Good evening, Dr. Heiner! Welcome back from China and thank you for making time for this interview. How was your trip?

The trip was wonderful! I am constantly looking for higher quality herbs that are ideally wild crafted, so I went into some remote areas in Central China where the air is still clean and the water is not polluted and those kind of herbs are still in abundance. I usually go with groups of about 30 people to China, so it has been a long time since I had the opportunity to travel into some rather remote regions of China by myself. I was very pleased with the results.

Speaking of China, the cradle of the Gu Syndrome... What is your understanding of their current approach to the treatment of Gu Syndrome?

The Chinese educational system in the field of Chinese Medicine is very much standardized in China, and Gu Syndrome is definitely not part of the regular TCM curriculum there. Most TCM students or practitioners do not know what Gu Syndrome is. At most, they will think you’re asking them about black magic or some kind of magical incantation.

In general, there is very little awareness of what Gu Syndrome really is—a chronic inflammatory syndrome, or a super-infection involving lots of different pathogens like funguses, viruses and spirochetes at the same time. There is even less awareness that there is a whole herbal component to the treatment of Gu Syndrome. I would say, therefore, that with the exception of some medical anthropologists or experts on tribal medicine, the concept of Gu Syndrome is very much dead in regular TCM.

Are you aware of any provinces in China still practicing Gu?

Depends on how you understand the term “practicing Gu”... Originally, the meaning of Gu Syndrome was not so much how you treat yourself against parasitism, but implied an active process of infecting some adversary, as pointed out in my first article on Gu, also mentioned by Unschuld; it was a sort of black magic practice, where a “hex” is directed at somebody in the belief that the recipient may die and their possessions will come to you. I read several articles on the ancient customs of the tribal Miao people in China, most often called Hmong in the United States. According to modern Chinese lore, the Miao are the custodians of Gu practices, and that these practices are still in circulation in Guizhou Province. I have been to Guizhou several times, and never found somebody who was willing to admit that Gu magic was still being practiced in this region. Several years ago, a Chinese Hmong anthropologist concluded similarly in an article. He said that Miao people may still be afraid of going to certain people’s houses, because they think there might be Gu poisons in their homes, but when you actually visit the family in question it turns out to be a prejudice. More importantly, however, in the folk medicines practiced by the Miao and other tribes in China—particularly tribes who tend to live in malaria infested areas—one finds lots of herbs that I would consider anti-Gu in nature. People simply can’t
survive in those areas unless they have knowledge of anti-parasitic herbs, because infection rates are high, modern medical care is far away, and malaria or other febrile diseases affecting the nervous system will kill you or literally drive you insane if you don’t treat them locally.

When did you first realize that you had such great interest in Gu Syndrome, what is it that drove you in that direction?

It was primarily a clinical interest, paired with my activities as a scholar who loves to read ancient texts. I discovered that there is a certain class of patients where I could not make much difference with the regular bianzheng diagnostic approach. This included my favorite classical diagnostic system, the liujing bianzheng (Six Conformation) method used in the Shanghan lun. These patients are way too complex to diagnose them simply as suffering from a shaoyang or jueyin syndrome. I addition, I discovered that the writings of most ancient scholar physicians included chapters on Gu Syndrome. So, it quickly became clear to me that this concept was very popular in ancient times, but does not appear at all on our TCM radar screen today. The more I learned about the phenomenon of Gu Syndrome, the more I concluded that it was describing symptoms of complex and chronic parasitic infection, covering a wide range of conditions that are very common yet not often recognized in modern times. When I started using the herbal approach inspired by ancient anti-Gu prescriptions, a dramatic improvement in clinical results proved that I was on to something.

There is an overall belief in Western medicine that there exist almost no parasites in Western society today. I think that it is a huge mistake to buy into the general statement that only 1-2% of the US population is suffering from some type of parasite. First, we have a population that has been widely exposed to the over-prescription of antibiotics during childhood and adolescence, essentially wiping out their healthy gut flora and making them prone to fungal overgrowth as well as other chronic inflammatory agents that the body would otherwise been able to defend itself against. Secondly, most people believe that you need to travel to tropical regions in order to get parasites. If you read books like Anthony Bourdain’s entertaining “Kitchen Confidential,” however, we know that the restaurant industry wouldn’t be able to survive in this country were it not for its high percentage of first generation immigrant workers from South America. Many of these restaurant employees come from countries where parasitism is endemic, and all it takes to infect a patron is to forget to wash your hands before preparing a salad! So, you definitely do not need to travel outside the U.S. in order to be exposed to these types of pathogens.

