

The Integration of Western Herbs into the Chinese Herbal Medicine Paradigm

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Throughout the history of both Eastern and Western herbal medicine new substances have been incorporated into the materia medica of their respective cultures. This process of incorporating new medicines has occurred cross culturally in both China and the West. For instance, Li Shi-Zhen incorporated 374 new substances while he was compiling his seminal materia medica, *Comprehensive Outline of the Materia Medica* (本草綱目 *Běn Cǎo Gāng Mù*), which was published in 1596 and included a total of 1,892 substances.¹ On the other hand, naturopaths and the natural health movement in the United States have commonly incorporated herbs from China (i.e. Ren Shen or *Panax ginseng*), India (Ashwaganda or *Withania somnifera*) and medicines from other cultures.

This sort of cultural cross pollination has become in vogue in contemporary Eastern and Western herbal medicine. Both paradigms are striving to learn from each of their medicinal insights. In the East, this is evidenced by a growing corpus of western information from the fields of pharmacognosy² (which began in China in the 1950s under Xu and Zhao), conventional western medicine and phytomedicalism.³ These fields have expanded the understanding of Chinese herbs by adding information about biochemical constituents, drug-herb interactions, as well as actions and indications using the language and categorizations from the western paradigm (i.e. analgesic, diuretic, etc.). In the West, this is evidenced by a growing number of materia medica, which are assigning Eastern energetic qualities and functions (tastes, temperatures, channels, actions and indications from the perspectives found in Chinese Medical theory).

This paper primarily seeks to understand how new substances are being incorporated and codified in the West in terms of the Chinese Medical paradigm. This will be accomplished in three ways. First, this paper will examine some of the historical

trends in creating materia medica in China while discussing the criteria commonly utilized in modern Chinese materia medica. Secondly, it will examine the history of assigning energetic and Chinese criteria to western herbs and examine four of the pioneers who have been furthering this work (Michael Tierra, Peter Holmes, Jeremy Ross, and Thomas Avery Garrahan). Lastly, it will discuss the future potentials that can come from this sort of work and offer additional ideas in incorporating unknown substances into the Chinese Medical Paradigm.

In the introduction of *Chinese Herbal Medicine Materia Medica 3rd edition*, Bensky et al. mention that the *Divine Husbandman's Classic of the Materia Medica* (神农本草经 Shén Nóng Běn Cǎo Jīng), which was likely compiled in the Eastern Han Dynasty, contained 364 medicinal entries and “[was] the first book to focus on descriptions of individual herbs. It is therefore the source and archetype of China’s tradition of materia medica, and the ultimate point of departure for this book.”⁴ The overall structure of this text consists of herbs, minerals, and animal products separated into superior, middle and inferior classes. More importantly, the individual entries are ascribed their corresponding five flavors (sour, bitter, sweet, acrid and salty) and four qi or temperatures (hot, warm, cool, cold). In addition, a balanced or neutral temperature is used for certain medicinals and is described in Yang Shou-zhong’s English translation of the *Divine Farmer’s Materia Medica* as being used for “medicinals that are neither hot or cold, [and] neither warm or cool.”⁵

The expansion of new substances into the materia medica is a continual process that is ongoing. In fact, a 10 volume *Chinese Materia Medica* (中华本草 Zhōng huá běn cǎo) of 2002 includes almost 9,000 entries.⁶ Unfortunately, an English translation of

this text was not available for the research of this paper. Therefore, it is unknown if this text contains foreign medicinals that might be commonly used in the West. But, if that is the case, then there might already be criteria assigned to certain western medicinals from within the Chinese Medical paradigm. Be that as it may, there is a growing tradition in the West of assigning criteria from the Chinese Medical paradigm to western medicinals. Before this discussion begins, the criteria commonly utilized by Chinese herbal medicine practitioners should first be examined.

