

Chinese Dietary Therapy in Clinical Practice

Abstract

By: Graeme
McCracken

Chinese dietary therapy (CDT), although fundamental to the practice of Chinese medicine, is frequently inadequately addressed in Western schools of Chinese medicine and tends to remain marginal to the clinical practice of acupuncture, tuina, qigong and even herbal medicine. Most practitioners lack sufficient knowledge and confidence when giving dietary guidance and cautiously offer only general and oversimplified advice. Without the necessary theoretical foundation and understanding it can be difficult to transfer CDT's simple yet effective therapeutic model into clinical practice. In this article the author outlines one such clinical approach to CDT, illustrated with a case example from his own clinic.

Introduction

Chinese dietary therapy (CDT) sits between the traditions of folk medicine and formalised professional Chinese medicine. Its basic theories are used instinctively in millions of kitchens across Asia in traditional dishes and recipes.¹ At the same time the theory that underlies such traditional cooking is used to give dietary guidance in hospitals and clinics, where it often comes under the category of lifestyle advice or yangsheng (養生).² In a similar way to qigong - which nourishes and moves qi primarily through the medium of the Lungs - CDT nourishes and moves the qi, xue (blood) and jinye (body fluids) through the medium of the Stomach and Spleen. It is the ability of the Stomach and Spleen to transform food into the precious substances of the body that underlies the vigour of the qi and blood and the dynamic balance of yin and yang.³ In CDT the Stomach and Spleen are seen to be of the utmost importance and their vitality is prioritised in order to ensure proper assimilation and absorption.⁴ A strong middle jiao facilitates good transformation and transportation and allows CDT to address the presenting condition more effectively than if the digestion is weak.

CDT has many similarities with Chinese herbal medicine in terms of the classifications, theory and clinical diagnosis used; and of course, many substances in the Chinese materia medica are also foods. One of the main differences between the two disciplines - apart from the obvious palatability of food compared to herbs - has to do with the daily relationship we all have with food. Food plays a major part in all our lives, and from the moment we are born to the time of our death we maintain an ongoing regular relationship with it. Unfortunately this familiarity can breed lack

of appreciation of the therapeutic benefits of food, and an unwillingness to give nutrition the time it needs to bring about effective healing.^{5,6} If we have little belief in the therapeutic effects of food and see it purely as 'fuel', it can be difficult to break the inappropriate eating patterns that may have led to poor health. On the other hand, if a patient has found specific foods to be beneficial or otherwise for their condition, the practitioner can expand upon this by encouraging the patient to discover for themselves what else they need to get better. Poor eating habits can be hard to break, such as the attachment in our culture to specific breakfast foods such as cereal with cold milk or toast and jam. It may be essential to change such habits if, for example, it is necessary to resolve damp and strengthen the Spleen and Stomach. It is part of the job of the practitioner to identify such habits and the beliefs that inform them, and then support patients in implementing the changes required.

Healthy and unhealthy foods

One of the most prevalent social beliefs is that specific foods⁷ are inherently healthy or unhealthy. Some foods - such as eggs - seem to shift regularly from one category to another in the public consciousness: one moment they are good for you and the next they are bad. Coffee is also seen as unhealthy by many patients: 'I know coffee is bad, but I just can't give it up' is a common refrain in the clinic. Coffee is, however, an excellent qi regulator and digestive, as it moves qi both up and down and thus regulates the middle jiao. From a CDT point of view the concept of good and bad foods is wrong thinking. Instead we are interested in how the body responds to different foods - its metabolic reaction. Does a food warm or cool? Does it moisten or dry? Does it cause the qi to move upward, downward,

inward or outward? In the context of Chinese medicine a food cannot be considered inherently good or bad; it merely depends on who is eating it. How we respond to a food depends on our internal energetic physiology, which reacts according to the strength, quality and flow of our own qi. Yoghurt, for example, moistens, nourishes yin, supports blood and cools the body, but has a tendency to create damp if the digestion is weak or if consumed excessively.⁸ For patients with a strong digestion who are yin-deficient and where fire is consuming blood and jinye (a common menopausal presentation), yoghurt is a therapeutic food. It is the appropriateness of the food to the condition that is the key, not the empirical benefit or harm of any specific food type.