In sum, it was primarily a clinical interest, paired with my ability to read ancient Chinese texts and coming across the concept of Gu Syndrome again and again within them, that caused me to devote a good portion of my life to researching this phenomenon.

From Unschuld’s book Medicine in China: A History of Ideas we learn that Ku (Gu) poison was made, among other reasons, to poison someone for revenge or prestige. But Gu was obviously not just used for poisoning, but designated many things during the last 2,500 years. The Hanyu da zidian dictionary altogether lists nine definitions for the term “Gu”:

1. Infection by a worm in the digestive tract
2. A type of artificially cultivated poisonous bug
3. Ghost of a person (often convicted of Gu-magic) whose severed head was impaled on a stake
4. Evil heat and noxious qi that harms humans
5. Insect pest that eats grain
6. Sorcery that harms humans
7. To seduce; tempt; confuse; mislead
8. Affair; assignment
9. One of the 64 hexagrams of the Yijing, specifically Hexagram 18. It is formed by the trigrams Gen (mountain) over Xun (wind)

I was particularly interested to hear what your experience was in those less common or more unusual aspects of Gu—like that of the ghost of a person, or evil heat, or sorcery that harms humans. Have you had any first hand experiences with any of those?

Yes and no. As I point out in quite a few articles - if someone tests positive for a type of protozoan infection or even a worm, none of this means that they have contracted Gu. The original meaning of Gu, during the Shang and Zhou dynasties 2,500-3,000 years ago, denoted some type of black magic practice, like putting needles into the effigy of a person, or putting a hex/
spell on someone, and later on creating some type of biological warfare involving the burying of hundreds
of snakes and worms and insects in a single vessel
under the earth until they have all devoured each other,
so that in the end only one super-virulent bug remains;
this was then ground into a powder, or processed
by some other technique that doesn’t get described
in detail in ancient written descriptions, possibly
harvesting the bug’s body fluids to poison somebody
else. However, in the medical texts of later eras Gu
Syndrome always means severe parasitic infection, not
so much ghosts or black magic. Some of these writers
may have still believed that the disease originated by
somebody having deliberately put something in the
food of their clients. But this really does not matter
much, because now that you had contracted this
condition the agreement was that you needed to get
rid of the pathogenic presence, however it had first
entered. It was recognized that this was the presence
of multiple pathogens that conspired to slowly hollow
you out from the inside until you die—that is, really,
where the “ghost” aspect comes from.

To synthesize, Gu Syndrome is an ancient technical
term for a particularly severe form of parasitic
infection that generally involves what I call parasitic
super-infection: multiple types of infections that all
thrive upon each other’s existence and symbiotically
assist each other in the process of feeding upon their
more and more deficient host.

In addition to that, these pathogens are affecting the
patient’s mental state and her ability to think. At the
very least, there is a brain fog, and in the worst case
scenario there may be hallucinations, nightmares,
emotionally tinged ups and downs, insomnia,
palpitations, anxiety, stabbing headaches, and bizarre
symptoms that come and go without anybody being
able to explain or diagnose them. Those all have
corresponded to the “ghost” aspects of Gu syndrome,
meaning the presence of strange phenomena that are
otherwise not explicable. In addition, some of these
symptoms will cause the patient to look like a ghost,
or make them appear as if they have seen a ghost
(hallucinations); and according to some reports, “evil
snake monsters” (most likely tapeworms) were seen
exiting the body of a dead Gu victim.