The criteria utilized by modern western Chinese herbalists in North America are best understood through the *Materia Medica* that Bensky, et al. compiled. This *Materia Medica* has served as one of the fundamental Chinese herbal medicine reference texts in North America as evidenced by its inclusion as one of the primary reference texts used in preparation for the NCCAOM Chinese Herbology Examination.⁷ The criteria used by Bensky, et al. consists of four distinct aspects: the four qi, the five tastes, actions and indications, and channels entered. The four qi refer to the temperature characteristics or thermal quality of the medicinal substance which originally consisted of hot (热 rè), cold (寒 hán), warm (温 wēn), and cool (凉 liáng), but were further differentiated into neutral or balanced (平 píng), slightly cold (微温 wēi wēn or just a little cooler than neutral), and slightly warm (微温 wēi wēn or just a little warmer than neutral). In the Chinese herbal tradition the temperature of medicinals will have direct impact on the herbs or formulas prescribed. The typical strategy is mentioned in *The Yellow Emperor's Classic of Internal Medicine: Basic Questions* (黃帝內經--素問 Huáng Dì Nèi Jīng: Sù Wèn) Chapter 74 when the Yellow Emperor states, “treat cold [conditions] using heat, [and] treat hot [conditions] using cold (治寒以熱 , 治熱以寒).”⁸

It is important to note that assigning temperatures to medicinal substances is not unique to Chinese Herbal medicine and has in fact been utilized by various herbal traditions throughout the world. For instance, India's Ayurvedic medical system⁹, the highland Maya's of Chiapas Mexico¹⁰, and Ancient Greece's Galenic classification¹¹ (which has largely fallen out of favor, but is gaining resurgence amongst some Western herbalists) have temperatures which are assigned to various medicinals. This might lead some to start adopting temperatures from these medical paradigms and equate them as equals in the Chinese Medical classification of medicinal temperatures, but this would be unsupported as each cultural medical system has its own internal logic and reasoning, which must be understood before such correlations can be made. This is why Michael Tierra, in the introduction of Thomas Avery Garran's book, *Western Herbs According to Traditional Chinese Medicine: a Practitioner's Guide* says that, "an herb such as berberis (barberry) is considered hot in Ayurvedic medicine but cold in Traditional Chinese medicine (TCM); honey is viewed as lubricating in TCM but drying in ayurveda. Thus, an energetic system without its systematic cultural context will lack the therapeutic precision and accuracy it is intended to have."¹²

However, even with this in mind the actual temperatures assigned to any given medicinal often vary within any given tradition. For instance, Jeremy Ross points out temperature discrepancies in the materia medica using an example of Du Huo (独活) when he says, "the range of opinion on its temperature from the Chinese sources summarized in the *Chinese Herbal Medicine Dictionary* includes warm, slightly warm, neutral, and slightly cool."¹³ Ross also offers several reasons why temperatures might have differences within the tradition, which include: different traditional uses, a single

herb containing both warming and cooling constituents, chemical differences in different samples of the same herb, genetic differences in populations of the same species, different methods of cultivation, different methods of preparation, and differences in human populations.¹⁴

The second criteria utilized in Chinese herbal medicine is the assignment of the five tastes to medicinals. The five tastes are sour (酸 suān), bitter (苦 kǔ), sweet (甘 gān), acrid (辛 xīn), and salty (咸 xián). In addition, when a substance has no obvious taste it is considered to be bland (淡 dàn). There are two other aspects commonly found in Chinese medicinals that have mixed qualities and are therefore not purely considered temperatures or flavors. The first is aromatic (香 xiāng), which is a quality described by Bensky, et al. as “an ability to penetrate through turbidity and revive a particular function, either the digestive function of the Spleen or the cognitive functions of the spirit and sensory orifices.” The second is astringent (涩 sè), which “refers not only to the taste of the substance, but also its ability to prevent the leakage of fluids.”¹⁵

