

An Interview with Edward Neal



Abstract

Following the paradigm-shaking series of three articles recently written by Edward Neal for *The Journal of Chinese Medicine* (issues 100, 102 and 104), we wanted to follow up by interviewing Dr. Neal in order to tease out some of the threads arising. Dr. Neal has been practising and teaching Chinese medicine for over 20 years. Originally trained as a Western allopathic physician, he first studied traditional acupuncture with Dr. Anita Cignolini of Milan, Italy. He is currently Director and Senior Researcher for *Neijing* Studies at the Xinglin Institute, a multi-disciplinary research and educational institute dedicated to the study of early Chinese medical texts in order to find solutions to global health problems.

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DM: For those who may not have read your recent series of articles, and as an introductory rubric, could you summarise how your approach to acupuncture differs from the approaches commonly seen today?

EN: Historically, acupuncture may be differentiated in a variety of different ways. One of the most basic ways is to distinguish those practices that emphasise point action/indication from those that emphasise promotion of blood circulation. When acupuncture first developed, theories that emphasised the circulation of blood prevailed. In these systems, the blood vessels were compared to rivers and acupuncture was primarily a science of hydrology, of the proper regulation of river systems and watersheds. Later, as these rivers became identified as acupuncture channels, the relation to blood circulation was largely lost. Theories of point action/indication began to proliferate and focus shifted away from earlier models. The influence of point action/indication has continued into the modern practice of TCM.

One of the primary concepts of the *Lingshu* is that the majority of human diseases, while each differing in their cause, all end in a primary impairment of blood circulation. Normalisation of blood circulation was also believed to effectively treat the majority of human diseases. In the *Neijing* system, each of the body's tissue planes¹ were seen to influence overall blood circulation and consequently all were considered in diagnosis and treatment; hence earlier systems emphasised the three-dimensional anatomical body. This also means that

earlier descriptions of acupuncture are much more consistent with current concepts of the body found in Western biomedicine.

Practices based on point action/indication have a unique clinical validity and tradition of their own. These practices are largely based on the body's complex responses to targeted impingements on the tensegrity of the connective tissue body. This leads to physiological reactions that often occur non-locally and in unpredictable ways. These practices are largely derived from physicians' clinical experience, and as such, represent an empirical science that does not easily fit a coherent set of theories and principles. In the clinic this means that the practitioner follows a set of prescriptive actions rather than constructing treatments from basic principles observed in Nature. This is not necessarily a bad thing – for example it is much easier to teach a prescriptive system to those with limited background – but there are certain inherent limitations to this system that need to be clearly understood. Specifically, the impact of empiric-based sciences tend to be limited in conditions of increasing complexity, such as those found in the clinical presentation of patients with complicated illnesses; this is one limitation of a point-based approach. In contrast, the techniques described in the *Neijing* were built upon detailed observations of basic patterns of Nature. These observations were in turn used to define a clinical practice of medicine. So in this style, a practitioner should be able to trace their clinical actions and clinical decisions back to basic principles of how Nature operates. This turns out to be an incredibly

powerful tool when dealing with complex and challenging clinical situations.

DM: Many acupuncture practitioners will find your interpretation of the *Neijing* challenging. Have you come across other practitioners in China – modern or otherwise – who have come to similar conclusions regarding its true meaning, as it seems to rather stretch credulity that a 21st Century Western physician has unearthed the true meaning of such a seminal text, whereas millennia of Chinese have missed the essential point.

“What I write or say in no way represents a definitive viewpoint on the *Neijing* ...”

EN: I hear several issues in your question. One is a question of historical perspective and the other relates to the experience of modern practitioners. I would first say that what I write or say in no way represents a definitive viewpoint on the *Neijing*. The one critical thing in relation to Chinese classical texts is that they are continuously engaged with, not definitively answered. I write from a particular point of view, from a specific time and place, with certain limitations and with an understanding that is constantly evolving and being revised; these articles simply represent certain thoughts at a moment of time. I also come to this work as a practising physician and my work involves trying to understand how these texts can be taught and used to address a variety of pressing global health problems. A sinologist reading these articles may find the language odd. However my goal is to find ways to use language and images to impart complex theories to others in a way that is consistent with *Neijing* theories so that these ideas can be used to treat patients.

This is nothing unique. Historically, it has been common for physicians to reflect on their understandings and interpretations of the *Neijing*. Mine is a very small contribution in this vein and readers can take it for what it is worth. To be honest, if other experienced people were writing in this field, I would be quite happy to return to my private studies and research. However, at the moment, there is a definite scarcity of discourse on these ideas, so I teach and write partly to stimulate interest and dialogue – but definitely not to have the last word on the subject.