From my perspective, many people in modern times
who have been diagnosed with mental illness really
suffer from Gu syndrome—meaning they have a
severe parasitic infection that inflames their nervous
system and thus literally drives them crazy. That
is the “ghost” aspect of it! I see a lot of people with
Lyme disease in my clinical practice, and a lot of them
suffer from severe mental symptoms. Gu syndrome,
therefore, does not mean so much that I see ghosts
in nature, but that my patients look like ghosts, or
that they tell me about seeing ghosts. This is a typical
difficulty that is often encountered when making
ancient medical texts relevant for modern clinical
practice—in this case, you have all of this talk about
ghosts, causing many modern TCM practitioners to
dismiss Gu Syndrome as a crazy idea from an era
riddled by superstitions. A patient that looks like a
ghost, or behaves like a ghost, or thinks he is seeing or
possessed by ghosts… that kind of symptom, however,
is very real and diagnostically relevant in patients with
chronically inflamed nervous systems.

In your previously published articles you were
distinguishing Brain Gu and Digestive Gu.
From what you just described, it seems that the ghostly
part would be part of the Brain Gu, how about the
Digestive Gu?

Yes, good question. In modern terms, Brain Gu
encompasses conditions like fibromyalgia, chronic
fatigue syndrome, Lyme Disease, and certain types
of mental diseases caused by pathogens infecting the
nervous system, primarily spirochetes or certain types
of viruses that can inflame the brain and other parts
of the nervous system, causing symptoms such as
body pain, compromised mental function, extreme
emotional volatility, and traumatic fear responses to
minor stimuli, i.e. hypersensitivity to smell and noise.
This, in a nutshell, is the story of typical Brain Gu.
Digestive Gu, in contrast, is caused by infectious
agents that are primarily present in the gut, like certain types
of worms, or protozoan parasites, or funguses, all of
which happily coexist and promote each other.

The important thing to know is that external exposure
to vicious parasites is not the primary cause for either of
these conditions. It is part of the very definition of Gu
that a general state of deficiency precedes infection—
especially spleen qi deficiency, which specifically
enables wind and damp influences to breach a person’s
defenses and enter into their system. It is quite typical
that someone with Brain Gu simultaneously also
suffers from Digestive Gu, or the other way around.
Either way, it is part of the definition of Gu Syndrome
that proper mental functioning is affected in some way. In the case of Digestive Gu, the brain may not be directly inflamed, but becomes irritated via secondary metabolic pathways because the gut is inflamed. In cases like irritable bowel syndrome, for instance, or ulcerative colitis and Chron’s disease people’s brain chemistry is indirectly affected because the gut-brain barrier has become compromised and certain substances that have no business being in the body now can pass through the digestive membranes, often with the result that the body develops an autoimmune response to them, which then clouds people’s emotional and mental way of looking at the world. That is the reason why even the Digestive Gu patient will most likely exhibit some mental and emotional symptoms.

Per Unschuld, “To diagnose whether someone was suffering from Gu poisoning the patient was asked to spit into the water, if the spittle sank the result was positive.” How do we diagnose Gu Syndrome today? How do YOU diagnose Gu Syndrome?

Very few of the relevant Gu texts that I have encountered, particularly the more recent and clinically extremely relevant herbal Gu texts from the Qing Dynasty (1644-1911), do emphasize this method. If somebody’s digestive tract is inflamed, there could feasibly be a change in the ph of the person’s saliva and it might therefore behave differently when spit into a bowl of water, so maybe there is some truth to this method. However, there are just so many different forms and manifestations of Gu Syndrome—I would say, therefore, that spitting into a bowl of water is rather anecdotal, and that is the last thing I would use to diagnose Gu Syndrome today.

Personally, I rely on a combination of physical and mental/emotional symptoms, described in detail in earlier interviews/articles about Gu Syndrome, to diagnose this condition. Typical examples are constant feeling of malaise, body pain, bloating, irregular bowel movements, anxiety, insomnia, frequent mood swings, etc.

What is the most common pulse finding in Gu patients?

Part of the definition of Gu Syndrome is that it doesn’t fit into any specific type of diagnostic box, so one typically finds a variety of different types of pulses in Gu patients. One consistent pulse feature, however, stemming from the fact that Gu patients are by definition constitutionally exhausted, are deficient pulse patterns. This is why this condition can take hold in the first place.

What are the demographics of Gu patients in the States? What is the most susceptible group and are there any common denominators?

