

Emotions, Desires and Physiological Fire in Chinese Medicine, Part One: The Pericardium and Lifegate

Mary Garvey* PhD
University of Technology Sydney, Australia

ABSTRACT

Chinese medicine's concept of qi mediates between a person's mental-emotional life and the physiological processes producing and maintaining the body form. The pathogenic potential of human emotions and desires figured prominently in China's ancient medical and philosophical texts and, more than any other type of qi, the sovereign and minister fire embody the influences and relationships between mental, emotional, sensory and physiological activities. Contemporary traditional Chinese medicine (TCM) textbooks rarely mention the minister fire, except as an illness mechanism that is identified with liver and gall bladder yang repletion patterns. The preferred term for its physiological influences today is the kidney *yang qi*.

The two parts of this paper examine the physiological and clinical implications of the minister fire. In the *Yellow Emperor's Inner Canon* commentaries (after c. 100 BCE), minister fire is the complement of the heart's sovereign fire; in the *Treatise on Cold Damage* commentaries (after c. 200 CE) it is an emergent property of the lifegate; and in TCM it is equivalent to the kidney yang. When Song-Jin-Yuan (960–1368) medicine revisited the *Inner Canon's* division of the fire phase into 'sovereign' and 'minister', minister fire became a key physiological concept guiding some of China's lasting medical developments, methods and formulas.

Part One begins with the pericardium and lifegate. Premodern references link the pericardium and lifegate with the minister fire that disseminates the orders of the sovereign fire. Together, the pericardium and lifegate reflect the communication between the heart and kidney visceral systems and disseminate their qi-influences – the pericardium communicating the executive influences of the sovereign fire, and the lifegate producing the physiological influences of the minister fire. The minister fire itself, and the pathogenic stirring of minister fire due to emotions and desires, will be the subject of Part Two.

KEYWORDS Chinese medicine, qi physiology, psychology, mind, body, morality, ideology

* Correspondent author; e-mail: mary.garvey@uts.edu.au

Introduction

Medical anthropologists and social scientists today recognise that emotions are an important bridge between mind and body, and between the individual and society. Nancy Schepper-Huges and Margaret Lock¹ showed how emotions entail personal feelings and cognitive orientations as well as public morality and cultural ideology. According to Schepper-Huges and Lock, emotions affect not only our subjective experience of illness and pain, but also the imaging of ‘the well or poorly functioning social body and body politic’.

Chinese medicine’s notions of qi presuppose the same connections. The *Yellow Emperor’s Inner Canon’s* (黄帝内经 *Huangdi Neijing*, c. 100 BCE) sociopolitical image of the body as empire or state represented the heart-spirit/mind (心神 *xinshen*) as the body’s sovereign ruler, and the sense organs (官 *guan*) as the ruler’s administrative officials. In the Han dynasty (206 BCE–220 CE) medical classics, the sense officials and their offices – the eyes, ears, nose, tongue, body, and mind – were the ‘six catalysts of desire’.² Each of the senses was prone to partiality, fascination and captivation by their own pleasures, and thereby ‘to subject the body to domination by external objects’.³

The authors of the *Inner Canon* observed how the emotions affected the qi: for example, they could cause the qi to ascend (anger) or to descend (fear); they could relax and slow the qi (joy), or consume the qi (sadness). The *Inner Canon* adopted the concerns expressed by Warring States (475–221 BCE) philosophers regarding the tension between the heart-mind (心 *xin*) and sensual pleasures. Song dynasty (960–1278 CE) physicians found that extreme or prolonged emotional states transformed into pathogenic heat.

One’s emotions and sensory desires were directly connected and constituted a threat to one’s self. Yielding to the desire for the sensual stimulation of external objects endangered correct functioning of the sovereign-heart/mind. If such desires were indulged, the person’s mind became distracted and obsessed, their senses dimmed and obstructed, and their perceptions distorted and inaccurate.⁴ Sustained or habitual desires or emotional patterns were ‘internal’ factors that could damage the interior and injure the yin visceral systems (脏 *zang*) directly.

