

An Interview with Professor Yuning Wu

Abstract

Professor Yuning Wu is one of the most eminent fertility specialists and gynaecologists working in China. She has comprehensive knowledge and experience of both Chinese and Western medicine and is chief doctor and professor of integrated Chinese and Western medicine at the Beijing Hospital of Traditional Chinese Medicine. In collaboration with Celine Leonard, Esther Denz, Michael Haerberle, Inga Heese, Daniel Maxwell and Peter Deadman, Professor Wu (YW) is in the process of writing a textbook on the treatment of infertility with Chinese medicine. This interview was conducted by Peter Deadman (PD), Inga Heese (IH) and Esther Denz (ED, one of Dr Wu's principal Western students) in late spring 2012 in Zurich.

PD: How did you first get into medicine ... what drew you to study medicine and how did you go about it?

YW: When I was very young I had already decided to learn medicine. At around twelve years old I already wanted to be a doctor.

PD: Did you have any doctors in your family?

YW: Not my immediate family. My aunt's daughter is a doctor and so is another aunt. My father always liked to read and learn traditional Chinese recipes by heart even though he was not a doctor. And my grandfather had many very good books that were unfortunately lost during the Cultural Revolution because they belonged to the 'four old things' [the traditional customs, culture, habits and ideas destroyed as part of the Cultural Revolution]. It was a real pity as I would have still had a lot of really valuable ancient books. My grandfather could paint and he also studied a little Chinese medicine to treat people who lived near him but he wasn't really a doctor.

PD: And originally you chose to study Western medicine?

YW: Yes, I thought I needed Western medicine so in 1965 I went to Beijing Medical University. But I always intended to study Chinese medicine afterwards, and we did learn some Chinese medicine alongside our Western medical studies. It was normal to include six months to a year of Chinese medicine in medical school - especially at that time, because due to the Cultural Revolution modern things were considered suspect. We only got to enjoy one year of regular studies before in 1966 the Revolution started and we had two years that were a bit crazy. After graduation, in 1970, all of us were sent a long distance from

Beijing. I was sent to Hanzhong in Shanxi province to work in a steel factory hospital. We had a lot of patients - peasant women - coming in with chronic pelvic inflammatory disease [PID]. The first time you give them antibiotics. The second time you can't do that - they don't want to take them again. And the antibiotics didn't do a good job - except when it was acute. They didn't help the patients very much.

PD: Were you already working as a gynaecologist?

YW: No. At that time in China we didn't have the opportunity to undertake further studies - to specialise. I was just trained as a general doctor. But in fact I saw mostly gynaecology patients because we doctors in the factory chose to specialise a little bit. Anyway these women with chronic PID weren't getting better and they didn't want more antibiotics and I didn't want to give them either. I knew I had to find a better way to treat this disease. Premenstrual syndrome [PMS] also. We had lots of young women coming with breast swelling, irritability and so on. At that time all we gave them was progesterone but it didn't help and even made the breast swelling worse. And working in the factory hospital we saw our patients every day. When I saw them they'd say, 'Oh, not good', and I'd feel very frustrated. So I started using *Dan Zhi Xiao Yao Wan* and got very good results with PMS. Fantastic results! As a doctor you always have to try and do the best for your patients. Even though I was a Western doctor I had to try using patent Chinese medicines. We also used patent Chinese medicine pills for chronic PID and the patients came back and said, 'Very good ... much better!'

PD: At that time your knowledge of Chinese medicine was pretty basic?

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YW: Yes, very little.

PD: And it was all patent medicines, not decoctions?

YW: Very seldom decoctions. But then I started to study Chinese medicine properly - at home with my husband who had also studied with me in Beijing Medical University. And not from the books we used at University - they were too condensed. Other books, older books. I also took post-graduate Western medicine education when I returned to Beijing in obstetrics and gynaecology. This was just after I had my first son. When I had to return to Shanxi province my children stayed in Beijing with my parents. This was normal in China. The same with my husband and me - we were sent to work in different regions of China, very far apart. I also did a further one and a half years post-graduate training in Beijing Medical University, 3rd Teaching Hospital, where the first successful IVF procedure took place in China.

PD: So how did you develop your knowledge of Chinese medicine?

YW: When I finally returned to Beijing I could choose which hospital to go to. The Beijing Hospital of Traditional Chinese Medicine had just been built and they were looking for Western-medicine doctors. Although I could have gone to any hospital, I decided on this Chinese medicine hospital. The government had invited a lot of famous old traditional doctors to work there.