Dietary habits

Good dietary habits can support our whole system. Another essential part of CDT - just as important as the specific foods being consumed - is looking at how and where food is eaten. This includes whether food is eaten standing up, sitting down, at the desk or on the run. When dietary advice is given, the focus is often solely on what should or should not be consumed. It is a great loss to limit CDT to food choices alone, as making even small adjustments to how one eats can create big changes. For example, if one has a strong desire to consume sweet foods it is best to do so 20 to 30 minutes before rather than after meals. The sweet flavour stimulates the Stomach, and if consumed before a meal the increased digestive stimulation can aid the Spleen and Stomach in the assimilation of food. If consumed after a meal when the digestion is weak the sweet flavour tends to over-stimulate and clear the Stomach prematurely by pushing the undigested food through. How well food is chewed is of particular importance - as an old Chinese saying states, 'the Stomach has no teeth'.⁹ If food is not chewed in the mouth then the rest of the digestive system is poorly equipped to deal with what it receives. Many people eat their meals whilst reading books, watching TV, socialising or attending business meetings; these habits consume the Spleen qi and thus impair the digestion. Whilst such activities may not be harmful if occasionally indulged in or if a person's digestion is strong, breaking such habits can be of great clinical use for patients whose qi is deficient or stagnant.

Seasons and cycles

Like the waxing and waning of the moon over its 28-day phase, our organism follows cycles throughout our lifetime. The human body grows and blossoms, then softens, withers, dries and hardens. The life-force that develops our physical and energetic form

In the context of Chinese medicine a food cannot be considered inherently good or bad; it merely depends on who is eating it.

becomes increasingly weak until it can no longer maintain our physical form. Diet plays an important role in supporting the body as we progress through life, and requires adjustments in the proportions of different foodstuffs on our plate and the amount of food consumed.¹⁰ In general more food and nourishment is needed in the spring and summer of our lives, and less during the autumn and winter as death draws closer (this is of course also dependent on constitution and any pathology that may be present).

Seasonal eating is still a way of life for most people across the globe and was universal before changes brought about by international transportation and refrigeration.^{11,12} Eating seasonally constitutes an important part of CDT. The simplest way to respond to environmental demands (in a dietary sense) is to eat seasonal, local food, which helps the body stay naturally in tune with its surroundings.

As the sun and stars rise and fall through the sky, the movement of qi ebbs and flows through the organs and channels of our body. Through this observation it can be said that certain activities are suited to particular times of day whilst others are unsuitable, and may cause disease. This concept is encapsulated in the Chinese 24 Hour Clock (See Figure 1). From the diagram we can see that digestion is strongest in the morning (5-11am) and weakest in the evening (5-11pm). The implication here is that we should have a nourishing and supportive breakfast as our digestion is at its strongest at this time. In fact, studies have shown how eating breakfast regularly gives us the best chance of regulating our weight, avoiding diabetes and managing our energy levels through the day.^{13,14} The other implication here is that the evening meal should be small, which is generally not the case in Western industrial cultures.

Protecting the earth

CDT works through the Spleen and Stomach, as the benefit of food is received via the digestive system (in this instance the Spleen/Stomach is used to denote the entire digestive system from mouth to anus). For this reason the earth phase is central to all CDT and must be protected and preserved so that digestion can support all the functioning of the other zangfu. As can be seen in the cosmological sequence of the wuxing (five phases), the earth phase is at the centre where it receives and generates nourishment/energy and is thus the hub of our energetic physiology (see Figure

The earth phase is at the centre where it receives and generates nourishment/energy and is thus the hub of our energetic physiology.

2).¹⁵ There are many ways to support the Stomach and Spleen through diet including:

- regular eating habits
- taking time out from work/mental stimulation to eat and digest (at least twenty minutes)
- chewing our food properly
- not overburdening the digestion through over-consumption and excessively large meals
- not overburdening the digestion through over-consumption of excessively damp-forming foods such as dairy or oil.
- not chilling the digestive fire through iced drinks or over-consumption of cold or raw foods
- reducing the size of the evening meal
- avoiding or restricting processed foods, especially processed sweet foods like white sugar
- regular consumption of naturally sweet foods such as root vegetables and grains to support energy levels (and reduce cravings for excessively sweet foods)

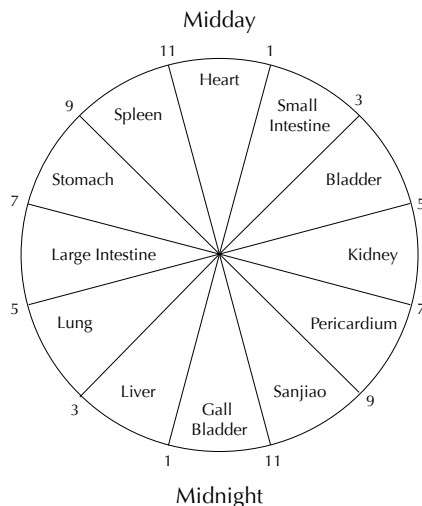


Figure 1: The Chinese 24 hour clock

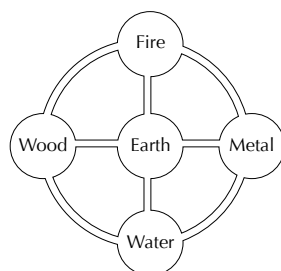


Figure 2: The cosmological sequence of the five phases

These recommendations constitute the basic dietary habits that are the basis of CDT, although they should be adjusted as necessary to the needs of each individual.¹⁶

