AN INTERVIEW WITH PROFESSOR SHEN PI'AN

Nick Lampert

The interview with Professor Shen Pi’an was conducted in London on 7 October, two days after his excellent seminar on Managing Rheumatoid Arthritis with Chinese Medicine, jointly sponsored by Donica Publishing and the RCHM. A report on his seminar follows on pp.9-10. Editor

To start with, Professor Shen, could you say a little about your early years and your family?

I was born in Wujiang in Zhejiang province in 1937. Later, at the age of 11, my family moved to Suzhou. I am one of four, with an older sister and older brother and a younger brother. My older sister and younger brother are now in Hangzhou, and my older brother is in Suzhou.

I understand that the practice of Chinese medicine was a family tradition. Was this an important influence?

Yes. My father didn’t practice medicine, he was a university teacher of literature, but there was a strong current of Chinese medicine within the family. My great grandfather was a Chinese medicine doctor, and also an uncle and a great uncle. My mother very much wanted me to go down this road. My father didn’t understand anything about the general idea of autoimmunity, I was just treating arthritis or rheumatoid arthritis. That understanding developed later on.

During your studies, were there particular teachers who had an important influence on you?

Not so much during my university years, but later in the hospital there were a number of very good doctors who strongly influenced me. After graduation I began working in the Shanghai TCM hospital, and have been there ever since.

Which department did you start with?

I began in the acupuncture department, where I stayed for two years. At that time I was already training to treat some patients with rheumatoid arthritis. My boss noticed my work in that area and thought I might specialise in this field. However at that time I didn’t understand anything about the general idea of autoimmunity, I was just treating arthritis or rheumatoid arthritis. That understanding developed later on.

I have read that during the Cultural Revolution period (1966-1976) many of your senior colleagues were compelled to leave Shanghai, but that you stayed and worked enormously hard during those years? What impact did this time have on your development as a doctor?

During that time I was asked to work in the oncology department to look after in-patients, most of whom were in the late stages. Cancers were not then differentiated into specialised departments, they were all brought together including lung, heart and liver, every type of cancer, patients with bleeding complications, patients in a coma and so on. At first I didn’t know what to do, so I had to ask for a lot of advice, including advice from western medicine doctors, in order to decide how to treat these patients. I had to learn about a very wide range of conditions. This was a very difficult and intense time, but I learned a great deal. I didn’t get involved in any political matters, I just concentrated on treating patients.

Also during that period, at the request of the hospital, I spent one year in the countryside, in Nanhu. Nanhu is now merged into the big new city of Pudong near Shanghai, but it was then a village. While I was there I started to collect local herbs and developed a stronger interest in herbal medicine. At first I did not know anything about these herbs, but I learnt a lot from local doctors and was able to compare that knowledge with the
textbooks, and then brought this knowledge back to Shanghai.

Also my wife (who didn’t come with me to the village) had studied pharmacology in Nanjing and although she had specialised in western medicine, she had also studied some of the pharmacology of Chinese medicines and had a lot of books on that subject. All this helped me to understand the herbs much more deeply.

Were your parents affected greatly by the Cultural Revolution?

Yes, they were both from the educated classes, both from so-called ‘landlord’ families. They were kicked out of their home by the Red Guards—actually my father left in advance of that, because he was so terrified by what was happening. Indeed he didn’t survive long after this traumatic experience and died in 1967. My mother then moved to Suzhou with my brother.

After the Cultural Revolution you remained, then, in the Shanghai TCM hospital and continued to develop your interest in rheumatology and autoimmune disease?

Yes but there was no rheumatology department then—rheumatology was included within the internal medicine department. At that time, because I had worked so hard during the preceding period and had been noticed, I was offered promotion to an administrative position. But I didn’t want to be a manager, I wanted to continue with clinical work. And that is what happened, and later I became a director of internal medicine, a clinical position, with a special focus on SLE.

Your excellent book on the Management of Autoimmune Disorders with Chinese Medicine covers a wide range of autoimmune conditions.* Which of these disorders have you been especially concerned with in recent years?

I have been mainly treating six conditions: RA, SLE, Sjögrens syndrome, systemic sclerosis, polymyositis/dermatomyositis, and Hashimoto’s thyroiditis.