I think it is the following two factors that make somebody susceptible to Gu Syndrome:

- A history of frequent administration of antibiotics during childhood, inducing spleen qi deficiency (immune deficient patients)
- A history of travel to countries where more severe types of parasites are endemic, i.e. Africa, Latin America or Asia (often transmitted by mosquitos, like malaria)

This combination of a weak immune system and the event of a tick bite or a mosquito sting creates a prime candidate for Brain Gu. I should add that even in areas that are generally considered safe, such as Northern Europe, you’ve got the German government acknowledging that 5% of the population is infected by Lyme disease or related neurotoxic strains. As clinicians, we therefore must wake up to the fact that at least 10% of the general population—and up to 50% of the patients who come to us—suffer from one form or another of chronic inflammatory disease!

Western medicine categorically denies the existence and clinical magnitude of systemic parasitism. At the same time, modern research shows that most diseases, even disorders like heart disease or Alzheimer’s, are ultimately inflammatory in nature. “Inflammation-inflammation-inflammation” is a mantra that dominates the causative research on lots of chronic illnesses. In addition to regular inflammation, there is so much autoimmune inflammation now—asthma, MS, Chron’s, rheumatoid arthritis, Sjoegrens, lupus, Hashimotos, etc. From the perspective of my clinical experience with Gu Syndrome, all of these are sequellae of a deficient and over-challenged immune system that is battling on too many fronts until it reaches the “freak out” stage when the chaos of autoimmune reactions commences. The treatment strategy for many autoimmune diseases, therefore, can also benefit greatly if Gu is considered as part of the diagnosis. The reason why the body is over-reacting
in most autoimmune diseases is simply because it is inflamed by recalcitrant pathogens in the first place.

It seems like the “demons” of our times, to name just a few, are GMO, diet, environmental pollutants and inhalants, medication, stress and lifestyle in general. How much should all of these considered in the process of prevention and treatment of Gu Syndrome (people in the Zhou Dynasty did not have to worry much about those)?

Well, remember the Zhou Dynasty: a time when Gu Syndrome may have been on the map, but there wasn’t a systematic herbal treatment approach yet. This came into being only with the Neijing about 2000 years ago, about half a millennium after the Zhou dynasty had come to an end.

Furthermore, the primary “demons” of our times are overpopulation, pollution and greed that has led to global warming, which is contributing to the evolution and expansion of many pathogens that were contained in tropical regions before. West Nile Virus is perhaps one of the best examples for this phenomenon. Global warming has caused a proliferation of ticks and mosquitoes in areas where they could not survive before.

And once again, the frequent and casual intake of antibiotics (an energetically cold substance according to Chinese medicine) has turned many people into deficient individuals who are not able to fend off those emerging pathogens. Healthy people who are stung by an infected mosquito may be able to deal with the challenge to their system. For instance, there are lots of hunters in Oregon who test positive for exposure to Borrelia burgdorferi, the pathogen that potentially causes Lyme disease. However, many of them never develop any symptoms; they don’t become Gu patients because their body is able to contain and potentially eliminate the infection. But the immune-compromised individual can’t accomplish this.

I do believe that global warming, antibiotics and the overuse of other medications are some of the “demons” of our time. GMO is a big problem, as well, but not so much a cause for disease. Once again, if our gut was truly healthy, we should be able to deal with that insult. Unnatural phenomena like GMO food are bothering us because our gut is already inflamed to begin with.

You have previously linked Gu Syndrome to several autoimmune diseases including fibromyalgia and chronic fatigue syndrome, for which Western medicine has no known cause. How did you discover this link, and can you describe the connection between Gu and these diseases?