Historically, scholarship in Chinese medicine has had a fairly clear meaning – it has consisted primarily of clinically experienced physicians engaging with classical texts, writing about their experiences and promoting new ideas. This has been the primary source of theoretical development in Chinese medicine and ideas from these pursuits are now the foundations of modern practice. However, at the moment, outside of East Asia, there is a definite scarcity of

discourse on these ideas, this leaves the Chinese medicine profession floating about, somewhat akin to a ship without a rudder.

When I first came to Chinese medicine in the early 1990's, I arrived as a physician trained in Western medicine. In Western medicine, when someone begins to study a specialty, they will first read the primary textbook of the field. It would be very unusual, for example, for a surgeon to finish training without reading a standard textbook on surgery. Until very recently, this has also been the case in Chinese medicine. Since the inception of the profession, the medical classics have been the primary textbooks in this field. So without much thought, I began to work on my Chinese language skills and started to translate these texts. I came to the material with a combination of deep naivety and deep interest. This turned out to be an excellent set of qualities to study these writings. Being naive, I had no choice but to take what was said at face value. For example, when the *Lingshu* [Divine Pivot] describes the basic circulation pathways, now known as acupuncture channels, as mai [脈] vessels and defines them as the things that carry blood and pulsate and so forth, I simply translated them as such – this is quite clear when read in the original text. change to:

Yet, a Chinese physician of my time may commonly tell you that this is not so, that these passages refer to the modern 'TCM' acupuncture channel pathways because this is the general contemporary understanding. So in this way, having a different perspective was helpful. There were definitely times at the beginning when I thought I must be on the wrong path. And yet, the more I read the texts, the more clear things became. It was only much later that I came to understand the historical context and began to see why this discrepancy might be so.

Being trained as a physician, I quickly recognised descriptions of patients with serious conditions, conditions that today would be seen in a hospital setting. Also, being a physician meant that from day one I used acupuncture to treat patients with serious conditions. The very first patient I was asked to see in a hospital was a woman who had broken her knee and torn her popliteal artery. At the time the accident occurred she was eight hours from the hospital and in the time required for transport she had developed a compartment syndrome – a condition in which the leg swells to such a degree that the circulation is impaired and the leg begins to die. She underwent an emergency fasciotomy [a large incision in her leg to release the swelling] and extensive vascular and orthopaedic surgery. She was morbidly obese and had very poorly controlled diabetes. During her hospitalisation she developed three nosocomial infections, two with resistant gram-negative rods – these can be quite serious – and her leg was badly infected. I was called on a Wednesday morning and the surgeons planned to amputate her leg on Friday. Two weeks later she left the hospital with her leg intact and her infections resolved. This resulted primarily from her response to Chinese medicine.

So while many practitioners never get a chance to see this level of care, as a physician I was able to see this from the very beginning – I saw the power of acupuncture and knew the role that Chinese medicine could play in global healthcare. Although these ideas are mostly unknown to modern practitioners, classical scholars and sinologists have written about them; it is more that they are unfamiliar in contemporary training, so they appear as a type of radical stance. I do not believe these ideas would have sounded unusual in previous times.

With regard to the second point, the idea that there are many practitioners that may find these concepts challenging, I see several things here. First, there is a normal reaction people have when encountering new ideas, that requires a reevaluation of previously held viewpoints. It always takes a while for ideas to be evaluated and be accepted or rejected - this is human nature and common sense. Second, there are practitioners who may have built a career or established a reputation around a certain point of view, who may feel this information is destabilising or threatening. This is also a normal human reaction, but can also be a matter of economics or prestige. These issues relate to aspects of human nature, not to issues of scholarship or classical texts. However, your question perhaps suggests a third group of well-informed practitioners who find this material problematic, but I have not found this to be the case.

I have been working in this field for some time and have found very few people outside of East Asia with whom I can carry out an informed and sustained conversation about these texts. I am not exaggerating when I say that I can count the number of people I know with whom I can do this on both hands and still have a few fingers left over. Clearly there are more people out there - and perhaps I should get out more - but the point is that people who are knowledgeable about this subject are quite rare. When I am lucky enough to find myself speaking with such a person, we are generally not disagreeing about basic principles but rather are speaking about issues of detail – how to interpret a certain character or phrase and so on.

