

THE THREE LEVELS OF TCM DOCTORS

QUALITY GUIDELINES IN CLASSICAL TCM

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ABSTRACT

This paper describes the three levels of TCM doctors as defined in the Chinese classical medical texts, and how these levels are still applicable in our modern clinical setting. Currently, the ISO normalisation of TCM is in full progress. Quality guidelines and norms are defined and under development. Therefore, it is relevant to research the quality guidelines as described in classical TCM texts in more detail and to determine what we can learn and use. This paper explains the abilities of the three levels of TCM doctors: inferior (xià gōng 下工), mediocre (zhōng gōng 中工), and superior (shàng gōng 上工), as described in the Huáng Dì Nèi Jīng (Sù Wèn and Líng Shū), Nán Jīng, and Jīn Guì Yào Lüè. The conclusion is that these three levels, with their 60%, 70% and 90% success rate, are today as relevant as they were around 2000 years ago.

Keywords: TCM, quality, guidelines, skill, superior, mediocre, inferior, doctor, classics.

1. INTRODUCTION

Since China started the international ISO normalisation process for TCM in December 2009, practitioners have become increasingly aware of and interested in quality guidelines for TCM, which is an important step of the professionalisation of TCM. The early TCM doctors were also aware of the need for quality and, although the ISO organisation did not exist at that time, guidelines and standards were described around 2000 years ago.

The aim of this paper is to make practitioners aware of the quality guidelines of early TCM doctors and how these are still applicable to today's clinical practice.

One of the most referred classical clinical texts is the Jīn Guì Yào Lüè, and the first line of the first chapter of this book begins with the question:

“Superior practitioners treat diseases before they arise. Why is this?” The following three questions are derived from this statement and are the basis of this paper: 1. what is a superior practitioner? 2. are there other levels of practitioners and where are they described?, and 3. what do these levels mean? The content of this paper is organised as follows: the following sections describe the classical texts where levels of doctors are mentioned, as illustrated in figure 1. Finally, a summary and applications for

today's clinical practice are presented in the Discussion and Conclusion section.

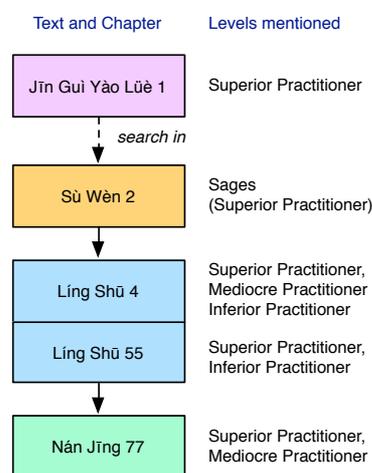


Figure 1 - TCM Classics used.

2. JĪN GUÌ YÀO LÜÈ

Our journey through the TCM classics starts with the Jīn Guì Yào Lüè (金匱要略 Essential Prescriptions of the Golden Coffer), which is the second half of the Shāng Hán Zá Bìng Lùn (伤寒杂病论 “On Cold Damage and Miscellaneous Diseases”) by the Eastern Hàn physician Zhāng Zhòng-Jǐng (张仲景 circa 150-219 A.D.). It is the

earliest extant treatise on miscellaneous diseases, i.e. referring to diseases of internal medicine. In this clinical book the first line of the first chapter begins with the question: “*Superior practitioners treat diseases before they arise. Why is this?*”¹

This question gives the impression that the person who asked it knows what a superior practitioner is, but wants to know why or how they treat diseases before they occur.

However, what is a superior practitioner? If the author of the *Jin Gui Yao Lue* seems to know it, we have to look in classical medical texts that precede this text, and in classical medical texts of the same time frame. The obvious classical texts to start with are the *Huang Di Nei Jing* (黄帝内经) and *Nan Jing* (难经).

3. HUÁNG DÌ NÈI JĪNG SÙ WÈN

In *Sù Wèn* chapter 2 – Comprehensive Discourse on Regulating the Spirit in Accordance with the Qi of the Four Seasons (四气调神大论篇 sìqì tiáoshén dàlùnpiàn) contains a similar expression as found in the *Jin Gui Yao Lue*. Which is, “*the sages did not treat those already ill, but treated those not yet ill, they did not put in order what was already in disorder, but put in order what was not yet in disorder, ... when drugs are employed for therapy only after a disease has become fully developed, when restoring order are initiated only after disorder has fully developed, this is as if a well were dug when one is thirsty, and if weapons were cast when the fight is on. Would this not to be too late, too?*” (Unschuld & Tessenow, 2011, p. 57).