PD: So you had the opportunity to learn Chinese medicine from very experienced doctors.

YW: Yes, that's very, very important. This was in 1976. The first two years I was there I was working as a doctor, mostly in the gynaecology tumour department, but I was also learning, training. I had two very good teachers. We treated all kinds of problems, including cervical cancer and post-surgery complications.

PD: So you were treating with Chinese medicine as well?

YW: Yes, the way they did it wasn't so difficult to learn. We had set prescriptions for cervical cancer, for example, or for post-surgery. According to differentiation of course ... the tongue, pulse and so on. And because it was a Chinese medicine hospital we had to attend Chinese medicine lectures - very methodical ones - every afternoon. Then after a year or so I moved back to the gynaecology department -

onto the wards - and I had to use my Western medicine a great deal. I had finished my second post-graduate studies in gynaecology at the end of 1981. But we had some wonderful Chinese medicine doctors there too and whenever I had time I watched them and learnt from them. One of them was Li Dingming, an old man. He was very good to learn from - though they weren't all like that. Some didn't want to tell you anything. Then, later, my great teacher was Chai Songyan - a very famous Chinese medicine gynaecologist. When she was young, Chai Songyan worked with a very famous traditional doctor called Chen. But later she went to University for Western medicine training. The older traditional doctors though had no Western medicine training and practised many different styles according to who they learnt from. We had regular meetings to discuss how to treat this or that condition, and discuss prescriptions. Gua Shi Tang was a prescription that was developed in these meetings for Kidney yin deficiency amenorrhoea. We also developed prescriptions for PID, heavy periods and so on - special prescriptions not found in textbooks. But every doctor was a little bit different. I used to constantly ask them - why do you use this herb, that herb. So I kept learning. I learnt how important accurate differentiation was and how to adapt prescriptions based on exact differentiation. Then in 1985 I passed a nationwide exam held by the Ministry of Health and won an award to take more Western medicine gynaecology training in Canada. The money came from the World Health Organisation [WHO]. But first I had to sit the Michigan University English-language exam, otherwise you couldn't study in North America. I passed and then worked and studied in Canada - at Ottawa University Medical School - from early 1986 until the end of 1987, and got my fellowship so I could go to the United States to study and practise, also funded by the WHO. I was visiting scholar at Yale Medical School and the University of California. Going to North America from China was a big shock for me, but the training was really important in my career. When I came back from the United States I decided I had to learn more Chinese medicine. And so it was that in 1989 I began studying with Chai Songyan. I was already Director of the Gynaecology Department at that time - including the teaching department in gynaecology.

PD: Wasn't that unusual - to be the Director and decide to learn from somebody who was below you in professional status?

YW: You have to learn and learn and keep learning. Chai Songyan was very special - a famous Chinese medicine doctor - and I was only boss of the 'political

wing' of the hospital. Whenever we had difficult cases I would ask her to come and advise us. We were doing a lot of Western medicine of course. When I came back from North America I brought back the use of laparoscopy, colposcopy, hysteroscopy and so on. These were early days in the development of Chinese hospitals - especially Chinese medicine hospitals. Our hospital Director was very open-minded. He saw how much help these techniques offered in diagnosis - how else could you diagnose endometriosis, for example?

IH: So the Chinese medicine way - on its own - wasn't enough?

YW: No. And anyway, at that time I was doing more Western medicine than Chinese medicine. But whenever I had time I would go to the Chinese medicine clinic. Then the Beijing Administration for TCM decided that all senior doctors should study more Chinese medicine. So I formally asked to be Chai Songyan's student, and she accepted me. I had to get permission from the Administration and they agreed. We had a big ceremony with lots of flowers and we had to bow to our teacher.

PD: So it was really quite traditional.

YW: Yes. Chai Songyan had to formally accept me and other doctors as her students.

IH: Why was she considered to be so good?

YW: She studied with a famous doctor - Chen something, I forget - when she was very young. He was a very old doctor. And she always liked to learn, study, reflect. She could treat very difficult cases nobody else could help. She was very dedicated to precise differentiation. It was very good for me to see that. We used to see cases treated by other doctors: male infertility and sometimes female too, where they treated with lots of yang tonics. The patients got very hot and suffered from nosebleeds, insomnia and so on. We had a lot of cases like that. Whenever I had time I would work in the clinic with her. And because I was Director I could mostly do what I wanted. Even when I had surgery scheduled, if I could safely pass it on to one of the other doctors, I would - so that I could spend more time learning.

PD: Is she still alive?

