



GU SYNDROME

IN THE AUTUMN OF 2008 HEINER FRUEHAUF, PH.D., L.AC., SAT DOWN WITH TWO OF HIS STUDENTS, ERIN MORELAND, L.AC., AND BOB QUINN, DAOM, L.AC., TO DISCUSS THE FINER POINTS OF GU SYNDROME TREATMENT. THIS DISCUSSION IS BEST UNDERSTOOD AS A FOLLOW-UP TO AND ELABORATION OF THE IDEAS PRESENTED IN HEINER'S EARLIER ARTICLE ON GU SYNDROME PUBLISHED IN THE 1998 MAY ISSUE OF *The Journal of Chinese Medicine*.

Q: Heiner, first of all thanks for making time for the interview. We want to discuss clinical treatment strategies for *Gu* syndrome, but before we get into the specifics, for the sake of the people who did not read your article in *The Journal of Chinese Medicine* on *Gu* syndrome, could you quickly go over what *Gu* syndrome is and how you got started on the research?

HF: Certainly. The phenomenon of *Gu* syndrome is for me a prime example of the clinical power that classical Chinese medicine carries, in a field where we have thrown out so much and where the record has been truncated for the sake of standardization. My own discovery of *Gu* syndrome came when there was a certain number of cases that I was not making sufficient progress with clinically, particularly with people I believed had parasites. I finally took literally a two-week time out and just immersed myself in ancient texts. From my reading of the *modern* literature there were very few cases with chronic parasites recorded—sure, there were some cases of acute amoebic dysentery, but I felt that in a country like China it shouldn't be any different from Nepal or India, where I knew that parasites have been a part of the clinical landscape for hundreds of years. When I looked at the classical textual record, it was a different story. I found chronic parasitism reflected in a huge area of classical Chinese medicine that was called *Gu zheng*, or *Gu* syndrome, which essentially means “Possession Syndrome”. *Gu* is a character that is very old, perhaps one of the oldest characters in the Chinese textual record altogether, since it is a hexagram in the *Yijing*. It is literally the image of three worms in a vessel. This to me is one of those strokes of brilliance that you find in the symbolism of the ancient Chinese—that they recognized 3000 years ago that chronic parasitism can cause psychotic or psychological symptoms. Because of the psychological, emotional, and perhaps spiritual implications of this term, *Gu*, when the Chinese standardized the *clas-*

AN IN-DEPTH INTERVIEW WITH HEINER FRUEHAUF

sical record for the much simplified barefoot doctor approach of the TCM system in the 1950's, they threw out lots of complicated and ideologically problematic topics, and obviously this "Possession Syndrome" was one of the first ones to go. There are of course magical modalities that are associated with the treatment of *Gu* syndrome—like Fu talismans, mantras, and techniques such as visualizing thunder and lightning in your abdomen, etc.—but the herbal treatment is quite practical and included a vast array of formulas that are unique and effective for the treatment of severe parasitism. Due to that standardization of Chinese medicine that took place and a general state of ignorance about the clinical power of this approach, this syndrome has been virtually erased from the record and no one thinks about it any more at all. Once I started using this approach fifteen years ago in my own clinical practice, I started making massive headway in cases that I couldn't treat before, and not all of these patients came with obvious signs of chronic parasitic infection.

Q: Just to be clear, you're not saying that all instances of parasitic infection equate to *Gu*. Someone comes back from Mexico, comes to a clinic and says I think I picked up a parasite....

HF: You are absolutely right, *Gu* syndrome does not equal acute parasitic infection. Not all cases, that, from a classical perspective, would be diagnosed as *Gu* syndrome, would be patients with parasites, and vice-versa, not all people with a positive parasitic test from the Western perspective would be accurately diagnosed as *Gu*. *Gu* syndrome actually means that your system is hollowed out from the inside out by dark yin forces that you cannot see. This not seeing often includes Western medical tests that come back negative for parasites. So from a certain perspective, AIDS falls into this category, with body and mind being hollowed out from the inside out, without knowing what

is happening. *Gu* syndrome originally meant "black magic." To the patient it felt as though someone had put a hex on them, without anybody—whether it's the Western medicine community or, in ancient times, the regular Chinese medicine approach—being able to see what was really going on. Regular approaches, the *Gu* texts say, do not work for this problem. Literally, one quote says: "It looks like regular diarrhea, but if you treat it like regular diarrhea like Spleen deficiency