Much of the time you have to treat with Chinese medicine alongside western medicine. I imagine that one of the big challenges is how to bring together the insights of the Chinese medicine tradition and the modern understanding of autoimmune disease?

Yes, I have never refused modern technology and modern developments. I rely a great deal on the results of modern diagnostic techniques including blood tests, X-rays, CT scans, ultrasound, and I also take into account modern pharmacological research. In treating autoimmune conditions I have inherited many formulas from the classic works, but I have combined these with modern research results, modern technique and modern theory. As a result I have developed a new way to approach these conditions. Over the years I have developed 50 new formulas, including formulas for the six conditions that I mentioned. One of these is the formula I spoke about in my recent seminar on rheumatoid arthritis, Qiang Huo Di Huang Tang.

Is it realistic to remove western medicine, or is it always a matter of reducing reliance on it?

This depends on the condition and the situation. I prefer to combine them at the beginning, since western medicine can provide temporary relief and suppress the symptoms. But it does not treat the underlying condition and in the long-run the condition remains unchanged or the patient will suffer from a lot of side-effects. By bringing Chinese and western medicine together the patient will in the long-term get a better result. The immune suppressant medication can definitely be removed over time. Prednisolone is harder to withdraw from, but in the case of RA and Sjögrens syndrome that can be done. It is harder in the case of SLE.

You can think of it this way. From my point of view autoimmune conditions are caused mainly by pathogenic factors, whether internal or external, and you have two ways to get rid of them. One is to attack, the other is to transform. You could compare this with a situation where a wild dog has entered your house. One method of dealing with the dog is to kill it, but the dog will put up a fight and this will leave a mess which will leave its mark and cause trouble. The other way is to open the door and encourage it to leave! This approach is slower than the western medicine approach, but causes less trouble in the long run, and my dream
is to establish the approach that I have developed in the treatment of autoimmune conditions as a branch of medicine internationally.

I understand from your recent seminar that you are not attached to any particular school of thought in the Chinese medicine tradition (e.g., Warm diseases, Shang Han Lun, Spleen and Stomach school, etc.), but draw on a variety of currents.

Yes, I draw on a variety of approaches. I would say that there were two big peaks in the history of Chinese medicine. One was during the late Han dynasty, represented by Shang Han Lun and Zhang Zhongjing, and the second in the early Qing dynasty, represented by Ye Tian Shi who developed Warm Diseases thinking. I would add that an important general feature of the work of Ye Tian Shi was that he emphasised the need to address present-day conditions. He was a thinker and saw that the classic formulas were not enough in the treatment of new types of disease. There are two types of physician. There are the big majority who learn the classic formulas and apply them and they can be good physicians. And then there are those few, great physicians like Ye Tian Shi, who re think their work, they go back and develop their own theoretical understanding based on the results of their practice.

One of the big strengths of Chinese medicine seems to be in the broad area of immune dysfunction, which may be understood to include also inflammatory skin disease such as eczema?

Yes, but from my point of view the treatment of inflammatory skin conditions is too simple! These conditions can be successfully treated by many practitioners, but I prefer to take on the difficult cases, I like to take on a greater challenge!

I’m aware that you have written many books, but you have also been a very active practitioner. You must have immense energy! How have you managed to combine these activities?

Well, through most of my career, every day when I came back from the hospital, I would work hard writing, often till the middle of the night. When I was young I didn’t know how to type, it was all in long-hand, and one of my books was entirely written by hand. Later I learned how to use a computer which made life a little easier. Also I have a very good quality of sleep, and I work efficiently. I always take a break at lunchtime, at least half an hour. I should also say that I don’t attend as many meetings and conferences as I used to, and after reaching the age of 70, I stopped writing in the evenings.

I think we can forgive you for that! But you have travelled abroad quite a lot over recent years?

Yes, I have been in America, Austria, Germany, Singapore, Cambodia, Thailand. I have been travelling to Singapore every year for the past few years because I have a friend from Cambridge who is now living in Singapore, and he likes me to come and check his diagnoses and treatments. Also Shanghai is cold in winter and Singapore is warm!
On another matter, there has been a strong trend towards the use of extracts and away from the use of raw herbs in Chinese medicine. What do you think about that?