Chinese medicine’s analysis of illnesses related to emotions and desires did not separate them from physical illnesses, and their manifestations were always entwined with the person’s somatic experience.⁵ The manifestations of anger, for example, are the same as those for the liver fire pattern – red face and eyes, shouting voice, agitation, bounding forceful pulse. Continued or habitual angry responses over time cause the

liver *zang* to lose its ability to course and discharge smoothly and its qi becomes stagnant. Stagnant liver qi has far-reaching physiological effects, it further predisposes the person towards angry responses, and prolonged anger injures the liver *zang* itself. This means that ‘emotion-related disorders’ are not mental, emotional or psychological disorders in the Western sense but functional or qi disorders in Chinese medicine.

Although the concept of qi has survived in today’s TCM textbooks, other non-physical medical entities with no correlate to the biomedical body have been de-emphasised. Chinese medicine’s premodern notions concerning minister fire (相火 *xianghuo*) for instance are not evident in contemporary TCM textbooks, and several factors have contributed to its demise. While sovereign fire (君火 *junhuo*) is clearly a locational and qualitative descriptor for heart fire, historically minister fire has been linked to or identified with the lifegate, kidney, *sanjiao*, liver, gall bladder, pericardium, stomach, spleen, pancreas and sexual potency, depending on the author and context. In TCM textbooks today ‘minister fire’ is rarely mentioned and the preferred term for physiological fire is ‘*yangqi*’ (阳气).

The occasional mention of minister fire’s various connections and interpretations in English language sources are difficult to reconcile for today’s TCM students and practitioners. Wang Bing’s (王冰 c. 710–805 CE) version of the *Inner Canon* defines minister fire as the heart-kidney and *sanjiao*-gall bladder channels (the *shaoyin* and *shaoyang*). The *Nanjing* (c. 100 CE) commentaries link it with the heart ruler-liver and *sanjiao*-gall bladder channels (the *jueyin* and *shaoyang*). Zhu Danxi (朱丹溪 1280–1358 CE) identified minister fire with lifegate fire, and said that minister fire is stored in the kidneys and liver and connected to the heart. According to Li Shizhen (李时珍 1518–1593 CE), minister fire inhabits the liver and gall bladder. Zhang Jiebin (张介宾 1563–1640 CE) identified it with the kidney, liver, *sanjiao*, gall bladder and pericardium. TCM has reconciled minister fire’s various representations by reassigning its physiological contributions to the kidney yang, and identifying its pathogenic influences with liver and gall bladder yang repletion patterns.^{6–9} Small wonder many contemporary authors have little to say about the minister fire.

To explore Chinese medicine’s early notions of physiological fire and its observations regarding the potentially disruptive influence of physiological fire when agitated or ‘stirred’ by emotions and desires, the paper will examine the minister fire’s premodern representations. Part One begins with the pericardium and lifegate, and minister fire itself will be the subject of Part Two. The discussion will show how the minister fire arises from the original *yang qi* held in the lower *jiao* (the kidney-lifegate) and connects with its executive expression in the upper *jiao* (the sovereign fire of the heart), and how their influences are managed by the liver and gall bladder

and by the special ‘envoys’, the pericardium and *sanjiao*. These relationships embody the physiological and pathogenic relationships between minister fire and the body’s physical, mental, emotional and sensory qi activities.

Parts One and Two itemise some of the developments in classic texts starting with the Han dynasty classics, the *Inner Canon*, the *Classic of Difficult Issues* (难经 *Nanjing*, originally c. 100 CE) and the *Treatise On Cold Damage* (伤寒论 *Shanghan Lun*, originally c. 200 CE). Many of the early notions concerning minister fire were refined and extended during the Song-Jin-Yuan dynasties (960–1368 CE).¹⁰ In the Song, desire’s longstanding reputation for depleting the qi was extended to include its newfound role in pathogenic fire. Subsequently, Ming and Qing (1368–1662 and 1662–1911 CE) scholar physicians refined the classic aetiology of depleted *yang qi* in terms of the lifegate.⁵

The Pericardium

In Chinese medicine today the pericardium is sometimes equated with the minister fire but only in the context of acupuncture and channel theory. In that context the pericardium is viewed as a qi-system that transmits the happiness, brightness and qi-influences of the sovereign heart-mind. Herbal texts almost never mention the pericardium however, and nor do the beginnings of acupuncture theorising in the Han dynasty (206 BCE–220 CE).