The Chinese classics are filled with references to these qualities and form a constellation of correspondences via theories of the five phases and yin and yang, which can clue a practitioner into how a medicinal might be used. Bensky, et al. describe some of the therapeutic function of the tastes by saying, “Acrid substances disperse and move; sweet substances tonify, harmonize, and are sometimes thought to moisten; bitter substances drain and dry; sour substances are astringent and prevent or reverse the abnormal leakage of fluids and energy; salty substances purge and soften; and bland substances leech out dampness and promote urination.”¹⁶

This set of functions only begins to scratch the surface of correspondences

mentioned in the literature discussing the five flavors. Some of the earliest references are found in Chapter 22, Chapter 23, and Chapter 74 of *Basic Questions* (素問 Sù Wèn), which all discuss various aspects of the flavors in regard to organs entered into, specific actions, and implications for treatment strategies. For instance in Chapter 22 of *Basic Questions* the characteristics of the five organs in a state of imbalance are discussed along with a given flavor that can bring that organ back into balance. An example of this is seen in the discussion of the Liver, which states, “(When the) liver (is) suffering (from) tension, quickly eat sweet so as to relax it (肝苦急, 急食甘以緩之).”¹⁷

A later historical development of this is seen in the Qīng (清) dynasty author Wāng Áng 汪昂 who wrote the *Essentials of the Materia Medica* (本草備要 Běn Cǎo Bèi Yào) in 1664. Wāng Áng’s materia medica contains a section called ‘General properties and significance’ (藥性總義 Yào Xìng Zǒng Yì). In it he thoroughly discusses the significance of tastes, temperatures, colors, channels entered into, thick and thin qi, thick and thin flavors, the effect of various preparations of medicinals and many other things. For instance, yin and yang associations between flavors and actions are discussed when Ang writes, “Acridity and sweetness effuse because of yang, sourness and bitterness pour and drain because of yin, salty flavors pour and drain because of yin, bland flavors percolate and drain because of yang (辛甘發散為陽, 酸苦涌泄為陰, 鹹味涌泄為陰, 淡味滲泄為陽).”¹⁸ Overall, it is clear that a thorough understanding of the properties of tastes and temperatures are prerequisites to deeply understanding the Chinese herbal medicine paradigm.

Ross does a good job explaining the differences between actions and indications when he says, “the actions of a herb can be defined as the *types of therapeutic effects* it

has on the body. This is in contrast to the uses or indications of an herb, which refers to the *disorders it can be used to treat*. An indication refers to a *practical result*, whilst an action refers to the *process by which that result is achieved*.¹⁹ In understanding actions of medicinals it is necessary to realize that these are reflections of the cultural medical paradigm purporting them. For instance, in the West, actions utilize the language of pharmacology, pharmacognosy, and physiomedical theories, diaphoretics (substances that induce perspiration), analgesic (substances that stop pain), etc. Conversely, Chinese Medicine utilizes its own language to describe an herb's actions and indications.

The language utilized in the Chinese Medical paradigm to describe an herb's actions and indications follows various historical trends that offer a variety of vantage points to view the nature of illness. Hence, there are different perspectives on the actions and indications an herb might have based on the perspective being applied. As a result, there are various schools of herbal medicine that provide the context for the language that is commonly employed in discussing the actions and indications of Chinese herbal medicine.

Some of the main herbal schools of thought contributing to this language include: Zhāng Zhòng Jǐng's (张仲景) theories on Cold Damage, which are articulated in the Shāng Hán Lùn (伤寒论) c.220 and provide the basis for six channel pattern identification (Tài Yáng, Yáng Míng, Shào Yáng, Tàì Yīn, Shào Yīn, Jué Yīn) and an understanding of the progression of cold in the body along with formulas and treatment strategies²⁰; Yè Tiān Shì's (叶天士) discourses on Warmth and Heat pathogens (温热论 Wēn Rè Lùn), which was published sometime in the 18th century and forms the basis for the understanding of the progression of heat through the four levels (wèi, qì, yíng, xuè)