Cooking methods

As well as establishing which foods are appropriate or otherwise for our patients, it is necessary to consider cooking methods, as the mode of preparation influences the energetic temperature of food. The effects of the various methods are listed in Table 1.¹⁷ Generally longer and slower cooking will produce more warming effects than quicker cooking, i.e. a vegetable stew will be more warming than steaming vegetables. It is possible to assess how much heat has been transferred into food simply by observing how long the cooked food takes to cool down. A roast pepper will take longer to cool than a fried pepper; therefore one may deduce that roasting is more warming than frying. This is important to know if the patient is presenting with heat or cold patterns, as some methods will be more appropriate (beneficial or aggravating) than others.

Warming methods	Cooling/neutral methods
Cooking with hot spices	Blanching
Cooking with alcohol	Steaming
Grilling	Boiling in plenty of water
Frying and roasting in oil	Salt fermentation
Baking	Preparation with fruit
Smoking	Sprouting
Roasting/wok cooking	Eating raw
Long simmering	

Table 1: The effects of various food preparation methods

Working with CDT in clinical practice

Supporting patients to find a way of implementing dietary changes in their life is of great importance. In order to find what will or will not work for a particular patient requires the development of an effective working relationship. All advice should be congruent with the patient’s internal physiological environment (i.e. diagnosis). This is the crux of CDT, for without it we are reduced to offering advice that has no basis in our patient’s life or diagnosis.¹⁸ This may seem like an obvious statement, but it is not uncommon for Chinese medicine practitioners to give blanket advice to all their patients along the lines of ‘no dairy, sugar, fruit or raw food’.

When working with CDT in a clinical setting it is necessary to find a way to distill the vast body of available knowledge into a format where information can be given as part of a clear treatment

plan with a defined clinical goal. There are many ways to do this and each practitioner will find his or her own preferred way. Below is an outline of one recommended method. This basic template is fitted to the patient, rather than the other way around. The order of recommendations may change depending on diagnosis, lifestyle, time restraints and financial restrictions. When implementing dietary changes it can be helpful to understand the transtheoretical model¹⁹ in order to utilise the patient's natural stage for maximum uptake of advice.^{20, 21, 22}

The following questions should be considered during the initial consultation, which then makes it possible to create recommendations based on the patient's diagnosis, eating habits, relationship to food, dietary preferences, time constraints and overall lifestyle:

- *Who is eating?* This includes a diagnosis of the patient's current condition, underlying constitution, strength of digestion and general vitality.
- *How are they eating?* This includes understanding how much value the patient gives to food and assessing eating habits such as the amount consumed, chewing, speed of eating and posture whilst eating.
- *When are they eating?* This includes considering the intervals between eating, the time of day food is consumed, seasonal influences and the patient's life phase.
- *What are they eating?* This includes typical meals, snacks and beverages, food addictions, foods/tastes that are favoured or avoided, the quality of food being eaten and any supplements/medications/recreational drugs being used.

When all of the above information has been obtained, collated and analysed it is necessary to assess whether CDT is actually an appropriate treatment, and whether it should be the patient's primary or secondary intervention. For example, it may be necessary to treat with herbal medicine and use food as a supporting treatment, or use acupuncture or tuina to smooth the flow of qi whilst reducing portion size to prevent further blockage in the middle jiao. Alternatively CDT may play a more central role in tonifying the qi and nourishing the blood, whilst removing aggravating factors from the diet.

After a diagnosis has been made, the type of intervention chosen, and an appropriate treatment plan formulated, it is then necessary to consider the short-term and long-term objectives of CDT. Short-term goals are the initial pieces of advice given to the patient, and should be clear and concise enough to produce achievable dietary changes that provide immediate symptomatic relief. This might include adjustments to the way of eating, or advice on which foods to include/exclude. During the first few consultations it is essential not to overwhelm

the patient with too much advice. In order to keep a clear focus and make the goals achievable it is better to prioritise the two changes that will be of most benefit. Further changes may be slowly fed into the treatment process during later consultations, or as the patient's health condition changes. Long-term objectives involve consideration of the bigger picture, and mean setting out long-term recommendations that make gradual changes to the patient's health to address the root of the problem. This also includes cultivation of an understanding of CDT and of long-term commitment to eating for health.