None of the Han medical classics refer to the hand reverting yin (手厥阴 *shou jueyin*) channel, today’s pericardium channel, or to the pericardium itself. The *Inner Canon’s Miraculous Pivot* Treatise 71 introduces the ‘heart enclosing network’ (心包络 *xinbaoluo*), an entity that surrounds and protects the heart so that evil qi cannot attack the heart directly. As a medical term, heart enclosing network indicates a dual function of enclosing and protecting (包 *bao*) the heart as well as connecting (络 *luo*) it with the lungs and the other visceral systems (脏腑 *zangfu*). In the *Inner Canon*, the heart enclosing network is the envoy that communicates and carries out the heart’s orders.¹¹

The *Plain Questions* Treatise 56 introduced the ‘heart ruler’ (心主 *xinzhū*), and like the heart enclosing network, ‘heart ruler’ refers to an entity through which the heart rules.¹² In the *Nanjing* the heart ruler is a branch of the heart lesser yin (少阴 *shaoyin*) channel. The *Nanjing* and its commentaries state that the heart ruler, heart enclosing network and the triple burner (三焦 *sanjiao*) have ‘no form’ (无形 *wuxing*). The notion of no form signals their unique role in the Chinese medical body, that of linking non-physical and physical life phenomena. Just as the heart enclosing network/heart ruler is the special envoy of the sovereign heart, *sanjiao* is the

envoy distributing source qi (元气 *yuanyi*) from the lifegate (命门 *mingmen*), also known as the ‘gate of orders’.

As envoys of the heart-sovereign, the role of both the heart enclosing network and heart ruler sounds similar to the notion of the ‘minister’ (相 *xiang*) who transmits the emperor’s orders. Both were relabelled ‘pericardium’ (心包 *xinbao*) from the Qing dynasty (1616–1911 CE), perhaps because of recent physical evidence. In 1575, Li Chan (李梴) had identified the anatomical pericardium, the thin membranous sac surrounding the heart, as the physical substrate for the heart enclosing network.¹³ To distinguish between early conceptions and their later anatomical re-badging, I will use ‘heart protector’ hereafter for premodern references to the heart ruler and heart enclosing network.

The *Nanjing* associates the lifegate with *zang* type functions and the heart protector with channel functions, although neither in fact is the sixth *zang*. The majority of Han dynasty texts mention only five *zang* and six *fu* and the *sanjiao* has no yin visceral counterpart. One exceptional treatise however, the *Plain Questions* Treatise Eight, does describe twelve palace officials (官 *guan*). In TCM textbooks, Treatise Eight’s palace officials are the internal visceral systems, even though Treatise Eight’s twelfth official is not a physical organ and nor is it the heart protector or lifegate: it is the ‘chest centre’ (膻中 *danzhong*).

The *Plain Questions* Treatise Eight says that the chest centre holds the office of ‘ambassador’ and is the official envoy responsible for happiness and joy. It acts like an envoy serving in the sovereign’s inner chambers: it connects to the heart and lungs, it facilitates communication, disseminates the heart’s commands, and happiness issues from it.¹⁴ Again, the chest centre’s envoy responsibilities sound similar to the minister and the heart protector, and in the *Miraculous Pivot* Treatise 35 the chest centre is the ‘palace’ of the heart protector (心主之宫城 *xinzhū zhi gongcheng*).¹⁵

Although Treatise Eight itself does not associate the chest centre with any of the other organ-channel systems, its representation of the chest centre has been adopted widely in contemporary descriptions of the pericardium.^{16–19} Today, 膻中 *Danzhong* is the Chinese name for the acupoint CV 17. ‘Chest centre’ refers to CV 17’s location on the anterior midline of the chest in the middle of the sternum, and to its clinical applications to benefit and regulate chest qi (宗气 *zongqi*).^{20–1}