As I pointed out in several of my articles, the easiest way to diagnose Gu Syndrome is definitely not by waiting for a positive stool test, or confirmation from Western medicine that there is Lyme, because modern diagnostic methods for parasite detection are imperfect to begin with, and most often doctors are unwilling to order these tests; in addition, many insurance companies don’t pay for them. There is no definitive test for Lyme or even intestinal parasites. Modern testing technology tends to be highly specific, and there are simply too many inflammatory pathogens to test for—myriad strains of viruses, bacteria, spirochetes, mycoplasma and fungi—each of which may have different egg and larval stages that most lab technicians are not trained to recognize. The easiest thing, therefore, is to utilize a symptom-oriented test. A typical example would be a patient who reports severe symptoms that cannot be identified by Western diagnostic procedures, and thus ends up being medicated with SSRIs, benzodiazepines, and other psychiatric medications. This sort of patient has a long list of symptoms—all signs that are diagnostically meaningful from a Chinese medicine point of view. If somebody comes in with chronic digestive disorders accompanied by a variety of mental-emotional problems such as anxiety and insomnia or hyperacusis—that is enough for me to diagnose Gu Syndrome. This sort of patient often tells me how they went to their doctor repeatedly, yet received nothing but sleeping pills. For me, on the other hand, this is a typical Gu Syndrome case.

Lots of people will come in and say that they have some type of autoimmune disease. This is sort of like saying “I’m sick because I am allergic to potatoes.” An allergy is always a secondary cause—potatoes may trigger a skin rash, indeed; but how come some people can eat potatoes and you can’t? That’s because your gut is in a chronic state of dysbiosis, often inflamed by multiple parasites, and it is for this reason that you are experiencing this allergic over-reaction, not because you are eating potatoes.

If you treat and kill the parasitic infection, the inflammation will eventually go down and the
autoimmune reaction will go away by itself. That’s an important concept, not just from the perspective of Western medicine, but Chinese medicine as well, because there are certain steroid-like herbs (i.e., Dihuang) that are often over-used by herbalists for their suppressant effect.

The real cause for most autoimmune conditions, therefore, is longstanding inflammation. From a Chinese medicine perspective, therefore, you need to primarily remove “wind,” or better yet—utilize the complex anti-Gu methodology that combines five different approaches: 1) Move blood to break up biofilm; 2) eliminate parasites directly with anti-parasitic substances; 3) tonify blood and yin (with herbs that are anti-parasitic); 4) tonify qi (with anti-parasitic herbs); 5) drive out wind and dry damp. That is, in a nutshell, the herbal approach to Gu Syndrome devised by Chinese physicians over thousands of years. After I started using it, I began to make real clinical progress with patients like that, rather than just chasing symptoms or giving them steroid-like anti-allergy types of herbs.

Autoimmune disease is not easy to treat, and it tends to come back all the time. It is one of the potential strengths of Chinese medicine that it gives us a system that explains the why and how of a condition. The philosophy that underlies our medicine always aims to treat the cause. If, however, we imitate the methods of Western medicine and simply try to suppress an allergy by using steroid-like herbs we may cause the patient to feel better temporarily, but in the end the condition always comes back. A better plan is to treat the inflammation that is at the root of the condition. Autoimmune allergy, as outlined above, always means over-reaction. It’s like a situation where 3 people are guarding a house who then become surrounded by a 50 people guerilla force—it is quite feasible in this precarious situation that they start freaking out, begin to fire uncontrollably, and in that process kill some of their own. That’s exactly what autoimmune disease is. It’s an overreaction that begins with the presence of a pathogen, inflammation! But just as important is the original deficiency of the immune system that causes the system to overreact in the first place. This combination of causative factors is very easy to understand, and also most often makes sense to the patient.

Dr. Heiner, when I was doing research on autoimmune diseases, one of the common denominators I was able to find in addition to inflammation of the gut was Liver toxicity. What is your take on the connection between Liver toxicity and an already weakened immune system that stems from depletion and inflammation in the gut?

I think that natural medicine in modern times, Chinese medicine included, takes most of it’s clues from Western medicine, which generally tries to detect pathogens in the blood or urine or stool. If none is found, one looks for other kinds of material evidence, like traces of heavy metal poisoning in the hair, etc. This methodology is particularly common in the naturopathic profession. Over the last few decades, we have developed an awareness as well as related tests for environmental toxins, very often proving that a variety of unnatural particles are present in the bloodstream—something the liver needs to clear. As a result, many practitioners of natural medicine immediately jump to this conclusion that is, in my opinion, both inappropriate and undifferentiated, yet still used to explain everything: toxic liver, toxic liver, toxic liver! While liver toxicity may play a part in a lot of patients, I think it is an overused diagnosis in natural medicine.