The following case study illustrates how this theory is put into practice.

Case study

Ms A, a 42-year-old company director, presented in the clinic with insomnia. She would wake between two and four o'clock in the morning feeling hot, with a 'busy mind' (but not thinking about anything in particular), and often drenched in sweat, and would remain awake for between two and six hours. She often had vivid dreams - with no particular content - that would wake her. She also occasionally experienced difficulty getting to sleep. Every week or two she would feel so tired that she would sleep for up to 12 hours at a stretch.

She suffered from cramps, normally in the calves or feet and especially at night, and her skin was dry. She also occasionally felt anxious and overwhelmed. She rated her energy levels as fine to low. During the consultation she appeared fidgety and nervous, and she talked a lot. She was of a slight build (though she considered herself overweight) with clearly defined muscles and facial structure, and a pale complexion with a slight red flush. She experienced occasional lower abdominal distention after eating (especially wheat), and her stools could be either slightly loose or dry and small. Her shoulders were tight on palpation, although she did not suffer from headaches. She rated her libido as high, and had scanty white vaginal discharge. Her menstrual cycle was 28 to 34 days long, with a light bleed and occasional pain before the bleed. She experienced PMS for four days before her period, manifesting as breast tenderness, water retention and irritability. Her pulse was choppy, thin and superficial on the proximal left position, and slightly tight at the Liver position. Her tongue was pale, especially at the sides, short and flabby with some transverse cracks from the middle to the rear, and had a red tip.

She was not taking any prescription medication, but took a daily multivitamin tablet, a proprietary herbal formula called Colon Cleanse,²³ Magnesium, Oregano extract (she had been diagnosed with candida overgrowth six months previously), E3 AFA²⁴ and probiotics. She stated that she was interested in food

and enjoyed a 'healthy' diet with little fried or fatty foods. Although she sometimes craved sweet foods such as cakes, she generally tried to avoid carbohydrates as she was watching her weight. She reported that she loved chilli and that she put it on everything, and that she also ate lots of garlic and onions. She sometimes craved salt and liked a wide range of foods, including bitter foods such as rocket and chicory. She would generally eat her breakfast and lunch quickly at her desk, did not take any time out after eating and did not chew her food well. She would generally eat small amounts at meals and would often feel hungry. Her typical meals were as follows:

- *Breakfast (8:30 to 9am)*: Cereal with fruit and soya milk.
- *Lunch (1 to 3pm)*: Salad or fruit.
- *Evening meal (8 to 10pm)*: Mainly chicken or fish with steamed vegetables or salad. Goes out to a restaurant once or twice per week.
- *Snacks*: Eats up to 10 apples per day.
- *Drinks*: Up to two glasses of red wine daily and likes a whisky before meals. Likes herbal tea, especially spiced chai, and drinks four to six double espressos per day. Drinks one or two litres of water per day (one litre at the gym and one with lunch).

In terms of lifestyle she worked 10 to 16 hours per day four to six days per week. Her work was stressful and she employed 11 people. She would go to the gym four to six times per week before work (6:15am) and rode her horses up to three times per week. Although she had tried tai chi, pilates and yoga she found them frustrating, and reported that she found it difficult to relax and would rather be 'doing'. Her social life was fairly quiet, and she lived with partner of nine years with no children.

Diagnosis and analysis

Who

The diagnosis was Kidney yin deficiency with empty heat, Heart and Liver blood deficiency, and Spleen qi deficiency with Liver qi stagnation invading the weakened Spleen. The abdominal distention and erratic stools indicated that her digestion required strengthening to allow full assimilation and the subsequent nourishment of blood and yin. Working 10 to 16 hours per day plus an hour in the gym was putting strain on her Kidneys. Her difficulty relaxing and the frustration she experienced when coming out of her head and into her body during tai chi, yoga or pilates practice indicated yin deficiency and qi stagnation. Her PMS was also a manifestation of qi stagnation, and the alternating diarrhoea and constipation and abdominal distention showed the Liver qi was invading the deficient Spleen. Her blood was weak due to overwork

and overthinking (due to the yi consuming qi and blood), as shown by her dry and pale skin, anxiety, pale sides to the tongue and choppy pulse.

How

The patient was interested in and enjoyed her food, but restricting her food intake was injuring the Kidney, Spleen and Blood.²⁵ Eating quickly at her desk for breakfast and lunch, with little chewing or time out after eating was impeding her digestion. Drinking one litre of water with lunch also was also impairing digestive function.