Given its various names and representations it is no surprise that the contemporary Chinese medical literature remains ambivalent about the heart protector-pericardium. The *Miraculous Pivot* Treatise 10 and Treatise 71’s heart enclosing network is a channel, the *Nanjing*’s heart ruler was an extension of the heart *shaoyin* channel, and the *Plain Questions*’ chest centre was not the sixth *zang*. Furthermore, last century’s sociopolitical changes apparently led Chinese doctors

to avoid mentioning the pericardium because of its imperialist connotations.²² Although the anatomical term ‘pericardium’ (心包 *xinbao*) had been a recent addition to China’s medical discourses, its name is very similar to the *xinbaoluo*, the *Inner Canon*’s servant and envoy of the heart-sovereign. As the protector and envoy of the heart-sovereign, the pericardium was deemed a feudalistic relic, and ‘sources from the Gang of Four era [in the 1970s] derided the metaphor’.¹³

Nevertheless, Treatise Eight’s description of the twelve officials is still very influential in contemporary TCM basic theory. In TCM textbooks, the chest centre, heart ruler and heart enclosing network are all ‘pericardium’, and today’s notions of the pericardium are based on the chest centre/heart protector’s channel connections and associations rather than on their credentials as a *zang* functional system. Thus, the pericardium is the envoy in charge of happiness and joy, the ‘alarm’ (募 *mu*) point for the pericardium and for general upper *jiao qi*-functions is CV17 *danzhong* and, in TCM today, the fire phase of the ‘five phases’ (五行 *wuxing*) has two yin-yang pairs: the heart and the pericardium are the yin systems; their yang partner systems are the small intestine and *sanjiao* (三焦). Chinese medical historians note that the sixth yin-yang pair of systems was added to the fire phase after the Han, and the discussion will briefly touch on these developments to clarify their connections.

When Wang Bing (王冰 c. 710–805 CE) revised the *Plain Questions* in 762 CE, he added Treatises 66–71 and 74. These treatises introduce the five circulatory phases and six seasonal influences (五运六气 *wuyun liuqi*) doctrine,^{23–26} which split the five phases’ fire phase into sovereign and minister fires. The heart was associated with sovereign fire, and the heart protector and *sanjiao* with minister fire. In fact extant versions of the Han classics and their commentaries paired the *sanjiao* with the heart enclosing network (the *Miraculous Pivot* Treatise 10 and the *Nanjing* Issue 25); with the heart ruler (*Nanjing* Issues 25 and 38); and with the lifegate (the *Pulse Canon*, 脉经 *Maijing*, c. 250 CE). In each case, the yang-yin pair (the *sanjiao* paired with the heart protector or lifegate) represented the minister fire.¹¹

The *Inner Canon* and *Nanjing* texts are mainly concerned with ‘external’ acupuncture therapy and, from that perspective, the heart protector-pericardium is the logical yin partner for the *sanjiao*. From the herbal perspective, which is more concerned with ‘internal’ visceral processes and transformations, the lifegate-*sanjiao* pairing would have been more convincing.

Zhang Zhongjing’s (张仲景 c. 142–220 CE) *Treatise on Cold Damage* is a herbal text and does not mention the chest centre, heart ruler or heart enclosing network. The *Treatise on Cold Damage* (originally c. 200 CE) and its commentaries allocated the governance of minister fire to the *shaoyang*

(*sanjiao*-gall bladder), and held that minister fire inhabited the liver. In the Han dynasty, this represented a break with the *Inner Canon*. The *Treatise on Cold Damage* and the *Inner Canon*’s (Treatise 66–71, 74) explanation of the *wuyun liuqi* were largely ignored until the Song (960–1279 CE).

The *wuyun liuqi*’s association of minister fire with the *shaoyang* agreed with the *Treatise on Cold Damage*. The kidneys were no longer related only to water and the *shaoyin* as in the *Inner Canon*: the left and right kidneys were linked to the water and minister fire phases respectively – the *taiyang* and *shaoyang*. For Song dynasty (960–1279) physicians, the separation of fire into sovereign and minister fire was an important functional-physiological concept.

To explore these developments further, the discussion will now turn to the lifegate (命门 *mingmen*). Twentieth century senior physicians such as Qin Bowei (秦伯未 1901–1970) consider the lifegate a ‘crucial issue’ in Chinese medicine⁶, and premodern texts link both the heart protector and lifegate with the minister fire carrying out the orders of the sovereign ruler.