I’m not against use of extracts (granules and powders). Modern technology has done very well and the quality these days is high. To give a comparison: there is a Shanghai dish called rou si chao mao dou, beans and shredded pork, you stir these together. If you cook them separately and then later put them together some people think this is not the dish, but I think it’s OK, it’s still delicious. Also with granules, if you bring them together the effect is going to be the same.

But if you cook a stew you get a particular quality because you have cooked the ingredients together, which is not the quality you get when you cook them separately and then put them together?

Yes, the taste may be different, but from the point of view of nutrition it’s the same, the ingredients are the same.

Do you think that Chinese medicine has a good future in China, or are there some threats?

I think the future is promising and that Chinese medicine is flourishing, because there is a big space for it, and the Chinese people continue to believe in it. Each type of medicine has its own advantages. Western medicine has advantages in the treatment of acute, emergency conditions, bacterial infections, surgery, transplantation. But don’t forget that the people who need this type of treatment may be only 5% of the population. Then there may be 10% who need nothing, but this leaves a big majority who suffer with chronic problems, for example autoimmune and metabolic conditions, and Chinese medicine can treat these better than western medicine. Such conditions are lifelong, and you can’t expect people to take western medicine throughout their lives, this will lead to damaging complications, and will shorten their lives. Chinese medicine also has an advantage in relation to an ageing population. With cancers western medicine has made a certain amount of progress, but this remains basically an unsolved problem.

I read that recently you have been appearing a lot in the media in China. Could you say something about that?

Yes. I was invited to broadcast a series of daily talks for the Shandong TV station. These have included back problems, stomach problems, all sorts of conditions, focusing only on herbal medicine. I have done 48 broadcasts so far and we are still doing it, there will be 100 in all. They are also being broadcast on the Yellow River Channel in America and some professors have already been telling me how wonderful the series is. The series will also now be shown on a Shanghai station. Many people who have seen the programme come to see me in the hospital as a result, and there are long queues! I was told that the Shandong station telephone line was exploding!

Well that is a very good sign, and thank you so much for your thoughts.

Prof Shen broadcasting in Shandong

Prof Shen and Nick Lampert during the interview, London October 2013

*RA, SLE, discoid lupus, Sjögrens syndrome, systemic sclerosis, polymyositis/dermatomyositis, mixed connective tissue disease, Raynaud’s, ulcerative colitis, Crohn’s, thrombocytopenic purpura, auto-immune-haemolytic anaemia, auto-immune hepatitis, Graves disease, Hashimoto’s thyroiditis and MS.

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Managing rheumatoid arthritis with Chinese medicine

A one-day seminar with Professor Shen Pi’an, Director, Rheumatology and Immunology Department, Shanghai TCM Hospital. Saturday 5 October 2013, Regent’s College, London

Prof. Shen’s seminar was wide-ranging and rich in observations based on a lifetime of clinical experience in treating rheumatic and other autoimmune conditions. It reflected a rare coming together of reflective thought and practical experience, all delivered in an informal, animated and engaging manner—a high octane performance, not bad for a man in his late 70s! He was ably assisted by Yanping Li of Donica Publishing, who interpreted, and by Dr Yao Chonghua, who covered some of the material in the early afternoon. It is impossible to do justice to the day in a brief report, but a fuller picture can be gained from the substantial (60 page) booklet that accompanied the presentation, which has also informed the notes below. The booklet includes a detailed general rationale for Prof Shen’s approach to the treatment of rheumatoid arthritis (RA), followed by a thorough analysis of 20 case histories from his practice. The booklet may be obtained from Donica Publishing; enquiries as to availability and price to donica@donica.co.uk.

Signs and symptoms, aetiology and pathology

The talk covered the common symptoms and signs of RA, including joint manifestations, differential diagnosis of joint swelling in SLE, osteoarthritis, ankylosing spondylitis, gout; non-articular symptoms; the progression of RA; RA classification criteria. This was followed by a discussion of aetiology and pathology. Based on his own clinical experience and reading of the classics, Prof Shen had developed the concept of a 7+1 pathogenic mechanism, emphasising seven pathogenic factors (PFs) (Wind, Cold, Dampness, Heat, Blood Stasis, Phlegm, Toxins) plus root Kidney Deficiency, which in the long term depletes the Essence and damages Blood, resulting in damage to sinews and bones.

