Valley Health Clinic
ALBANY, OREGON

FREE PRACTITIONER KIT

FOR LICENSED PRACTITIONERS

Evil Bone Water

in clinical practice

What the tradition claims, what the evidence actually supports, and how it sequences into a real treatment — plus a printable patient handout you can put in the treatment room today.

Companion document: **The Evidence File** — where the research is thin, and the claims to stop making.

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正 邪 骨 水

START HERE

The most interesting thing about this bottle is an argument

Two authorities look at the same liniment and disagree about what is doing the work. Neither is lying. Understanding the disagreement is what lets you talk about this product without overselling it.

Pull up the FDA drug listing for Zheng Gu Shui and you find something most practitioners have never noticed. **Camphor and menthol are the listed active ingredients.** Japanese knotweed, zedoary and the rest of the herbs that give the formula its name and its entire traditional rationale are listed as **inactive**.

In US regulatory terms, the herbs are excipients. The tradition says the reverse: that this is an herbal trauma formula in which camphor and menthol are the vehicle, and Hu Zhang, San Qi and the others are the medicine.

You do not have to resolve that argument to practise well. But you should know it exists, because it explains almost everything about how this product behaves — why it works fast and shallow, why the effect is unmistakable in the first ten minutes, and why the research file on the eight Chinese herbs is thinner than the marketing copy suggests.

Three things worth knowing before you recommend it

1. **There is no published trial of this formula. None.**
   A PubMed search for Zheng Gu Shui returns no trials, no case series, no case reports, no safety studies. Its FDA listing is a *registration*, not evidence. Anyone telling you Evil Bone Water is "clinically proven" is saying something that cannot currently be substantiated.

2. **The topical-analgesic category has a humbling track record.**
   The Cochrane review of topical rubefacients found efficacy *shrank as trial quality rose* — the positive signal came from older, smaller studies while larger, more recent ones showed no effect. *(Derry et al., Cochrane Database Syst Rev 2014; PMID 25425092)* A category-wide warning worth holding.

3. **And yet the mechanism for the two "inactive" ingredients is genuinely good.**
   Camphor and menthol have real, well-characterized, partly *opposing* actions on cutaneous TRP and Kv7 channels, with human pharmacokinetic data behind them. The irony of this formula is that its best-supported components are the ones the tradition treats as secondary.

What this kit is

A practitioner-to-practitioner reference. It grades the evidence honestly, including where the evidence is weak or absent, and the application protocols come out of a working clinic rather than a brochure. The version to hand a patient is on page 7, and it is built to be printed.

How I use this in the room

I tell patients the truth: a fast, reliable, low-risk topical with a five-hundred-year track record and a thin research file. That framing has never once cost me a sale, and it buys a lot of credibility for the moments when I say something *is* well supported.

REFERENCE

What it is used for, and how to apply it

The indication list, the application mechanics, and how it actually sequences into a real treatment.

Traditional clinical uses

Incidental injuries (especially sports injuries) · joint pain · spinal pain · muscle and ligament pain · bruising · sprains and strains · general pain and overuse · minor cuts and insect bites · inflammation and swelling · minor burns · first aid.

Traditional-use indications as supplied by the maker. External use only — do not ingest.

Application basics

1. **Choose your delivery.**
   Sprayed it vents off the surface and cools. **Rubbed in** it activates camphor's alternating warm–cool effect. Pick deliberately.
2. **Two to four times daily, or as needed.**
   No loading protocol — frequency is driven by symptom return. The alcohol base flashes off within minutes.
3. **Wash hands after.**
   And warn about staining — it marks light fabric and finished surfaces.
4. **Full instructions:**
   how to use Evil Bone Water → · matching a topical to injury stage →

How I actually sequence it in a treatment

Evil Bone Water goes on *before* acupuncture, not after. It is quick-drying — apply it, let it flash off, and needle over it with no sting. Over fresh insertion sites it stings, and patients remember the sting. That one ordering decision is the difference between patients loving it and flinching at it.

Before needles

Apply, let it dry, then needle. Near the face, skip the spray — alcohol pump, cotton ball, no dripping.

