

Historical Evolution from “Heart Wind” to “Wind Attacking Heart”

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Abstract: “Heart Wind” disease and its theory derive from *Huangdi Neijing (Huangdi’s Internal Classic)*, belonging to the wind disease of *zang-fu* organs. “Heart Wind” connotation has experienced rich changes from “Heart Wind” to “Wind Attacking Heart,” the integration of “Heart Wind” and “Wind Attacking Heart,” the integration of various types of “Heart Wind” diseases, the evolution from the certain kind of “Heart Wind” disease to “Wind Attacking Heart” diseases, and finally the completion of the “Heart Wind” diseases, within the descriptions of successive generations of medical practitioners. The final evolution of “Heart Wind” diseases was completed with the separation of “Heart Disease” and “Wind Disease.” This is closely related to the compilation habits of ancient physicians and the multiple interpretations of medical theories. At the same time, the ambiguity and broad classification of ancient diseases are also important reasons for the difficulty in identifying and understanding the diseases.

Keywords: *Huangdi Neijing (Huangdi’s Internal Classic)*; Heart Wind; Wind Attacking Heart

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1. Introduction

“*Xinfeng*” (Heart Wind), a type of visceral wind, was first recorded in *Huangdi Neijing*^[1] (*Huangdi’s Internal Classic*) and has been documented and treated in medical texts throughout history. However, since the late Qing Dynasty, “Heart Wind” has been rarely used in clinical practice, and theoretical discussions have been scarce. As an important category of visceral diseases in ancient China, what transformations occurred during its historical inheritance, and what were the underlying reasons? Jin^[2] proposed that the essence of “Heart Wind” gradually transformed into a mental disorder in later generations. However, some ambiguities remained unaddressed, such as the relationship between “Heart Wind” and the later-prevalent “*Xinzhongfeng*” (Wind Attacking Heart). Here, starting from *Suwen-Fenglun (Plain Questions: On Wind)*, this paper traces the historical evolution of “Heart Wind,” explores its relationship with “Wind Attacking Heart,” and analyzes the reasons for its gradual “disappearance” from a medical theoretical perspective.

2. Understanding of “Heart Wind” in Huangdi’s Internal Classic

Discussions on “Heart Wind” in *Huangdi’s Internal Classic* primarily appear in *Suwen-Fenglun* and are also mentioned in *Suwen-Jinkui Zhenyanlun (Plain Questions: The Golden Cabinet’s True Words)*.

Fenglun states: “In summer, those injured by wind on Bingding days develop ‘Heart Wind’... When wind invades the Shu points of the five zang and six fu organs, it becomes visceral wind, entering each organ through its respective portal.” This indicates that “Heart Wind” has seasonal characteristics, and the basic pathogenesis of visceral wind (including “Heart Wind”) involves wind pathogen invading the corresponding zang-fu (organs) through Shu points. Regarding symptoms, these can be summarized into six main symptoms: profuse sweating, aversion to wind, scorching exhaustion, proneness to anger/fright, red complexion, and sluggish speech. In summary, the clinical manifestations of “Heart Wind” result from wind syndrome, heat syndrome, and disturbance of the spirit. Thus, “Heart Wind” can be defined as: A disease caused by insufficient heart qi and invasion of wind pathogen into the heart, leading to blazing wood-fire interaction, characterized by fever with sweating, emotional agitation, slow speech, and accompanied by red face, scorched lips/tongue, and fluid exhaustion.

Jinkui Zhenyanlun also mentions the “five winds in the meridians,” which Ming Dynasty physician Wu Kun annotated as “five winds refer to the winds of the five zang organs”^[1]. Its pathogenesis is described as “eight winds generate pathogens, causing meridian wind; when they invade the five zang organs, pathogens trigger disease... The southern wind arises in summer, affecting the heart, with Shu points in the chest and hypochondria”—complementary to *Fenglun*.