In the majority of cases of RA at the early or intermediate stages, the internal organs are not involved, rather there is a close relationship with the Eight Extraordinary Vessels, and this had informed Prof Shen’s approach to pattern identification. Treatment does not generally need to take internal organ Deficiency into account. By eliminating the seven PFs, the disease will gradually be brought under control and as a result Vital Qi will gradually recover. Subsequently, the focus can turn to benefiting the Kidneys and strengthening the bones. This is not treatment that supplements the Zang organs, still less one that greatly supplements Qi and Blood.

Having said that, it is true that in a small minority of patients, at the later stages of RA, swollen and painful joints and joint deformity maybe accompanied by symptoms of internal organ damage: Lung, Heart, Liver or Spleen deficiency, in addition to Kidney deficiency may be involved. Treatment will then support Vital Qi and dispel PFs simultaneously.

Key to successful herbal treatment of RA

Discussion of the general basis of treatment included analysis of a core formula which he has developed based on the 7+1 pattern identification: Qiang Huo Di Huang Tang (grounded in predecessor formulas San Gen Tang and Qiang Huo San Gen Tang). The formula consists of:

- **Qiang Huo** (Rhizoma et Radix Notopterygii)—releases exterior Cold and dispels Wind-Damp to benefit the joints.
- **Sheng Di Huang** (Radix Rehmanniae Glutinosae)—benefits Kidneys and enriches Yin, clears Heat and generates Body Fluids.
- **Huang Qing** (Radix Scutellariae Baicalensis)—clears Heat and dries Dampness, relieves Toxicity.
- **Zhi Chuan Wu** (Radix Aconitii Carmichaeli Praeparata)—dispels Wind and eliminates Dampness, warms the channels to alleviate pain (use with care).
- **Bai Fu Zi** (Radix Caraganae Sinicae)—moves Qi and alleviates pain, benefits Kidneys and enriches Yin, clears Heat and generates Body Fluids.
- **Bai Jie Zi** (Rhizoma Typhonii Gigantei)—dries Dampness and transforms Phlegm, dispels Wind and alleviates spasms, relieves Toxicity, dissipates lumps and alleviates pain (use with care).
- **Jia Pi** (Rhizoma et Radix Notopterygii)—dispels Wind and eliminates Phlegm.
- **Ku Shen** (Radix Sophorae Flavescentis)—clears Heat and dries Dampness.
- **Zi Jin Que Gen** (Radix Caraganae Sinicae)—moves Qi and invigorates Blood to alleviate pain.
- **Bai Jie Zi** (Semen Sinapis AlbÆ)—warms the Lungs and sweeps out Phlegm to benefit movement of Qi, dissipates lumps and frees the network vessels to alleviate pain.
- **Qiang Huo Di Huang Tang**—dispels Wind and Dampness, warms the channels to alleviate pain.

In those countries where **Zhi Chuan Wu** and **Bai Fu Zi** could not be used, they could be replaced by **Wu Jia Pi** and **Hai Feng Teng**, but inevitably the effect would not be as strong.

Numerous modifications and additions were recommended depending on the presentation and the relative predominance of the various PFs and Kidney deficiency.

Biomedical characteristics

Apart from the use of material medica that disperse inflammation and relieve pain, it is also very important to make use of those that control antibodies and disperse swelling and effusion. The main body of a formula should consist of materia medica with anti-inflammatory, analgesic, immunosuppressive, anti-allergy, anti-vasculitic, anti-synovitis and bone substance-protecting...
properties. A number of laboratory studies had supported the use of Qiang Huo Di Huang Tang in biomedical terms. It was emphasised that the most effective results are achieved through the use of materia medica with a strong pharmaceutical effect that do not cause side-effects at relatively high dosages, and the core formula had been based on these principles.

Supporting Vital Qi generally not required

Prof Shen emphasised that supporting Vital Qi is not required for most RA patients. The fortifying Spleen/supplementing Qi herbs can cause retention and stagnation of Wind-Damp and premature use of such herbs will often result in aggravation of the condition ('closing the door with the robbers still inside'). Some, in particular Huang Qi, can stimulate the production of antibodies and raise the titre of erythrocyte sedimentation, rheumatoid factor, c-reactive protein, and anti-citrullinated protein antibody. Clinical observation had suggested that long-term intake of Huang Qi, Ren Shen, Xi Yang Shen, Dang Shen, Ling Zhi led to aggravation of joint pain and swelling in RA. Hence these ingredients could be recommended for short-term and subsidiary use only.