YW: Yes, still working, very active, still teaching. I studied with her for five years, from 1989 onwards. I had to take exams then and I received first prize and

had to present a talk at a big Congress on what I had learned and the way we practised.

ED: Was Chai Songyan from the Yin Nourishing School?

YW: No, not really. It's just that many women nowadays are yin deficient because of stress and so on. Actually we prefer them to be yang deficient - it's easier to treat.

PD: I know that you have taught and treated patients in North America and Europe and also quite extensively in Israel. Do you see any major differences between Chinese and Western patients?

YW: In China we didn't used to have so many sexually transmitted diseases as I have encountered in the West. I had a shock when I went to Canada. Patients in Israel seemed a lot more stressed generally - because of the situation there. But otherwise there is not such a great difference. Western patients have more heat and Liver qi stagnation. One thing I was worried about when I started treating in Israel was that they used powdered granules - I'd never used them before. But we got extremely good results ... I was very surprised.

PD: Were they individual herb granules mixed into prescriptions?

YW: Yes.

PD: Because the theory says - and there's evidence too - that herbs need to be cooked together to activate some of their properties. For example a recent study on *Dang Gui Bu Xue Tang* found that Dang Gui and Huang Qi cooked together were more potent than cooked separately and then mixed.

YW: Yes, well my hospital in China still won't use granules, although lots of other hospitals do. I always used to think like you say ... there's no interaction when they cook. But I'm only a doctor - not a researcher. I only know we got good results with granules and my conclusion is that they work very well. But of course if we had used decoctions we might have got even better results. And we use a lot of enemas so we have to make decoctions for that. And also sitz baths. But you have to adapt. In Israel they didn't have many raw herbs - just one or two, and they were very expensive. Granules are getting more popular in China now ... people are too busy to cook the herbs. But they are much more expensive than decoctions.

IH: You practise Chinese and Western medicine together. Do you find that gets better results? Does the Western medicine diagnosis affect the Chinese medicine treatment? For example if a patient comes with dysmenorrhoea and you find they have endometriosis, does that mean you know you have to treat them with much stronger herbs.

YW: Western doctors say that if you have endometriosis, you have to have a laparoscopy and you have to have Western medicine treatment. After laparoscopy they ask patients to take GnRH [gonadotropin-releasing hormone] to inhibit ovarian function and stop menstruation to prevent relapse. But patients often get menopausal side effects and if they later want to get pregnant it can be difficult to restore good ovulation.

IH: But what would you say to practitioners in the West who only know Chinese medicine?

YW: Our rule with severe dysmenorrhoea is that we always give them a manual examination to feel for tender nodules.

IH: But we don't know how to do that. What should we do?

YW: Ask a doctor to do it. But in China even Chinese medicine doctors know how to do pelvic examinations. And you can ask the patient - establish whether it's primary or secondary dysmenorrhoea. If it's secondary you need to do an ultrasound and a rectal and vaginal manual examination.

IH: So would you say that to practise infertility and gynaecology properly you need to know a lot of Western medicine?

YW: Of course - otherwise you never get good results. For example we used to have patients with infertility who made long journeys from the countryside to the hospital. Some of them were treated for many years before it was discovered that their husbands were infertile or that they had fallopian tube blockage. We saw a patient who had been treated for at least three years but when they finally checked the blood she had hyperprolactinaemia. You must combine Western medicine disease diagnosis with Chinese medicine differentiation - then you can get good results.

IH: So a Western medicine diagnosis comes first.

YW: No, not first. We treat with Chinese medicine straight away according to symptoms, tongue and so

on. We make a differentiation and the treatment may or may not be sufficient to achieve a cure. But in the meantime we conduct all the tests the patient needs - ultrasound, blood, BBT [basal body temperature]. We often find that just with Chinese medicine the menstruation, ovulation, luteal phase and so on are regulated and the patient gets pregnant. But if not and there is endometriosis, for example, then the patient may need a laparoscopy.

PD: Do you treat blocked fallopian tubes with Chinese medicine?

YW: Yes, of course. Western medicine is not so good for that but we get good results with Chinese medicine - in at least half of patients the tubes unblock. We use internal and external herbs together - enemas, compresses - because it's a very stubborn disease. Severe endometriosis with adhesions is like that too.

IH: So does the Western medicine diagnosis change the Chinese medicine treatment - the herbs or prescriptions?