3. Tracing the historical evolution of “Heart Wind”

After the *Huangdi’s Internal Classic* discussion of “Heart Wind,” physicians of subsequent dynasties reorganized and summarized its concept and syndrome characteristics based on their era and clinical practice, leading to a dynamic interplay of inheritance, development, integration, and innovation in the expression of “Heart Wind.”

3.1. Three sources before the Tang Dynasty

Nanjing-Forty-Ninth Difficulty (compiled during the pre-Qin period) states: “If a heart disease is assumed, how to know it is caused by wind stroke?... Liver pathogen invades the heart, hence the red complexion. Symptoms include body heat, fullness, and pain in the hypochondria, and a floating-large-wiry pulse”^[3]. This describes a heart disease caused by wind stroke, with pathogenesis involving liver pathogen invading the heart, presenting with suspected exogenous signs and heart/liver symptoms, potentially related to *Huangdi’s Internal Classic’s* Xinfeng. *Nanjing-Fiftieth Difficulty* further notes: “If a heart disease is caused by wind stroke, it is a deficient pathogen”^[3], consistent with *Huangdi’s Internal Classic*, indicating that pre-Qin physicians generally agreed on the understanding of visceral wind.

Zhang Zhongjing’s *Jinkui Yaolue-Wuzang Feng Han Jiju Bing Mai Zheng Bing Zhi (Synopsis of the Golden Chamber: Treatise on Wind-Cold Accumulation Diseases of the Five Zang Organs)* first introduced the term “Wind Attacking Heart,” describing: “In ‘Wind Attacking Heart,’ there is mild fever, inability to rise, hunger in the heart, and vomiting after eating”^[4]. Modern physician Lu Yuanlei annotated: “This clause resembles the syndrome of Banxia Xiexin Tang (Pinellia Decoction for Harmonizing the Center) and should refer to stomach disease... Ancient physicians often mistook stomach diseases for heart diseases, as Zhang Zhongjing also referred to the stomach as ‘xinxia’ (below the heart)”^[5]. Thus, “Wind Attacking Heart” in *Jinkui* differs in connotation from *Huangdi’s Internal Classic’s* “Heart Wind.”

Zhongzang Jing-Feng Zhong You Wu Sheng Si Lun (The Middle Treasury Classic: On Five Life-Death Patterns in Wind) (compiled between the Three Kingdoms and Southern-Northern Dynasties) states: “The manifestations of ‘Heart Wind’ include spontaneous sweating, preference for lying supine, inability to turn, and delirious speech. If the lips are bright red, the patient will survive, and moxibustion at Xinshu is advisable. If the lips/face turn blue, yellow, white, or black with unstable color and incessant eye twitching, the heart is exhausted, and the patient is incurable, dying within 5–6 days” [6]. This expands on physical and mental symptoms and distinguishes between mild and severe prognostic outcomes. However, *Zhongzang Jing-Lun Xinzang Xu Shi Han Re Sheng Si Ni Shun Mai Zheng Zhi Fa (Treatise on Heart Zang: Patterns of Deficiency-Excess, Cold-Heat, Life-Death, and Pulse Prognosis)* still quotes *Jinkui*’s “Wind Attacking Heart,” categorizing both “Heart Wind” and visceral wind under wind diseases while classifying “Wind Attacking Heart” as a primary heart disorder.

In the Sui Dynasty, *Zhu Bing Yuan Hou Lun* [7] (*Treatise on the Origins and Symptoms of Diseases*, hereafter *Chao Yuan*) discusses “Wind Attacking Heart,” sharing the same name as *Jinkui*’s “Wind Attacking Heart” but aligning with *Zhongzang Jing*’s “Heart Wind” in pathogenesis. It omits “delirious speech” but describes “facial stiffness with occasional shuddering” instead of “incessant eye twitching,” possibly resembling modern shock with altered consciousness.

To avoid confusion between these similar yet distinct conditions, their characteristics are compared in **Table 1**.

