

Readability in English Language Chinese Medical Texts

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Introduction

One of the great frustrations of the “term debate” has been the “apples to oranges” comparisons that claim using the “Practical Dictionary” (PD) term set makes text difficult for students, hard to read or some other label that asserts that it is the terms themselves that create these difficulties. A larger term set will naturally use more unfamiliar words than a smaller term set but the ensuing textual complexity derives not from the words but from the richer set of concepts. Unhappily, attempts to discuss this topic have typically arrived at either repetitive discussions of a small but contentious body of terms or devolve into a “who’s right” argument. What I show in this paper is that the ease of absorption people recognize in books written for a student audience is the result of topic simplification. Writers seeking a specific target audience, filter the Chinese information based on their assessment of reader expectations.

By using “readability scores” – objective measures of the level of education appropriate to a particular text – we can see that student reading difficulty occurs not because of the terms used, but because of the size of the term set. This is confirmed by simple quantifications based on a fact by fact comparison of two essentially equivalent pattern discussions. This also reveals that it is the number and complexity of the concepts transmitted and not the words that are the operative difference. Thus, the difference between PD and other texts does not rest with the choice of terms but with the conceptual richness.

Methodology

To address these comparisons I have taken the description of liver depression in **The Fundamentals of Chinese Medicine (Fundamentals)** and compared it to the equivalent description of liver qi stagnation in the new edition of **Foundations of Chinese Medicine (Foundations)**. I chose liver depression because both texts agree that it is common. I chose to compare **Fundamentals** to **Foundations** because **Fundamentals** is a literal (close or denotive) translation and **Foundations** is a widely-used textbook. Both are based on P.R.C. curriculum sources. Thus, to some degree, the comparison reveals more than the differences between the two texts because it shows the differences between what Chinese and Western students learn about liver depression (liver qi stagnation) during their education. We not only see a relatively objective comparison of transmission philosophies but also a comparison of the writers’ expectation for students.

The methodology of this comparison is straightforward. By breaking each text’s description into statements of fact and comparing those statements of fact, we can avoid the “who’s right” issue and look instead at the difference in the results of transmission philosophy. By matching those statements based on their content and quantifying the

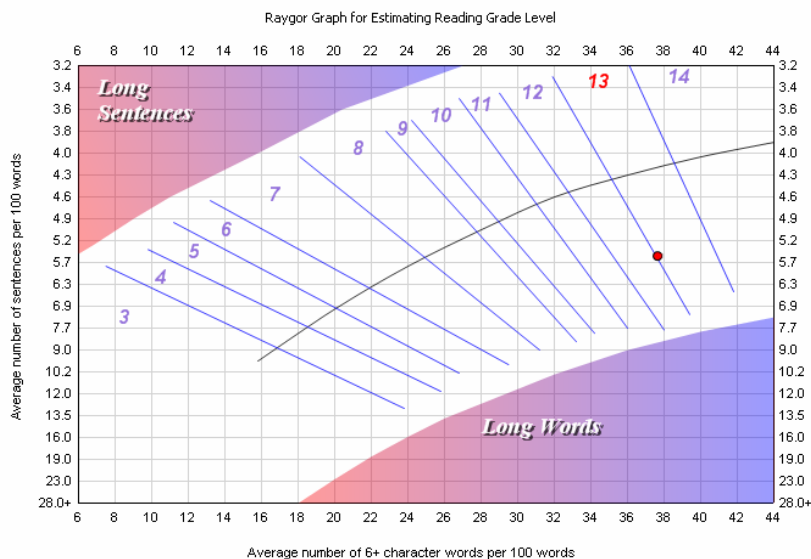
information transmitted by simple counts, we see what content has been selected for transmission . Although matching statements was less problematic than I originally expected, there are sure to be instances where matches should be made or unmade. However, since the quantifications are quite broad, these differences are unlikely to make any difference in the conclusions.

For those who would like to check or dispute my work. The **Foundations** file submitted to the readability software is located in Appendix A. The **Fundamentals** file is located Appendix B. The comparisons I used are included at the end of this paper. Since footnotes, toned pinyin, pharmaceutical latin, and Chinese characters are absent in **Foundations**, I removed them from the **Fundamentals** text used for comparison. Each of these would have increased the readability score; how will be apparent further along in this discussion. To make the comparisons meaningful, I tested text-only versions that were similar in their essential aspects. The purpose is to compare the readability of the text alone so that the impact of transmission choices is made as clear as possible.

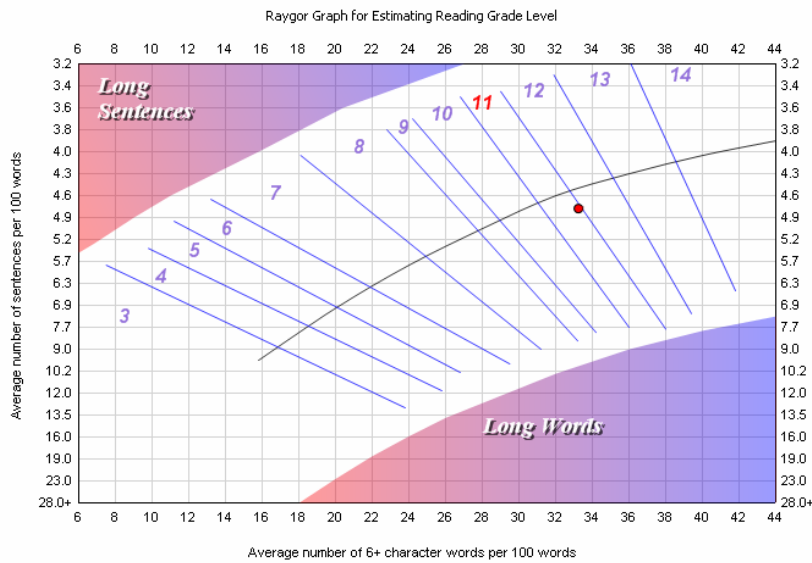
Standard Readability Measures

Using inexpensively available “Readability Studio” software: (<http://www.oleandersolutions.com/readabilitystudio.html>) I submitted the **Foundations** and the **Fundamentals** file to an examination based on the assumption that they are “adult health care literature.” Those two files produce the following scores.