with representative formulas and modifications for the corresponding patterns²¹; Zhāng Yuán Sù's(张元素) articulation of a connection between particular herbs and organ imbalances, which laid a framework in the 12th century for prescribing herbs based on Zàng Fǔ (脏腑) pattern identification;²²and Chéng Zhōng Líng's (程忠龄)²³ organization and categorization of the eight methods (八法 bā fǎ), first mentioned throughout parts of *Basic Questions* (素問 *Sù Wèn*), but which he categorized into eight treatment strategies (sweating 汗法 hàn fǎ, vomiting 吐法 tù fǎ, draining downward 下法 xià fǎ, harmonizing 和法 hé fǎ, warming 温法 wēn fǎ, clearing 清法 qīng fǎ, reducing 消法 xiāo fǎ, and tonifying 补法 bǔ fǎ) that are used in organizing and prescribing herbs and formulas.²⁴

This survey of some of the main contributions to the lexicon used in describing actions and indications within Chinese Medicine illustrates the rich history from which modern Chinese medicine is derived and shows how language and understanding is a constantly evolving process.

The fourth criterion commonly utilized in the modern Chinese Herbal Medical paradigm is the idea that herbs enter specific channels. This idea was made explicit by the aforementioned physician Zhāng Yuán Sù who wrote, “The method of appropriately using medicines in accordance with the clinical pattern of the patient entails determining substances with the correct qì, taste, yin and yang, thick and thin properties, as well as the pathogen involved and the channel entered into.”²⁵ Lastly, while the above four criteria (the four qì, the five tastes, actions and indications, and channels entered into) make up the primary categories used in formulating a Chinese Herbal materia medica, additional qualities of herbs have been incorporated in some materia medica. Two of these worth mentioning are herbs having the ability to guide other herbs in formulas and herbs having

particular directional tendencies (ascending, descending, inwards, and outwards).

Before further discussing the categorization of Western Herbs into the Chinese herbal lexicon it is prudent to know that both historical and contemporary Chinese sources lack a uniformity of ideas concerning the attributes of herbs. This is why Bensky, et al. mention that, “even the modern texts on which our book is based contain differences with respect to the properties of particular herbs, or the channels they enter.”²⁶ Therefore, it is sensible to remember that modern attempts of assigning Chinese herbal qualities to western herbs are just beginning and this should be viewed as an evolutionary process, which will continually be modified by its adherents and contributors and ultimately gain validity from its theories through proven clinical results.

The first American herbalist to begin integrating western herbs into the Chinese Herbal Medical paradigm was Michael Tierra. Tierra, an acupuncturist and oriental medical doctor, has written numerous books including *The Way of Herbs*²⁷, which was first published in 1980. This book contains some basic energetic qualities applied to Western Herbs. This was followed by *Planetary Herbology*, which was published in 1988, and articulated Tierra’s vision of incorporating Eastern energetic qualities from both Chinese Medicine and Ayurvedic medicine and applying them to western herbs. Tierra’s drive to incorporate western herbs into the system of Chinese and Ayurvedic medicine is explained in the introduction to *Planetary Herbology* where he states, “It is apparent to anyone trained in the rigors of traditional Chinese and Ayurvedic herbalism that these systems are superior to ours. They better integrate differential diagnosis and treatment and demonstrate a more profound understanding of the actions and applications of herbs, and on these important counts have much to teach us.”²⁸

Tierra, an accomplished herbalist in his own right, has studied Chinese herbal medicine, Ayurvedic herbal medicine, Native American herbology with the Karok Indians in Northern California and trained with Dr. Christopher in western herbal medicine. Tierra studied Chinese herbal medicine in China and while he was there, he told his teachers that he planned to classify native North American herbs into the Chinese medicine energetic system. Tierra's ideas were skeptically looked upon by his teachers who said, "that what [he] proposed could not be done, that it had taken the efforts of countless herbalists over many centuries to evolve such a complete system and pharmacopeia."²⁹ Tierra himself thought about this and came to his own conclusion saying, "I agree that this process cannot be satisfactorily accomplished by a single individual. All I may hope to achieve is a modest beginning which, over the coming years, will be enriched by my own practice and evolution in understanding, and that of many other herbalists as well."³⁰