Gu syndrome originally meant "black magic." To the patient it felt as though someone had put a hex on them...

or Yangming damp-heat, it doesn't work...or it looks like regular constipation, but if you treat it that way, it won't work." It can be said that the primary prerequisite for *Gu* syndrome is that the

person has some digestive distress, coupled with neurological distress, such as body pain or mental symptoms—light symptoms such as fogginess, or severe symptoms such as hallucinations—that are not explainable with Western medicine, and that are not explainable either by regular diagnostic patterning that we've learned in TCM school.

Q: When you bring up terms like demons, black magic, and possession, some of the people in the TCM community react negatively. I experience this myself at times when trying to discuss a case of *Gu*. They say: We're getting so close to acceptance by the larger medical community, research is coming in, certain conditions are OK for insurance reimbursement, why did this have to come up now? It makes us look like the kooky fringe to talk about possession and demons and people being "hollowed out". They think that you're just not doing your TCM well if you have to resort to this *Gu* diagnosis. Could you address that?

HF: Before I answer this question more directly, allow me to digress a bit. I recently visited Brown University, where a very valuable project called the Contemplative Studies Initiative is spearheaded by my friend and colleague Prof. Harold Roth. He is a respected scholar of Daoist religion and cosmological texts. In

a nutshell, he has been ceaselessly working to debunk the 19th century perspective of the imperialist explorer who goes to Egypt, China, Japan or other places to research exotic cultures and their medicines, assuming the aloof perspective of “look at how quaint these tribal barbarians are, and how archaic and unsophisticated their knowledge is.” As Hal Roth has shown, this basic attitude still runs deep in contemporary academic circles. If, as a reputable academic, you set out to actually practice one of these methods, it would be the death of your professional career in most cases. The science of Chinese medicine clearly shows that ancient medical wisdom can be more than a fascinating study subject, by offering clinical approaches that still work in a very palpable manner today. Fittingly, the academic engagement with our field is split in half. On one side, we have the sinologists working with the primary literature to illuminate the record, but most of these people would never want to be caught dead promoting the actual use of these healing methods; and on the other side we have practitioners who work hands-on with the medicine but know very little about its history. We live in the 21st century, and it is anachronistic for us to believe in the clinical power of Chinese medicine on the one hand, but root ourselves in the work of scholars who still promote a 19th century imperialist mindset on the other. With the Contemplative Studies Initiative, which encourages scholars to actually practice the disciplines they study, we have a good example of a unified approach in the fields of religion and anthropology, so why not embrace this open-minded method in Chinese medicine? I very much believe that it behooves practitioners of Chinese medicine to embrace foundational concepts that have always been a part of our science. The problem, really, are not the demons, but the proper understanding what a “demon” is. No need to be triggered into some kind of panic that we are going back to a medicine that was practiced in 500 BC. Looking at the ancient character for *Gu*, we can see that the ancient Chinese suspected that a good number of psychotic (“possession”) episodes are caused by parasites (“demons”)—a very scientific way of looking at the body, indeed. We lose out clinically if we get scared off by the term “de-

mon” or “ghost” in a way that triggers the paranoia inherent in our own “religion”—which is scientific materialism in the West, or Marxist materialism in the People’s Republic of China. When I use the term scientific materialism here, I mean not true science in the sense of open-minded inquiry, but rather a sort of knee-jerk dogmatism.

To answer your question more directly, I would say this: I’m a scholar, which means that I’m trying to understand Chinese medicine as a science in its own right. I’m very much against making things up, or projecting my own desires for the future path of this medicine. In the context of *Gu* Syndrome, it is simply a fact that the classical record of Chinese medicine has been extremely truncated for ideological reasons, and part of that was done for the purpose of education. If you were trying to educate illiterate peasants in a two-week workshop conducted in rural China during the 1950s, complicated concepts and regimen didn’t seem practical at the time. Another point to be made is that the reemergence of *Gu* syndrome, and me writing about it, and the interest it has stirred—both for and against—is evidence of the maturing of the field. In the beginning when people didn’t know much about Chinese medicine, a concept like this would have not evoked any kind of reaction. Now we have people in the field who read Chinese, who actively immerse themselves in Chinese culture, and bring with them a new level of maturity. We have sixty accredited schools in the country, we have doctoral programs now—the field itself is clearly maturing, and with that comes a greater depth and complexity. As time passes, we will be confronted with more pieces of information that we have never heard of before. In my view, it is good for our field to have an increase in the scope and containment of what our profession can stomach. The “archeological discovery” of *Gu* syndrome is thus timely in every sense of the word—it has come at a time when we can actually do something with that discovery, because there is both the intellectual capacity and clinical experience needed to process the information. There are now lots of practitioners who immediately recognize the value of *Gu* therapy,