The lifegate

The lifegate’s functional role has remained fairly consistent since the *Nanjing*: it lodges the essence and spirit/mind (精神 *jingshen*), gives rise to the source qi (元气), and in women it holds the womb. Historically though, its location has been difficult to pin down. In the *Plain Questions* Treatise Six and *Miraculous Pivot* Treatise Five, the term 命门 *mingmen* referred to the eyes.^{27–8} This location is largely ignored today although the meaning for 命 *ming*, ‘orders’, ‘fate’, ‘life’, ‘to name’²⁹, is still applied to contemporary representations of the lifegate.

The *Nanjing* gives two locations for the lifegate. One is introduced in Issues 36 and 39 where the left kidney is the kidney and the right kidney is the lifegate. The other location is given in Issue 66, which states that the ‘moving qi’ (动气 *dongqi*) is an equivalent term for the lifegate and its source qi. In the *Nanjing*, the moving qi is located below the navel and between the two kidneys – the same location as the ‘minor heart’ (小心 *xiaoxin*). The *Plain Questions* Treatise 52 had identified an entity called the minor heart and located it in the centre of the body level with the second and third lumbar vertebrae. On the surface of the lower back, this location is level with the governing vessel acupoint GV4 (命门 *mingmen*). The *Nanjing*’s moving qi between the kidneys gives rise to the *sanjiao* and the channels, and constitutes the person’s life destiny (生命 *shengming*).

In Nathan Sivin’s opinion¹³, whether the lifegate is the eyes, the minor heart, the right kidney, the moving qi, or simply ‘an immaterial locus of [qi]’, has never been settled in the received

literature or its twentieth century revisions. By the end of the sixteenth century however, the lifegate's location was generally considered to be between the left and right kidney *zang*, that is, level with the lumbar two/three area²⁷ – the location of the *Inner Canon's* minor heart, and level with the acupoint GV4.

Sivin¹³ has also observed that over the centuries, the *Nanjing* scholars found 'several ingenious ways' to prove that the lifegate and heart protector were the same thing. The *Nanjing* commentaries described the lifegate and heart protector's functional relationships. The *sanjiao* arises from the lifegate in the lower *jiao*. It disseminates the kidney-lifegate's source qi and yin-fluids, and the lifegate fire powers their movement and transformations. In the upper *jiao*, the *sanjiao* connects with the qi structures enveloping the heart, the heart protector.

Ming (1368–1644 CE) scholar physicians defined the lifegate and heart protector association by their role in minister fire's physiological and pathogenic influences. In summing up the lifegate's importance, Zhang Jiebin (张介宾 1560–1639 CE), the author of the *Systematic Classic* (类经 *Leijing*, 1624), had emphasised the heart's connections with the minister fire and kidney-water: 'The lifegate is the root of qi and is the house of fire and water. Without it, the *yin qi* of the five viscera would fail to have its nourishing effect and the *yang qi* of the five viscera would be left unmobilized'.⁶

In women, these same upper and lower *jiao* (heart and kidney) connections are reflected in the uterine network (胞络 *baoluo*). The *Plain Questions* Treatise 33 says, the 'uterine connecting network belongs to the heart and nets the uterus'. In Chinese medicine, the lifegate holds the uterus, and because the uterus is one of the extraordinary fu, it is governed by the kidneys. Li Dongyuan (李东垣 1180–1251 CE), the author of the *Treatise on the Spleen and Stomach* (脾胃论 *Piwei Lun*, 1249 CE), explained that minister fire is the fire of the lower *jiao's* uterine network, and the uterine network connecting the kidneys and uterus also connects with the heart and upper body.³⁰ In TCM, the uterine network's role in regulating the menses is influenced by its connections with the heart and kidney qi-influences.

As the basis of the source qi, the physiological fire, and their dissemination through the *zangfu* and the channels, the lifegate's moving qi is the source of life. The *sanjiao* and channel system arising from the lifegate extends its influences to the brain and bone marrow, to the limbs and the body surface, warming the skin and the tissue spaces and textures (腠理 *coulǐ*), steaming the three *jiao*, guiding and maintaining correct qi physiology.^{6,31} The *shaoyin* (heart-kidney), the *sanjiao*-pericardium-lifegate associations, and the uterine network channels help transmit kidney *jing*-essence (water), and minister and sovereign (fire) influences between the upper and lower body. These connections ensure communication of the physiological fire of

the sovereign and minister, and the mixing of water and fire in the *sanjiao* allows life to develop.^{11, 32}