Table 1. Comparison of three “Heart Wind”/“Wind Attacking Heart” syndromes

Feature	<i>Huangdi’s Internal Classic</i> “Heart Wind”	<i>Jinkui</i> “Wind Attacking Heart”	<i>Zhongzang Jing</i> “Heart Wind” / <i>Chao Yuan</i> “Wind Attacking Heart”
Exterior symptoms	Profuse sweating, aversion to wind	Mild fever	Spontaneous sweating
Complexion observation	Red (diagnosed at the mouth)	–	Red lips / blue/black/white/yellow complexion
Physical symptoms	Scorching exhaustion	Inability to rise	Supine position, inability to turn
Mental symptoms	Proneness to anger/fright, sluggish speech	–	Delirious speech (<i>Zhongzang Jing</i>)
Severe manifestations	Sluggish speech in severe cases	–	Facial stiffness with occasional shuddering
Other symptoms	–	Hunger in the heart, vomiting after eating	–

Table 1 shows that all three conditions present exterior symptoms like sweating or fever. However, *Huangdi’s Internal Classic* and *Zhongzang Jing* “Heart Wind” involve mental disturbance, while *Jinkui* and *Chao Yuan* “Wind Attacking Heart” focus on physical symptoms.

3.2. Qianjin Fang: Synthesizing predecessors with emerging confusion

Sun Simiao’s *Beiji Qianjin Yaofang* [8] (*Essential Prescriptions Worth a Thousand Gold for Emergencies*) integrates previous discussions on “Heart Wind” and “Wind Attacking Heart,” categorizing them under etiology and *zang-fu* syndrome differentiation. In Volume 8, *Zhu Feng-Lun Za Feng Zhuang Di Yi (Various Winds: On Miscellaneous Wind Manifestations I)*, “Heart Wind” inherits from *Zhongzang Jing* and *Zhu Bing Yuan Hou Lun*, with formulas like *Pweifeng Tang* (Expelling Wind Decoction) treating “Heart Wind” fever, “grief, anger, staring, and shouting,”

and *Xiaoxuming Tang* (Minor Restoring Life Decoction) addressing wind stroke with mental abnormalities—reinforcing the pathogenesis of spirit disturbance.

Volume 13, *Xinzang-Xinzang Mai Lun Di Yi* ^[8] cites *Jinkui*'s “Wind Attacking Heart,” following *Zhongzang Jing*'s classification, indicating widespread adherence to Zhang Zhongjing's theories. *Xinzang-Mai Ji Di Si* ^[8] merges *Huangdi's Internal Classic*'s “Heart Wind,” “Mai Bi” (vessel obstruction), and “Xin Ke” (heart cough) into a single disorder, proposing deficient and excess patterns of “Heart Wind.” It states: “*Mai Ji initially presents as Mai Bi, progressing to 'Heart Wind'; excess pulse qi causes fever, irritability, red mouth, and sluggish speech, while deficient pulse qi leads to heart cough.*” However, the pathogenesis “*unrelieved Mai Bi with repeated pathogen invasion, lodging in the heart*” originally refers to “Xin Bi” (heart obstruction) in *Huangdi's Internal Classic-Bi Lun* (On Obstruction), differing from “Heart Wind” in pathogenesis and manifestations.

While Sun Simiao's compilation was pivotal for inheriting medical theory, inconsistencies in classifying similar diseases led to conceptual confusion—a minor flaw that does not diminish his contributions to Chinese medical heritage.

3.3. Integration, division, and development in Song Dynasty official medical texts

The Song Dynasty official text *Taiping Sheng Hui Fang* (*Imperial Grace Formulary*) reorganizes and expands previous concepts, centering on “heart” and “wind” to subdivide six categories: “*Xinzang Zhongfeng*” (heart zang wind stroke), “*Xinzang Feng Xie*” (heart zang wind pathogen), “*'Heart Wind' Kuangyan*” (“Heart Wind” with mania speech), “*'Heart Wind' Huanghu*” (Xinfeng with confusion), “*Xinzang Feng Xu Jing Ji*” (heart zang wind deficiency with palpitations), and “*Xinzang Feng Re*” (heart zang wind heat) ^[9]. Though each emphasizes distinct symptoms, all share wind pathogen disturbing the heart with varying degrees of mental changes, returning to *Huangdi's Internal Classic*'s core feature of mental abnormalities. It supplements cardiac symptoms like chest-back tightness and palpitations while excluding confusing spleen-stomach symptoms, enhancing diagnostic clarity.