because everybody has cases where little headway is made with the regular TCM approach.

Q: And *Gu* is mentioned in various classical texts?

HF: *Gu* syndrome has not just been mentioned in a single classic, but every notable book by every master in the past generally featured a chapter on *Gu* syndrome, because it was such a major part of what a Chinese doctor practicing anywhere between 500 BC and the 1940's was facing. We should add here that *Gu* is not an anthropological phenomenon, a bizarre disease in the swamps of ancient China that does not exist anymore. Quite the contrary—due to the decreased immunity in modern people, because of the way we eat and the way we move our bodies, and the way many of us were given antibiotics as kids, the average modern city dweller is actually much more susceptible to parasitic organisms than Chinese villagers in the past. The clinical concept of *Gu*, therefore, is actually more useful now than it's been in the past. According to my own experience, it is a most prominent disease. In my own clinic, for instance, about a quarter of patients are treated for the chronic inflammatory syndrome that I believe the ancient Chinese called *Gu* syndrome—whether it is travelers' diseases like malaria and Dengue fever, or whether it is chronic recognized viruses such as AIDS or herpes. When the associated anxiety and depression and physical symptoms that come with *Gu* are brought into the calculus, you have covered a good many patients. And we can't leave out the complicated digestive disorders associated with chronic blastocystis hominis, giardia or other protozoan organisms. It is perfectly safe and reasonable to treat all these patients using the *Gu* approach outlined in my article, particularly if you fail to make headway with other methods. In other words: If you encounter a patient with bizarre symptoms that puzzle the doctors and don't fit TCM regular categories, go with *Gu* syndrome.

Q: Would you say that you would always find at least a history of parasitic infection, even if the patient currently tests negative for parasites on biomedical tests?

HF: At the bottom of *Gu* syndrome, and we see this in the symbol as I described earlier, is always a kind of pathogen. A worm is more easily discovered, but very often it is the small things that are most potent and remain hidden in the dark. Remember that the Chinese called this a yin (dark/hidden) pathogen. Lyme disease is a good example; the spirochetal pathogen is very elusive and so small that it is hard to discover with modern methods of diagnosis. I have a lot of patients where their case history makes them a shoe-in—they've been to Nepal, or India, or Latin America; they had amoebic dysentery; they took Flagyl and since that time their health has never been good. That kind of case is as clear as it can get, but there are lots of people who never left the country, and they can't remember any kind of initial infection, but all of a sudden they've become chronically fatigued or have been diagnosed with fibromyalgia. Their doctors put them on Prozac because they don't know what else to do, when actually they've likely picked up some parasite in a restaurant or had a tick bite that they never knew about. This category of parasites includes the widest possible range, including viruses such as herpes or the Coxsackie virus, chronic systemic yeast, and so on.

Q: One curious thing in your original article when you talk about the treatment strategy is to see familiar herbs used in unfamiliar ways. I'm thinking particularly of the exterior releasing, highly aromatic herbs often. Can you talk about the nuts and bolts a little bit of what a *Gu* formula looks like? I think you go through six or seven categories of herbs that you have teased out in your studies.

HF: What makes a *Gu* prescription so different from a regular TCM formula is that the regular TCM approach is tied to an either-or, black-and-white recognition of the eight parameters. Is it internal or external, is it hot or is it cold? The *Gu* approach is an extreme intermingling of approaches that you would find contradictory in the strategies we learned in school. First and foremost is the combination of external herbs—herbs that are generally learned in the context of a surface-resolving category—with herbs that are entirely

used for the interior, entering either the blood layer or the qi layer. The choice of internal herbs makes sense, because these people have been ill for a long time and thus need to be treated internally. Very often, however, they report that their main symptom is a flu-like feeling all the time. They have an aversion to wind, they feel like they've had a 24/7 flu for years. Therefore, the simultaneous use of wind herbs makes sense as well.

