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# Empty Heart, empty mind

Zen parables and clinical reality



Guest editorial  
**Nigel Ching**

“Those who know do not talk.  
Those who talk do not know.”<sup>1</sup>

**T**HIS QUOTE FROM the *Dao De Jing* in itself creates a dilemma. I can continue writing and thereby publicly confirm my ignorance or I can leave the following pages blank, thereby creating an air of mysterious profundity. Acknowledging my own ignorance, I will continue hitting the letters on my keyboard!

It isn't coincidental that I have started

this article with a quote from the *Dao De Jing*, as the theme is self cultivation of the practitioner. In Daoism, as in many esoteric philosophies, there is a process of letting go of the ego, of the mind's desires, so one can be present in stillness, undisturbed by sensory agitation, returning to a state of *wu ji* and thereby in touch with the Dao.

This is of course a lofty project and certainly not one at which I am succeeding. At best I could say it is a work in progress; I am walking toward a mountain, stumbling slowly across the plains like a drunkard, rather than with firm and determined steps!

When we let go of the egoic mind and its attachments, we create an empty space in the Heart for the Dao to be able to flow freely.



*The Lantern* is a journal of Chinese medicine and its related fields with an emphasis on the traditional view and its relevance to clinic. Our aim is to encourage access to the vast resources in this tradition of preserving and restoring health, whether via translations of works of past centuries or observations from our own generation working with these techniques. The techniques are many, but the traditional perspective of the human as an integral part, indeed a reflection, of the social, meteorological and cosmic matrix remains one. We wish to foster that view.

The texts of many religions and esoteric philosophies contain similar concepts. It is not just in Chinese philosophical works like the *Dao De Jing*, the *Huainanzi* and *Zhuangzi* that we see these concepts, they are also present in early medical texts such as the *Su Wen*, *Ling Shu* and *Nan Jing*.

The concept of creating a space in the Heart for the Dao to move without inhibition is in fact what we also do every day on the qi level, when we needle points to create a space in the flesh enabling qi to flow without inhibition.

This space in our Hearts and minds though is usually full of clutter from years of thinking and creating an identity. This egoic self image is probably the largest of the cardboard boxes in our cerebral attic that blocks the skylight so the sun cannot shine in. Before we can start to clear the attic and empty our Hearts, we must first therefore become aware of this self-image.

#### Who am I?

This is a question many people repeatedly ask themselves throughout their lives. It is often asked of us by others. A tried and tested conversational opener is: "What do you do for a living?"

Our professional occupation is central to our concept of who we are. This can lead to an identity crisis in chronic illness, unemployment and retirement when people no longer have an occupation to define them. We think of ourselves as being acupuncturists or herbalists, however the clue is in the word occupation. We should think of our occupation as being just that, something we do, not something we are.

For me this is more than a purely semantic discussion. It is central to my understanding of "life, the universe and everything". It is important for me not to create an identity, an ego attachment, to being an acupuncturist and herbalist. If I was where I would like to be, in my journey toward the mountain of nothingness, then I could reduce the sentence "I am a practitioner of Chinese medicine". Initially I could try to chuck out the last five words, as these relate to how I pass my time, my occupation. The space they vacate though usually rapidly fills up with other words that can complete the sentence. If we throw our occupation out of the sentence, we

quickly create a new identity: I am a man, woman, transgendered or I am a German, Dane, Spaniard, Australian, intergalactic space traveller..

Reducing the sentence to the two first words of "I am" is, though, reaching only the foothills in front of the mountain that I am stumbling towards. If I ever reached the mountain itself, then I would reduce the sentence even further and instead of saying "I am", I could just say "am".

That is the ideal; the reality is more mundane. Still these thoughts are important to me when discussing the subject of practitioner self cultivation.

#### The disillusioned military surgeon

A zen parable tells of a military surgeon who became disillusioned with his life. He was emotionally and physically exhausted by constantly saving lives and tending wounds, stuffing soldiers' intestines back into their abdomens, sewing arms back onto torsos, only to see the soldiers return to the battlefield to maim and kill again. He turned his back on this world and retreated to a mountain temple. After several years meditating he returned to his regiment and started tending the wounded. People saw him doing exactly the same as before and asked why he had returned. He replied, "Because I am a military surgeon."

At first glance this zen parable seems to contradict what I have said about not being our occupation and letting go of this identification. However, there is of course, as always, another depth. This is the beauty of oriental thought, its cyclic nature. We keep returning to the same spot, but like a corkscrew we penetrate deeper with each rotation of the circle. The place we return to may look the same, but our understanding is deeper. The surgeon in his meditative retreat had let go of the egoic attachment to what he was doing and now he was simply present in the moment, spontaneously manifesting who he was. He was a surgeon, because it was his nature to be this, but he no longer consciously thought about what he did. He just did it.

