

The Development of Wind Aetiology in Chinese Medicine. Part One - Historical Theory

by Attilio D'Alberto

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Introduction

Wind's historical background in ancient China dates back to the beginning of the written word, yet its historical development within the *textus receptus* of the Huang Di Nei Jing Suwen has not been so linear. The differences between the writings of the Mawangdui manuscripts to its later cousin the Suwen may shed light on the evolution of wind aetiology in Chinese medicine and the development of that most elusive of forms, qi itself. Qi is defined as 'air, gas, vapour, flatus', whilst wind is defined as 'any natural movement of air' (Wiseman and Ye 1998, Harper 1998). Wind is air in motion, yang in nature, a yang evil and lies at the root of all illness. It is a natural element, like a wild horse, it cannot be readily tamed; only shamans were thought to be able to control its actual movement. Qi theory however, is a more complex force that encapsulates both negative and positive aspects. It can be controlled by Humankind within the body by the direction of thought, exercise and the administration of traditional folk medicine.

The development of wind aetiology in Chinese medicine with that of qi created the dualistic concept of good qi versus evil qi, with wind at the root of all illness. Wind aetiology allowed for the expansion and creation of a much more complex and elusive theory, qi itself.

Historical development of Wind

The concept of wind dates back to the early civilisations in ancient China, known as the Zhou era (Unschuld 2003). At the beginning of the written word when Chinese characters were etched onto animal bones, there is clear evidence the Shang believed in the existence of wind-spirits. According to the oracle bone inscriptions, wu-shamans controlled the forces of wind; they "either preformed the rites of [the divine ancestor] Ti to cause a good wind to blow, or they preformed the rites of pacification in order to prevent or stop an evil wind". Evil wind, as an illness-causing

spirit, may have acted in its own right, or it may have been a tool of Ti (Unschuld 1985). The apparent inability of Humankind to escape an attack by wind is the fundamental concept of demonology, with the feeling of being completely at wind's mercy and those that control it (Unschuld 1985).

In comparison to wind, the Shang inscriptions also traced bugs as both natural and demonic agents of destruction. By the Warring States period, bug aetiology was applied to ailments involving infestations in the body (Harper 1998). The involvement of bug aetiology developed from the words "gu" (蠱, bugs in a vessel) and "chong" (蟲, bugs). It is not clear which character originated first and which came later (Harper 2005a). In the Han dynasty references to "chong" meaning "creatures" had five categories: chong with feathers, with fur, with a shell, with scales, and naked; humans belonging to the naked category (Harper 2005b). In the first century A.D., the writer Wang Chong wrote an essay on chong "bugs" in his Lun Heng (Assay of Arguments), in which he states: "The naked bugs number three hundred and humans are their leader. From this it can be argued that humans are also bugs" (Harper 2005b). The traditional character for wind is 風 (feng). The etymology of all three characters; 'gu', 'chong' and 'feng' contain the same radical 虫 (hui). This radical is associated with anything that crawls or flies, is hairy or naked, or has shell-like plates or scales (Harper 1998). This reflects wind's nature to that of a bug with its quick speed, multi-changing directional variations and lifespan (Wenlin 2002, Scott 2003, Harper 1998, Unschuld 2003). The use of the same radical within all three characters may hint at a close relationship and some possible development between them. To reiterate the importance of the radical 虫 (hui) and wind, it is interesting to note that snake bites are categorised under the heading of wind as well (wind toxin, fire toxin). Wind toxin is seen in bites from silver-ringed snakes (Bungaro), gold-ringed snakes (Bungarus fasciatus) and sea snakes. Wind and fire toxin bites are seen in cobra or great cobra bites (Deng 1999). Snake

bites are quick in effect and mimic wind's action in nature. Many medicinal ingredients derived from insects, such as Lu Feng Fang (*Nidus Vespae*), Chan Tui (*Periostracum Cicadae*), Can Sha (*Bombycidae*), Jiang Can (*Bombyx Batryticatus*), etc. are used to track and eradicate wind (Bensky and Gamble 1986). The modern Chinese character for wind is feng (风) (Wiseman and Ye 1998).