Kidney deficiency

RA patients will however benefit from enrichment of Kidneys, to protect bone substance, enhance adrenocortical function to assist in dispersing inflammation, and to regulate immune function (some Kidney-enriching herbs possess immunosuppressive actions). Suitable Kidney-enriching medicinals include Sheng Di Huang, Shu Di Huang, Xu Duan, Du Zhong, Gu Sui Bu, Jie Gu Mu, Yin Yang Huo, Rou Cong Rong, Lu Jiao, Zhi Gui Ban

Combining Western and Chinese medicine

The great majority of RA patients who come for Chinese medicine treatment will also be taking western medicine. An integrated strategy allows the advantages of each method to compensate for the other’s disadvantages and improves the overall effectiveness of treatment. During acute episodes or a sudden deterioration in the condition, Western medicine can be used to bring the situation under control, and where the main emphasis is placed on WM (which generally means a selection from NSAIDs, immunosuppressants, corticosteroids and biologics), CM can be used to control side-effects (eg gastric problems with use of immunosuppressants).

CM tends to work slowly (treatment over 3-5 years or even longer maybe required), but the benefits will start to be noticed after 2-3 months. Patients taking both WM and CM can slowly reduce intake of WM and in some cases stop altogether. While long-term use of WM may cause serious side-effects and long-run aggravation of the overall condition, observation over many years has shown that long-term treatment based on Qiang Huo Du Huo Tang is very safe.

Case Histories

Prof Shen went through a number of case histories. The following two illustrate some modifications to the core formula:

Wind-Cold-Damp-Heat complex (a female aged 38 with recurrent swelling and pain in multiple joints for 6 months)—ingredients added to the core formula included Ren Dong Teng (to dispel Wind, eliminate Dampness and clear Heat), Ting Li Zi (to treat Dampness/Damp-Heat), E Zhu, Zhi Qiao, Wu Zhu Yu (to invigorate Blood and free the network vessels to alleviate pain), and Chen Pi, Fo Shou, Bai Dou Kou, Gan Cao (to mitigate the effects of the hasher herbs such as Chuan Wu and Ku Shen). The patient was also told to decoct the herbs once more and to soak her hands and feet in the liquid. Most joints responded well, with much less swelling, pain and stiffness.

Treatment of Exterior, Interior, Deficiency and Excess simultaneously (a female patient aged 78 with recurrent swelling and pain in multiple joints for more than 30 years). The explanation of a large and complex prescription was as follows: (1) Qiang Huo, Zhi Chuan Wu, Du Hao to release exterior Cold/dispel Wind-Damp to benefit the joints (2) Ren Dong Teng, Hu Zhang, Huang Qin to clear Heat and relieve Toxicity, dry Dampness (3) Sheng Di Huang and Jin Que Gen to benefit Kidneys and enrich Yin, supplement Qi and invigorate Blood to relieve pain (4) Ting Li Zi to drain the Lungs, move Water and disperse swelling (5) Bai Jie Zi to sweep out Phlegm and free the network vessels (6) Bai Fu Zi and Fa Ban Xia to dry Dampness and transform Phlegm (7) Jiang Huang to break up Blood stasis and move Qi (8) Chen Pi, Fo Shou and Bai Dou Kou to regulate Qi, fortify Spleen and dry Dampness (9) Zhi Qiao to break up stagnation and transform Phlegm (10) Shi Chang Pu and Huo Xiang to transform Dampness and increase appetite (11) Ye Jiao Teng to nourish the Heart and quiet the Spirit (12) Bai Ji Li to calm the Liver and relieve Depression and dispel Wind (13) Da Huang to attack and lead out stagnation to treat constipation (14) Gan Cao to regulate and harmonise. In addition an external soak and some exercises were recommended. Progress was noticeable but slow during the first two months, but after another 4 months the joints had improved sufficiently to allow the patient to walk with the aid of a stick.

These examples are cited to illustrate the development of the core formula, but for a better insight into the approach readers are once more directed to the booklet that accompanied the seminar, and to Shen’s Textbook on the Management of Autoimmune Diseases with Chinese Medicine (Donica Publishing).