The question of the first line in the *Jin Gui Yao Lue* is similar to the above passage.

The sages in the early days are the superior practitioners as mentioned in the *Jin Gui Yao Lue*. This conclusion can be drawn when you notice the line “*the sages did not treat those already ill, but treated those not yet ill*”² in *Sù Wèn* chapter 2, which is repeated in *Ling Shū* chapter 55, except

for the replacement of sages (shèng rén 圣人) by superior practitioner (shàng gōng 上工).

4. HUÁNG DÌ NÈI JĪNG LÍNG SHŪ

In *Ling Shū* chapter 55 – Inconsistent and Consistent (逆顺 nì shùn) – it states at the end of the chapter: “*The superior practitioner treats what is not yet ill and does not treat what is already ill.*”³ Or, stated in another way, the superior practitioner treats an illness, which has not yet developed. *Ling Shū* chapter 55 also mentions the inferior practitioner (下工 - xià gōng). It states that an inferior practitioner has no idea of how to prevent disease, or how to treat a disease that is contrary to the pulse condition. Complex diseases are not the domain of an inferior practitioner.

Ling Shū chapter 4 – Form of Diseases caused by Pathogenic Factors in the Zàng Fǔ (邪气脏腑病形 xié qì zàng fǔ bìng xíng) – gives us the numbers we are looking for, i.e. the success rates of the different levels.

It writes that a superior practitioner can cure nine patients out of ten; a mediocre practitioner can cure seven patients out of ten; and an inferior practitioner can cure six patients out of ten.⁴

Translated to today’s clinical practice:

- when you cure 90% of your patients, then you’re a superior practitioner.
- when you cure 70% of your patients, then you’re a mediocre practitioner.
- when you cure 60% of your patients, then you’re an inferior practitioner.

And when you cure less than 60% of your patients? Then it’s time to increase your skills or time for a career change.

5. NÁN JĪNG

In difficult question number 77 it states: “*The superior practitioner treats what is not yet ill; the*

¹ “上工治未病，何也？ shàng gōng zhì wèi bìng, hé yě?” (Sung, 2008, p. 12)

² “圣人治已病 治未病。 shèng rén bù zhì yǐ bìng zhì wèi bìng.” (Wu, 1999, p. 16)

³ “上工治未病，不治已病。 shàng gōng zhì wèi bìng, bù zhì yǐ bìng.” (Wu, 1999, p. 720)

⁴ “...上工十全九； ...中工十全七； ...下工十全六。 ... shàng gōng shí quán jiǔ, ... zhōng gōng shí quán qī; ... xià gōng shí quán liù.” (Wu, 1999, p. 519)

*mediocre practitioner treats what is ill already.
What does this mean?*⁵

This question 77 introduces the mediocre practitioner, which is 中工 (zhōng gōng).

It explains further that a superior practitioner understands disease transmission and a mediocre practitioner does not.

For example, when one of the zàng gets an illness, it will always transmit it to the zàng that it keeps in check (control relation of the wǔ xíng theory). E.g. the affected Liver can easily overpower the Spleen, the Spleen can overpower the Kidneys, the Kidneys can overpower the Heart, the Heart can overpower the Lung, and the Lung can overpower the Liver.

This disease transmission is seen as a bad sign. Against all illnesses it is advisable to prepare strategies early. One must not wait until the illness has matured and then begin treatment. The superior practitioner treats the zàng to which the disease has not yet been transmitted. The mediocre practitioner is unaware of this and only treats the affected zàng. He or she cannot resolve the entire mechanisms of a disease.

6. DISCUSSION & CONCLUSION

The Huáng Dì Nèi Jīng explains the three levels of TCM doctors and their success rates. These are:

1. shàng gōng (上工), with a success rate of 90%.
2. zhōng gōng (中工), with a success rate of 70%.
3. xià gōng (下工), with a success rate of 60%.