YW: Yes, sometimes. When the diagnosis is tubal blockage we don't just try to regulate fertility. We have to add herbs for the blockage, and use compresses, enemas and sitz baths. But always we differentiate with Chinese medicine. The patient is never the same each time they come ... they might have insomnia, or bowel problems, or other changing symptoms. The prescription is always changing - never the same from one treatment to the next. When I began treating with Chinese medicine we weren't able to make a diagnosis of endometriosis and so a whole lot of patients didn't get better. But when we were able to use laparoscopy we saw the internal bleeding and the accumulation of bad blood and we understood that this was blood stasis and we had to treat accordingly. But of course not only blood stasis - there can be a lot of other involved patterns. But without the diagnosis of endometriosis we wouldn't have clearly seen the signs of blood stasis - maybe only a slightly darker tongue. Without the Western medicine diagnosis you really don't know how to treat. When you understand more clearly what is going on internally, then you can use your Chinese medicine treatment more strongly. In Chinese medicine we don't need to inhibit ovarian function when we treat endometriosis. We actually promote ovarian function - the opposite of Western medicine. And in some diseases we have to combine Western medicine and Chinese medicine treatment. For example in polycystic ovarian syndrome about half of patients get better with Chinese medicine. But for the others - the stubborn cases - we may need to

also use Western medicine. But we have achieved many, many pregnancies with Chinese medicine - often when Western medicine has been ineffective. We have patients come to Beijing from a long way ... Inner Mongolia, Xingjiang province, Shanghai, Europe, United States ... Just by word of mouth, or maybe the internet. They come and they get pregnant and then often they come again when they want a second child. You know at the beginning I was uncertain about Chinese medicine. Maybe a bit suspicious but also very interested. Now I treat mostly with Chinese medicine. But it is important to understand how important correct differentiation is. Then you can choose the right herbs and prescriptions. If you don't differentiate accurately you simply don't get such good results. We treat people as a whole body, whole organism. A common mistake is to use too many heating herbs. We generally prefer to tonify the Kidney yin or even use heat-clearing herbs like Huang Qin.

IH: Do you find the tongue changes?

YW: Of course, all the time. Every time you see a patient you have to change your prescription. We see patients every week, or even more often. For example in LUFs [luteinised unruptured follicle syndrome] the BBT is high and you think they are ovulating, but the eggs never come out. We see them very frequently and give them ultrasound to see how mature the eggs are and then give them both Western and Chinese medicine. But the Chinese medicine prescription is always changing to match the changes in the patient - the tongue, pulse, symptoms and what stage in the cycle the patient is. Only during the period itself do we tend to use a fixed prescription - we only change it if there is strong pain or too much bleeding or very light bleeding.

PD: You mostly move blood during menstruation ... to promote flow?

YW: And nourish too! Dang Gui, Dan Shen - to move and nourish because of loss of blood.

IH: How long do you spend with your patients?

YW: Ten minutes. Or more if they are difficult cases - twenty.

IH: Because you differentiate so exactly in clinical practice is it difficult to write everything down as clearly defined patterns in your forthcoming book [see above]?

YW: Yes, because in practice you get combined

patterns. But one pattern is always predominant. My teacher always taught that how you divide up the medicine - what percentage of the prescription is for this or that pattern - is very important. And you also have to balance the prescription between heat and cold, and make sure it is not too strong or too weak.

IH: I think that's a skill that is strong in China and weak in the West.

YW: Yes that's very true.

PD: Do you advise your patients to change their habits, their lifestyle?

YW: Of course! All the time! Always! For example to change diet - we tell people not to eat too much greasy food or spicy or cold food. And people have too much stress. We tell them, you can't have everything all the time. They work far too late and don't sleep enough. How can you have good ovulation like that? You can't. And the pulse is often very weak because they are exhausted from overwork, stress, lack of sleep, lack of exercise. We tell them to walk half an hour every day - fast - swinging the arms.

IH: But it's difficult. I work in central London and a lot of patients work twelve - even fourteen - hours a day.

YW: Yes, and their pulse will be very thin. Even when these patients go for IVF and are told, 'your follicles are so nice' they don't get pregnant. Because there is no Kidney jing and blood to support pregnancy.

IH: But what can you say to patients like that? They can't stop their work.

YW: Well if they are young it's not so bad. But many are 35, even 40. Their ovarian function is declining. We tell them - you've only got one or two years left. We tell them they have to cut down somehow. Sometimes they say they can't, for example they may be trying to get a promotion or something. I say, 'You're 40 ... 41 ... 42 ... your ovarian function is nearly lost and still you're thinking about your career. OK - for you, no child! You have to choose ... one or the other.'