It surprises me when people who (apparently) have little experience with these texts give strong opinions about them. It reminds me of discussions we have here in the U.S. about global warming. On any given night, news reports may highlight a finding from the National Academy of Sciences stating that 100 of the worlds leading scientists say that without a doubt global warming is real, man-made and has critical implications for the future. Then the report shifts to a restaurant in Georgia, where someone is being interviewed saying, 'You know, I just don't believe this global warming is real.' This is called 'balanced journalism'. My understanding of these texts is clearly not definitive by any means – but the point is that opinion does not equal scholarship. In our profession, particularly in the West, this has been a serious problem, where too often charisma,

opinion and a story-telling ability substitute for actual knowledge and hard scholarship. Non-Chinese speaking students and practitioners are especially vulnerable to this kind of rhetoric because it is difficult or impossible for them to critically evaluate information. Because they are removed from the source material by history, culture and language they are dependent on others to interpret things for them, and the majority of practitioners are not well versed in these issues.

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Scholarship needs be referenced to something; it is not a free-for-all based on subjective feelings and imagined stories. It is not something primarily based on what you heard someone say or what you read on social media posts – it is not a fairytale. Instead, for over 2000 years the reference point for scholarship in Chinese medicine has been the medical classics. Scholarship forms an anchor to basic reality and to the historical tradition of those who have gone before us. Lacking this grounding, especially in the West, the profession exists in a swirling pool of theoretical fragments and has difficulty progressing or explaining itself to others. Clinical practice typically only reaches a basic level and does not achieve the promise described in the medical classics; instead, when someone gets truly sick, practitioners simply call 'the doctor'. This reality allows us to live in a type of dreamscape where we may imagine that our results are better than they are because we don't see the actual consequences of disease. Since I have worked in both sides of medical practice, I see both worlds.

DM: Do the main tenets of *Neijing* acupuncture - as you are teaching and practising it - come primarily from your own personal research or from specific teachers who have guided you down these avenues?

EN: I have been fortunate to have good teachers in my life and I owe most of what I can do to their kindness and generosity, whether this is in Chinese language studies, Chinese medicine or Western medicine. In the mid 1990's I studied with Dr. Anita Cignolini, an Italian physician working in Milan who studied acupuncture in China at the end of the Cultural Revolution. At that time, although the TCM educational model was already established, experienced physicians still based most of their clinical reasoning on the medical classics. So while on the surface the information she taught was similar to TCM, what happened in the clinic and how she explained things was different. Her explanations typically referenced passages from the *Neijing* and from this I learned the importance of

the classics in clinical practice.

When I first travelled to China, I fully expected to find a variety of seasoned physicians with whom I could study the classics. Although such people do exist, they are not easily found. There are people who teach the *Neijing* but in general what they teach has been altered to conform to the modern descriptions of TCM. At the time, I didn't fully appreciate the historical context and the impact the Cultural Revolution had on these studies. In the end, this meant that the texts themselves had to be my teacher, which turned out to be a very good thing. It has given me a freedom and latitude of inquiry to simply observe what the texts say on their own terms.

If we examine the global situation today, most practitioners have never read the medical classics – and many discount them as being outdated. Western practitioners who have read the classics typically read a translation. Although the situation has improved in recent years, most translations are inadequate and many core ideas found in the classics are simply too difficult to engage with without examining the original Chinese source text. A smaller number of people have read the texts in their original language and possess the requisite understanding of classical Chinese grammar. Of these, the vast majority try to interpret the text through the contemporary lens of TCM. This desire to evaluate classical texts through one's contemporary experience has been a stumbling block for commentators throughout the centuries. This is a critical impairment, as it is simply impossible to investigate a vessel-based system with its different anatomical descriptions, different circulation pathways, different theoretical approaches and different clinical techniques from the viewpoint of another system such as TCM. This is just a non-starter, yet it is by far the most common approach used by people studying the classical approach today. Others have the prerequisite language skills and a background in sinology but have little or no clinical experience. This is also a problem – in general sinologists should not be teaching clinical medicine. Of people who have read the texts in Chinese, understand classical Chinese grammar, have clinical experience and have studied the text on its own terms, few know how to put this information into direct clinical practice and support what they do from text passages. Of these, a smaller percentage will be willing to share their knowledge with you in a language you can understand. So from a field of roughly a million practitioners, we have now narrowed things down to a relatively small number of individuals who understand this material. So to find a physician who knows all of this and is willing to share their knowledge can be quite difficult.