The word gōng (工) means skill, craftsmanship. Shàng (上) means upper, higher, superior. Zhōng (中) means middle, medium. And xià (下) means lower, inferior.

Putting this together, shàng gōng is a person with high skills, zhōng gōng is a person with medium skills, and xià gōng is a person with inferior skills.

As mentioned in the Nán Jīng the superior practitioner understands the consequences of the actions of treatment through the five phase relationships and applies what we could call disease prevention.

Line one of the Jīn Guì Yào Lùè displays a similar view, “*Treating disease before it arises means that one sees a Liver condition for example, one will know that the Liver condition will pass to the Spleen, and also that Spleen must first be firmed. ... Ordinary practitioners do not know about passage of disease. When they see a Liver condition, they do not understand the need to firm the Spleen and they simply treat the Liver.*”⁶

An example of the application of this approach is the herbal formula Xiāo Yáo Sǎn (逍遙散 Rambling Powder).

Scheid, Bensky et. al. (2009, p. 121) mention the above line of the Jīn Guì Yào Lùè in the commentary of Xiāo Yáo Sǎn and which herbs take care of the Liver-Spleen relationship.

To prevent disease transmission and transmutation is something only skilled practitioners are able to do. Zhāng Zhòng-Jīng covered this extensively in his Shāng Hán (Zá Bīng) Lùn, mainly in the chapter of Tàì Yáng disease. The side-effects of today's modern medication can be put in this category, which is the subject of another paper in this series of papers.

According to the descriptions of the levels of TCM doctors in the TCM classics it can be deduced that most modern TCM schools teach students at the level of xià gōng - inferior doctor. As Goodman puts it, “*Students are taught to observe, ask questions, palpate, form a treatment strategy based on the affected system, and then treat the affected organ or meridian directly. This is close to definition of the inferior practitioner from chapter 55 of the Líng Shū.*”⁷

The positive aspect is that one has the opportunity to grow to the level of a shàng gōng, the superior practitioner, by studying the TCM classics for today's clinical application.

Further, you could use these levels to set personal goals. For example, “*I want to become a superior level practitioner within the next 5 years with a success rate of 9 out of 10.*” This will then lead to an action plan. This is only one aspect. The other could be the use of less questions and the use of more pulse and tongue diagnosis.

⁵ “上工治未病中工治已病者何谓也? shàng gōng zhì wèi bìng zhōng gōng yì bìng zhě hé wèi yě?” (Unschuld, 1986, p. 630)

⁶ Sung 2008, p. 12.

⁷ Richard L Goodman: <http://classicalmedicine.wordpress.com/2009/06/13/superior-and-inferior-physicians/>

With the current developments in ISO quality norms for TCM (ISO TCM 249), it is interesting to realise that quality guidelines were not foreign to early TCM, and that they are still applicable in today's clinical practice.

This discussion answers the three questions mentioned in the introduction of this paper: 1. what is a superior practitioner? 2. are there other levels of practitioners and where are they described?, and 3. what do these levels mean?

To view the above discussion in a modern setting, a question could be, "what is the success rate of western medical doctors? And, if we use the described levels to evaluate them, how do they score?" This can be a difficult question to answer. The BMJ Clinical Evidence⁸ published that of 50% of all western medical treatment the effectiveness is

unknown, i.e. it could not be proved that the treatment worked. Further, it mentions that of only 11% the effectiveness of western medical treatment is beneficial. An interesting finding and one can start to wonder, how scientific is western medicine? However, this question falls outside the scope of this paper.

Finally, what about the "treat diseases before they arise?" part of line one of the *Jīn Guì Yào Lǜè* as mentioned in the Introduction? This will be covered in the next paper.

The TCM classics are a treasure house of knowledge for the modern TCM practitioner - a treasure worth a life time of study.

NOTES

The superior practitioner (shàng gōng 上工) is also called a brilliant doctor (gāomíng de yīsheng 高明的医生) in newer translations of the *Huáng Dì Nèi Jīng*.

The inferior practitioner (xià gōng 下工) is also called a low-grade doctor (dīliè de yīsheng 低劣的医生) in newer translations of the *Huáng Dì Nèi Jīng*.

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⁸ <http://clinicalevidence.bmj.com/x/set/static/cms/efficacy-categorisations.html>, visited September 2014.