IH: You say that to your patients?

YW: Yes! People don't know about these things. You have to tell them. That is Chinese medicine. What to do to help cure and what to do to prevent. For example sexually transmitted diseases. Some women have a lot of damp-heat in the lower jiao from too much spicy, hot, greasy food. So they are very susceptible - they

have a perfect environment for bacteria to grow. They have treatment but the disease comes back. So you always have to think, 'what can they do to prevent or prevent a disease from coming back?'

PD: You are now a very senior doctor. Do you think you have brought anything new to the combination of Chinese and Western medicine?

YW: Yes I think so. I think my ideas of the structure, thinking and rules of combining Chinese medicine and Western medicine are original. For example to first use Chinese medicine before resorting to any radical Western medicine. We try nature first. Even when other doctors want patients to take Western medicine, we say no - come to Chinese medicine first. There are many situations where my thoughts are different from both Western medicine and Chinese medicine doctors. Like in endometriosis, Western medicine doctors say that you have to do laparoscopy and if you have IVF they give three months of GnRH. I say no - try for a natural pregnancy first. As long as the fallopian tubes are open - even if there is endometriosis with adhesions and other problems - start with Chinese medicine.

ED: There's also a difference in how Western medicine is used when Chinese medicine is given. For example we have someone with early ovulation where Dr Wu's prescription is yin-tonifying but she also says to start with FSH injections on day six not the usual day four.

YW: Or, when we do use Western medicine, we can use smaller doses. In PCOS, we always start with Chinese medicine and get the patient to regulate their lifestyle and lose weight. And if you don't get results - for example when they have a family history of metabolic syndrome and you check the blood and find insulin resistance - then you might add a little bit of metformin. Then you get very good results.

IH: Have you brought anything new to Chinese medicine itself?

YW: Yes I think so. Before there were some diseases we didn't know how to treat. For example diminished ovarian function. Have you ever seen a Chinese medicine book that discusses treatment of that? We have built up a lot of knowledge and experience. If you come to us we treat you our way. We have even developed some things different from my teacher Chai Songyan. But I am really grateful to her because she taught me such good skills. For example to use your eyes to see the tongue and carefully look at every part

- colour, coating, swelling. But for treatment we have moved on because we incorporate Western medicine.

ED: For instance for diminished ovarian function she gives the contraceptive pill and treats with Chinese medicine for two to three months, to give the ovaries a break - then after that ovulation returns. It's a combined treatment.

YW: Yes, we do sometimes need Western medicine, but we prefer to use smaller doses of drugs for short periods of time.

PD: Imagine in twenty years time - when life is comfortable and you don't have to work so hard any more - if you look back, what would you say has been special about your career?

YW: The opportunity to study Western medicine in my university and then in North America to a higher level, and then to get such a good education in Chinese medicine from my teachers. Because Chinese medicine is an experience medicine - there is so much you can't get from books. And we can help a lot of patients with this knowledge and experience.

PD: Are there many people - doctors - who combine Western medicine and Chinese medicine in the way that you do?

YW: I think there are many who try to but in different ways. You have to judge by the results. That's the most important thing ... the results.

IH: Are there any words you'd like to say to people who want to become good Chinese medicine doctors?

YW: Yes. First of all Chinese medicine is wonderful ... but herbs are more wonderful than acupuncture. Many people - including me - never believed that Chinese medicine could get such powerful results. Now, if we want to stop bleeding in a patient, we just stop it. If we want your period to come, we can do it, just like that. We know how. Nowadays every patient I see gets Chinese medicine and I only prescribe Western medicine when it's absolutely needed. Really I've become a Chinese medicine doctor. But it's not easy - you have to be very strong and clear in your mind what you want to achieve to get good results. And to get good results you have to be very good at differentiation. You have to consider the whole person - not like a Western doctor. We had several doctors in our hospital who died from breast cancer. They were still young. They had chemotherapy ... the

doctors wanted to cure the disease but they killed the patient. You have to consider the individual patient and whether they can tolerate the treatment. Step by step you have to follow the patient, paying attention to the symptoms and signs and physical examination, the tongue and pulse - then you decide. Step by step to arrive at the treatment. You have to have a plan. You always write down the diagnosis - Chinese and Western, plan what tests you need and so on. Patients like that. They feel reassured and confident when before they were weeping and hopeless. So you have to differentiate - that's very important. Some doctors, as soon as they hear the complaint they decide the prescription. Or they give the same prescription for one month, two months, without ever changing it. We might change the prescription twice in a week.

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