At the beginning of the Cultural Revolution, the act of scholarship was a perilous activity. While a resurgence of interest in classical texts followed this period (especially in regard to herbal medicine), this was accompanied by a systemization of medical education based on scientific

rationales that de-emphasized the importance of the classics. Fortunately, recently in China there has been a resurgence of interest classical texts driven perhaps by an acknowledgement that in order to achieve good clinical results, physicians must be well-versed in classical medicine. However, most of this material remains inaccessible to a Western audience because of the language barrier.

When I work with these texts I first try to empty my mind of any preconceptions – my goal is to try and understand a perspective of people from a very different culture and time, not to make the pieces fit into something familiar. Next, I examine the text for basic patterns. This involves studying specific characters, concepts or text passages, etc. For example, if I am trying to understand the meaning of the character li [理], which we might translate as 'ontological patterning', I will start by translating all passages where this character is found and look for common threads. This character can mean 'principle' but it can also mean the pattern graining of things found in Nature – for example the grain in wood or in your skin. Non-material aspects of space/time motion were believed to organise basic patterns of Nature. So here we have a point of view, in which non-material patterns of rhythm and timing express themselves in observable aspects of material form. This hypothesis can then be tested within the larger context of the text and the clinic. These concepts can then be woven together to construct a larger, more inclusive viewpoint. This is how my primary understanding of these texts has evolved.

Chinese classical texts often have an organising coherency of meaning. That is, they have a strong holographic centre that is embedded within the majority of the text passages. My research suggests that the organising centre of the *Neijing* is based on detailed observations of Nature's space/time motion-patterns with regard to how these ideas influence the practice of clinical medicine. This means that one should be able to open the text to any passage and be able to correctly identify and interpret what one is reading from the principles of space/time motion. I describe this approach to text research as a 'holographic translation technique'. It is a hermeneutical approach to classical texts that works by establishing an essential text viewpoint and then using this viewpoint as a key to unlock the rest of the text. This turns out to be a powerful tool that can be used to interpret difficult texts and text passages.

DM: When discussing your recent articles with a colleague, their response to the various theories, tables and diagrams was to suggest that this represents an 'ivory-tower' over-intellectualisation of acupuncture. What is your response to such suggestions?

EN: Well, one of things that surprised me the most when I first started reading these texts was simply how much information they contain. This is not necessarily evident from the outside. Without wanting to answer a charge of

over-intellectualisation with a platonic analogy, we could compare the medical classics to a cave with different chambers. From the outside, all we see is the mouth of a cave and we cannot see what is within. As we venture into the cave we find different chambers we did not know existed. When we enter these rooms, we find an immense amount of detailed information. I remember when you first asked me to write these articles, my first thought was that there would probably have to be three articles, not just one, simply to get the basic level of information out. So what I tried to present in the articles was just the essentials - this is why I wrote the articles as a series of basic principles. So what your colleague calls 'over-intellectualisation', I would probably simply call 'detail' or 'different levels of information'. Again I would be interested to know if they actually know these texts or just 'feel' this was being over-intellectualised.

Not to speak for your friend, but I imagine what they might be feeling is something like 'compared to my previous training, this seems excessively complicated' and perhaps there is merit to this - this is after all, information with great depth. As clinicians, this material presents us with a basic conundrum. Should we ignore material that has been the basis of clinical practice for two thousand years and pretend it is irrelevant, or should we engage with it? If we engage with it, we may have to face the fact that there is more information that we need to study than was included in our initial training, and this can be somewhat disturbing. However, these are not fringe ideas but the core principles of this medicine so to ignore them is somewhat problematic, especially once they have been brought into our field of view.

In the final analysis, it may be difficult for us to continue to ignore these texts. The experiment of the last half-century to understand Chinese medicine through the perspective of Western science has by and large failed, and is likely to continue to do so until Western research expands its focus and understanding and Chinese medicine practitioners are better able to represent their field to others. Lacking foundational support from its historical roots, Chinese medicine is beginning to suffer a type of internal erosion and collapse. In the end, if we want to keep our profession vital, we may have to revisit this material, whether we want to or not.

DM: So how does a classical *Neijing* acupuncture 'look' in the clinic? Is it very different to typical modern 'TCM-style' acupuncture treatment (i.e. a patient lying with filiform needles inserted into various points)? Are the other types of the nine needles employed regularly? You talk in your first article of this style of acupuncture being more akin to surgery ...