Shengji Zonglu (*Comprehensive Record of Holy Benevolence*) ^[10] abandons *Sheng Hui Fang*'s classification, devoting a standalone chapter to “Wind Attacking Heart” under “Various Wind Diseases.” It revisits *Huangdi's Internal Classic*'s “Heart Wind,” integrates *Sheng Hui Fang*'s “*Xinzang Zhongfeng*,” and emphasizes spirit-calming formulas like *Renshen Yin* (Ginseng Drink) and *Chensha Tianma Wan* (Cinnabar and Gastrodia Pill). Notably, *Shengji Zonglu-Zhu Feng Men* (Various Wind Gates) includes “*Feng Jing Ji*” (Wind Palpitations) and “*Feng Xie*” (Wind Pathogen) with formulas like *Shehuang Wan* (Serpentine Yellow Pill) and *Sangpiaoxiao Wan* (Mantis Egg-Case Pill) for treating “*'Heart Wind' madness*” ^[10], tracing back to *Zhu Bing Yuan Hou Lun-Feng Zhu Bing* (*Wind Diseases*) ^[7], which attributes such conditions to “*heart deficiency with wind invasion*” and mental disturbance.

Both Northern Song official texts highlight mental symptoms in “Heart Wind”/“Wind Attacking Heart.” *Sheng Hui Fang* classifies wind-induced heart disorders as primary heart diseases to refine treatment, while *Shengji Zonglu* strictly distinguishes wind pathogens from primary heart diseases but still exhibits conceptual overlap in formulas—a regrettable inconsistency.

3.4. Inheritance and evolution after the Song Dynasty

Chen Wuzhe of the Southern Song Dynasty, in *Sanyin Ji Yi Bing Zheng Fang Lun-Wuzang Zhongfeng Zheng* (*Three Causes Unified Treatise: Five Zang Wind Stroke Syndromes*), states: “*In 'Wind Attacking Heart,' the Renying and left Cunkou pulses are flooding and floating... Manifestations include profuse sweating, aversion to wind, slight*

redness, mild fever, aphasia, desire to eat followed by vomiting; diagnosis is based on the tongue, which appears red”^[11]. He supplements pulse signs and “aphasia” (derived from “sluggish speech”) and explains pathogenesis as “mother-child interaction” (heart deficiency leading to spleen-stomach involvement), attempting to merge Huangdi’s *Internal Classic*’s “Heart Wind” with Jinkui’s “Wind Attacking Heart.”

Contemporaneously, Jin Dynasty physician Zhang Yuansu synthesized Huangdi’s *Internal Classic*, Nanjing, and *Shanghan Lun* (*Treatise on Cold Damage*) to establish zang-fu syndrome differentiation but abandoned Huangdi’s *Internal Classic*’s “Heart Wind” in *Yixue Qiyuan·Wuzang Liufu, Chu Xibao Luo Shiyi Jing Mai Zheng Fa* (*Origin of Medicine: Syndromes of the Five Zang, Six Fu, and Eleven Meridians Excluding Pericardium*)^[12], retaining only Jinkui’s “Wind Attacking Heart.” He also reinterpreted *Lingshu·Benshen* (*Spiritual Pivot: The Root of Spirit*): “Fear and overthinking injure the spirit; spirit injury causes fear” as “fear injures the heart; heart injury leads to spirit loss, causing fear”—potentially laying the theoretical groundwork for “Heart Wind”’s transformation into a pure mental disorder.