His book, *Planetary Herbology*, serves as the beginning for this integration of Western Herbs into an energetic system. *Planetary Herbology* is an eclectic combination of various energetic systems of the world. However, it primarily draws from Chinese herbal medicine, which serves as the backbone for Tierra's thinking and the primary organizer behind this system. This is evidenced on page four-eighty-one of *Planetary Herbology* when Tierra references *The Journal of the American College of Traditional Chinese Medicine* Vol. 3, 1983 and says, "This journal outlined the Chinese pharmacopeia which formed the basis for the categorization which was followed in creating the present volume."³¹

Furthermore, Tierra is one of the founding members of the American Herbalists

Guild.³² In addition, Tierra has his own school, The East West School of Planetary Herbology,³³ which trains people in his approach to herbal medicine and has a forum where students can dialogue with Tierra and other students. On one of the postings on the school's website, a student inquired about the classification of non-Traditional Chinese Medicine Herbs (TCM) herbs into the TCM model and Tierra replied, "when I wrote *Planetary Herbology* I used the Cloudburst edition of the Barefoot doctor's manual and a series of books called *Chinese Medicinal Herbs of Hong Kong*-- I found many western herbs classified according to energy, flavors, properties etc in those books. I took them on without question...The goal was to be able to use non-Chinese herbs within the Chinese diagnostic system (which is the basis of the East West Course)."³⁴ This statement shows Tierra's strong adherence to TCM as a guiding principle in his planetary herbal system. However, *Planetary Herbology* is by no means purely TCM in its approach and Tierra's goals have much broader ambitions. Overall, Planetary Herbology can be defined as "The study and practice of medicinal herbalism combining Western, East Indian Ayurvedic and traditional Chinese healing systems."³⁵

Planetary Herbology has served as a catalyst inspiring those who are interested in expanding the cultural borders of their healing systems. It is, however, at times confusing in the weaving of these three systems, which has lead Tierra to follow his own advice and publish two other books which stay within the confines of the cultural herbal paradigm being presented. These books are *The Way of Chinese Herbs*³⁶ and the *The Way of Ayurvedic Herbs*³⁷ and both of them discuss these herbal systems in their own contexts.

The next westerner to attempt to integrate various herbal traditions was Peter Holmes, an Oriental Medicine practitioner and herbalist from the United Kingdom. Holmes's first set of publications was a two volume set of books entitled *The Energetics of Western Herbs*. Holmes's ambitious attempt of integration is laid out in his introduction when he says, "My search for a way of integrating Oriental and Western herbology and my understanding of the paradigms that underpin them, have resulted in a book that is clearly gathering of various elements. Four separate strands have gone into the weaving of the present text, the first two being major, the second two minor. They are, first, the teachings of Chinese medicine; second the comparable body of wisdom from Greek-Galenic medicine; third, the empirical wisdom of the European wise woman tradition and the Native American tradition; and fourth, the analytic scientific medicine of the last century or so."³⁸

Unfortunately, the strands that Holmes weaves are so entangled that it is hard to know where information is coming from in any given entry, much less how to use it. For instance, in discussing the herb Milk Thistle (*Silybum marianum*) he says that its primary effective qualities are a bit pungent, bitter, warm, and dry. While its secondary qualities are stimulating, relaxing, decongesting, dissolving and it enters the organs of the liver, gall bladder, spleen, lungs, kidneys, blood, lymph, and eyes; the meridians of the Gallbladder, Liver, Lungs, and Heart; and that its Dependent/Tai yin Earth and Burdened/Shao Yin.³⁹ This laundry list of opposing qualities creates more confusion than clarity and creates a materia medica with lots of novel information that would be difficult to use in a clinical setting. Furthermore, it takes him nearly one hundred pages to justify his theories and attempt to explain how his materia medica might be useful.