EN: Well outwardly the treatments look very similar; there are treatment rooms, different boxes of needles, just like

any other acupuncture clinic. A layperson would not see any difference. To a clinician, what would appear different is what is being treated and why. When we first see a patient, we try to build a detailed understanding of how the specific illness evolved. We try to assess the patient's host condition, and determine whether they carry a significant amount of xie [pernicious] qi and where this might be located. In classical medicine, understanding the directional equation² is the critical factor, so we try to identify the direction the disease is expressing in, the direction that is impeding the system and the direction that may be best used for treatment. We perform traditional diagnosis and perform a fair amount of palpation, carefully examining different tissue planes of the body to arrive at a diagnosis and treatment plan. We document different pathologies and try to integrate this with the overall directional diagnosis and clinical presentation. We then construct a prioritised treatment plan that can be executed in a series of manageable steps. Going back to the surgery analogy: except in an emergency, a good surgeon will not operate until they understand what is going on and have a plan, and we try to follow a similar model.

For example, a patient might present with a kidney tumour, which resulted from an invasion of cold that occurred 30 years prior. They may also have an impairment in the centre pivot from a previous stomach ulcer surgery. This is causing heat congestion in the chest. Previous chemotherapy has accumulated behind this block in the chest. So here several things are going on simultaneously. Removing the cold could be potentially dangerous, because this direction is already chronically impaired and has little restorative capacity. If we dislodge pernicious influences from the chest this could also be unwise. When xie qi releases from a block, one of the primary ways it is cleared from the body is through the digestive tract. Doing this could worsen the blockage in the centre - the controlling direction of the kidney. If the patient has an advanced condition, this could have serious consequences. So our treatment might first focus on a targeted restoration of the centre by working on the tissue planes impaired by the previous ulcer surgery. After the centre is functioning, xie qi can then be released from the upper body and we could then turn our attention to the tumour itself and the initiating invasion of external cold. So while the needles and the office setting look similar, the thought process and clinical execution are quite different.

DM: So the million-dollar question for practitioners who might be considering studying this approach to acupuncture is probably, 'Is it more effective than what I am already doing?' Is this the case in your opinion (if we presume they are doing standard TCM-style acupuncture)? And if so, how do you know?

EN: Well, of course medicine is an extremely practical

affair. So if you are doing something that works for you – please, continue to do it. The patient certainly does not care if you practise from the medical classics - nor should they - and I would hope that the end result of all of our treatments is to get our patients better.

I study the medical classics because of all things I have studied in my life the material they contain consistently gives the best results and offers the most coherent explanations for the problems I see as a physician.

When I began medical training in 1984, I started an ongoing search to find the best ways to help my patients. This started in Western medicine, then shifted into acupuncture, then formal TCM education and finally into the study of the medical classics. As a physician, I really don't study the medical classics out of any romantic sense of a special former time when everyone lived in harmony with the dao (this has certainly never been the case). I study the medical classics because of all things I have studied in my life the material they contain consistently gives the best results and offers the most coherent explanations for the problems I see as a physician. However, if tomorrow for some reason this method stopped working and I realised it was all based on false assumptions, I would drop it without hesitation and move on to something else, because at the end of the day my primary responsibility is to my patients, not to a particular ideology or viewpoint. If I had found TCM to be as compelling and effective I would now be happily be doing my research there. However I have found TCM to be limited for the types of patients I see as a physician. For example, consider the hypothetical patient who comes to us with kidney cancer, how would we would we treat such a patient with TCM? Would we needle [Zusanli] Stomach-36 to support the zheng qi, needle [Taixi] Kidney-3 to support the Kidneys, add Yintang [M-HN-3] to calm the spirit and treat [Fenglong] Stomach-40 to reduce phlegm? Certainly an experienced TCM practitioner would do more than this for such a patient, but truly not by much. In contrast, the medical classics give us an extremely sophisticated and nuanced approach to the treatment of complex disease. So in my experience, the classical approach is superior to TCM for these types of patients in its breadth, understanding, flexibility and results.