I agree that there are lots of toxins present in the environment nowadays, but these toxins tend to act like the pathogens we have been discussing—if the individual in question is constitutionally weak and encounters an inflammatory agent in this state, it will cause damage in the system. The same thing is true for heavy metals or other kinds of toxic agents: they will wreak havoc in your system, when they wouldn’t in a healthy person. So, yes, absolutely: environmental toxins do have the potential to cause an overreaction/allergy or autoimmune reaction in a certain kind of immune compromised individuals. However, I still think that the inflammatory agents we have been speaking about are much more dangerous, because they are alive and thus intelligent. If you treat heavy metals, they simply get released via the urine or other emunctories and exit the system. Living pathogens, however, will employ sophisticated evasion strategies once they feel attacked. Thus the so-called “Herxheimer” reaction that is common in Lyme disease, which makes it so difficult to treat this kind of patient.

In comparison, therefore, I am much less worried about these other kinds of toxins. If you employ dramatic detox methods such as fasting, environmental toxins
will leave the body immediately, while inflammatory pathogens will find a way to stay. Environmental toxins and GMOs certainly may play a role in complicating and enhancing Gu Syndrome. The original image for Gu is, after all, three worms in a vessel—one of those “worms” might be an environmental toxin, but from my clinical experience it is important to point out that most often they should be assessed as a contributing rather than a causative factor.

Are many of your patients who clearly benefit from the Chinese Gu treatment taking Western medications at the same time?

Most of my patients, whether they have Gu Syndrome or not, are often severely sick and thus come in with a number of different syndrome diagnoses. Most often, they are on different kinds of symptom management medication, such as drugs for pain, anxiety or depression. So, yes: many of my patients take some kind of Western medication, at least when they first start treatment, and I do take that into account. For me, this fact is not less but more reason to prescribe Chinese herbs; to help remove the toxic load that this kind of patient needs to constantly metabolize. Metabolic byproducts of parasitic agents, by the way, can also contribute to liver toxicity.

Is Jiajian Su He Tang the most efficient formula for the treatment of Gu Syndrome?

I consider Jiajian Su He Tang to be an excellent example for the complex way that ancient physicians used to successfully approach systemic parasitism. Personally, I tend to use this general Gu approach extremely flexibly, often combining it with “regular” formulas. When perusing classical medical literature, you’ll find that lots of anti-Gu herbs are mentioned, including very toxic ones like mercury, arsenic and other heavy metals. These are obviously not suitable for use in modern times, because they are either illegal or unavailable on the market.

When I wrote my first article about Gu syndrome many years ago, I primarily approached the topic from the perspective of a medical anthropologist rather than that of a clinician. At the time, I picked two formulas that did not contain any exotic or toxic substances for the purpose of clinical experimentation: Su He Tang (Perilla and Mint Decoction) and Jiajian Su He Tang (Modified Perilla and Mint Decoction), both recorded in the Qing dynasty work Zhigu xinfang (New Formulas for the Treatment of Gu). All herbs in these formulas are easily recognizable, and together present an understandable approach of tonifying deficiency, eliminating wind and damp influences, killing parasitic toxins directly, and at the same time reducing ancillary symptoms like anxiety. This method made sense to me, so during the last 20 years I have stuck with modifications of this remedy. I feel that the creation of two patent remedies for the treatment of Gu Syndrome—Thunder Pearls and Lightning Pearls—has been one of the best things I have ever done in my career as a natural medicine educator, both for my own clinical development as well as the modern profession of Chinese medicine. I have been teaching about Gu Syndrome and related treatment approaches for close to 20 years now, and for the first 15 years very few people were doing anything with the information I introduced about Gu Syndrome. Since the creation of Lightning Pearls, Thunder Pearls, and Dragon Pearls, however, many practitioners have started integrating the concept of Gu Syndrome and its treatment in their clinical practice. I can comfortably say, therefore, that the act of moulding an obscure academic concept into a concrete tool that can be physically placed on the shelf has perhaps had more influence on clinical practice than all my teaching endeavors during the last 25 years! Both Thunder and Lightning Pearls are based on Su He Tang and Jiajian Su He Tang. So, yes: in my opinion, these two formulas are the most clinically successful and appropriate remedies for the treatment of Gu Syndrome in a modern Western environment.