There is ample testimony of the widespread fear of bugs and their association with demonic activity and illness in Warring States, Qin and Han times (cited in Harper 1998). However, demons and bugs were not accepted by the new medicine of the Confucians (Suwen), as it was inconceivable that bugs and demons could follow man-made law. The six environmental elements including wind, could be kept away from the human body by following the law of systematic correspondence. Humankind is given a choice whether they wish to escape or embrace wind and whether they choose to follow or violate the rules of systematic correspondence, as the Suwen points out "If one follows yin and yang, then life results, if one opposes them, then death results". Demons and bugs cannot be controlled by whatever law or correct behaviour rule you might want to apply. This is why bugs and demons could not be accepted in the new ontic medicine of the Suwen, but were allowed to continue to play a significant role in materia medica literature, reflecting Daoist ideology (Unschuld 2006).

Spread through Yang Shangshan's Taisu, Lingshu and Suwen, various discourses were preserved that enable a reconstruction of some of the early phases in the development of wind aetiology. They are closely tied to the development of wind and rain oracles beginning at the latest at the end of the third century B.C. (Unschuld 2003). Around the time the Mawangdui manuscripts (138 B.C.) and the later Suwen texts (ca. first century B.C.) were compiled, a major shift took place in Chinese medicine theology from demonist notions of disease to an ontic medicine based on a systematic correspondence framework. Wind had long been seen as a demon, but this new naturalistic phenomenon slowly pushed aside this ancient notion (Unschuld 2003). This is evident within the Mawangdui texts, where the concept of qi as a vapour is well established, along with the dominance of bug aetiology, while wind aetiology is present only marginally. In contrast, the Suwen records only distant whispers of bug aetiology but it is widely marked by wind and qi aetiology (Unschuld 2003).

Unschuld (2003) states wind aetiology may have been a precursor to or a parallel development of qi aetiology. Unschuld (2003) goes on to state that several treatises in the Lingshu suggest the concept of qi resulted from an attempt at broadening an older concept of wind. By extensively characterising the

nature of wind, the more elaborate concept of qi could be further developed and expanded. As qi theory grew it capsulated the concept of wind, just as wind theory previously encapsulated bug aetiology. However, it was not only necessary to allow the existence of wind to explain the cause of all illness but it also provided a menacing counter-force to qi, thereby fitting with the deep rooted ideology of dualism. Dualism lies at the heart of Chinese medicine, with the most well known dualist theory being yin and yang. It is necessary to carry this concept through to all aspects of Chinese medicine from theory to clinical practice, where a condition is treated by its dualistic opposite, i.e. warm herbs are given for a cold pattern or tonifying herbs are given for a deficiency. The notion of pairs of opposites became an explanation of the workings of the entire universe, as the Yi Jing states "It is because hard and soft push each other that changes and transformations occur". This hard and soft pushing metaphor can be applied in disease; wind pushes and pulls against qi, which may indicate wind is qi's dualistic opposite. Between both of them all illness and wellness are created. However, as both are yang in nature, when in battle they generate great force or heat, a yang pattern. As we shall see, when wind is coupled with another element, i.e. cold, that element dominates over wind. In these instances, wind becomes a commander and vehicle for other pathogens to attack the body.