Additionally, Zhang Zihē’s *Rumen Shi Qin* (*Confucian Gate’s Care for the People*) mentions “postpartum ‘Heart Wind’” treated with Danggui Chengqi Tang (Angelica Orderly Qi Decoction)^[13], derived from Liu Wansu’s *Suwen Bingji Qiyi Baoming Ji* (*Collected Essentials of the Suwen: Pathogenesis, Qi Dynamics, and Life Preservation*), which modifies Tiaowei Chengqi Tang (Regulate the Stomach Orderly Qi Decoction) with Angelica, ginger, and jujube to treat “mania due to excess yang and insufficient yin blood”^[14]. Tiaowei Chengqi Tang (from *Shanghan Lun*) addresses middle-jiao dryness, steaming fever, and vexation without vomiting/diarrhea. Reverse deduction from the formula suggests postpartum “Heart Wind” involves post-partum heart-blood deficiency with wind invasion, manifesting as fever, mental abnormalities, abdominal distension, and constipation—echoing Jinkui-*Furen Chanhou Bing Mai Zheng Zhi* (*Women’s Postpartum Diseases*): “New mothers suffer three conditions: convulsions, dizziness, and constipation... fluid depletion causes stomach dryness, leading to constipation”^[14]. This links “Heart Wind” directly to mental disorders.

In the Yuan Dynasty, Zhu Danxi’s *Danxi Shoujing* “Heart Wind” (*Danxi’s Handbook: “Heart Wind”*) describes “heart deficiency wind stroke” with “left Cunkou pulse, red complexion, tongue diagnosis, aphasia, inability to turn, shouting/anger”^[15], possibly inheriting Sheng Hui Fang’s integrated “Heart Wind” but omitting sweating/aversion to wind.

Early Ming Dynasty’s *Qixiao Liangfang* (Effective Formulas)^[16] includes “Xinzang Zhongfeng,” inheriting Sheng Hui Fang and adding formulas like Yuanzhi Tang (Polygala Decoction) and Xijiao Wan (Rhinoceros Horn Pill) to calm the spirit.

By the mid-Ming Dynasty, Xu Chunfu noted in *Gujin Yitong Daquan* (*Comprehensive Compendium of Ancient and Modern Medicine*): “After researching ‘Heart Wind,’ I find few records; it is mostly attached to epilepsy and treated interchangeably. Though ‘Heart Wind’ is a folk term, it accurately reflects the condition”^[17], defining it as an emotional disorder caused by long-term emotional stagnation and phlegm clouding the heart orifices—similar to mania but with deficient pathogenesis. Gong Tingxian’s *Shoushi Baoyuan* (Precious Source of Longevity) further states: “What is ‘Heart Wind’? The sovereign fire in the heart flares due to anger, with ministerial fire assisting and phlegm stirring... Obsession with past anger leads to disordered speech—this is ‘Heart Wind,’ unrelated to wind”^[17], attributing it to internal phlegm-fire rather than wind pathogen. Wang Kentang’s *Zabing Zhengzhi Zhunsheng·Shenzhi Men-Dian Kuang Xian Zong Lun* (*Standards of Diagnosis and Treatment: Mental Disorders: General Treatise on Epilepsy and Mania*)^[18] refers to “Heart Wind” as a colloquial term for *dian* (depressive mania), coining “Shixinfeng” (lost-heart wind)—likely a misnomer evolving into the folk term

“*Shixinfeng*” (lit. “lost-heart madness”).

By the Qing Dynasty, “Heart Wind” had largely lost its original meaning, becoming a mania-like mental disorder. Li Yongcui’s *Zhengzhi Huibu (Compendium of Syndrome and Treatment)* [19] appended “Heart Wind” to the “Mania” chapter, while *Yizong Jinjian (Golden Mirror of Medical Orthodoxy)* dismissed *Jinkui*’s “Wind Attacking Heart” as “*textually inconsistent, likely a miscopy, and not annotated*” [20] and excluded both “Heart Wind” and “Wind Attacking Heart” from its disease classifications. Thereafter, “Heart Wind” rarely appeared in medical texts or clinical records.