Pre-clean the field

Dusty feet, post-workout skin — the alcohol base pre-cleans the field while doing its actual job.

Cooling spray

Fibromyalgia patients, anyone running warm, a too-hot room — sprayed and left to vent, it cools without a rub.

Cupping prep

Apply first, let it dry quickly, then put the oil on top and cup or gua sha as normal.

Take-home for knees & shoulders

Where it excels. Osteoarthritic knees and sore shoulders go home with a bottle and a twice-daily instruction.

Clinic logistics

The quart refills treatment-room bottles and the cotton-ball pump. Retail bottles to resell; the quart runs the rooms.

What goes on after treatment instead

The post-treatment slot belongs to other things: **Red Emperor's Immortal Flame** for warmth — olive-oil based, no sting; **Corydalis Relief Salve** when a strong smell or warming effect is unwelcome; and honestly, **Biofreeze** for a quick gua sha session so nobody leaves greasy. **Kinesiotape caution:** EBW makes tape not stick — degrease with Biofreeze instead, and send the EBW home.

THE HONEST GRADE

What the evidence actually supports

Graded by the strength *and the route* of the evidence. Route matters more than most ingredient lists admit: an oral rodent study tells you very little about what happens when a compound is wiped onto human skin in an alcohol base. These five carry real support; the companion Evidence File covers the ones that do not.

INGREDIENT	EVIDENCE	WHAT THE LITERATURE ACTUALLY SHOWS
Zhang Nao Camphor	STRONG	Activates TRPV1 and then desensitizes it faster and more completely than capsaicin; blocks TRPA1; activates TRPV3 in *keratinocytes* rather than neurons; inhibits the Kv7 M-current. Several of these actions oppose one another — camphor is not a clean analgesic story, and the same work found TRPV3 *sensitizes* on repeat application. *Xu 2005 PMID 16192383 · Moqrich 2005 PMID 15746429 · Vetter 2013 PMID 24133266*
Bo He Nao Menthol	STRONG	The TRPM8 cold-receptor ligand. In a randomized human topical crossover trial, 40% menthol produced cold allodynia and mechanical hyperalgesia, and significantly blunted cinnamaldehyde-induced flare — counter-irritation, measured in people. Camphor and menthol's cold-sensitizing effects are additive at Kv7, which is why they are formulated together. *McKemy 2002 PMID 11882888 · Olsen 2014 PMID 24664788*
Alcohol base + terpene system	STRONG	Terpene enhancement of permeation through *human* epidermis is substantially higher in ethanol than in other vehicles. Menthol enhances flux by two mechanisms at once — forming a eutectic mixture with the permeant and disrupting stratum-corneum lipids. Ethanol and terpenes are one system here, not two ingredients stacked. *Vaddi 2003 PMID 12576684 · Kaplun-Frischoff 1997 PMID 9423153*
Gui Pi Cinnamon bark	MODERATE	Cinnamaldehyde is the prototypical TRPA1 agonist. Note the *direction*: topically in humans it raises skin temperature and perfusion and produces an axon-reflex flare. That is vasodilation and counter-irritation — not anti-inflammation. Cinnamaldehyde is in fact used as the irritant in animal skin-inflammation models. *Bandell 2004 PMID 15046718 · Olsen 2014 PMID 24664788*
San Qi Panax notoginseng	MODERATE	The one herb here with a genuinely *topical* study: notoginsenoside Ft1 applied to the skin shortened wound closure in diabetic mice from 20.9 to 15.8 days and drove collagen production in human dermal fibroblasts. Good evidence — for wound healing. The famous platelet and bruising literature is a different story — see the Evidence File. *Zhang 2015 PMID 26567319*

Companion download: The Evidence File →

The other six herbs — where the research is thin, the three claims practitioners should stop making, the layering caveat, and a full citation index of every study behind both documents. Free, no opt-in.

Why route is the whole argument

Notice what the strong column has in common: every entry was tested *on skin*, and three of the five were tested on human skin. That is the bar. When you read an ingredient claim for any topical — this one included — the first question is not "is there a study?" but "was the compound applied the way my patient will apply it?"