The “Raynor” readability graph for **Foundations** is as follows:

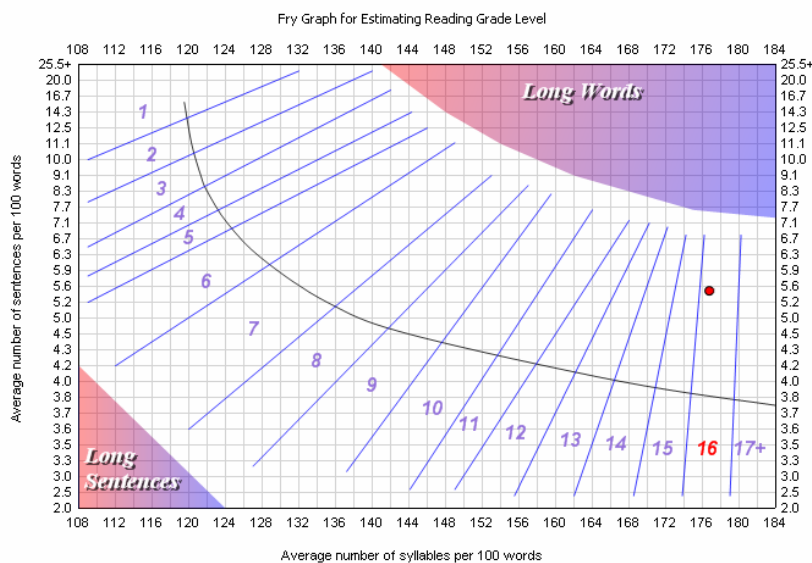


The “Raynor” readability graph for **Fundamentals** is as follows:

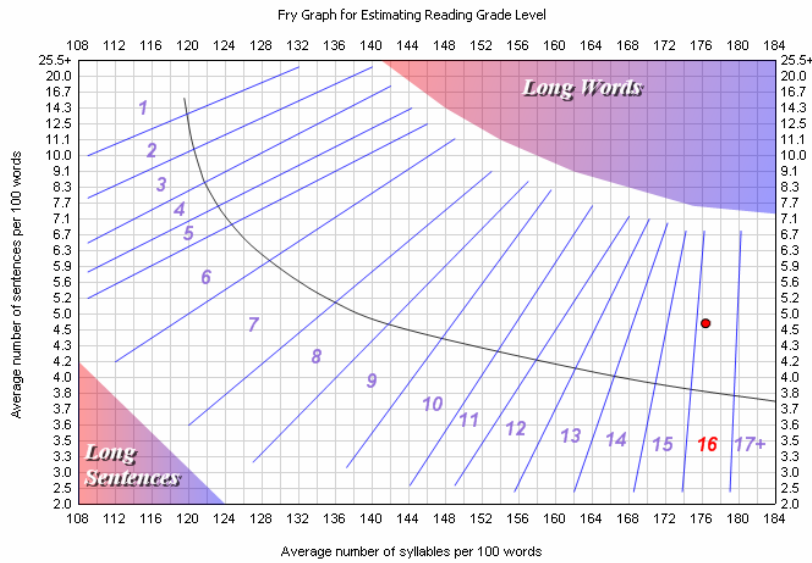


The Raynor readability procedure estimates the number of years of education appropriate for the reader of any given text. It weights the number of words of six or greater characters in every 100 words and the number of sentences per 100 words. In an “apples to apples” comparison of the English text, **Foundations** has a larger number of larger words and sentences. This is counter-intuitive for many, but the readability comparison is not based on the difficulty of the concepts, only on word length and sentence use. The value of this comparison is that it isolates the complexity of language and concept.

The “Fry” readability graph for **Foundations** is as follows:



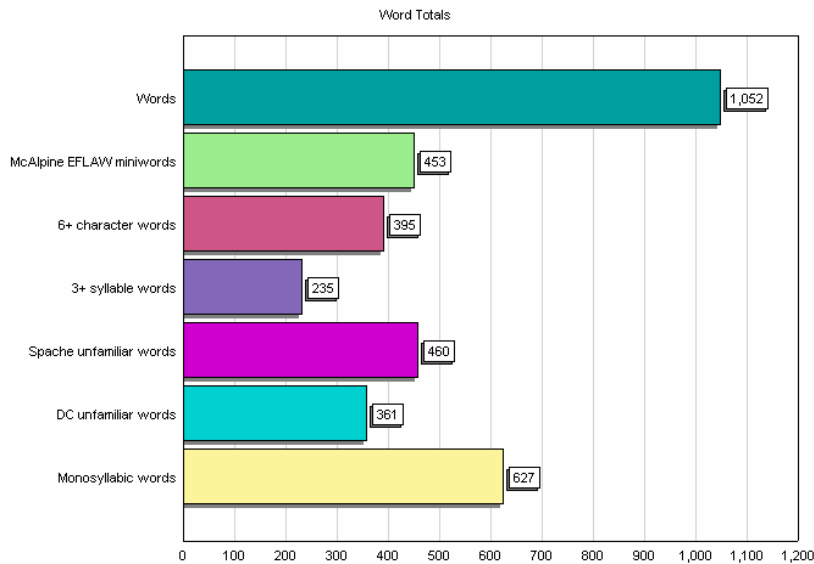
The “Fry” readability graph for **Fundamentals** is as follows:



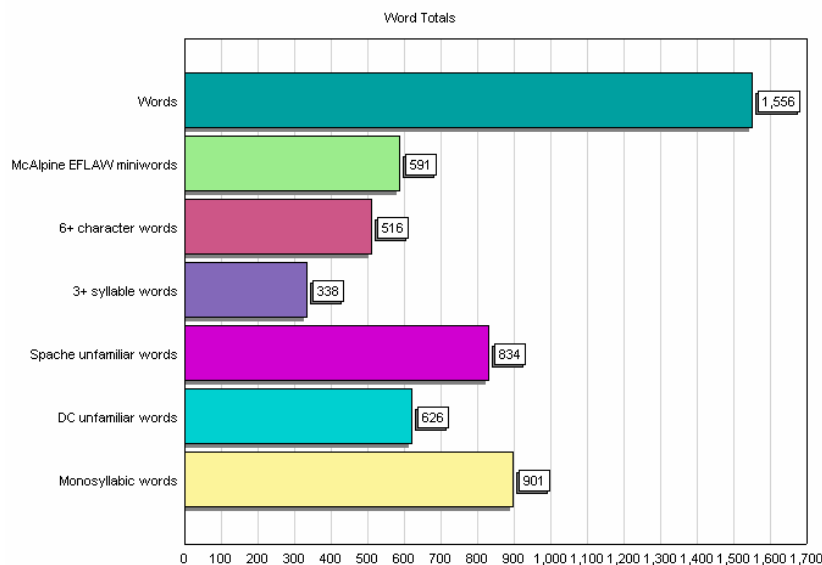
The Fry procedure considers the average number of syllables per 100 words and the average number of sentences per 100 words to calculate a grade level. Both **Foundations** and **Fundamentals** reach the higher grade levels because of sentence length. Over the course of the two entire texts, it is likely that there is no significant difference.

The comparison of words, sheds further light on the nature of the two texts because the comparison is based on lists of familiar words.

The word counts for **Foundations** follow:



The word counts for **Fundamentals** follow:



The **Fundamentals** text is about one third larger, so word totals are somewhat larger. However, the number of unfamiliar words used in **Fundamentals** is proportionally higher. The difference, however, is not as great as has been assumed. The familiar words used in readability research are those established quite early in education and the introduction of any professional terminology increases readability. Choosing biomedical terms, for example, does not increase familiarity.

The conclusion thus far is quite straightforward. When measured as text alone, there is little to distinguish between the two texts in terms of readability. Although **Fundamentals** uses a larger term set, and thus has more words that are not included on lists of familiar words, this has not resulted in any objectively-measurable difference in readability. To understand the differences more clearly, we need to look at the differences at the conceptual level.

Measuring Conceptual Richness

There are inconsistencies in Chinese medicine. One source may claim different entering channels for a medicinal, another source may assert different pulse or tongue signs. However, since the early 1950's the People's Republic of China has developed a set of standardized texts and curriculum that represent a developing consensus among native Chinese experts. The **Fundamentals** text is a literal translation of the *Zong Yi Ji Chu Xue* a Chinese language source book that is among the simpler (and now somewhat older) primers of Chinese medicine. It is not substantially different than the newer curricular texts and as such can stand as an available representation of what native Chinese-speaking T.C.M. physicians consider necessary learning. The following tables details the comparisons between **Fundamentals** and **Foundations**.

Category of Fact	Fundamentals	Foundations
Number of fact statements	87	43
Facts not matched to the Chinese text	0	44
Number of Pathomechanism-related facts	29	15
Number of Treatment Principles	14	1
Number of Symptoms and Signs	6	10
Number of Western Medical Correspondences	4	1
Number of Pattern/Formula facts	7	2
Number of Materia Medica facts	3	0
Number of Aupoint / Pattern facts	15	5
Number of Personal Observations	0	19

In **Foundations** only Symptoms and Signs appear more frequently than in the Chinese text, the difference being personal observations. There are no personal observations in the **Fundamentals text**, which is a significant clue as to the difference in transmission philosophy. In all other basic categories of fact, information about liver depression is far richer when there is no filtering between the Chinese sources and the English text.

Based on simple quantification of the facts presented in different categories, it is clear that **Foundations** is a highly simplified text. It presents a clear bias in favor of personal observations and a clear bias against transmitting Pathomechanisms, Treatment Principles and Aupoint to Pattern relationships. Internal medicine in terms of Materia Medica and Formula to Pattern relationships is understated.

At a more subtle level, each text values extended definition and reference in considerably different ways. In **Fundamentals**, for example, the nomenclature and terms that have extended definitions or extended information (in red in the following entries) far out number those found in **Foundations**. While there is no doubt that this requires greater preparation for the student, there is equally no doubt that students with access to this information will be better informed and better prepared to deal with more advanced literature.

Conclusions

1. A larger term set makes no significant difference in the objectively measurable readability of the surrounding text.
2. A larger term set is the direct outcome of conceptual richness.
3. While simplification and personalization reduce the beginning student's learning curve, they also decrease access to information and the ability to deal with advanced texts.
4. The choice for instructors is between full and simplified presentations.