When

The patient had erratic eating habits with large gaps between meals; breakfast and lunch were insubstantial and the evening meal was late and comparatively large. In addition she made no seasonal adjustments to her diet. All these habits had a detrimental effect on her blood and digestive function. At age 42 she was at the beginning of her sixth seven-year cycle,²⁶ so supporting the blood and yin was important in preparation for menopause.

What

Her preference for hot and warming foods such as chilli, garlic and onions was scattering her qi and creating heat, which was further weakening the yin.²⁷ Craving salty foods indicated weak Kidney function, and the need for sweet snacks (fructose in apples) so regularly throughout the day suggested low blood sugar and Spleen qi deficiency. Although reducing carbohydrate consumption can help maintain a low body weight, if used long-term it can be drying and heating and may have a detrimental effect on Spleen qi and blood.^{28,29,30} Her breakfast and lunch were cold, which was depleting her digestive fire. Although eating large amounts of fruit was helping to cool and moisten her body, overconsumption (10 apples per day) was weakening her digestion and thus further lessening absorption. Red wine and whisky are both warming and drying and were exacerbating the symptoms of heat and yin deficiency. Her consumption of up to six double espressos per day was further straining adrenal function³¹ and weakening the Heart and Kidney qi and Heart blood.

The supplements she was taking were generally appropriate: the Magnesium and E3 AFA both nourish yin, although chlorella would have been a more appropriate choice as it is more nourishing and less stimulating.³² Oregano is warming and was being used as an antimicrobial to clear dampness,³³ although due to the absence of signs of dampness it was discontinued. The Colon Cleanse herbal formula that was being used to move the bowels was also

discontinued as her stools, although sluggish, were dry due to a lack of fluids and qi deficiency. The multivitamin was also discontinued until her health stabilised. Multivitamins can be useful to maintain health, but when treating a condition via a diagnosis it can be useful to discontinue their use and give more specific recommendations. I recommended she remain on the probiotics to strengthen the intestines and increase assimilation of nutrients. When encountering a patient who is on many different supplements I find it to be beneficial to reduce any that are not specifically in line with the treatment plan.

Appropriateness of CDT

In this case CDT was appropriate to play a primary role in treatment alongside acupuncture. CDT was used to strengthen the earth phase and thus improve assimilation and support blood/yin and reduce the heat that was entering the body through food and drink. Acupuncture was used to clear empty heat, smooth qi, calm the shen and strengthen the Spleen's ability to transform and transport. The use of herbal medicine was considered as a secondary option depending on the response to treatment.

Changes to dietary habits

Ms A's dietary habits were playing a significant role in her disharmony, particularly by inhibiting her Spleen. The initial CDT focus was on implementing regular meal times and having a short period away from her desk during and after meals to allow her Spleen qi to focus on digestion rather than being consumed by mental activity. It was also important to ensure that the amount of food she was taking was sufficient to sustain her activity, nourish her blood and yin and fortify her qi. This was combined with a shift in the timings of meals to support digestive function - having a larger breakfast and a smaller evening meal. She replaced her apple snacks with small meals (part of her lunch divided into three), which she found worked well, and reduced her apple consumption to one or two per day.

Beneficial foods

It was important for this patient to maintain a varied diet that included foods with moderate temperatures and a variety of flavours so that her diet did not become too restrictive.

In order to nourish blood and yin whilst supporting and moving qi, at least half of her meal plate needed to be grains or root vegetables, one-third other vegetables and the remaining part protein or wei food.³⁴ These proportions closely follow the Mediterranean diet, which has been shown to have clear health benefits³⁵ and is best used to nourish yin, blood and qi deficiencies.³⁶

Ms A needed to increase cooling and moistening

foods that nourish yin, whilst being careful not to cool the digestive fire. Although dairy products benefit yin, as her Spleen was weak they were not initially recommended. The following yin-strengthening foods were therefore suggested: asparagus, duck, egg, kidney bean, pork, rabbit, seaweed, sesame, spelt, spinach, string bean, sweet potato and tofu.³⁷

To nourish her blood it was important to ensure she ate adequate protein and chlorophyll-rich foods. Meat, fish, most beans and seafood all nourish blood, and were recommended along with the following: aduki bean, beef, beetroot, bone marrow (particularly in the form of stocks), chicken egg, kale, kidney bean, leafy greens, liver, mussel, oxtail, oyster, parsley, sardine, seaweed, spinach and watercress.³⁸

To strengthen her qi it was necessary to ensure she was eating sufficient quantities of food, particularly foods that release energy slowly into the system, which are mainly sweet and neutral or warm. Small portions of complex carbohydrates, root vegetables and meats were used to perform this function, as follows: beef, carrot, chicken, egg, ham, mackerel, millet, oats, pheasant, pigeon, potato, quinoa, rabbit, rice, sardine, sweet potato, shiitake mushroom, root vegetables, squash, tofu, trout and venison.³⁹

Which foods to avoid?