By the time parts of the Suwen were written, the characteristics of wind were well established. As this new naturalistic theology laid all diseases at the foot of wind, it was necessary to understand this phenomenon in greater detail; hence an entire treatise, chapter 42 of the Suwen is dedicated to the sole discussion of wind. In the text Zhu Feng Za Lun (Discourse on Various Issues Concerning All Winds) it clearly points the origin of all illness at wind and rejects the idea that demons were involved; "The wind is the origin of the one hundred diseases. The wind is the master of the one hundred diseases. The wind is the chief of the one hundred diseases. The wind is the origin of the one hundred diseases. I know that the hundred diseases are generated by qi". Zhu Feng Shu Leu and Zhu Feng Zhuang Lun, two consecutive texts (parts 1 and 2 of "Discourse on Wind") in chapter 42 of the Suwen, attempt to integrate wind aetiology fully into the teachings of systematic correspondence (Unschuld 2003). The passage above is not alone in stating wind as the origin of all illness with a number of other passages in the Suwen attributing wind to the root of all disease. Chapter 42 of the Suwen, titled the 'Discourse on Wind', reviews wind pathology comprehensively: "When wind harms a person, it may cause cold and heat, or it may cause a heated centre, or it may cause a cold centre, or it may cause li-wind [leprosy], or it may cause unilateral withering, or it may cause wind". An example of wind's broad scope

transcending all disease phenomena is used to explain diseases such as malaria. “*Malaria*” means ‘bad air’, whilst ancient literature also recorded the disease as ‘bad wind’ or ‘evil wind’. Chapter 35 of the *Suwen* states “All [cases of] malaria are generated by wind” and “Malaria is an irregular [presence] of the qi of wind and cold”. “When the location of the protective qi falls together with the [location of the] evil qi, then the disease is active”. The idea of wind perpetrating disease differs from that seen in the *Mawangdui* manuscripts, for example; scabies was associated explicitly with bugs that were expelled after it was covered with a recipe (Harper 1998). Today, scabies is associated with mites, but is further complicated by wind (Liang 1993). It is not clear whether the ancient Chinese associated scabies with mite bugs. What is clear is that any notion of this concept did not survive later medical development.

Like qi, wind cannot be directly seen - one knows of its presence only by virtue of its effect on that which can be seen. Wind is a force that acts on/with/between things and is commonly ‘seen’ when it blows through trees. Often, when five phase theory is discussed in the *Suwen*, the word ‘wind’ replaces that of ‘wood’; “Subsequent to the position of soil, the wind qi succeeds it”, and again later “Subsequent to the wind qi, the metal qi succeeds it”. This reiterates the inseparable relationship of wood and wind. When we talk about wood, we commonly think of the literal image, a block of wood, or a tree trunk, but it’s better to think of wood like the branches of a tree, that span in all eight directions of the compass, in all directions a wind may blow. The legendary “Emperor” of pre-historic China, Fu Xi was said to have “listened to the eight winds”, “and, thus inspired, he set down the eight basic signs” (Zhang and Rose 1995). This is one reason why wood is associated with wind and why the liver commands the movement of qi, as they both move in all eight directions of the compass.