Lastly, some of his dosages are questionable, which has lead Tierra to assert that, “Many of the herbs that Peter classifies are poisons and his doses are unsafe. I doubt that he used the herbs he classifies.”⁴⁰ This sentiment is further echoed by David Winston’s book review of Holmes’ work in the 1997 fall addition of the *HerbalGram* which states, “The recommended dosage of Mayapple rhizome (*Podophyllum peltatum* L., Berberidaceae) of 10-25 gtt. (drops) is dangerously high. Arnica (*Arnica montana* L., Asteraceae), at 1-40 gtt., is problematic due to its highly variable, often idiosyncratic reactions from patient to patient. Lily of the Valley (*Convallaria majus* L., Liliaceae) is usually prescribed at a dosage range of 5-20 gtt. Holmes recommends 10-50 gtt. twice daily.”⁴¹

The third westerner to offer an integration of western herbs and Chinese medicine was Jeremy Ross. Ross, a biological scientist who specialized in plant physiology and biochemistry in the late sixties, began studying Western herbal medicine with Michael Tierra from 1973-1974. Ross went on to study Chinese medicine at the College of Traditional Chinese Acupuncture in the UK where he graduated in 1977. He then studied in Nanjing in 1981, which he followed with a doctoral degree in acupuncture from the British College of Acupuncture in 1985. Ross’s extensive biomedical and Chinese medicine training led him to write a book that, in his own words, is described as, “[an] integration of theoretical principles from Western tradition, Chinese tradition, and modern pharmacology.”⁴²

The structure of Ross’s book consists of extensive discussions of the history of western herbalism as well as discussions on tastes, temperatures, actions, principles of herb combination, dosage, safety considerations, and herbal monographs of fifty-one

western herbs that are rendered in terms of the Chinese, Western and pharmacological paradigms being discussed. It is also exhaustively referenced, which is not commonly found in any of the other western integrative materia medicas that have previously been discussed. Furthermore, it has extensive herbal pairs and formulas with examples of uses and is lucid in its explanation of actions in Chinese and Western terms. For instance, in his entry for Eyebright (*Euphrasia herba*) he explains its three primary actions as clearing wind heat, clearing lung phlegm heat, and clearing lung phlegm, which he compares to its western actions of being anti-inflammatory, anticatarrhal, astringent, and tonic.⁴³ Ross also provides typical case examples to further demonstrate how he would use the herb being discussed, which is clinically helpful.

Another salient feature of Ross's book is his thorough understanding of phytochemistry, which allows him to make interesting correlations about a plant's actions based on its phytochemistry. A good example of this can be seen in Berberine containing plants, which make up some of the core medicines utilized in both eastern and western herbal medicine. For instance, Huang Bai (*Phellodendron chinense*), Huang Lian (*Coptis chinensis*), Golden Seal (*Hydrastis canadensis*), Barberry (*Berberis vulgaris*), and Oregon Grape (*Mahonia aquifolium*) all contain the alkaloid Berberine, which is well known for clearing damp-heat and toxic heat and is used in the Chinese patent remedy Huang Lian Su, which is a concentrated form of berberine derived from Huang Lian.⁴⁴ Ross goes on to compare Huang Bai, Huang Lian, Golden Seal, and Barberry and discusses some of their differences being related to their varying alkaloid contents. He then explains the differences, which can be boiled down to Barberry being better for Liver and Gallbladder disorders, Golden Seal being more appropriate for Lung, Stomach,

Intestine and Uterine disorders, Huang Bai being better for disorders of the Bladder and Kidney, and Huang Lian being better for the Heart and Stomach.⁴⁵