The first and perhaps most important category of the *Gu* approach, and I think this is brilliantly devised, is what has been called “release the surface with herbs that kill the snakes.” This first category primarily includes the three herbs *baizhi*, *zisu*, and *bohe*, but in an extended sense can also include *jinyinhua*, *lianqiao*, *chaihu*, and *gaoben*. In a *Gu* formula you usually have 2-3 herbs from this category, otherwise it wouldn't qualify as a true *Gu* formula.

All the other categories are internal categories that for the most part are tonic. The ancient Chinese recognized that this kind of patient presents with a general exhaustion of yang and qi and blood, because the process of chronic inflammation takes its toll on these reserves. At the same time the creators of *Gu* remedies knew that traditional tonics, *ginseng* especially, can also tonify the pathogen behind the inflammation. In all of these categories, we therefore find a careful selection of herbs that are tonic and anti-parasitic at the same time. It truly is a brilliant and meticulous approach.

The first of these internal categories is qi tonification, and the two lead herbs here are *gancao*, which must always be raw *gancao*, not *zhi gancao*, otherwise its anti-toxin-resolving, anti-parasite properties will not be there; and secondly *huangqi*, which in the traditional record has been described not only as a surface-fortifying herb but also as an herb for furuncles and carbuncles. It definitely has some anti-toxin properties

along with its qi-lifting properties. Another herb that I like to include in this category is *wujiapi*, which is particularly useful for a type of *Gu* that I call “Brain *Gu*”. Brain *Gu* is a sort of nervous system inflammation. Most Lyme disease patients are diagnosed with Brain *Gu* in my clinic. *Wujiapi* is particularly useful when the main symptom is body pain.

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The next category are herbs that exhibit blood tonic and anti-parasitic properties. The main materials in this category are *danggui* and *chuanxiong*, and on occasion *baishao* may be used. As you mentioned already in your question, one of the

ways these anti-parasitic herbs work is that most of them are aromatic; they are basically fumigants. Constant herbal fumigation makes the system uninhabitable for any kind of pathogen. We can look at most of these herbs as a sort of internal incense. Incense is traditionally used for spiritual cultivation, to keep the hermit cave-dweller safe from mosquitoes and other pathogens that disturb the meditative process, and also to open the so-called orifice of the heart. That is where the mental disturbance comes from in these people—the orifice of the heart is obscured, and these fragrant substances can help to open it up.

The next category is yin tonics, which I find particularly important for people suffering from the “Brain *Gu*” type of syndrome. I look at yin tonics, particularly the yin of the Lung, as a kind of protective sheathing around the nerves. When people say their nerves are fried, it is really the yin of the Lung that has been compromised. When this happens people become jittery. The leading herb here is *baihe*, which has been brilliantly discussed as an anti-parasitic, anti-anxiety, and anti-depressive agent by Zhang Zhongjing in his *JinGui yaolüe*, where he had a whole chapter devoted to Baihe Bing, or “Lily Disease”. Lily Disease is essentially a type of mental imbalance caused by a yin defi-

ciency of the Lung, and the treatment was basically to prescribe *baihe*, sometimes in combination with other yin tonic herbs. Next in this category is *huangjing*, a Daoist herb often used by hermits in the countryside in southern and southwest China to ward off parasites and to calm the nervous system. The third one in this category, also a Lung yin tonic and anti-parasitic, is *beishashen*. Another one is *heshouwu*, a common tonic that has also anti-parasitic properties. The only caveat with *heshouwu* is that in its unprocessed state—which is what we want to use—it has mild laxative properties. Therefore, you want to use it only for people who are constipated; you can choose *huangjing* instead for people who are more on the diarrhea side.