Fundamentals of Chinese Medicine Statements of Fact	Categories	Foundations of Chinese Medicine Statements of Fact	Categories
		There are few pathological precursors of Liver-Qi stagnation. As this pattern itself is usually the beginning stage of a pathological process deriving from emotional stress.	Pathomechanism Emotion
Disturbances free coursing and storing blood are involved in all of the many disease patterns associated with both the liver and the gallbladder.	Pathomechanism	However, this pattern may arise as a secondary consequence of Liver-Blood deficiency ; this is because Liver-Qi and Liver-Blood are the Yang and Yin aspect of the Liver respectively and they mutually influence each other.	Pathomechanism
Impairment of free coursing gives rise to binding depression of liver qi , which manifests as superabundance .	Pathomechanism		
Excessive upstirring of liver yang, known as ascendant hyperactivity of liver yang also manifests as superabundance	Pathomechanism		
By contrast, the liver failing to store the blood manifests as insufficiency .	Pathomechanism		
It is a characteristic of the liver that its yang and qi tend toward superabundance , while its yin and blood tend toward insufficiency .	Pathomechanism	(1) Please note that in women, Liver-Qi stagnation may sometime arise as a consequence of Liver-Blood deficiency , or it may be associated with it.	Personal Observations. Pathomechanism
		(2) The symptoms and signs will be slightly different and generally of the Deficient type; most of all, the pulse may be generally Fine and only slightly Wiry on the left.	Personal Observations. Pathomechanism
		(3) As qi ‘is the commander of Blood’ and when ‘Qi stagnates Blood congeals’, stagnation of Liver-Qi over a long period of time can easily induce stasis of Liver-Blood.	Personal Observations. Pathomechanism
		(4) This is the most important consequence of Liver-Qi stagnation, which will be discussed as a separate pattern.	Personal Observations. Pathomechanism
		As the Kidneys are the Mother of the Liver in the Five-Element scheme, a deficiency of the Kidneys may induce a secondary Liver-Qi stagnation .	Pathomechanism

"Liver yang and liver qi tend toward superabundance,"	Pathomechanism		
"liver yin and liver blood tend toward insufficiency."	Pathomechanism		
ascendant hyperactivity of liver yang usually arises when liver yin is insufficient and fails to keep yang in check.	Pathomechanism		
Also, when there is binding depression of liver qi, qi depression transforms into fire and wears the blood and damages yin.	Pathomechanism		
Thus, superabundance of liver qi and yang stands in a mutually conducive relationship with insufficiency of liver yin and blood.	Pathomechanism		
liver disease ultimately ends in wear on yin-blood and reduced counterbalancing of liver yang which gives rise to liver wind stirring internally	Pathomechanism		
Treatment of liver and gallbladder disorders invariably involves regulation of free coursing and restoring the liver's ability to store the blood.	Treatment Principle		
Only in the case of liver-gallbladder damp-heat does treatment involve eliminating evils.	Treatment Principle		
Coursing the liver and rectifying qi, and calming the liver and draining fire are two treatment methods designed to restore free coursing.	Treatment Principle		
Nourishing the blood and emolliating the liver, and enriching the liver and supplementing the kidney are two methods used to restore blood storage.	Treatment Principle		
Others include nurturing yin and subduing yang,	Treatment Principle		
harmonizing the blood and coursing the liver,	Treatment Principle		
and nourishing the blood and extinguishing wind	Treatment Principle		
which all correct superabundance of liver yang and qi and insufficiency of liver yin and blood	Treatment Principle		
The gallbladder is closely related to the liver because bile is formed from excess liver qi.	Pathomechanism		
Most diseases of the gallbladder are thus treated as impaired free coursing.	Treatment Principle		

Binding depression of liver qi is the commonly observed manifestation of of impaired free coursing .	Pathomechanism	This is by far the most common of Liver patterns and is also one of the most common patterns in general	Pathomechanism
It is a qi dynamic disturbance of the depression or stagnation type	Pathomechanism	(1) listed under full patterns, (2) These are due to the lack of flow of Qi at a psychic level	Pathomechanism /Personal Observationservati on
		This pattern is of the Full type and one should not be misled by the emotional state of the person which may appear to be ‘deficient’ (i.e. the person is depressed, moody and quiet.	Pathomechanism /Personal Observationservati on
		In spite of its appearance, it is caused by an ‘implosion’ of Qi due to the stagnation of Liver-Qi, as such it is to be treated as an Excess pattern.	Pathomechanism /Personal Observationservati on
It may be caused by mental and emotional disorders,		(1) A state of frustration , repressed anger and resentment over a long period of time can cause the flow of Qi to be impeded so that Qi does not flow smoothly and it becomes stuck resulting in stagnation of Liver-Qi..	Pathomechanism /Personal Observationservati on
invasion of external damp-heat,	Pathomechanism		
or insufficiency of yin blood depriving the liver of nourishment.	Pathomechanism		
It manifests as mental depression,	Pathomechanism	(1) Melancholy, depression, moodiness,fluctuation of mental state, feeling "wound up" (2) The second group of symptoms includes several emotional manifestations , which are very common and typical of Liver-Qi stagnation.	Pathomechanism /Personal Observationservati on
		Stagnation of Liver-Qi impedes the ‘coming and going’ of the Ethereal Soul with a resulting depression, feeling of aimlessness, lack of projects, dreams, etc.	Pathomechanism /Personal Observationservati on
bile secretion disorders,	Pathomechanism		
qi dynamic disorders,	Pathomechanism		
or combinations of these	Pathomechanism		
may be observed in diseases of the liver and gallbladder proper,	Pathomechanism		