It should be noted that, like Tierra, Ross is a teacher who is holding frequent lectures and workshops on his system of eastern and western integration. His courses include a 12 day basic training, which he considers to be foundational in the safe and successful practice of his new system and an advanced 3 day course. These are being offered in Poland, Switzerland, Germany, Austria, and the Netherlands in 2010 and in 2011 he will be teaching at the Jade Institute in Seattle, WA. In addition, Ross has created a new system of diagnosis, which he terms 4Qi + 5E. More information regarding this system can be found on his website: <http://www.jeremyross.com>. In addition, he has a forthcoming book on this topic entitled *Combining Western Herbs and Chinese Medicine: A Clinical Materia Medica 120 Herbs in Western Use*.⁴⁶

The final westerner who has integrated Western herbs solely according to the Traditional Chinese Medicinal system is Thomas Avery Garran. Garran was first trained as an herbalist through Tierra's East West Herb course and then completed a two year curriculum at the American School of Herbalism, before graduating with a master's degree in Oriental Medicine from the Pacific College of Oriental Medicine in San Diego.⁴⁷ He worked at several Chinese medicine schools in the US and is currently on a leave of absence traveling through China learning more about the language and plants through direct experience. His book *Western Herbs According to Traditional Chinese Medicine: A Practitioner's Guide* was published in 2008 and serves as the purist attempt to codify western herbs into the Traditional Chinese Medical paradigm to date. What makes Garran's book different than Tierra's, Holmes's, or Ross's is that he keeps his

focus narrow, not bringing in concepts from Ayurveda, Galenic, Western Herbalism, Native American Herbal medicine or Pharmacology. Furthermore, it is internally consistent by limiting itself to the structure of contemporary Chinese Materia Medica, a criticism that has been made of both Holmes' and Ross's books by Tierra who has said, "Jeremy Ross's and Peter Holmes books are a disappointment because they do not apply a consistent energetic principle based on the system of TCM classifications."⁴⁸

Garran purposefully limited himself to the confines of the Chinese medicine paradigm in terms of explaining the body and Chinese herbs. Furthermore, he chooses to adhere to the terminology set forth by Wiseman, and Ye's *Practical Dictionary of Chinese Medicine* in order to maintain specific definitions for terminology used in the herbal entries.⁴⁹ Garran also explains his process of creating a Materia Medica, which is ultimately based in clinical results, which he was happy with since he says, "I have tried everything described in this book and found that it worked to my satisfaction, or I would not have included it."⁵⁰

Garran's process of creating his materia medica consisted of compiling information that he had learned in clinic and from his teachers and then he looked through old charts, seeing how he had used herbs with patients until a pattern began to arise. Next, he researched the plants in their native system of medicine and examined the clinically compiled data, which primarily came from the early 19th and 20th century Physio-medical and Eclectic schools of medicine, but also drew from some of the classic western texts. Next, he tasted herbs and considered the five flavors and qi for their actual taste and physiological response, and translated some Chinese sources describing the herbs. This was accomplished through first experiencing the herbs by tasting and

meditating on the experience of them, followed by looking at other sources to see differences and similarities in how flavors and qi were assigned. Garran then looked at patterns and symptom groupings as defined by Chinese medicine in order to learn how actions of the medicinals relate to the Chinese concept of physiology. This process was described as, “a tedious process of reviewing many texts and looking for similarities as well as discrepancies, and then comparing and contrasting these with my own experiences and the experiences of my teachers and colleagues.”⁵¹ Lastly, he took his emerging picture of how the herb worked according to the new language he set forth and tested it in clinic, changing things when theoretical ideas did not work out, or modifying based on critiques from other colleagues who were trained in this sort of work.