Summary

Chinese medicine's notions of physiological fire begin with the heart and kidney-lifegate axis. The heart enclosing network, heart ruler and chest centre were the envoy of the heart-sovereign; in the lower *jiao*, the minister fire that arose from the lifegate also carried out the orders of the sovereign fire. The *sanjiao* arising from the lifegate in the lower *jiao*, and the heart protector enveloping the heart in the upper *jiao* are the representatives of the minister fire and the envoys of the source qi and sovereign fire. When the *Nanjing* uses 'no form' to describe the *sanjiao* and heart protector, it assigns them a role that mediates between the person's life qi-influences and their materialisation, the body form.³³

In the Song, Chinese scholar physicians extended early concepts of physiological fire to explain the pathogenic effects of emotions and desires on the body interior. Song neo-Confucianism incorporated Buddhist ideas that associated physical heat with conscious awareness.³⁴⁻⁵ The yang movement of emotions and desires easily disturbed physiological fire, and when the sovereign fire and its envoy are agitated, the minister fire loses its root in the lower *jiao*.

Well before the Song, China's most ancient texts had recorded that the heart-mind (心 *xin*) was easily stirred by emotional and sensual influences and desires, and their pathogenic potential figured prominently in its early conceptions of illness. Perhaps more than other kinds of qi-influence, the minister fire mediates between a person's mental-emotional life and the physiological processes producing and maintaining the body form. For example, the sovereign and minister fires, which are quiet and tranquil before sexual intercourse, 'begin to stir' when the sexual urge is felt.³⁶ Desire activates the minister fire and the *jing*-essence, and minister fire activates the sexual-reproductive role of the liver and kidneys to ensure the continuation of life.³²

To illustrate how Chinese medical practice methods flow from its representations of the body, Part Two will explore the dynamics of physiological and pathogenic minister fire. Part Two will elaborate on the connections between the prenatal and postnatal aspects of physiological fire. Postnatally, the liver's (*jueyin*) management of minister fire connects with the sovereign fire of the heart and its envoy, the pericardium, the *shaoyang* facilitates the minister fire's movement between the body interior and its surface, and the paper will highlight how premodern conceptions of the minister fire and its qi influences are mapped onto the medical body.

GLOSSARY OF TERMS

<i>baoluo</i>	胞络	the uterine network, a secondary channel system connecting the heart and kidney (<i>shaoyin</i>)
<i>couli</i>	腠理	the <i>sanjiao</i> 's network of spaces and textures ³¹
<i>danzhong</i>	膻中	the <i>Plain Conversation</i> Treatise Eight's 'chest centre'; the name of the acupoint CV17
<i>dongqi</i>	动气	the moving qi between the kidneys; an alternative term for the lifegate
<i>guan</i>	官	officials; the <i>Plain Conversation</i> Treatise Eight's twelve administrative offices
<i>Huangdi Neijing</i>	黄帝内经	<i>Yellow Emperor's Inner Canon</i> (originally c. 100 BCE)
<i>jingshen</i>	精神	essence and spirit/mind
<i>jueyin</i>	厥阴	the reverting yin (one of the <i>liujing</i> /six channels), the pericardium-liver channels
<i>junhuo</i>	君火	sovereign fire
<i>liujing</i>	六经	the six channels; also known as: the six warps, and the six conformations
<i>liuqi</i>	六气	the six qi (summer heat, cold, wind, dampness, dryness, fire)
<i>mingmen</i>	命门	the lifegate, the gate of orders
<i>muxue</i>	募穴	alarm acupoint
<i>Nanjing</i>	难经	<i>Classic of Difficult Issues</i> (originally c. 100 CE)
<i>sanjiao</i>	三焦	triple burner, triple energiser (one of Chinese medicine's six yang organs)
<i>Shanghan Lun</i>	伤寒论	<i>Treatise On Cold Damage</i> (originally c. 200 CE)
<i>shaoyang</i>	少阳	the lesser yang (one of the <i>liujing</i> /six channels), the <i>sanjiao</i> -gall bladder
<i>shaoyin</i>	少阴	the lesser yin (one of the <i>liujing</i> /six channels), the heart-kidney axis
<i>shengming</i>	生命	one's 'life destiny', as embodied by the lifegate/moving qi/gate of orders
<i>shou jueyin</i>	手厥阴	hand reverting yin channel, today's pericardium channel
<i>shou shaoyin</i>	手少阴	hand lesser yin channel, the heart channel; in the <i>Nanjing</i> , the heart ruler is a branch of the heart channel