Do you needle the 13 Ghost Points first mentioned in the Nanjing in addition to prescribing herbal formulas for Gu Syndrome? Have you experienced any “unusual” or “wailing” reactions after needling these points?

Yes and no. Sometimes we deliberately use ghost points for Gu patients, but in the end everything depends on the individual situation of the patient. Most points are chosen based on touch. We tend to use a lot of points on the Yangming channels (Stomach and Large Intestine), because this is a major area where Gu Syndrome resides. I’m personally very interested in the concept of the so-called Ghost Points, but I am not sure how often my clinic team is actually using them.

Patients may experience emotional discharges during needling, accompanied by crying or strong emotional
sensations or even physical tremors. I wouldn’t look for that, however, and be disappointed if nothing of the sort occurs. Some Gu patients, however, can definitely manifest these kind of reactions.

Lot of psychological pathologies such as schizophrenia, bipolar disorder or even seizures would’ve been considered a result of Gu or “demon struck” in Zhou dynasty times. Could any of these disorders be considered to have “Gu” causes nowadays?

An emphatic ‘yes’ from me—this is another topic that warrants further attention and exploration. I often find that people are “mentally ill” because of physical causes that facilitate an instability of their brain chemistry. Inflammation of the nervous system by pathogenic viruses and spirochetes is especially common in these patients. One of the difficulties of researching this topic further is the fact that most schizophrenics and bipolar patients do not believe that they are ill, and therefore don’t come into the clinic unless they are being dragged in by a relative. And if they get dragged, it tends to be into the influence of Western psychiatric drugs, so we don’t often see this kind of patient. What we do see are patients suffering from seizures/epilepsy, sometimes bipolar disorder, and very rarely schizophrenia. And yes, I often end up diagnosing such cases as suffering from Gu Syndrome.

Where do you draw the line between autoimmune and “demonic” involvement or attack?

Just like parasites don’t automatically mean Gu Syndrome, autoimmune disorder does not necessarily mean Gu Syndrome, either. Autoimmune involvement can very often cause crazy and inexplicable symptoms that appear like “possession” to a physician, especially in ancient times. In the end, I think, it once again depends on the situation of the individual case.

Dr. Heiner, I want to thank you for your time. Is there anything that you want to add that I did not ask? Any advice for a novice interested in treating Gu Syndrome and autoimmune disorders?

Thank you for asking this final question! I believe strongly that familiarization with the concept of Gu Syndrome is one of the most important decisions you can make as a student and practitioner of natural medicine—despite the fact that for historical and political reasons it has been eliminated from standard TCM curricula. Once you are seriously engaged in clinical practice, you will see that most of your difficult and recalcitrant cases will suffer from this syndrome: chronic inflammatory disease with autoimmune complications.

Secondly, I recommend that you read all of the outstanding literature on Gu Syndrome that I have put together in the reference section of my Clinical Manual. Those can also be downloaded from various websites, namely ClassicalPearls.org and ClassicalChineseMedicine.org. Get the basic information about how to recognize the symptoms and signs of Gu Syndrome in clinical practice, and then start experimenting with it in a clinical setting!

Ideally, start simple: prescribe Lightning, Thunder and Dragon Pearls plus a few of the other Classical Pearls products that are often used in conjunction with the black label anti-Gu formulas: i.e., Peace Pearls and/or Spirit Pearls for anxiety; Earth Pearls for abdominal pain/bloating or thick tongue coating; Cinnamon Pearls for food allergies; Bamboo Pearls for body pain in chronic fatigue syndrome, fibromyalgia and Lyme disease patients; Ginkgo Pearls for bad headaches, addiction and obsessive-compulsive behavior. Get an arsenal of 10 formulas and start using them to accumulate your own clinical experience—you will see quickly how this approach works much better for most of these cases in comparison to what you were taught in school. Best to start reading and using those remedies right away, and see what happens!

Dr. Fruehauf, thank you again for your time and effort!