This is the *de*, as in *Dao De Jing*. The *de* is the spontaneous manifestation of the Dao in the world around us. But there was more than just a letting go of the egoic

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*This egoic self image is probably the largest of the cardboard boxes in our cerebral attic that blocks the skylight so the sun cannot shine in.*

■ DrxC.M.



## Get gardening gloves on!

By Brian May

Despite drought, bush-fire and funding cuts we are still growing a range of herbs in Melbourne. We started doing this in 2004 with the aim of developing a local industry. So far, we know that many herbs can be grown and the quality is good.

At the moment, *Huo Xiang* (Agastaches Herba, above) and *Jie Geng* (Platycodi Radix) are in full flower and the *Gou Qi Zi* (*Lycii Fructus*) berries are red and fat in the upgraded garden at RMIT (I ate a lot!) Up at Kinglake, the *Da Huang* (*Rhei Radix et Rhizoma*) is huge this year and the deer and wallabies seem to have left it alone.

Back in the day we had 200 species growing and we still have quite a few (too many to count). The problem is we don't have enough people to look after such a large collection: collect seed, propagate cuttings and do all the things necessary to keep it going.

Steve Ince at Kinglake could do with a hand – a lot of hands! We need interested people who could help by growing one or two species to keep them going (I lose a few species per year – and you cannot get them again), or just help to look after things. If you are a herbalist, you will learn a lot. You can also get top quality herbs! In my view, we have to start growing in Australia, and we cannot expect "industry" to do this. We must do it ourselves.

So get your gardening gloves on! If you are interested, email me at: [brian.may@rmit.edu.au](mailto:brian.may@rmit.edu.au), or email Steve at [steve@kinglakehomestead.com.au](mailto:steve@kinglakehomestead.com.au).

definition of who he was. He also let go of his preconceived goals. The surgeon no longer had a predetermined concept of the outcome of his work. It no longer concerned him. We may not be surgeons surrounded by Samurais with newly severed limbs but we do treat people for anxiety who return to the office immediately after treatment, or people with loose stools and bloated abdomens who within four hours of being needled will be eating wheat, sugar and dairy again. We are daily asked to reduce the pain in the knees of compulsive joggers. So in this context we can translate the theme of the parable to the questions: what are we doing in the clinic? What do we perceive to be our role?

### What is our role?

I see our primary function in the clinic as being to take a person from position A to position B. The patient's position A is a problem for them, or a form of suffering. Position B is the patient no longer with said problem or no longer suffering. Between these positions is a body of water. Our job is to be an aide, helping the person cross this river to position B.

Position A is usually an illness or disability, perhaps even to others inconsequential, but for this individual it is suffering. The subjective level of suffering in a patient is not necessarily commensurate to the objective seriousness of their disease. We have all seen patients with ostensibly minor problems suffering much greater emotional pain than patients with life threatening diseases. Who are we to say who is suffering the most? The rivers that patients have to cross can be wide and turbulent or they can be narrow streams, but the body of water is still between them and their goal – the relief from suffering.

As therapists, we must meet the person with their suffering and try to bring them to position B, a place of no pain or suffering. We do this by using all the skills we possess. What we do not know and must let go, however, is a concept of what position B actually is. Though it may be predefined by the patient, it is in the end not necessarily the place that you or your patient believed it to be. We may set them aground up or down the stream from where they initially wanted to be. This can sometimes end up being a much better place.

Position B often changes through the course of treatment. An example could be the 42-year-old woman trying to get pregnant through IVF who is devastated each time the protocol fails, yet terminates treatment because she no longer sees motherhood as being the most important goal in her life and can now see other possibilities and advantages to her life as it is. It could be the cancer patient who no longer tenaciously clings to life, struggling to defeat their incurable cancer, but starts gracefully moving toward death.

In Chapter 7 of the *Huainanzi* is a beautiful passage:

*How can we know if the one who has needles and moxa in the desire to live is not deluded?*

*How can we know if the one who ties a cord around their neck seeking death is not fortunate?*

*Perhaps life is no more than forced labour and death just a rest from slavery*

*The world is vast and wide – how can it be known?*

*Life is given to me – I do not try to end it*

*Life is taken from me – I do not try to stop it*

*I desire life – but make nothing of it*

*I loathe death – but do not refuse it*

*Demean it, but do not detest it*

*Honour it, but do not rejoice in it.<sup>2</sup>*

So far we have identified two challenges in our project of letting go and emptying the Heart. We must let go of the concept of who we are and of treatment aims. The military surgeon solved both problems. Through contemplation and reflection he was capable of letting go of an egoic identity in himself. When he returned to his battlefield surgery he just did what he did. In front of him was a problem—a soldier in pain—he acted and gave all he was capable of. He no longer had expectations or made judgments. He went from being an oarsman ferrying the passenger from A to B to becoming the oars. He did what was required of him, and what he was capable of, and then immediately let go of the situation when his work was done.

Like the surgeon, we must let go of predefined ideas. We repair the compulsive jogger's knees, we explain what he can do to prevent it recurring, but we do not stand in judgment or take it personally when he goes

out and runs 25 km in the rain. We do our best to solve the problem and importantly we present him with a solution, but the choice is his to act upon.