Overall, Garran’s materia medica is the easiest to use in a clinical setting for a Chinese Medicine herbalist because it follows the structure of materia medica with which we are familiar and maintains the lexicon in which we are versed. For instance, herbs have been placed into the familiar categories of herbs: clear heat, precipitate, drain dampness, dispel wind dampness, transform phlegm and stop coughing, aromatically transform dampness, rectify qi, regulate blood, warm the interior and expel cold, supplement, stabilize and bind, calm the spirit, and extinguish wind. Furthermore, herbs are ascribed flavors, qi, channels entered into and actions according to the Chinese Medical lexicon. For example, Oregon Grape’s (*Mahonia aquifolium*) flavor and qi is described as bitter and cool, and it enters the Liver, Gallbladder, Kidney, Stomach, Small Intestine, and Large Intestine Channel. The primary action ascribed to it is to “Clear heat and drain damp from the middle **burner**” and it is indicated for “warmth and pain in the epigastric and hypochondriac areas; reduced appetite; nausea; regurgitation;

heartburn; constipation; mild diarrhea (damp-heat invading the spleen); bloating after meals with difficulty digesting fats and proteins; conjunctivitis; foul breath with a thick, yellow tongue coating; and a replete, rapid pulse.”⁵²

Ultimately, the incorporation of new medicines into any medical paradigm is a worthwhile endeavor requiring the efforts of many integrators and practitioners who must test and modify the ideas being incorporated into their paradigm. The usefulness of any of these approaches is in the eye of the beholder, and some of the systems will likely be more enticing to certain practitioners. For instance, Naturopaths, pharmacologists, and Chinese medical practitioners, with an extensive medical background, will likely be more drawn to Ross’s works; where as, Chinese medicine practitioners who purely want to treat from the Chinese medical paradigm, but wish to incorporate western herbs or understand them from a Chinese perspective will be more drawn to Garran’s work. Overall, it seems that it is wisest when proceeding with adopting an energetic model to proceed with the paradigm informing that energetic model. This seems to be the problem with Peter Holmes’s *Energetics of Western Herbs*, which is simply combining too many traditions without specifying which system is being used at any given time.

From the perspective of integrating western herbs or any foreign substance into the Chinese Materia Medica, it seems that Garran has provided a nice template. Garran’s example can be followed and further refined by deepening our knowledge of the roots of Chinese herbal medicine and the perspectives used in this paradigm. As more texts continue to be translated and as western herbalists become more savvy in their understanding and experiences with Chinese Herbal Medicine, this integration will become all the more fruitful. In the end we need to realize that we are in the current of a

vast tradition that is continuing to thrive after thousands of years. Huge amounts of accumulated knowledge already exist to provide a usable paradigm for interacting with the world around us and for providing medicine for modern day ailments. What remains is embracing this knowledge, using it with conscious attention, collaborating and discussing findings with other practitioners, and learning from the overall process.

¹ Chace, Charles, and Miki Shima. "Chapter B: Biographical Sketch of Li Shi-Zhen." In *An Exposition on the Eight Extraordinary Vessels: Acupuncture, Alchemy, and Herbal Medicine*. Seattle: Eastland Press, 2010. 14-15.

² Cragg, Gordan, John Beutler, and William Jones. "Fifty Years of Pharmacognosy in China: A History of Undisrupted Development." In *THE AMERICAN SOCIETY OF PHARMACOGNOSY 50 YEARS OF PROGRESS IN NATURAL PRODUCTS RESEARCH 1959-2009*. Madison, Wisconsin: Omnipress, 2009. 163-164.

³ Ross, Jeremy. *Combining Western Herbs and Chinese Medicine: Principles, Practice & Materia Medica*. Seattle: Greenfields Press, 2003.

⁴ Bensky, Dan, Steven Clavey, and Erich Stoger. "Introduction." In *Chinese Herbal Medicine: Materia Medica, Third Edition*. 3rd ed. Seattle: Eastland Press, 2004. xiv.

⁵ Shou-Zhang, Yang. "Ben Cao Jing Book Two: Jade and Stones: Superior Class." In *The Divine Farmer's Materia Medica: A Translation of the Shen Nong Ben Cao (Blue Poppy's Great Masters Series)*. Boulder: Blue Poppy Press, 1998. 1.

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