References

- Beijing University of TCM. (1998). Basic Theories of Traditional Chinese Medicine. Xue Yuan: Academy Press.
- Bensky, D. & Gamble, A. (1986). Materia Medica. Seattle: Eastland Press, Inc.
- Brown, V. (1984). ‘The Differentiation of Syndromes according to the Zangfu – the Liver’, Journal of Chinese Medicine, 14.
- Chen, P. (1997). Concepts and Theories of Traditional Chinese Medicine. Beijing: Science Press.
- Cheng, X. (1999). Chinese Acupuncture and Moxibustion (Revised Edition). Beijing: Foreign Languages Press.
- Deadman, P. & Al-Khafaji, M. (1998). A Manual of Acupuncture. Hove: Journal of Chinese Medicine Publications.
- Deng, T. (1999). Practical Diagnosis in Traditional Chinese Medicine. Edinburgh: Churchill Livingstone.
- Flaws, B. & Sionneau, P. (2001). The Treatment of Modern Western Medical Diseases with Chinese Medicine. Boulder: Blue Poppy Press.
- Fruehauf, H. (1994). ‘Stroke and Post-Stroke Syndrome’, Journal of Chinese Medicine, 44.
- Harper, D. (1998). Early Chinese Medical Literature. The Mawangdui Medical Manuscripts. London: Kegan Paul International.
- Harper, D. (धारपर@uchicago.edu). (2nd August 2005a). Bug aetiology. Email to A D’Albarto (enquiries@attiliodalbarto.com).
- Harper, D. (धारपर@uchicago.edu). (11th September 2005b). Wind in Chinese Medicine. Email to A D’Albarto (enquiries@attiliodalbarto.com).
- Jian, M. & Seifert, G. (2000). Warm Disease Theory (Wen Bing Xue). Brookline: Paradigm Publications.
- Li, G. (1989). ‘The Differentiation and Treatments of Parkinson’s Disease According to Traditional Chinese Medicine’, Journal of Chinese Medicine, 30, p25-28.
- Liang, J. (1993). A Handbook of Traditional Chinese Dermatology. Boulder: Blue Poppy Press.
- Luo, X. (1995). Synopsis of Prescriptions of the Golden Chamber with 300 Cases written by Zhang Zhongjing. Beijing: New World Press.
- Maciocia, G. (1989). The Foundations of Chinese Medicine. Edinburgh: Churchill Livingstone.
- Maclean, W. & Lyttleton, J. (2000). Clinical Handbook of Internal Medicine, Vol 1. (2nd edition). Sydney: University of Western Sydney.
- Mitchell, C., Ye, F. & Wiseman, N. (1999). Shang Han Lun. On Cold Damage. Brookline: Paradigm Publications.
- Peng, B. (2000). Traditional Chinese Internal Medicine. Beijing: People’s Medical Publishing House.

Scott, P. (2003). Re: TCM - Wind. Traditional Chinese Medicine Yahoo Forum [online]. Available from: http://groups.yahoo.com/group/traditional_chinese_medicine/ [Accessed 15th July 2003].

State Administration of Traditional Chinese Medicine. (1995). Advanced Textbook on Traditional Chinese Medicine and Pharmacology, Vol.1. Beijing: New World Press.

Su, X. (1986). 'The Treatment of Epilepsy by Acupuncture', Journal of Chinese Medicine, 20.

Tang, Z. Ben Cao Wen Da. Circular Qin dynasty.

Tian, N. Y., & Damone, R. (1992). 'Zhu Dan Xi's Treatment of Diseases of the Spleen and Stomach', Journal of Chinese Medicine, 40.

Unschuld, P. (1985). Medicine in China. A History of Ideas. Berkeley: University of California Press.

Unschuld, P. (1986). Nan-Ching. The Classic of Difficult Issues. Berkeley: University of California Press.

Unschuld, P. (2003). Huang Dei Nei Jing Su Wen, (authors unknown - circa 100BC). Berkeley: University of California Press.

Unschuld, P. (2006). (unschuld@lrz.uni-muenchen.de). (28th January 2006). The transition from bug aetiology to wind aetiology. Email to P Unschuld (unschuld@lrz.uni-muenchen.de) to A D'Alberto (enquiries@atliodalberto.com).

Wenlin. (2004). Wenlin. CD-ROM. Wenlin Institute Inc.

Williams, T. (1995). Chinese Medicine. Dorset: Element.

Wiseman, N. & Ye, F. (1998). A Practical Dictionary of Chinese Medicine, (2nd Edition). Brookline: Paradigm Publications.

Wu, C. & Zhu, Z. (2002). Basic Theory of Traditional Chinese Medicine. Shanghai: Publishing House of Shanghai University of Traditional Chinese Medicine.

Yanchi, L. (1988). The Essential Book of Traditional Chinese Medicine, Vol. 1. New York: Columbia University Press.

Yin, H. (1992). Fundamentals of Traditional Chinese Medicine. Beijing: Foreign Languages Press.

Zhang, Y. & Rose, K. (1995). Who Can Ride the Dragon? Brookline: Paradigm Publications.

Zheng, J. (jszhengdeguo@hotmail.com). (2nd August 2005). Bug aetiology. Email to P Unschuld (unschuld@lrz.uni-muenchen.de). Forwarded to A D'Alberto (enquiries@atliodalberto.com).