### No identity in results

Furthermore it is also important that we do not create an identity in our results. We must be careful that our happiness is not dependent on the outcome of a treatment. We do not even actually know what a successful treatment really is.

Like the military surgeon, we should be ourselves and do the best we can in every situation, having no predetermined goal and then immediately let go of the situation when the patient leaves. This is easy enough with a compulsive jogger and his knees, but can we do the same with a young single parent dying of cancer?

We must ask ourselves whether we have an inherent need for good results and a desire to be known as a good therapist. Professional

success and a reputation are the high calorie diet of the ego, helping it to grow bloated.

But it is not just the unsightly weight gain of the ego due to patients' praise and colleagues' esteem, that is the danger. There is something more fundamental at work: our own need for results.

Our ego needs not only the identity of us being a something—a therapist—but to be achieving specific goals. This is problematic. Our wellbeing should not depend upon the outcome of a treatment. If we are present in the moment and act to do what the situation requires, we must be content. We can in reality do no better than this anyway. We should always offer our best. If we are dependent on a specific outcome, then we become dejected if this does not materialise. We must not decide what position B is for us or our patients.

Similarly while we stay 100 per cent present in the clinic, we must let go of the patient the moment they walk out. We should not take

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*We do not even actually know what a successful treatment really is.*



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*Professional success and a reputation are the high calorie diet of the ego, helping it to grow bloated.*

them home with us. Another zen parable comes to mind.

Two monks are walking in the woods, and come to a stream where a young woman in a long dress is crying because she cannot cross without getting soaked. Without hesitation one of the monks gathers the woman in his arms, carries her across the stream and then returns to his companion. The two monks continue their walk in silence, until they return to the monastery two hours later. As they enter the courtyard the second monk berates his companion, “You know we are forbidden by our vows to have any physical contact with women, yet by the stream you lifted that woman into your arms and carried her across the water!” The first monk looks astonished and replies: “I put the woman down two hours ago, why do you still carry her in your mind?”

### Clogging the Heart’s arteries

We should also be constantly on guard against becoming dependent on patients’ praise. We bathe in the sunshine of praise when we are successful, but this is counterbalanced when we must freeze as the cold wind of failure and discontent blows over us. There can be no yang without yin.

While we should constantly invest in our professional skills and compassion, we should not rely on a return on this investment, in the form of praise and recognition. Praise and recognition, as we have just seen, are the staple of the ego. Rather than the Heart being empty, creating space in which the Dao can flow, the Heart’s arteries become clogged with the cholesterol of how skilled we are, or becomes ever hungry, constantly seeking for fulfilment.

This can be a great challenge. Patients and students tend to put us on pedestals. It is easy to become addicted to the view from up there. I hammer away at the column below me. Though part of me hungers for the praise, another is distrustful and wary. I

have never been addicted to alcohol, heroin or praise, but I can sense their addictive qualities.

Again we can trust the *Huainanzi* to say something relevant.

*The Dao is still and silent and thereby empty and non-existent. It is not that it acts upon things; it is that things act upon themselves. For these reasons, when affairs comply with the Dao, it is not the Dao that has accomplished them, but the Dao has impelled them.*<sup>3</sup>

Replace Dao with “therapist” and “things” with “patient”. The therapist is still and silent and thereby empty and non-existent. It is not that the therapist acts upon the patient; it is that patient acts upon themselves. For these reasons, when affairs comply with the Dao, it is not the therapist that has accomplished them.

When patients praise me for creating a change I reply that it is not me they should praise, but their body. I stuck in a few bits of metal here and there. What is praiseworthy is not me but the medicine I practise. I say they should praise Chinese medicine and the doctors and scholars who have gone before me, creating a body of knowledge that told me where to stick the needles in their body and which herbs to use.

When they want to look up to me, I try to swiftly step aside, so that I do not block the view of the glorious mountain that is Chinese medicine.

And if we think that this mountain is impressive, then we should see beyond its peak. Behind is an even greater peak, and that is the body’s innate ability to heal itself. For it is not the surgical steel that we insert into the flesh, nor the herbs we dispense, that creates healing, but the body’s qi, and as we know qi is nothing more than the Dao manifesting itself and impelling change.

### Endnotes

1. Feng G.F. & English J. (trans) (1973) *Tao Te Ching*. London, Wildwood House. Chapter 56.
2. Bromley M., Freeman D., Hext A., Hill S. (Trans.) (2010) *Jing Shen*. London, Monkey Press. (p. 23)
3. Major J., Queen S., Mejer A. S., Roth H.D., Puett M., Murray J. (Trans) (2010) *The Huainanzi* Columbia, Columbia University Press, Chapter 7.

### Real Chinese sayings

*A wise man fears fame as a pig fears corpulence*

人怕出名猪怕胖 rén pà chū míng zhū pà pàng