However, one really has to qualify what the goal is. If for example, the primary goal is to train large numbers of individuals with no previous medical training to use techniques that can be safely applied to patients with lesser severities of illness, then TCM may be what is required. Extending this thinking even further, if someone treats a patient with facial rejuvenation techniques and helps a person recovering from cancer feel better about their self-image, has this patient not been helped? If a patient is going

through a difficult divorce and visits a practitioner who provides compassionate listening and mysteriously tells them they are treating them with a point that will 'realign their spirit with heaven', this could be a truly transformative event for some people. Are these examples of medicine or simply examples of traditional cosmetology and the power of compassionate presence and ritualised suggestion? This is of course an academic question and people who have been helped by these things rightly do not care about such arguments. The problem comes when we call all of this 'acupuncture' without any distinctions. For example, when a patient with kidney cancer visits a practitioner who tries to 'realign their spirit with heaven', they may end up spending their precious time and resources on something that is unlikely to help them when they may have been able to see someone who could potentially treat their cancer. This is a very serious problem and as a profession we have to do a better job in this regard. Patients with serious illnesses are typically short on two basic resources: money and time. If we waste their time and take their money when we can't address their illness, this is a problem.

My own feeling is that it is probably time to move towards a more Western model, where we differentiate acupuncture practice with greater clarity. I think it is time to define acupuncture 'general practitioners' – people who study broadly and practise competently to a certain degree. In addition we should have acupuncture 'specialists' who have taken the extra time and effort needed to study classical texts and feel competent to handle more complex cases.

So to answer your initial question 'what is best?' – it depends on what you are trying to achieve. Not everyone has the time or the desire to engage with the medical classics or treat patients with serious diseases – for them TCM might be the best way to go. Some want to do acupuncture counselling or facial rejuvenation. It's possible that all these have a place. However, whatever the viewpoint, it is important for us to remember that all of these practices - even if they have become something very different, initially derived from principles contained within the medical classics and these texts should be respected and valued as such.

DM: So what would be your advice to practitioners who wish to take their acupuncture practice further in a classical direction (let us presume they are unable to attend a course with yourself). Would the glass ceiling in this regard be the ability to read classical Chinese? Is it possible to get some of the way by reading translations?

EN: In regard to this issue, it's best if I just speak frankly. However much we want to ignore this issue, language remains the primary portal we use to access the ideas and principles that sustain our profession and keep it vital. Let me be even more blunt and say that translations read in isolation are of questionable value – no matter how good they are. This has to be said because a great deal of energy

is spent trying to pretend this is not the case. This means that if you don't engage with language and classical texts on some level, your clinical practice and professional development will always be limited – period. However, having said that, we have to acknowledge that the majority of people do not have the time or the inclination to gain a working understanding of classical Chinese grammar and translate classical texts for a living.

In my experience there are two ways to approach this problem that give real results. The first way is for students to undertake a serious study of the language. To develop a baseline proficiency typically involves two years of university level Chinese, four to six months studying language in a Chinese speaking country and six months of classical grammar training. Having said that, I should emphasise that any amount of Chinese language that a student learns will benefit them. The second approach, which can also give good results, is for students to work with a knowledgeable teacher examining passages from the text together. This involves going through the material line by line, discussing what specific characters and passages might mean. This is a more realistic path for most people. At the Xinglin Institute where I work as director, our educational policy states that as much as possible we want instructors to have text on boards. We are less interested in what teachers have to say and more interested in what the texts themselves say. To achieve this we use very literal, stripped-down translations, and teach the students basic terminology. Then we involve students in an active discussion of the material. These discussions are actually very interesting and I often come away seeing something that I had not previously considered. Specifically, we do not want to teach a specific lineage or individual style, but rather try to teach students foundational information they can use to develop a life-long practice. Many students become inspired and begin to study the language, but this is not an absolute prerequisite.

Fortunately, there are some very good teachers out there who have this ability and work in this way. Elisabeth Rochat, Lorraine Wilcox, Stephen Boyanton, Charles Chace, Andrew Nugent-Head and Arnaud Versluys are all examples of teachers who have delved deeply into the Chinese language and the medical classics, who work hard to make this material available to Western students. So the opportunities are out there and should be used. What is critical is that we recognise the important role the medical classics have had and continue to have for our profession, that we support the work of those who are taking the time to learn, research and interpret these texts, and as much as possible we reorganise our educational curriculum to allow a shift back towards classical source-texts. If we can do this, Chinese medicine may be a clinical practice that continues to flourish for years to come, instead of being a promise that was only partially fulfilled.

Daniel Maxwell is editor of The Journal of Chinese Medicine.

Endnotes

- 1 Neal, E. (2013). "Introduction to Neijing Acupuncture Part II: Clinical Theory". *The Journal of Chinese Medicine*, 102, pp. 20-31
- 2 See Neal, E. (2014). "Introduction to Neijing Acupuncture Part III: Clinical Therapeutics". *The Journal of Chinese Medicine*, 104, pp. 5-23.