In the next category are herbs that are primary anti-parasitics and have been recognized as such in the traditional materia medica. There is *kushen* and *shechuanqizi* for parasites in the intestinal and urinary tracts. Other herbs in this category are *qinghao*, excellent for parasitic afflictions in either the digestive tract or the nervous system. This is why *qinghao* has become so famous as an herb for malaria, which is a typical brain *Gu* affliction. *Xuanshen* and *tufuling* are particularly good for brain *Gu* and anti-spirochetal effect; *xuduan* is anti-spirochetal; *baitouweng* is primarily just for the digestive type of *Gu*; *shichangpu* is excellent for both types of *Gu* syndrome, digestive and brain. It is not only anti-parasitic, but also an herb that's particularly famous for opening up the orifice to the brain and the Heart. This opening and awakening effect is so important in the treatment of *Gu*.

Q: Heiner, you have just mentioned two types of *Gu* patients, a Brain *Gu* patient and a Digestive *Gu* patient. Can you take a moment to clearly differentiate them by discussing common symptoms?

HF: Yes, the two big *Gu* types: Brain *Gu* and Digestive *Gu*. People who have chronic digestive system symptoms are referred to as digestive *Gu*. In the mildest case this will be bloating, gas, strange bowel movements like alternating diarrhea and constipation, or strangely shaped bowel movements. Along with these

symptoms one will usually find chronic lethargy. A certain amount of brain fogginess or psychological symptoms like bad dreams can go with Digestive *Gu* as well.

Brain *Gu* syndrome is basically caused by chronic viruses that target the nervous system (such as coxsackie, herpes, and in some cases HIV), or spirochetes (especially Lyme disease and its coinfections), or other exotic pathogens causing chronic forms of meningitis, malaria, leptospirosis, etc. A lot of patients in this category are diagnosed with fibromyalgia these days. There may be symptoms of body pain, anxiety, depression, headaches, eye aches, visual hallucinations, strange sensations that there is something stuck in their head, etc. Very often these people have been put on Prozac or some other kind of anti-depressant, which often doesn't work. They might exhibit some digestive symptoms as well, and very often Brain *Gu* and Digestive *Gu* go together. The approach is similar in many ways, but there are certain herbs that are more specific to spirochetes and viruses, and some herbs that are more specific for worms and protozoan parasites.

Q: In your experience do musculoskeletal issues typically accompany Brain *Gu*?

HF: Yes, musculoskeletal issues are typical signs of Brain *Gu*. Digestive bloating, pain, and altered bowel movements are the primary signs of Digestive *Gu*. But both of them will have a certain degree of mental symptoms, therefore the “demonic possession” label—the Digestive *Gu* less, and the Brain *Gu* more.

Q: What if there is an actual worm?

HF: There is a whole category of anthelmintic herbs that specifically have an anti-worm effect, including *shijunzi*, *binglang*, and *guanzhong*. *Guanzhong*, by the way, is also an excellent herb for chronic viruses, much better than the over-used *banlangen*. For me, its effect is very much like *qinghao*, without the more obvious shaoyang affinity of *qinghao*. The difference of worm

affliction is that worms will often be expelled rather quickly, while spirochetes, viruses, protozoan parasites and microplasma need to be treated for a long time. This brings up a key difference between the Western and traditional Chinese approaches working with parasites. It says clearly in the classical texts that the nature of *Gu* syndrome can be compared to oil seeping into flour.

This is much different from a pearl falling into flour—with a pearl you can just take tweezers and remove it, which is the idea behind the Western antibiotic approach. You blast somebody for a week with those, and theoretically the pathogen is all gone. Similarly, the regular TCM approach is where you prescribe strong heat clearing herbs for amoebic dysentery and expect that it is all cleared up in one week. *Gu* is not like that. It is the oil that has gotten into the flour, and now has virtually become one with the flour, and is thus hard to get back out. Even in the best case scenario this is a long process—the *Gu* manuals speak of a minimum of six months and a maximum of three to five years. This is definitely my own experience, as well. In sum, the only way you can get rid of this problem is by avoiding the customary herbal approach of blasting the system with strong anti-parasitic herbs that are not tonic to the system and are hard to digest. Those will generally make the patient feel good for a week, but then s/he will not be able to stomach them afterwards. The brilliance of the *Gu* approach, once again, is that every single herb in the prescription is anti-pathogenic and tonic at the same time, and thus suitable for long-term treatment. Remember that this kind of patient will always need long-term treatment.