THE SPECIFIC VERSION

The camphor conversation, with actual numbers

Camphor safety gets discussed in two useless registers: vague alarm, or vague reassurance. The real picture is sharper than either, and it points to one clear instruction for patients.

~41 ng/mL

Peak plasma camphor in adults wearing *eight* camphor patches for 8 hours — deliberately unrealistic exposure.

Martin 2004, PMID 15342616

500 mg

Camphor *ingested* that has been cited as a cause of pediatric mortality; 750–1000 mg is more commonly associated with seizures.

Love 2004, PMID 15219304

11%

FDA ceiling for camphor as a counterirritant in OTC topicals.

OTC Monograph M017 §M017.12(b)(1)

Put those three numbers side by side and the picture resolves. **Camphor's danger is an ingestion danger, not a transdermal one.** The gap between nanograms per millilitre from heavy topical use and a 500 mg oral seizure threshold is roughly three orders of magnitude.

So the correct clinical instruction is not "be careful applying this." It is **"store it where a child cannot reach it."** That is also why the FDA pulled camphorated oil — roughly 20% camphor in cottonseed oil — from the OTC market in 1982, after repeated cases of children drinking it, mistaking it for castor oil.

> **Do the arithmetic out loud for parents**
>
> At Zheng Gu Shui's labelled 5.6% camphor, **500 mg of camphor is about 9 mL** — under two teaspoons. That is one mouthful for a curious toddler. The concentration ceiling and the storage warning are not bureaucratic theatre. Say the number; it lands better than "keep out of reach of children."

Standing cautions

- **External use only.** Do not ingest.
- **Flammable.** Alcohol base — keep from open flame, and let it dry before moxa, a TDP lamp, or a heat pack.
- **Not on the abdomen or sacrum in pregnancy**, and not on the breasts while breastfeeding.
- **Under age 2:** the FDA external-analgesic monograph directs users not to use without consulting a physician.
- **Do not refrigerate.**
- **It stains.** Warn before, not after.

Pregnancy & lactation, honestly

There are **no human studies** of topical camphor or menthol in pregnancy. The traditional caution and the label caution are both precautionary — a default from the absence of data, not a finding from evidence. Say it that way.

The manufacturer labels themselves disagree: the standard Zheng Gu Shui listing carries no pregnancy statement, while the ultra-strength version instructs users to avoid application during pregnancy.

For lactation the real risk is mechanical rather than systemic — direct transfer to the infant by skin contact. LactMed's guidance on topical peppermint gives the usable rule: *use after nursing, wipe off before the next feed.* There is also a theoretical high-dose milk-supply signal for menthol from in vitro and animal work.

SCRIPTS

Six questions patients ask, and answers that hold up

Real questions from my treatment room, with answers I can defend if the patient goes home and searches them.

"Why is it called *Evil* Bone Water?"

A fairly literal read of 正邪骨水 — *zheng xie gu shui*. *Xie* is the pathogenic factor, the "evil qi" lodged in the tissue; *zheng* is to correct or set right, as in setting a bone. It is a name about driving something out, not about the product being sinister. Patients love this answer. The full story →

"Is this just Biofreeze?"

No, and the difference is real. Biofreeze is menthol in a gel. This is menthol and camphor in an alcohol base carrying eight herbs — a different vehicle, a different sensory profile, and a warming-then-cooling behaviour pure menthol does not produce. Whether the herbs contribute measurably is the honest open question.

Side-by-side comparison →

"Can I use it on an open cut?"

On minor cuts, scrapes and abrasions, yes — a traditional first-aid use, and the camphor concentration is relatively low. It will sting. Not on deep or puncture wounds, not on burns beyond superficial, and not on anything you would otherwise refer out.

"How often can I use it?"

Two to four times daily, or as needed. There is no cumulative loading effect to chase and no reason to exceed comfort. If a patient is applying it eight times a day to get through, that is a case-review signal, not a dosing question.

"Does it work, or is it just the cold feeling?"