4. Analysis of the reasons for the “disappearance” of “Heart Wind”

Based on the above historical trajectory, two primary reasons for Heart Wind’s decline are proposed: (1) the early emergence of multiple theoretical origins hindered inheritance; (2) Heart Wind’s definition was incompatible with the *zang-fu* syndrome differentiation system.

4.1. Disorganized inheritance impeding development

The evolution of “Heart Wind” reveals a fragmented clue. Three distinct expressions emerged early, and subsequent physicians selectively integrated or expanded these views—e.g., Sun Simiao merging “Heart Wind,” *Mai Bi*, and *Xin Ke*; Chen Wuzhe unifying *Huangdi’s Internal Classic* “Heart Wind” and *Jinkui* “Wind Attacking Heart.” However, overly complex connotations or clinical irrelevance prevented widespread acceptance.

4.2. Incompatibility with Zang-Fu syndrome differentiation

The pathogenesis of “Heart Wind” involves wind pathogen (external or internal) and heart involvement (spirit or blood vessel functions). *Huangdi’s Internal Classic*’s “Heart Wind” was initially categorized under “external wind” and “heart governing spirit.”

As *zang-fu* syndrome differentiation matured, wind-induced diseases occupied an ambiguous position: *Jinkui* classified “Wind Attacking Heart” under *zang-fu* diseases while separating wind stroke and impediment; *Qianjin Fang* listed “Heart Wind” under both wind diseases and heart diseases (with spirit disorders primarily in wind sections). During the Song-Jin-Yuan period, the “internal wind” theory emerged—Liu Wansu proposed “*Wind arises from the zang-fu; fire and heat are the root of yang*” [14]—gradually dissociating “external wind” from “wind stroke.” Consequently, Zhu Danxi’s “heart deficiency wind stroke” lacked exogenous features. “Heart Wind” thus became divorced from both “wind” and heart syndrome differentiation, with its mental characteristics increasingly emphasized—a qualitative shift from quantitative changes.

5. The research on ancient diseases holds significant clinical value in the present era

First of all, it is necessary to abandon the inertia of interpreting based on literal meanings and avoid simply applying modern medical cognition to ancient disease categories. Instead, we should take ancient books as the core, accurately restore the original meanings of disease terms, and systematically analyze the pathological mechanisms of syndrome occurrence. This is a prerequisite for ensuring the scientific nature of ancient disease research and avoiding conceptual misinterpretation caused by differences in temporal and spatial contexts.

Secondly, the ancient medical understanding, description, diagnosis and treatment system of diseases were deeply integrated into the cultural context and ecological environment of that time. For instance, the theoretical

framework of traditional Chinese medicine that “the heart governs the spirit” classifies mental disorders such as mania into the category of heart diseases. Before the Jin and Yuan Dynasties, medical practitioners had not yet clearly distinguished the pathological attributes of “external wind” (exogenous wind pathogen) and “internal wind” (endogenous wind pathogen), which led to a vague definition of the concepts of “heart wind” and “internal wind” in ancient books and made it difficult to form an academic consensus. Therefore, when conducting research on the historical evolution of diseases, it is necessary to comprehensively consider multiple factors such as social culture, natural environment, and the development stage of medical theories, in order to clarify the academic context and accurately grasp the historical connotation of the concept of diseases.

Thirdly, the diagnostic and therapeutic experiences and the application of prescriptions recorded in ancient medical books are not outdated knowledge remnants but are rich in clinical wisdom, which can provide important inspiration for modern clinical practice and scientific research innovation in traditional Chinese medicine. For instance, if the diagnostic thinking, characteristic therapies, and drug compatibility rules for certain difficult and complicated diseases can be explored and verified in combination with modern scientific methods, it is expected to provide new strategies and targets for contemporary disease prevention and treatment, and achieve the organic integration of traditional medicine and modern medicine.

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