of the liver channel (plum-pit qi, goiter, or distention of the breasts),	Symptoms and Signs Western Medical Correspondence	feeling of a lump in the throat - irregular periods, distention of the breast before the periods, premenstrual tension and irritability	Symptoms and Signs
		Tongue normal, slightly red on the sides	Symptoms and Signs
		Most Chinese books say the tongue in Liver-Qi stagnation is Purple or has purple sides.	Symptoms and Signs
		I disagree and I think that a change in the colour of the tongue body reflects a change in the state of Blood more than Qi.	Personal Observations.
		Obviously all of the above manifestations need be present to warrant a diagnosis of Liver-Qi stagnation. Stagnation of Liver-Qi is very far reaching and manifests in a wide range of symptoms and signs	Symptoms and Signs
		Therefore, if the tongue is Purple, I always attribute that to Blood stasis.	Personal Observations.
		Sighing is a spontaneous way to release the stagnant Qi in the chest	Personal Observations.
		In Qi stagnation, the tongue body may actually not change colour at all so that this pathology does not show on the tongue; in sever cases of Qi stagnation, the tongue may be slightly Red on the sides.	Symptoms and Signs
Tongue and pulse do not appear in the text but in the table on pag 185. Tongue fur is rought, yellow only in liver fire flaming upward. Pulse is string-like in liver depression but fine and rapid in ascendant liver yang	Symptoms and Signs	The tongue in Qi stagnation may be normal-coloured; it is not purple. In severe cases it may be slightly Red on the sides.	Symptoms and Signs / Personal Observations.
		Distension (zhang) is the chief symptom of Qi stagnation. Most English-speaking patients would say 'bloating.'	Symptoms and Signs / Personal Observations.
gastrointestinal disturbances (including what Western medicine identifies as ulcers), as well as in menstrual irregularities.	Western medical correspondences		
	Western medical correspondences	(1) Irregular periods, distention of breasts before the periods, premenstrual tension and irritability (2)The Qi stagnation also causes of feeling of irritability	Western medical correspondences
Severe depression may lead to fire formation and the emergence of a liver fire flaming upward pattern	Pathomechanism		
or it may cause damage to liver yin-blood, which manifests as a vacuity pattern.	Pathomechanism		

Extreme depression may cause a counterflow upsurge of liver qi, one form of qi reversal	Pathomechanism		
The mental and emotional symptoms of binding depression of liver qi are depression or rashness, impatience, and exaggerated emotional response.	Symptoms and Signs	Problems in the emotional life are by far the most important (if not the only) cause of Liver-Qi stagnation	Symptoms and Signs/ Personal Observations.
Qi dynamic disturbances manifest in scurrying pains or distending pain in the chest and rib-side, oppression in the chest, and a string-like pulse .	Symptoms and Signs	Feeling of distension of hypochondrium , chest, epigastrium or abdomen, sighing, Pulse wiry . On a physical level, stagnation of Liver-Qi can manifest in the hypochondrium , chest, epigastrium and abdomen.	Symptoms and Signs
		The pulse quality associated with Qi stagnation is Wiry and this is a very frequent finding in practice.	Symptoms and Signs
Bile secretion disturbances, which are dealt with in greater detail under the heading "Liver-Gallbladder Damp Heat" -- manifest in signs such as jaundice and vomiting of bitter fluid or yellow bile.	Pathomechanism		
Because of the relationship of the liver and gallbladder to other organs and the broad area traversed by the liver and gallbladder channels, binding depression of liver qi can also give rise to the following pathologies:	Pathomechanism		
Liver qi can "move cross counterflow" to invade the spleen and stomach.	Pathomechanism		
If there are signs such as nausea, vomiting, acid regurgitation, and acute abdominal pain and distention , the condition is called "liver qi invading the stomach"	Symptoms and Signs		
if there is additional distending pain and diarrhea, it is called liver-spleen disharmony	Symptoms and Signs		
Liver qi can also "ascend counterflow," carrying phlegm upwards. This may cause plum-pit qi , characterized by the sensation of a lump in the throat that can neither be swallowed nor brought up;	Pathomechanism	The stagnation of Liver-Qi in the throat (where the liver channel also flows), gives rise to the feeling of a lump in the throat (this is described in Chinese medicine as like a feeling 'of plum stone in the throat).	Pathomechanism
		The feeling comes and goes according to the emotional state.	Personal Observations

		(Typically the emotional symptoms fluctuate a lot: the person goes through periods of depression when all the physical symptoms also appear, and periods when	Personal Observationservati ons
		This fluctuation is typical of Liver-Qi stagnation.	Personal Observationservati ons
if qi and phlegm obstruct each other and accumulate in the neck, they can give rise to goiter (thyroid enlargement) which is characterized by soft swellings on both sides of the laryngeal prominence that move up and down when the patient swallows.	Western medical correspondences		
Binding liver qi depression may also affect the penetrating and conception vessels leading to menstrual pain, menstrual block, painful distention of the breasts and menstrual irregularities.	Pathomechanism	Finally, Liver-Qi can impair the movement of Qi and Blood in the Directing and Penetrating Vessels, (Ren Mai and Chong Mai), thus affecting the Uterus	Pathomechanism
		, resulting in irregular periods and premenstrual tension, with distension of the breasts (which are also under the influence of the Liver channel.	
The basic principle for treating binding depression of liver qi is to course the liver and rectify qi .	Treatment Principle	Principle of treatment: smooth the Liver and move Qi .	Treatment Principle
When binding depression manifests in emotional disturbances, these can be treated by coursing the liver and resolving depression along with appropriate counselling.	Treatment Principle		
For qi dynamic disturbances, the emphasis is on rectifying qi .	Treatment Principle		
For bile disturbances, the emphasis is on disinhibiting bile .	Treatment Principle		
Commonly used liver-coursing and qi-rectifying agents include bupleurum, curcuma, unripe tangerine peel, bitter orange, cyperus, toosendan, corydalis, perilla stem, akebia, liquidambar fruit, lindera, and tangerine pip .	Materia Medica		
A basic formula is Bupleurum Liver-Coursing Powder which can be varied according to need.	Pattern / Formula	(1) whereas when Liver-Qi stagnation occurs independently Yue Ju Wan Gardenia-Ligusticum Pill is indicated. (2) Yue Ju Wan Gardenia-Ligusticum Pill (for Liver-Qi stagnation arising independently)	Pattern / Formula