Moving forward to the next category: the ancient Chinese apparently realized what we only know now, via the science of modern parasitology—parasites have the innate ability to camouflage and shield themselves

with a certain kind of armor that is often called a biofilm. Traditional heat-clearing and anti-toxin herbs are not able to get rid of many of these parasites because they cannot penetrate the biofilm. It is therefore very important to include this category of blood moving herbs, containing *yujin*, *sanleng*, *ezhu*, *muxiang*, *zelan* and *chenpi*. These are all herbs that have a direct

effect on the symptom of bloating, but that also have ingredients in them that are able to crack that ancient barrier. Together with these fragrant and blood moving substances, the other anti-parasitic and anti-toxin herbs can then change the cozy environment of the parasite,

and over time convince it to evacuate.

The last category features herbs that are both strongly aromatic and anti-parasitic. The main herb here is clove, *dingxiang*. Other herbs in this category include purple single-clove garlic, and *hezi*, and *huajiao*, which all have additional anti-parasitic properties that are different from the detoxifying ones that we discussed before. Most likely, they have an effect on certain egg or larva stages of parasites that the other ones can't touch.

Altogether, we have five or six different herbal categories that are working together in a highly integrated fashion, making them suitable for long-term use and clinically very effective. Even though the treatment will take a long time, patients usually feel a positive difference within six to twelve weeks after the treatment has begun, sometimes even right away.

Q: Can we talk about dosage?

HF: In the Chinese record, *Gu* syndrome often referred to severe and life-threatening infectious disease, such as schistosomiasis. Patients were therefore often prescribed formulas that included 150 to 300 grams of

crude herbs in decoction per day. Nowadays, whether you end up using your own crude herbs or granules, or Thunder and Lightning Pearls—which are patent formulas I’ve created for the purpose of helping practitioners treat *Gu* patients—the daily amounts can be considerably less than that, such as 50-120g of crude herbs, or 10-25g of herbal granules, or the capsule equivalent thereof.

Since we are dealing with a living pathogen that has the ability to adapt, I recommend a regular change in the details of the prescription. It is best to change a *Gu* prescription regimen, at least somewhat, every six weeks. The classical record already points this out, by warning about the ability of *Gu* pathogens to adapt, and suggesting to always stay a step ahead by making changes to your herbal approach. Changing the formula means that you leave the six categories intact—those categories never change, they are in every *Gu* formula—but of the two or three herbs in a particular category you always rotate at least one out and put a new one from the same category in. In this way, the general arrow of the therapeutic approach never changes, but you change the herbs within it. Your knowledge of plant qualities should of course play a role in the selection of what gets rotated in and what gets rotated out. In the first category, for instance, you have a choice between the more cooling *jinyinhua* (lonicera) *lianqiao* (forsythia) approach, and the more warming *baizhi* (angelica) and *zisu* (perilla) approach.

Q: When you use your own products, the Thunder and Lightning Pearls, how do you dose them?

HF: Lightning Pearls is the standard formula for Brain *Gu*, and Thunder Pearls is the main formula for Digestive *Gu*. During the first 6 weeks of treatment for Brain *Gu*, I generally recommend to use Lightning Pearls at a dose of 3-6 capsules 2-3 times a day—amounting to a minimum of 6 capsules and a maximum of 18 capsules a day. Then I generally have patients take a week-long break from the Lightning Pearls, during which time Thunder Pearls are used as an alternating remedy in similar amounts. After that,

it is back to the Lightning Pearls, or a combination of Lightning Pearls and one of the formulas in the aconite remedy series that help with stamina rebuilding and the relief of specific symptoms.

The herbs in our capsules are 10:1 extracts, meaning it takes ten grams of dried raw herb material to make just one gram of our extracts. One capsule contains 0.5g of herbal extract, which is equivalent to 1g of granules or 5g of crude herbs. So they are quite concentrated. If you open one capsule and taste it you will see how effectively the factory preserves the aromatic plant constituents.

Q: Can practitioners give your formula and a granule formula of their own on top of that?

HF: Yes, of course. We do that in our clinic all the time, prescribing 6 capsules of Thunder or Lightning Pearls in the morning, and 6-10g of a custom-made granular formula in the afternoon. But the custom formula still needs to follow the principles of *Gu* prescribing, and be changed every six weeks or so.

Q: Any particular challenges to prescribing for these *Gu* patients that we have not already addressed in our questions?