The following guidelines were given in terms of contraindicated foods:

- Avoid stimulating food such as coffee, alcohol and sugar.
- Avoid heating and drying spices such as chilli for at least three months reduce warming foods such as scallions and Indian chai, especially in the evening.
- Restrict consumption of raw foods, especially during the autumn and winter.

Implementation of treatment and clinical observations:

A course of nine weekly acupuncture treatments was agreed, with a review to be conducted on the fourth and ninth sessions. Two initial dietary recommendations were given during the first consultation. The first was to stop all warming food and drink for two weeks (chili, garlic, onions, whisky etc). It was too much for her to stop drinking wine completely at this stage, so we agreed she would reduce wine intake to one glass per night. The second recommendation was to start a course of Floradix Liquid Iron Formula for three months, vitamin B complex for six weeks and vitamin B12 for four weeks. Whilst supplements are not a classical form of food energetics they can be clinically invaluable as they are easy to take and source. Floradix is a herbal syrup that nourishes blood without causing constipation.⁴⁰ It also

contains vitamin C to aid assimilation of iron, which is present in its botanical form. Vitamin B complex was recommended in this case as it moves the Liver qi, clears heat and nourishes blood.^{41,42} Vitamin B12 is especially good at strengthening qi and blood⁴³ and, with this patient's busy life, was a good way to provide nourishment with minimal fuss (although the vitamin B complex contained B12 it was decided to recommend the extra dose for a short period of time, four weeks, due to its nourishing qualities).

One week after her first consultation Ms A's insomnia had markedly improved, with fewer disturbances during the night and shorter periods of sleeplessness (just one or two hours). She had managed to abstain from warming foods most of the time and whisky and chilli completely. Further dietary advice was therefore provided, in which she was asked to take time away from her desk to eat meals, and to eat small meals including small amounts of carbohydrates regularly throughout the day. She was also asked to have her last coffee of the day before five o'clock pm.⁴⁴

The following week Ms A's symptoms further improved, although she presented as more irritable and frustrated. She was, however, happy with the continued improvements and agreed to abstain from the warming foods - especially chilli and whisky - for a further two weeks. She also agreed to reduce wine intake to every other day and cut back one more coffee. This time her pulse was significantly tighter on the left middle position; from this I deduced that the reduction in warming and moving foods was revealing underlying stagnation. I used acupuncture to move qi, strengthen the Spleen, nourish blood and support yin. I also recommended that we combine acupuncture with tuina for the next three treatments to enable thorough coursing of the Liver qi. I asked her to increase her consumption of green leafy vegetables such as kale, savoy cabbage and spring greens⁴⁵ and to make sure she maintained her regular physical exercise to support the free movement of qi.

Over the next seven weeks I continued to treat Ms A weekly, and we gradually implemented the advice outlined above. Much of this was in the form of education and discussion to help her to learn the language of her physiology and bring her awareness to what her body was telling her. Whilst the initial improvement in her sleep was marked, this plateaued from treatment four. This was to be expected, as once the aggravating foods had been removed and the heat subsided, the underlying deficiency and stagnation became more apparent. This manifested as low energy levels, postural dizziness, irritability and increased menstrual symptoms. The acupuncture and tuina were effective at coursing qi and the dietary

adjustments slowly supported the digestion and nourished blood and yin. By the ninth treatment it was decided that the acupuncture sessions could be extended to every three weeks, provided she could manage to maintain the dietary changes. Her uptake of advice was good and she was enjoying her new way of eating. After three months her sleep had greatly improved, although she would still occasionally wake to turn over up to four times per night. Her energy had also increased and she presented as less frantic. On occasions when she consumed spicy foods or larger amounts of alcohol she noticed a direct correlation with poor sleep patterns. As her yin and blood were still not fully recovered she remained sensitive to hot, upward and outward moving food and drink.

