis) 45

hua shi (Talcum) 25

dan shen (Salvia mitiorrhiza) 25

Xuan shen is a powerful herb (a lower herb from the *Shen Nong Ben Cao*) that is sweet and cold. *Hua shi* was included for its slippery nature to guide the *xuan shen* through the urine. Where minerals are not allowed, she would recommend replacing it with a slippery herb such as *mai men dong* or *yu zhu*. The dosage would need to be large (eg 45g) to create enough weight to bring the formula downwards. *Dan shen* is again slippery, and is included to flow out the gathering in the lower abdomen as evidenced by the feeling of pressure.

After taking this formula for 3 days, the patient reported having less lower pelvic pain and a reduction in urethral burning, both in intensity (now she rated it at around 5) and in duration. She mentioned she was still using the external wash sporadically, but felt less need for it.

This second formula had started creating results and was therefore renewed for another 4 days.

Conny Cooper qualified in Acupuncture from the LCTA in 2006 and in Chinese Herbal Medicine from the University of Westminster in 2015. She has been on three study trips to China and has carried out two internships with the Alternative Clinic in Asheville, USA. She is a member of the RCHM Council, her particular interest being to redevelop the New Practitioner Scheme.