HF: Often these type of patients have many symptoms because they tend to be allergic. Both the Brain *Gu* type as well as the Digestive *Gu* type can exhibit many auto-immune symptoms, including food allergies, and often react extremely sensitively to stimuli in their environment. It is important, therefore, that you work your way up to the target amount slowly. These patients can react poorly to herbs, even if it is the right formula, if you dose initially too high. It is better to start on the low end and work your way up to the medium or high range.

Also, I find it very important to mention that while chronic inflammatory patients seem to manifest a lot of heat symptoms, seem very inflamed, seem over-reactive, have damp tongue coatings—even yellowish

tongue coatings—underneath all that surface heat they tend to be yang deficient. You can verify this best in the pulse. The more inflamed someone is, the more energy is lost over time. So, depending on their degree of yang deficiency, you have to give them serious yang tonics such as *Sini Tang* along with the *Gu* herbs, either right away in very cold patients, or after six months when the body is asking to switch to recharge mode in most patients. This is the only effective way to contain and gradually repair the trauma in their immune system. *Fuzi* (aconite) is not used here to achieve an enhanced damp drying effect, but to implement the master approach I learned from the Fire Spirit School (huoshen pai) of Sichuan herbalism. In the teachings of the 19th century physician Zheng Qin'an and the Lu family lineage, *Sini Tang* is considered to be the main way of containing an overactive immune system, where the body's yang energy is hovering at the surface rather than being properly stored in the battery of the Kidney. In this situation, you need to pair the Lightning or Thunder Pearl approach with the likes of Vitality Pearls, a formula that contains *Sini Tang* and *Fuzi Lizhong Tang* in a balanced form appropriate for sensitive *Gu* patients.

Q: I know your ideas on aconite differ from what is commonly taught in TCM schools, or also in Japanese Kampo, for that matter. Can you go into that a bit even though it is a bit off topic of *Gu* syndrome? As you have just explained it necessarily comes into the picture with certain *Gu* patients.

HF: Aconite was once called the “King of the 100 Herbs” for its superior effect in the treatment of severe and chronic diseases. Nowadays, we are all hesitant to use it, because its results are often unreliable and sometimes allergenic in nature. This is not be-

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cause of the toxicity of aconite itself, but because of improper processing shortcuts in the herb industry since the 1960s, often using chemicals such as bleach to detoxify this herb. It is sad to know how far modern processing techniques have departed from the traditional science of herb preparation in this case. That is why I have been eager to be in touch with local peasants in the only area in China where genuine medicinal-grade aconite comes from. I am very interested in restoring traditional processing techniques and to restore the full clinical power and safety of this herb. I am happy to announce here that we now have *fuzi* powdered extracts that people can purchase and use in their granule dispensaries. These can be ordered from Classical Pearls as an 8:1 extract where there is no starch carrier at all. We also have a 5:1 powdered extract that matches the strength of granules. That one has a small amount of starch carrier derived from the herb shanyao.

Q: Exactly what sets this aconite apart from other materials available today?

HF: Aconite should be planted at the winter solstice and harvested at the summer solstice, so that it is growing only during the time of year when yang is in its ascendancy. This is the case with our *fuzi*. Traditionally, the best *fuzi* comes only from one small area in Sichuan province. This is where we grow and process it in accordance with the labor-intensive methods prescribed in traditional paozhi manuals.

Q: And is this top-of-the-line aconite in any of your Classical Pearls formulas?

HF: This aconite has gone into all of our aconite remedies, six of them so far. All of them are inspired by

the Fire Spirit School's approach of treating a patient's constitutional core. For the specific purpose of addressing the yang deficiency needs of *Gu* patients, I've also produced a remedy called Vitality Pearls. Other aconite remedies can be used as well, such as Peace Pearls for pronounced symptoms of anxiety/insomnia, or Guanyin Pearls for menopause, but it was the Vitality Pearls that were specifically designed for the second and third stage of *Gu* treatment. For especially yang deficient patients, they can even be used during the first stage of *Gu* therapy, when generally only Thunder and Lightning Pearls are prescribed. For the average *Gu* patient you may have to wait some time before the Vitality Pearls would be appropriate. However, remember that no matter how much heat a person exhibits initially when they come to your clinic, they will eventually need this type of Sini Tang-based treatment. I should clarify: When I say *Sini Tang* I also mean to include other aconite formulas like *Fuzi Lizhong Tang* and *Qianyang Dan*. Vitality Pearls is based on *Fuzi Lizhong Tang*.