Liver qi invading the stomach requires the additional action to harmonize the stomach offered by Metal-Assisting Pill.	Pattern / Formula		
Liver-spleen disharmony is treated by harmonizing the liver and spleen using Free Wanderer Powder	Pattern / Formula		
		The symptoms and signs will be slightly different and generally of the Deficient type; most of all, the pulse may be generally Fine and only slightly Wiry on the left.	Symptoms and Signs
		Xiao Yao San Free and Easy Wanderer Powder (for Liver-Qi stagnation secondary to Liver-Blood deficiency).	Pattern / Formula
or Pain and Diarrhea Formula.	Pattern / Formula		
Plum-pit qi is treated by downbearing qi and transforming phlegm, using Four-Seven Decoction and similar formulas.	Pattern / Formula		
Goiter is generally treated by rectifying qi and dispersing hardness using such formulas Sargassum Jade Flask Decoction.	Pattern / Formula		
Finally,disharmony of the penetrating and conception vessels (menstrual irregularities)resulting from binding depression of liver qi are mainly treated with such formulas as Free Wanderer Powder.	Pattern / Formula		
Most liver-coursing, qi-rectifying agents are aromatic and dry and may readily damage yin and blood.	Materia Medica		
To prevent such complications in weaker patients, these agents are combined with others that nourish the blood and emolliate the liver such as white peony, tangkuei	Materia Medica		
Acupuncture uses points to move the blood and qi as the primary treatment of binding depression of liver qi.	Treatment Principle		
LR-2, LR-3, LR-8, LR-13, GB-40, and GB-34 are some of the points often chosen to course the liver and move liver qi and blood.	Acupoint / Pattern	Points: GB-34, LIV-3, LIV-13, LIV-14, TB-6. Method: reducing method, no moxa.	Acupoint / Pattern
Menstrual irregularities due to liver qi depression can be treated with GB-34.	Acupoint / Pattern	GB-34 moves Liver-Qi and it particularly influences the hypochondrial region.	Acupoint / Pattern

This is a major point for moving uterine blood and is combined with points such as SP-6, LR-8, LR-2, ST-30, ST-29, BL-32, CV-3, and SP-10	Acupoint / Pattern		
Swelling of the breasts can be relieved with GB-1	Acupoint / Pattern		
Distending pain in the rib-side due to binding depression of liver qi is often treated with points such as LR-13, LR-14, LR-2, and GB-40 , which move liver-gallbladder qi.	Acupoint / Pattern	LIV-2 also moves Liver-Qi and it particularly affects the throat and head. LIV-14 movers Liver-Qi and it particularly affects the sides of the body.	Acupoint / Pattern
These can be combined with PC-6 , which soothes the chest and resolves depression	Acupoint / Pattern		
SI-5, TB-6, CV-17, and GB-34 are also effective, depending on the particular disease pattern.	Acupoint / Pattern		
Liver qi invading the stomach is treated with points that supplement stomach qi and harmonize the spleen and stomach such as CV-12, ST-36. PC-6. SP-6.	Acupoint / Pattern	P-6 moves Liver-Qi (by virtue of the relationship between Liver and Pericardium channels within the Terminal Yin). This point would be particularly well indicated when the stagnation of Liver-Qi is caused by emotional problems.	Acupoint / Pattern
These can be combined with points that calm the liver and course liver qi such as LR-2, LR-13, and LR-3	Acupoint / Pattern	LIV-13 regulates Liver-Qi in the Middle Burner, particularly when it invades the Spleen	Acupoint / Pattern
Points such as BL-20 BL-21 SP-4 are often used to help fortify the spleen and stomach.	Acupoint / Pattern		
Similar points are used in treating of liver-spleen disharmony.	Acupoint / Pattern		
Plum-pit qi due to binding depression of liver qi is often treated with CV-23.	Acupoint / Pattern		
Goiter is treated with local points such as TB-13 LI-17 CV-22 and local paravertebral points lateral to the third, fourth, and fifth cervical vertebrae.	Acupoint / Pattern		
These can be used in combination with distal points such as LI-4 LI-11 ST-36 and LI-10	Acupoint / Pattern		
All these points belong to channels that pass through the neck and have the ability to move channel qi. Moxibustion on the contralateral olecranon process is a special technique used to treat goiter.	Acupoint / Pattern		

Appendix A

Fact Statements In Foundations Liver-Qi Stagnaion Text

Liver qi stagnation manifests a feeling of distension of hypochondrium, chest, epigastrium or abdomen, sighing.

Liver qi stagnation manifests melancholy, depression, moodiness, fluctuation of mental state, 'feeling wound up', feeling of a lump in the throat.

Liver qi stagnation manifests irregular periods, distension of breasts before the periods, premenstrual tension and irritability.

Tongue color may be normal. In severe cases, it may be slightly red on the sides.

Pulse: Wiry, especially on the left side.

A feeling of distension and a Wiry pulse by themselves are enough to diagnose Liver-Qi stagnation.

Problems in the emotional life are by far the most important (if not the only) cause of Liver-Qi stagnation.

A state of frustration, repressed anger and resentment over a long period of time can cause the flow of Qi to be impeded so that Qi does not flow smoothly and it becomes stuck resulting in stagnation of Liver-Qi.

This is by far the most common of the Liver patterns and also one of the most common patterns in general.

Obviously all of the above manifestations need be present to warrant a diagnosis of Liver-Qi stagnation.

Stagnation of Liver-Qi is very far reaching and manifests in a wide range of symptoms and signs.

On a physical level, stagnation of Liver-Qi can manifest in the hypochondrium, chest, epigastrium and abdomen.