Conclusion

Chinese dietary therapy is an effective treatment modality, both by itself or combined with other Chinese medicine disciplines. When utilised with an accurate diagnosis, clear treatment principles and a focused treatment plan it is both effective and empowering for the patient. As well as treating the presenting complaint it is also of great help in initiating good dietary habits that aid long-term health. ■

Graeme McCracken practises Chinese medicine in Devon and London (UK). He lectures in Chinese medicine physiology and food energetics, and has co-created a series of seminars and trainings in Chinese dietary therapy with Daverick Leggett. He cooks to energetic principles for the retreats of the British Taoist Association, of which he is an active member. Information on courses and seminars in Chinese dietary therapy can be found at www.chinese-med.co.uk/nutrition_courses. Graeme may be contacted at info@chinese-med.co.uk.

**(23YRS) WELL ESTABLISHED BUSY
ACUPUNCTURE CLINIC FOR SALE.**

CASTLEISLAND CO. KERRY.
REPUBLIC OF IRELAND.

FOR FURTHER DETAILS

Contact

00 353 66 7142317

Or email

fionamaxwellsmith@yahoo.com

References and notes

- 1 Kastner J. 2008, *Chinese Nutrition Therapy: Dietetics in Traditional Chinese Medicine*. 2nd edition. Thieme: New York, p. VI
- 2 Yang (養) means to nurture, nourish or take care of; sheng (生) refers to life and vitality. Together yangsheng translates as 'to nurture or nourish life'. Yangsheng is often used as a generic term for practices or systems that foster health and well-being by nurturing our whole human experience - both physical and mental.
- 2 When approaching healing through food it is important to realise that it requires a big commitment from our patient. This includes the proper preparation, cooking and eating (following correct practices such as chewing) of appropriate foods. Although some patients are ready and willing for such commitment, unfortunately CDT is not appropriate for everyone.
- 3 Yang, Shou-zhong. (1993). *Li Dong-yuan's Treatise on the Spleen and Stomach: A Translation of the Pi Wei Lun*. Blue Poppy Press: Boulder, Colorado
- 4 Leggett, D. (2008). *Recipes for Self Healing*. Meridian Press: Totnes, Devon. p.43-9.
- 5 Lappalainen, R., Saba, A., Holm, L., et al. (1997). "Difficulties in trying to eat healthier". *European Journal of Nutrition*. 51 Suppl 2:36-40.
- 6 Karney, J.M. & McElhone, S. (1999). "Perceived barriers in trying to eat healthier - results of a pan EU consumer attitudinal survey". *British Journal of Nutrition*. 81 Suppl 2: 133-7.
- 7 The term food refers to food in its natural state; processed or synthetically produced items are here not considered 'true' food in the energetic/nutritional sense.
- 8 Leggett, D. (2000) *Helping Ourselves: A Guide to Traditional Chinese Food Energetics*. Meridian Press: Totnes, Devon.
- 9 Quote from Sun Si-Miao, in Flaws, B. (1994). *Imperial Secrets of Health and Longevity* Blue Poppy Press: Boulder, Colorado.
- 10 Kastner J. 2008, *Chinese Nutrition Therapy: Dietetics in Traditional Chinese Medicine*. 2nd edition. Thieme: New York. p. 45-6,
- 11 Spoonley, P. (2001). "Technological and social changes into the third millennium and the impact on refrigeration. *International Journal of Refrigeration*". 24(7), 593-601
- 12 Hippocrates. *On Airs, Waters, and Places*. Available at <http://scholar.google.co.uk/scholar?hl=en&q=Hippocrates+eating+with+the+seasons&btnG=Search&as_sdt=0%2C5&as_ylo=&as_vis=0>
- 13 Miller G, et al. (1998). "Breakfast Benefits Children in the US and Abroad". *Journal of the American College of Nutrition*. 17(1), 4-6
- 14 Hoyland, A., Dye, L., Lawton, C. (2009). "A systematic review of the effect of breakfast on the cognitive performance of children and adolescents". *Nutrition Research Reviews*. 22, 220-243
- 15 Yang, Shou-zhong, (1993). *Li Dong-yuan's Treatise on the Spleen and Stomach: A translation of the Pi Wei Lun*. Blue Poppy Press: Boulder, Colorado.
- 16 For example, although refined sugar can damage the spleen, in small amounts it can also be medicinal, especially for conditions like shock.
- 17 Kastner J. 2008, *Chinese Nutrition Therapy: Dietetics in Traditional Chinese Medicine*. 2nd edition. Thieme: New York, p.32-4
- 18 Zang, W, et al. (1990). *Chinese Medicated Diet*. Publishing House of Shanghai College of Traditional Chinese Medicine: Shanghai, p.10-12