GLOSSARY OF TERMS (continued)

<i>wuxing</i>	五行	five phases
<i>wuxing</i>	无形	no form
<i>xiang</i>	相	the minister (who transmits the emperor's orders)
<i>xianghuo</i>	相火	minister fire
<i>xiaoxin</i>	小心	the minor heart
<i>xin</i>	心	heart; heart-mind
<i>xinbao</i>	心包	the pericardium
<i>xinbaoluo</i>	心包络	heart enclosing network, the <i>xinbaoluo</i> surrounds and protects the heart
<i>xinshen</i>	心神	heart-spirit/mind
<i>xinzhu</i>	心主	the heart ruler; in the <i>Nanjing</i> , the heart ruler is a branch of the heart channel, the hand <i>shaoyin</i>
<i>yangqi</i>	阳气	physiological fire
<i>yuanqi</i>	元气	source qi
<i>zangfu</i>	脏腑	the internal visceral systems; the yin and yang organ systems

Clinical Commentary

Clinical decision-making is determined to a large extent by how the medical body is conceived. The two parts of this paper draw out the physiological and medical implications of the minister fire – a type of *yang qi* influence that mediates between the body's physical, mental, emotional and sensory activities. The papers explore the dynamics of physiological and pathogenic minister fire and show how premodern conceptions of the minister fire's qi influences are mapped onto the medical body. They offer an account of how contemporary clinicians can utilise traditional notions of minister fire to interpret disorder and select appropriate treatment strategies.

