

Foreword

Numerous schools of thought and various methods are found within the vast historical tradition of Chinese medicine... It sustains itself in part by adjusting to changing conditions and will continue to develop differently in each country and era in relation to the social demands and belief systems that prevail there.

(Beinfeld H, Korngold, E. *Between Heaven and Earth: A Guide to Chinese Medicine*. New York: Ballantine; 1991:xiv)

Chinese medicine was just beginning to join the greater social, cultural, and medical landscape of US health care in the 1980s. Only a few acupuncture colleges were established by this time in the coastal cities in which the largest Chinese immigrant communities had settled a century earlier.

Doctors from China began immigrating to the United States in the mid-1970s to become licensed acupuncture practitioners. They brought with them practical experience and systematic training in both conventional Western medicine and what is now known as Traditional Chinese Medicine or TCM. Formulated in the 1950s, TCM was the product of a government initiative to reexamine, reframe, homogenize, and standardize traditional medical knowledge in accord with the principles of modern scientific medicine and the prevailing political ideology of China. TCM is a 20th-century re-invention.

In the last 20 years, US students, teachers, practitioners, and researchers have been gaining a greater appreciation of the enormously diverse historical currents in Chinese traditional health care—thanks primarily to the work of Western scholars who have published the results of their anthropological, historical, and linguistic investigations. As a result, we are beginning to fathom, value, and gain access to knowledge transmitted over generations by families and communities outside of and in parallel with officially approved Chinese medical curricula.

Dr. John Shen was initiated into a 17th-century medical tradition known as the Menghe lineage. In 1971 he brought this knowledge tradition with him to the United States. Not only was he a transporter of the Menghe current, he was himself an ingenious innovator who readily tailored what he knew to the conditions and the people he encoun-

tered here. I believe that he saw in Leon Hammer an enlightened physician devoted to seeking the comprehension and skill that would enable him to be ever more efficacious in his medical mission.

No doubt it was Dr. Hammer's ardent pursuit of Chinese medicine teachings that led him, as if by chance, to an encounter with Dr. John Shen in the early 1970s. The result of this fortuitous meeting between men with entirely different cultural and medical backgrounds is that we are offered an entrée into the Menghe current. The opportunity to explore, incorporate, and shape this tradition of knowledge and practice to the context of our lives is ours to choose. In accepting this offer, are we not called upon to develop our own current and our own tradition? I believe this is what Drs. Shen and Hammer had in mind.

Because of his diligence, perseverance, fertile imagination, and critical intelligence, Leon Hammer recognized the authenticity of John Shen's insight and the depth of his skill. He was determined to acquire and absorb as much as he could and then pass it on to the rest of us. Along with his students—and I am proud to be one—and the teachers he has trained, he has made Dr. Shen's method of pulse diagnosis comprehensible *and* teachable—no small feat!

With this book, Leon Hammer and Hamilton Rotte generously share the bounty of Dr. Shen's herbal prescriptions. Rotte's adept analysis of their contents, indications, and conceptual foundation makes this an eminently practical clinical guide. These formulas are now available for us as inspiration, to study and to put to good use.

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