

“*Hun and Po: Functions and diagnosis*”, The Fourth World Conference on Acupuncture, New York
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Abstract:

Aim:

This study develops from a work on diagnosis of *Shen*. It investigates *Hun* and *Po*: the concepts as developed in medical history, links with different traditions (daoist, buddhist, confucian thought), place inside modern TCM, signs and symptoms to differentiate a diagnosis, significance as etiological factor, interaction in pathogenesis, approaches in treatment.

Methods:

Direct textual research on original medical literature in the attempt to outline the concepts of *Hun* and *Po* in Chinese medical tradition. It has been analyzed the semantical spectrum covered by the words *Hun* and *Po* as they occur in classical medical texts, especially focusing on the Huangdi Neijing tradition (different compilations and commentaries). Modern Chinese and Western literature on the subject has been consulted. When deemed necessary for a better understanding we have taken into account a broader philosophical and cultural background, by enlarging the view to other coexistent cultural traditions.

Results:

The couple *Hun-Po* relates to other couples as *Yi-Zhi*, *Jing-Shen*, *Qi-Xue*. *Hun-Po* represents two opposites poles: *Hun* moves in a field closer to mind, to the activity of images and dreams, while *Po* is more involved in the organization of body life, in the functions of movement and sensitivity.

Conclusions:

From traditional medical models and from different philosophical lineages we see the importance of *Hun* and *Po* in human psychic and somatic life. This couple of concepts offers a theoretical basis and practical references to read emotions and somatic expressions, trace their connections, and work on the possibility of change in pathological conditions.

Part of the text

further developed in: “*Shen - Aspetti psichici nella medicina cinese: i classici e la clinica contemporanea*”, CEA, Milano 2002 (English Translation under way: “*Psychic sides of Chinese Medicine: The Classics and the Contemporary Practice*”).

Xue, qi, channels are a bit like old friends, of which we know we do not know much, but to which we feel close: we do have an image inside us and we do have an idea when we treat them.

To recognize an alteration of *hun* and *po* we must make a diagnosis starting from the traditional Chinese semeiotics, its signs and symptoms, but we should also keep in mind that they belong to a conceptual universe different from the level of qi and xue, channels, cold or heat, etc.

We now leave to the clinician the task to evaluate the pattern of jing, qi, xue, the possible presence of phlegm or heat, insufficiencies-xu or excesses-shi, and to design the most indicated treatment, while we present here only an hypothesis of functional diagnosis.

In terms of Chinese thought we know that life is movement: if things stop, we have illness. We have health when yin and yang enter one into the other, when there is dynamical balance between the

different parts of the universe we are considering, when they circulate and communicate freely, integrate and transform.

Illness of *hun* and *po* will result when one of these principles becomes separated and isolated, that is when it instead of acting in relation with the other component of the couple it functions only inside itself, producing empty movement and pathology.

Po is yin, it is the root of *hun*, goes along with jing-essence, it is ling-spirit of xing-form, it lets us move and feel (Kong Yida), it can 'record and remember in the inside' (Zhuxi).

It is in relation to a dense, material aspect, it regards the body, but it does not identify with it. In other words we can say that it is a consciousness, which passes through the body, its intelligence, its memory, its language. And we can imagine a pathology of *po* as a *po* that makes everything by itself, without the imagination activity of *hun* and without integration in shen.

We shall find clinical pictures in which the patient perceives, thinks, and expresses mainly through his/her body, as it happens for instance in Somatoform Disorders: there is an impossibility of conceptualising, verbalizing the suffering, that can be said only through somatic symbols.

But what will make us think that *po* is involved, beside a nosographic definition? Essentially the rigidity we meet: not only we find repetitions in the anamnesis - not so much of the symptoms but of the modalities of presentation. The person in front of us speaks for instance only of pain, without linking it to anything, without being able to 'move' it in his thoughts. It appears impossible to consider different possibilities, to move along alternative routes.

In this way there cannot be enrichment through the activity of *hun*, nor integration into consciousness-shen.

Similar to this is the situation in which the individual acts, and does not think. In psychotherapy there is 'acting out' when the patient does not work through in the session, but comes late etc. In daily life we recognize this condition when the actions substitute thinking and talking. It can be that restlessness that relieves anxiety, or the action-answers to knots of a relationship, or those high-risk behaviours that show the lack of the process of symbolization, up to the stereotypes of serious mental illnesses. Also in all these cases the action of the body is separated from *hun* and *po*.

Also disorders of basic physiological functions can have a *po* shade, for instance sleep or food disorders, or alterations of immune regulation.

Hun is yang, it moves *po* and the other aspects of shen (it is the origin of movement), in pathological situations it tends to separate from *po* and it does not follow shen any more.

Pathological *hun* like a thought that make all by itself, that refers only to itself, moves too much or too little, produces without any relation to the other substances, without the limits of actual reality.

Shen is thought that develops cognitive and emotional aspects, it integrates different processes and allows us to evaluate reality through thought, like it allows to perceive the other world through senses. When *hun* separates from shen, we loose contact with internal and external reality, and our answers will not be consistent with the situation.

We can find disorders of formal thought, of perception (pathological *hun* as creation of everything, also perception, by hallucination), of mood (emotional answers are not consistent with the situation, mood is too high or too low).

In the Anxiety Disorders i.e. we see this excess of thought activity, with projections, expectations, fears. And an excess of movement produces an emotional hyper reactivity.

Hun is seen particularly in dreams: an alteration is observed when dreams interfere with the sense of well being, producing too many dreams, nightmares, repetitive dreams.