References

1. Scheper-Hughes N, Lock MM. The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology. *Medical Anthropology Quarterly*, New Series. 1987 March;1(1):6–41.
2. Fruehauf H. All Disease Comes From the Heart: The Pivotal Role of the Emotions in Classical Chinese Medicine 2006. Available from: <http://www.classicalchinesemedicine.org/scienceofsymbols/documents/fruehauf_all_disease.pdf>; <<http://www.jcm.co.uk/product.php?catID=223&opener=0-217-223&productID=8882>>.
3. Lewis ME. The Construction of Space in Early China. Ames RT, editor. New York: State University of New York Press; 2006.
4. Qu LF, Garvey M. On the Psychological Significance of Heart Governing Shen Ming. *Aust J Acupunct Chin Med*. 2009;4(1):14–22.
5. Kuriyama S. Concepts of Disease in East Asia. In: Kiple KF, editor. *The Cambridge World History of Human Disease*. Cambridge: Cambridge University Press; 1993. p. 52–9.
6. Chace C, Zhang TL. A Qin Bowei Anthology: Clinical Essays By Master Physician Qin Bowei. Brookline: Paradigm Publications; 1997.
7. Ou M. Chinese-English Dictionary of Traditional Chinese Medicine. Ou M, editor. Hong Kong: Joint Publishing Co., Ltd. Guangdong Science and Technology Publishing House; 1988.
8. Schnyer RN, Allen JJB. *Acupuncture in the Treatment of Depression*. Edinburgh: Churchill Livingstone; 2001.
9. Zhu DX. Extra Treatises Based On Investigation and Inquiry: A Translation of Zhu Dan-xi's *Ge Zhi Yu Lun*. In: Flaws B, editor. Boulder: Blue Poppy Press; 1994 (originally 1347).
10. Long RH. Qi and Yang Deficiency of the Liver. *Journal of Chinese Medicine*. 2003 February(71):16–22.
11. Larre C, Rochat de la Vallee E. *Heart Master, Triple Heater*. revised edition, 1998 ed. London: Monkey Press; 1992.
12. Goodman RL. *Classical Chinese Medical Texts: Learning To Read the Classics of Chinese Medicine*. Minneapolis: Windstone Press; 2009.
13. Sivin N. *Traditional Medicine in Contemporary China: a Partial Translation of Revised Outline of Chinese Medicine (1972): With an Introductory Study on Change in Present Day and Early Medicine*. Sivin N, editor. Ann Arbor: Center for Chinese Studies, University of Michigan; 1987.
14. Chiu ML. *Mind, Body, and Illness in a Chinese Medical Tradition [Doctor of Philosophy]*. Cambridge MA: Harvard University; 1986.
15. Ellis A, Wiseman N, Boss K. *Grasping the Wind: An Exploration Into the Meaning of Chinese Acupuncture Point Names*. Brookline MA: Paradigm Publications; 1989.
16. Hicks A, Hicks J, Mole P. *Five Element Constitutional Acupuncture*. Edinburgh: Churchill Livingstone; 2004.
17. Maciocia G. *The Foundations of Chinese Medicine: A Comprehensive Text for Acupuncturists and Herbalists*. Second ed. London: Elsevier Churchill Livingstone; 2005.
18. Rogers C. *The Five Keys: An Introduction to the Study of Traditional Chinese Medicine*. Sydney: Acupuncture Colleges Publishing; 1997.
19. Wang JY, Robertson J. *Applied Channel Theory in Chinese Medicine: Wang Ju-Yi's Lectures on Channel Therapeutics*. Seattle: Eastland Press; 2008.
20. Deadman P, Al-Khafaji M, Baker K. *A Manual of Acupuncture*. Hove (UK): Journal of Chinese Medicine Publications; 1998.
21. Shi XM. *Shi Xue-min's Comprehensive Textbook of Acupuncture and Moxibustion*. Beijing: People's Medical Publishing House; 2007.
22. Anonymous. *Common Terms of Traditional Chinese Medicine in English*. Beijing: Beijing Medical College; 1980.
23. Hsu E. Correlative Cosmologies: Introduction. In: Hsu E, editor. *Innovation in Chinese Medicine*. Cambridge: Cambridge University Press; 2001. p. 93–8.
24. Porkert M. *The Theoretical Foundations of Chinese Medicine: Systems of Correspondence*. Second ed. Cambridge: MIT Press; 1979.
25. Unschuld PU. *Huang Di Nei Jing Su Wen: Nature, Knowledge, Imagery in an Ancient Chinese Medical Text*. Berkeley: University of California Press; 2003.
26. Lu GD, Needham J. *Celestial Lancets: A History and Rationale of Acupuncture and Moxa*. Cambridge: Cambridge University Press; 1980.
27. Unschuld PU. *Medicine in China: A History of Ideas*. Berkeley: University of California Press; 1985.
28. Unschuld PU. *The Chinese Medical Classics: Nan-Ching, The Classic of Difficult Issues*. Berkeley: University of California Press; 1986.
29. Tessenow H, Unschuld PU. *A Dictionary of the Huang Di Nei Jing Su Wen*. Berkeley: University of California Press; 2008.
30. Flaws B. *Chinese Articles and Essays Advocating the Use of Li Dong-Yuan's Ideas in Modern Clinical Practice*. [pdf] Boulder: Blue Poppy Press; 2008 [cited 2008 November]; Available from: <http://www.bluepoppy.com/hguidecd/pdf/a_chiart.pdf>.
31. Qu LF, Garvey M. The Location and Function of Sanjiao. *Journal of Chinese Medicine*. 2001 February (65):26–32.
32. Rossi E. Shen: Psycho-Emotional Aspects of Chinese Medicine. London: Churchill Livingstone; 2007.
33. Matsumoto K, Birch S. *Hara Diagnosis: Reflections on the Sea*. Bookline, Massachusetts: Paradigm Publications; 1988.
34. Despeux C. The System of the Five Circulatory Phases and the Six Seasonal Influences (Wuyun Liuqi), a Source of Innovation in Medicine Under the Song (960–1279). In: Hsu E, editor. *Innovation in Chinese Medicine*. Cambridge: Cambridge University Press; 2001. p. 121–65.
35. Furth C. *A Flourishing Yin: Gender in China's Medical History, 960-1665*. Berkeley: University of California Press; 1999.
36. Fu QZ. *Fu Qing-Zhu's Gynecology*. Boulder: Blue Poppy Press; 1996 (originally, 1826).