- 19 In the Transtheoretical Model, change is defined as a process involving progress through a series of stages. These stages are: Precontemplation (not ready), Contemplation (getting ready), Preparation (ready) and Action and Termination (stability in change of habit). In addition, there is Relapse (recycling), which is not a stage in itself but rather the return from Action or Maintenance to an earlier stage. See http://en.wikipedia.org/wiki/Transtheoretical_model#cite_note-Janis1977-34.
- 20 Perkins-Porras, L., Capuccio, F.P, Rink, E., et al. (2005). "Does the effect of behavioral counselling on fruit and vegetable intake vary with stage of readiness to change?". *Preventative Medicine*. (40):312-320.
- 21 Lopez-Azpiazu, L, et al. (2000). "Stages of dietary change and nutritional attitudes in the Spanish population". *Public Health*. 114(3):183-9
- 22 Prochaska, J.O. & Velicer, W.F. (1997). "The transtheoretical model of health behavior change". *American Journal of Health Promotion*. 12(1):38-48.
- 23 Containing turkey rhubarb, cascara sagrada, sage, aloe, barberry, ginger, dandelion and slippery elm.
- 24 E3 AFA is a wild blue green algae called Aphanizomenon flos-aquae.
- 25 Roth, H. (2004). *Original Tao: Inward Training (Nei-yeh) and the Foundations of Taoist Mysticism*. Columbia University Press: New York
- 26 Veith, I. (1972). *The Yellow Emperors Classic of Internal Medicine*. University of California Press: Berkeley, California, pp.100-101
- 27 Yang, Shou-zhong, (1993). *Li Dong-yuan's Treatise on the Spleen and Stomach: A translation of the Pi Wei Lun*. Blue Poppy Press: Boulder, Colorado, p.62
- 28 Torrsell, P. (2010). "How to Regulate Yin and Yang through Diet". *Journal of Chinese Medicine*. 94:50-58
- 29 This is based on the author's own experience through experimenting with Palaeolithic/low or no carbohydrate diets.
- 30 Grain is the basis for gu qi (gu translates as grain). If all grain and carbohydrates are eliminated from the diet the gu qi can be damaged, which strains and weakens the Spleen.
- 31 Lev, L. (1967). "The Effect of Coffee on the Function of the Sympatho-adrenomedullary System in Man". *Acta Medica Scandinavica* 181(4), 431-438,
- 32 Pitchford, P. (1993). *Healing with Whole Foods*. North Atlantic Books: Berkeley, California, pp.193-4
- 33 Leggett, D., (2008). *Energetics of Western Herbs wall chart*. Meridian Press: Totnes, Devon.
- 34 Wei means 'taste'- wei food is said to have a dense taste and be rich and nourishing, for example meat, organs, eggs, oil, fat, fish and dairy products. In a dietary context, wei foods sit in juxtaposition to 'qi' foods: foods with more qi (e.g. vegetables, spices and tea) are thought to be less nourishing, but are lighter and help with transport and circulation in the body. Foods with more wei, on the other hand, are more nourishing and tend to build up essence. For more information see Torrsell P., (2010). "How to Regulate Yin and Yang through Diet". *Journal of Chinese Medicine*. 94:50-58
- 35 Francesco, S., Cesari, F., Abbate, R. et al. (2008). "Adherence to Mediterranean diet and health status: meta-analysis". *British Medical Journal*. 337:a1344
- 36 Torrsell, P. (2010). "How to Regulate Yin and Yang through Diet". *Journal of Chinese Medicine*. 94:50-58
- 37 Leggett, D. (2000). *Helping Ourselves A Guide to Traditional Chinese Food Energetics*. Meridian Press: Totnes, Devon, p.23
- 38 *ibid* p.26.
- 39 *ibid* p.25.
- 40 Frykman E, Bystrom M, Jansson U, et al. (1994). "Side effects of iron supplements in blood donors: superior tolerance of heme iron". *Journal of Laboratory Clinical Medicine*. 123:561-564.
- 41 Flaws, B. (2007). *The Tao of Healthy Eating*. Blue Poppy Press Boulder, Colorado, p.61
- 42 Leggett D. (2008). *Recipes for Self Healing*. Meridian Press: Totnes, Devon, p.294
- 43 Flaws, B. (2007). *The Tao of Healthy Eating*. Blue Poppy Press Boulder, Colorado, p.62
- 44 When reducing stimulants it is best to cut out the last intake of the day first and work backwards; the last one is the most damaging to the yin as it is in direct conflict with the natural waning yang and waxing yin of the day.
- 45 Leggett, D. (2000). *Helping Ourselves A Guide to Traditional Chinese Food Energetics*. Meridian Press: Totnes, Devon