The stagnation manifests with a characteristic feeling of distension. It refers to a subjective bloated feeling of the patient but, in the epigastrium and abdomen it can also be seen objectively, that is, the abdomen becomes distended and rather hard (but elastic) like a drum.

Sighing is a spontaneous way to release the stagnant Qi in the chest.

Distension (zhang) is the chief symptom of Qi stagnation. Most English-speaking patients would say 'bloating.'

The second group of symptoms includes several emotional manifestations, which are very common and typical of Liver-Qi stagnation.

These are due to the lack of flow of Qi at a psychic level.

Stagnation of Liver-Qi impedes the 'coming and going' of the Ethereal Soul with a resulting depression, feeling of aimlessness, lack of projects, dreams, etc.

The Qi stagnation also causes a feeling of irritability.

The stagnation of Liver-Qi in the throat (where the liver channel also flows), gives rise to the feeling of a lump in the throat (this is described in Chinese medicine as like a feeling 'of plum stone in the throat').

The feeling comes and goes according to the emotional state.

Typically, the emotional symptoms fluctuate a lot: the person goes through periods of depression when all the physical symptoms also appear, and periods when depression is lifted and the physical symptoms disappear.

This fluctuation is typical of Liver-Qi stagnation.

Finally, Liver-Qi can impair the movement of Qi and Blood in the Directing and Penetrating Vessels, (Ren Mai and Chong Mai), thus affecting the Uterus, resulting in irregular periods and premenstrual tension, with distension of the breasts (which are also under the influence of the Liver channel).

This pattern is of the Full type and one should not be misled by the emotional state of the person which may appear to be 'deficient' (i.e. the person is depressed, moody and quiet).

In spite of its appearance, it is caused by an 'implosion' of Qi due to the stagnation of Liver-Qi, as such it is to be treated as an Excess pattern.

It is important to discuss the tongue appearance in Liver-Qi stagnation.

Most Chinese books say the tongue in Liver-Qi stagnation is Purple or has purple sides. I disagree and I think that a change in the colour of the tongue body reflects a change in the state of Blood more than Qi.

Therefore, if the tongue is Purple, I always attribute that to Blood stasis.

In Qi stagnation, the tongue body may actually not change colour at all so that this pathology does not show on the tongue; in severe cases of Qi stagnation, the tongue may be slightly Red on the sides.

The tongue in Qi stagnation may be normal-coloured; it is not purple. In severe cases it may be slightly Red on the sides.

The pulse quality associated with Qi stagnation is Wiry and this is a very frequent finding in practice.

Please note that in Women, Liver-Qi stagnation may sometime arise as a consequence of Liver-Blood deficiency, or it may be associated with it.

When that happens, the pattern is of a combination of Excess (Qi stagnation) and Deficiency (Liver-Blood).

The symptoms and signs will be slightly different and generally of the Deficient type; most of all, the pulse may be generally Fine and only slightly Wiry on the left.

Indeed the famous formula Xiao Yao San Free and Easy Wanderer is for this pattern, whereas when Liver-Qi stagnation occurs independently Yue Ju Wan Gardenia-Ligusticum Pill is indicated.

There are few pathological precursors of Liver-Qi stagnation. As this pattern itself is usually the beginning stage of a pathological process deriving from emotional stress.

However, this pattern may arise as a secondary consequence of Liver-Blood deficiency; this is because Liver-Qi and Liver-Blood are the Yang and Yin aspect of the Liver respectively and they mutually influence each other.

As qi 'is the commander of Blood' and when 'Qi stagnates Blood congeals', stagnation of Liver-Qi over a long period of time can easily induce stasis of Liver-Blood. This is the most important consequence of Liver-Qi stagnation, which will be discussed as a separate pattern.

As the Kidneys are the Mother of the Liver in the Five-Element scheme, a deficiency of the Kidneys may induce a secondary Liver-Qi stagnation.

Principle of treatment: smooth the Liver and move Qi.

Points: GB-34, LIV-3, LIV-13, LIV-14, TB-6. Method: reducing method, no moxa.

GB-34 moves Liver-Qi and it particularly influences the hypochondrial region.

LIV-2 also moves Liver-Qi and it particularly affects the throat and head.

LIV-13 regulates Liver-Qi in the Middle Burner, particularly when it invades the Spleen.

LIV-14 moves Liver-Qi and it particularly affects the sides of the body.

P-6 moves Liver-Qi (by virtue of the relationship between Liver and Pericardium channels within the Terminal Yin). This point would be particularly well indicated when the stagnation of Liver-Qi is caused by emotional problems.

Yue Ju Wan Gardenia-Ligusticum Pill (for Liver-Qi stagnation arising independently)

Xiao Yao San Free and Easy Wanderer Powder (for Liver-Qi stagnation secondary to Liver-Blood deficiency).

Appendix B

Fact Statements In Fundamentals Liver Qi Depression Text

The liver governs free coursing and stores blood. Disturbances of these two functions are involved in all of the many disease patterns associated with both the liver and the gallbladder.

Impairment of free coursing gives rise to binding depression of liver qi, which manifests as superabundance. Excessive upstirring of liver yang, known as ascendant hyperactivity of liver yang, also manifests as superabundance.

By contrast, the liver failing to store the blood manifests as insufficiency. It is a characteristic of the liver that its yang and qi tend toward superabundance, while its yin and blood tend toward insufficiency.

Hence, it is said: "Liver yang and liver qi tend toward superabundance," but "liver yin and liver blood tend toward insufficiency."

However, ascendant hyperactivity of liver yang usually arises when liver yin is insufficient and fails to keep yang in check.

Also, when there is binding depression of liver qi, qi depression transforms into fire and wears the blood and damages yin.

Thus, superabundance of liver qi and yang stands in a mutually conducive relationship with insufficiency of liver yin and blood.