Partly the cold feeling — and that is a genuine mechanism, not a dismissal. Counter-irritation is how this whole category works, and menthol and camphor measurably change what cutaneous nerves report. Whether the herbs add to it is not established. The sensation is real; the relief is usually real; the depth varies a lot by person.

"My friend says it cured her arthritis."

This is where I slow down. It is a topical for temporary relief of minor aches and pains. It does not treat arthritis, neuropathy, or any named disease, and I will not let a patient substitute it for a workup. Good products do not need us to oversell them.

Where it sits among the other topicals

The layering principle I teach: **fast-acting broad foundation first, targeted support on top.** Evil Bone Water is the foundation. What goes on top depends on the presentation — a warming oil for cold, stiff, chronic joints; a corydalis salve when the pain reads neuropathic; herbal ice for acute heat and swelling inside the first 48 hours.

Choosing a combination →
Which pairing for which presentation.

San Huang San / herbal ice →
The acute-stage alternative.

Corydalis (yanhusuo) →
For pain that reads neuropathic.

The dispensary case, in one sentence

Homework is often the difference between 80% and 100% better — and this is the easiest homework to get compliance on, because patients smell it during treatment and ask what it was. It practically sells itself.

Evil Bone Water

ZHENG XIE GU SHUI · HERBAL LINIMENT

Valley Health Clinic
ALBANY, OREGON

What it is. A traditional Chinese herbal liniment, used on the skin for temporary relief of minor aches, sprains, bruises and stiffness. It contains natural camphor and menthol in an alcohol base along with eight Chinese herbs. **For external use only — never swallow it.**

How to use it

- Apply directly to the sore area.
- Rub it in until it absorbs — this brings a warm-then-cool feeling.
- Or spray it on and leave it — this stays cool.
- Two to four times a day, or as needed.
- Wash your hands afterwards.
- Let it dry fully before using a heat pack.

Good for

Sore muscles · sprains and strains · bruises · stiff joints · back and neck pain · overuse and training soreness · minor cuts, scrapes and insect bites. **It especially shines on sore knees and shoulders** — rub it in twice a day.

A few things that help

- The feeling arrives within a minute or two. If nothing happens after ten minutes, you have probably used too little.
- Rubbing it in and spraying it on do different things. Rub for warmth, spray for cooling.
- Using it twice a day between visits is more useful than using it heavily once.

Please be careful

- **Store it out of reach of children.** Swallowing even a couple of teaspoons can be dangerous for a small child.
- **It is flammable.** Keep away from flame; let it dry before heat.
- Not on the belly or low back during pregnancy, and not on the breasts while nursing.
- Not for children under 2 without asking your doctor.
- Keep it out of eyes and off deep or open wounds.
- Do not refrigerate it.
- **It stains.** Watch your clothes and countertops.
- Stop if the skin becomes irritated.

Call us instead if...

the pain is severe or getting worse · it followed a fall, a crash or a significant injury · there is numbness, weakness or pins and needles · a joint will not bear weight · there is fever, redness and heat · or it simply is not improving.

This is for temporary relief of minor aches and pains. It is not a treatment for any disease, and it is not a reason to put off getting something looked at.

Questions about your pain?

Valley Health Clinic · 220 5th Ave SW, Albany, OR 97321 · **541-760-9670**

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Nine chapters on specializing a practice — pain management through athletic performance. Free PDF, no opt-in.

How to use Evil Bone Water READ →
Application, benefits, tips and precautions in patient-facing language.

Side effects & full FAQ READ →
The safety questions patients ask, answered at length.

Ingredients & 500-year history READ →
Herb by herb, plus how the formula was nearly lost and then restored.

Matching topicals to injury stage READ →
Jeremy Cornish and Will Sheppy on which formula, and when.

Topicals vs. patches READ →
When to use each, and how to combine them.

San Huang San / herbal ice FAQ READ →
Composition, preparation, applications and cautions.

Corydalis: yanhusuo READ →
Compounds, processing, and the internal-vs-external distinction.

Evil Bone Water vs. Biofreeze READ →
An honest three-way comparison. Good to send skeptical patients.

Where to buy it READ →
Retail, clinic and practitioner channels — and how to spot the knockoffs.

Stock it in your own clinic

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