Q: What is the focus when you have taken a person through a few years of this *Gu* treatment and the chronic parasites are no longer a problem? What needs to happen then?

HF: When there are no more signs of inflammatory pathogens and the person has no more wind symptoms, and they are just burned out from the ordeal, then it is time to exclusively switch to the Vitality Pearl approach, or some other aconite remedy that contains soothing and partially anti-parasitic herbs like baihe. We would do this typically for another year or two.

Q: I know you use a type of testing with an electrodermal device to see if herbs are appropriate for patients. Can you talk about that a bit?

HF: Due to the sensitivity that these patients very often have, I encourage practitioners to test every herb in every category for *Gu* patients before prescribing them, whether it is with muscle testing, electrodermal screening, or another diagnostic modality that direct-

ly registers patient responses. The more specific you can be about which one of these herbs is the right one right now, the better. The process of choosing which herb in a category is needed can be quite unpredictable at times. I find that the more precise the use of these herbs, the fewer chances there are for adverse reactions in your patients.

Q: One last thing to touch on. These patients often are difficult to work with because of the very symptoms you've described. Any tips about how to work with people when you're going to have to see them for maybe three years. By the time they get to you they've suffered quite a bit already and they want understandably a quick turnaround. Have you developed any insights on how to best prepare them for a longer-term treatment?

HF: You definitely need to educate this type of patient by getting them mentally prepared. Whether they've been in it for a long time already or whether they're just getting started with this treatment, they are going to need treatment for a while. And again, that means six months minimum for the person who just came back from Nicaragua and contracted dysentery for example, treated it with Flagyl, and now three months later discovers that the symptoms are coming back—fatigue and strange bowel movements and so on. That would be the 22-year-old Peace Corps participant who started out with a strong constitution before his ordeal—he is going to be in it for six months. Whereas somebody in their 50's who looks deficient to you on all levels and has contracted many different viruses in their lifetime, followed by this last journey to Nepal, or this last tick bite that was the hair that broke the camel's back—this person is in it for the three to five year course.

Hopefully, there are two things that will happen. First, there is the prospect of achieving some immediate symptom relief, which will gain you more of the patient's trust. Secondly, just the fact that you seem to know what it is that they're suffering from will be a tremendous relief to this kind of patient, who has

been handed from practitioner to practitioner, and in the worst-case scenario has been declared mentally ill by the western medicine community. This person will feel tremendous relief that you know what's going on with them, that you can contain their suffering, that they have something to point to that tells them that this is not their fault and they're not imagining it, but that this is a real phenomenon.

Q: Isn't it possible the patient hits a plateau at some point in the treatment and starts to lose faith in this strategy?

HF: As for clinical progress, there are two different kinds of scenario. One is when the patient gets better right away and is grateful, but even this patient will reach a place where they feel they've reached a plateau. They may have recovered enough to go back to work, but then they burn out like everybody else and wonder why nothing is working anymore. At this point you need to remind them that the reason they're back to work in the first place is because the treatment has been working, and that they need to rest more rather than immediately using the newly gained energy to work excessively.

The more difficult scenario is when there are no obvious signs of progress—this usually happens with

patients who take steroids, or benzodiazepines, or antibiotics, or other strong acting natural products simultaneously. This may have to do with the autoimmune aspect triggered by this disease. In people with Brain *Gu* and chronic skin diseases, for example, everything is chronically inflamed. In these cases the body often produces strong autoimmune reactions. These cannot be soothed quickly, and it will take some time to see marked improvements. In these cases you should talk to the patient about some of your previous (and eventually successful) case histories, and emphasize the *Gu* concept of "oil seeping into flour," which means that you are dealing with something that's become part of the body and can't be so easily removed. It is important to check lifestyle habits for this type of patient, so that they're not maintaining poor food habits in particular. If they keep eating a lot of carbohydrates and sweets that make the body acidic, you'll never get rid of the milieu that hidden pathogens like. Containment, listening and empathy are all very important for this type of patient.

Q: Heiner, thank you for your time. I hope this interview will help those you who read it to develop a better understanding of how to proceed in the treatment of *Gu* cases.

HF: You're welcome.

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