For these reasons, liver disease ultimately ends in wear on yin-blood and reduced counterbalancing of liver yang which gives rise to liver wind stirring internally.

Treatment of liver and gallbladder disorders invariably involves regulation of free coursing and restoring the liver's ability to store the blood.

Only in the case of liver-gallbladder damp-heat does treatment involve eliminating evils.

Coursing the liver and rectifying qi, and calming the liver and draining fire are two treatment methods designed to restore free coursing.

Nourishing the blood and emolliating the liver, and enriching the liver and supplementing the kidney are two methods used to restore blood storage.

\index{scurrying pains in the chest and rib-side}

\index{distending pain in the chest and rib-side}

Qi dynamic disturbances manifest in

Qi dynamic disturbances manifest in scurrying pains

Qi dynamic disturbances manifest in scurrying pains or distending pain in the chest and rib-side, oppression in the chest, and a string-like pulse.

The mental and emotional symptoms of binding depression of liver qi are depression or rashness, impatience, and exaggerated emotional response.

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Bile secretion disturbances, which are dealt with in greater detail under the heading "Liver-Gallbladder Damp-Heat" in Chapter 10, manifest in signs such as jaundice and vomiting of bitter fluid or yellow bile.

Because of the relationship of the liver and gallbladder to other organs and the broad area traversed by the liver and gallbladder channels, binding depression of liver qi can also give rise to the following pathologies:

liver qi invading the stomach

liver qi moving cross counterflow

liver-spleen disharmony

Liver qi can "move cross counterflow" to invade the spleen and stomach.

If there are signs such as nausea, vomiting, acid regurgitation, and acute abdominal pain and distention, the condition is called "liver qi invading the stomach;"

if there is additional distending pain and diarrhea, it is called "liver-spleen disharmony."

Liver qi can also "ascend counterflow," carrying phlegm upwards.

This may cause plum-pit qi, characterized by the sensation of a lump in the throat that can neither be swallowed nor brought up;

if qi and phlegm obstruct each other and accumulate in the neck, they can give rise to goiter (thyroid enlargement) which is characterized by soft swellings on both sides of the laryngeal prominence that move up and down when the patient swallows.

Binding liver qi depression may also affect the penetrating and conception vessels leading to menstrual pain, menstrual block, painful distention of the breasts, breast lumps, and menstrual irregularities.

The basic principle for treating binding depression of liver qi is to course the liver and rectify qi.

When binding depression manifests in emotional disturbances, these can be treated

d by coursing the liver and resolving depression along with appropriate counselling.

For qi dynamic disturbances, the emphasis is on rectifying qi. For bile secretion disturbances, the emphasis is on disinhibiting bile.

Commonly used liver-coursing and qi-rectifying agents include bupleurum, curcuma, unripe tangerine peel, bitter orange, cyperus, toosendan, corydalis, perilla stem, akebia, liquidambar fruit, lindera, and tangerine pip.

A basic formula is Bupleurum Liver-Coursing Powder which can be varied according to need.

Liver qi invading the stomach requires the additional action to harmonize the stomach offered by Metal-Assisting Pill.

Liver-spleen disharmony is treated by harmonizing the liver and spleen using Free Wanderer Powder or Pain and Diarrhea Formula.

Plum-pit qi is treated by downbearing qi and transforming phlegm, using Four-Seven Decoction and similar formulas.

Goiter is generally treated by rectifying qi and dispersing hardness using such formulas Sargassum Jade Flask Decoction.

Finally, disharmony of the penetrating and conception vessels (menstrual irregularities) resulting from binding depression of liver qi are mainly treated with such formulas as Free Wanderer Powder.

Most liver-coursing, qi-rectifying agents are aromatic and dry and may readily damage yin and blood. To prevent such complications in weaker patients, these agents are combined with others that nourish the blood and emolliate the liver such as white peony, tangkuei, dried/fresh rehmannia, and lycium.

Acupuncture uses points to move the blood and qi as the primary treatment of binding depression of liver qi. LR-2, LR-3, LR-8, LR-13, GB-40, and GB-34 are some of the points often chosen to course the liver and move liver qi and blood.

Menstrual irregularities due to liver qi depression can be treated with GB-34.

This is a major point for moving uterine blood and is combined with points such as SP-6, LR-8, LR-2, ST-30, ST-29, BL-32, CV-3, and SP-10.

Swelling of the breasts can be relieved with GB-41.

some cases of qi vacuity and blood containment failure, such as blood in the stool and flooding and spotting, are termed

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Swelling of the breasts can be relieved with GB-41.

Distending pain in the rib-side due to binding depression of liver qi is often treated with points such as LR-13, LR-14, LR-2, and GB-40 which move liver-gallbladder qi.

These can be combined with PC-6, GB-34, which soothes the chest and resolves depression. SI-5, TB-6, CV-17, and are also effective, depending on the particular disease pattern.

Liver qi invading the stomach is treated with points that supplement stomach qi and harmonize the spleen and stomach such as CV-12, PC-6, SP-6.

These can be combined with points that calm the liver and course liver qi such as LR-2, LR-13, and ST-36.

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The mental and emotional symptoms of binding depression of liver qi are depression or rashness, impatience, and exaggerated emotional response.

BL-20, BL-21, SP-4, are often used to help fortify the spleen and stomach.

Similar points are used in treating of liver-spleen disharmony.

Plum-pit qi due to binding depression of liver qi is often treated with CV-23.

Goiter is treated with local points such as TB-13, CV-22 and local paravertebral points lateral to the third, fourth, and fifth cervical vertebrae.

These can be used in combination with distal points such as LI-4, LI-11, ST-36, and LI-10.

All these points belong to channels that pass through the neck and have the ability to move channel qi. Moxibustion on the contralateral olecranon process is a special technique used to treat goiter.