

# Success and Failure in the Clinic: Discussion of Formula-Patterns

By: Ouyang  
Weiquan (author)  
and Henry A.  
Buchtel (translator)

Keywords:  
Formula patterns,  
Shang Han Lun,  
hydronephrosis;  
erythromelalgia;  
cervical  
spondylosis,  
Chinese herbal  
medicine, classical  
Chinese medicine.

## Abstract

In this article Dr. Ouyang Weiquan, a disciple of renowned TCM masters Li Zhenhua and Li Ke and co-chief physician in the dermatology department of the Guangdong Provincial Hospital of TCM, recounts several cases involving the use of formula-patterns from *Shang Han Lun* (*On Cold Damage*). These case histories highlight three aspects of clinical practice that can determine failure and success, and demonstrate the importance of fully committing oneself to the path of the physician: firstly, taking care to observe all of the patient's symptoms to avoid making careless mistakes; secondly, taking into consideration the patient's changing condition and avoiding habitual prescribing; and thirdly, doing one's utmost for the patient while at the same time knowing and accepting one's limits.

'Zhang Zhan said: To become proficient in the art of healing is difficult; this is as true today as it was in the past'

Sun Simiao, *Da Yi Jing Cheng*  
(*The Great Physician's Absolute Sincerity*)

The root of six-channel pattern identification as described in *Shang Han Lun* (*On Cold Damage*) is formula-patterns. In his work *Shang Han Fu Yi* (*Further Appendices to On Cold Damage*), the Qing dynasty physician-scholar Ke Qin emphasised that, 'The formulas of Zhongjing were drawn-up with patterns in mind, not channels. To use 'this' formula when seeing 'this' pattern is the method of Zhongjing'. This is sufficient evidence to show the importance of formula-patterns in Chinese herbal medicine. However, reaching a level of familiarity with classical formula-patterns that allows one to use them effectively in the clinic requires exhaustive analysis and research. If this is not done, one will 'see only one sign and assume one knows the pattern' (*Shang Han Lun*, line 101), and without having looked for the other signs, one will be satisfied with a crude and shallow answer that is unlikely to get good results.

The way of the physician is a difficult one, and life is more precious than a thousand pieces of gold. Those who choose this path should pour their all into study without holding back, while at the same time exercising great caution; as if one were at the edge of a cliff, or walking on thin ice. Otherwise a moment of inattention or carelessness, or taking one's first impression to be fact, will result in misfortune. Highlighted in this article are several cases of failure and success in the clinic: mistakes

following carelessness and hasty assumptions, success following careful analysis - difficult cases that caused one to sigh at one's own limitations - a sentiment famously expressed by Sima Qian as, 'The greatest worry of the physician is to be lacking in treatment methods'. Each case is related exactly as it happened for my fellow physicians to analyse, in the hope that they will be able to contribute their valuable observations.

**Case one: hydronephrosis, infection and high fever**  
A female patient, 33 years old, came to me for an initial visit on the 4th of March 2010. She had been receiving treatment for psoriasis in the outpatient department for quite some time. The previous day she had suddenly developed a high fever, and at the time of the visit had a temperature of 39.2 degrees Celsius; she was averse to cold, had generalised pain, no sweating, poor appetite, a dry mouth, pale tongue and a fine wiry pulse. I determined this to be a three-yáng combination disease (meaning that all three yáng channels were affected), and prescribed *Xiao Chai Hu Tang* (Minor Bupleurum Decoction) with *Ge Gen Tang* (Kudzu Decoction):

Chai Hu (Bupleuri Radix) 25g  
Huang Qin (Scutellariae Radix) 9g  
Dang Shen (Codonopsis Radix) 9g  
Fa Ban Xia (Pinelliae ternatae Rhizoma) 12g  
Ma Huang (Ephedrae Herba) 12g  
Gui Zhi (Cinnamomi Ramulus) 9g  
Ge Gen (Puerariae Radix) 20g  
Da Zao (Jujubae Fructus) 20g  
Sheng Jiang (Zingiberis Rhizoma recens) 15g  
Zhi Gan Cao (Glycyrrhizae Radix preparata) 6g

I was confident that her fever could be reduced with one dose, but when she returned the next day she was no better. Her temperature was 39.3 degrees Celsius and she was averse to cold, had no sweating, had generalised pain, a dry mouth, a poor appetite, cold feet, obvious fatigue, a sticky mouth and her head sweated slightly after taking warm liquids. Her tongue was dusky (àndàn), fat and large with a white and slightly slimy coating, and her pulse was deep and fine. As her head had already sweated slightly, indicating that the exterior had already been resolved, a *Ma Huang* (*Ephedrae Herba*) formula could not be prescribed again. The fat and large tongue with a white and slightly slimy coating showed that the disease was caused by water-rheum, so *Xiao Chai Hu Tang* with *Wu Ling San* (Five-Ingredient Powder with *Poria*) was prescribed:

Chai Hu (Bupleuri Radix) 18g  
 Huang Qin (Scutellariae Radix) 9g  
 Dang Shen (Codonopsis Radix) 9g  
 Fa Ban Xia (Rhizoma Pinelliae Ternatae) 12g  
 Cang Zhu (Atractylodis Rhizoma) 12g  
 Gui Zhi (Cinnamomi Ramulus) 9g  
 Fu Ling (Poria) 15g  
 Zhu Ling (Sclerotium Polypori Umbellati) 10g  
 Ze Xie (Alismatis Rhizoma) 15g  
 Da Zao (Jujubae Fructus) 20g  
 Sheng Jiang (Zingiberis Rhizoma recens) 15g  
 Zhi Gan Cao (Glycyrrhizae Radix preparata) 6g

One dose was prescribed, and I assured the patient that she need not worry as her fever would be gone after one more dose. However, the results were again contrary to my expectations: on the 6th, which was a Saturday and my day off, the patient called me to say that her fever was still raging and her temperature was still above 39 degrees. After thinking over the case in much detail, I determined that this was not a case of three-yáng combined disease, but was rather a lesser yīn (shàoyīn) exterior pattern complicated by water-rheum, so *Ma Huang Fu Zi Xi Xin Tang* (*Ephedra, Aconite Accessory Root and Asarum Decoction*) with *Zhen Wu Tang Jia Gui* (*True Warrior decoction plus Cinnamomi Ramulus*) was prescribed:

Ma Huang (Ephedrae Herba) 9g  
 Shu Fu Zi (Aconiti Radix lateralis preparata) 15g  
 Xi Xin (Asari Herba) 6g  
 Cang Zhu (Atractylodis Rhizoma) 15g  
 Fu Ling (Poria) 15g  
 Bai Shao (Paeoniae Radix alba) 10g  
 Gui Zhi (Cinnamomi Ramulus) 10g  
 Sheng Jiang (Zingiberis Rhizoma recens) 15g (one dose)

On the morning of the 7th the patient returned to the clinic. Her temperature had reduced to 37.6 degrees and she was less fatigued. Her mouth was dry but she was not thirsty, and she no longer had a bitter taste. Her tongue was red and a little dark with a white coating but was not wet. Her appetite was poor. She was not experiencing any discomfort when urinating. This was the third day of her period, and she had less menstrual blood than usual, and slight tenderness on the left side of her lower abdomen.

A routine blood test showed a white blood cell count of  $14.81 \times 10^9/L$  (neutrophils 76 per cent, lymphocytes 10.7 per cent). A routine urine test was not done. An ultrasound examination showed the following: normal liver, fluid sonolucent area  $2.25 \times 1.79\text{cm}$  in the right renal pelvis, with no obvious dilation of the ureters. The technician advised consideration of minor fluid accumulation in the right renal pelvis, and recommended further examination. The diagnosis was hydronephrosis with infection and high fever, with an unconfirmed possible diagnosis of kidney stones.

Through combining the results of the four traditional examination methods I confirmed that this was a *Chai Ling Tang* (*Xiao Chai Hu Tang* with *Wu Ling San*) pattern, so *Chai Ling Tang* with adjustments was prescribed again:

Chai Hu (Bupleuri Radix) 25g  
 Huang Qin (Scutellariae Radix) 10g  
 Fa Ban Xia (Rhizoma Pinelliae Ternatae) 15g  
 Dang Shen (Codonopsis Radix) 10g  
 Cang Zhu (Atractylodis Rhizoma) 10g  
 Fu Ling (Poria) 10g  
 Zhu Ling (Sclerotium Polypori Umbellati) 10g  
 Ze Xie (Alismatis Rhizoma) 15g  
 Gui Zhi (Cinnamomi Ramulus) 9g  
 Sheng Shi Gao (Gypsum fibrosum) 45g  
 Chuan Xiong (Chuanxiong Rhizoma) 6g  
 Bai Zhi (Angelicae dahuricae Radix) 5g  
 Sheng Jiang (Zingiberis Rhizoma recens) 15g  
 Da Zao (Jujubae Fructus) 30g  
 Zhi Gan Cao (Glycyrrhizae Radix preparata) 6g  
 (four doses)

When the patient came back on the 10th she was still fever-free. A haemogram report showed the white blood cell count at  $7.81 \times 10^9/L$ . Urinalysis showed a raised white blood cell count, and a microscopic examination showed the white blood cell count to be  $23/\mu\text{L}$ . I recorded the following: dry mouth, bowel movements loose, obvious improvement in spirits, appetite a little off, and a sensation of not being able to completely evacuate her bladder. The sides of her tongue were a little red, and the tongue was

## Each pattern has its matching formula, and when the pattern changes the formula must also change.

pale, fat and large with a white and slightly slimy coating. Her pulse was fine and wiry. *Wu Ling San* (Five-Ingredient Powder with Poria) with *Zhu Ling San* (Polyporus Powder) was prescribed:

Zhu Ling (Sclerotium Polypori Umbellati) 10g  
Fu Ling (Poria) 12g  
Ze Xie (Alismatis Rhizoma) 15g  
Gui Zhi (Cinnamomi Ramulus) 6g  
Bai Zhu (Atractylodis macrocephala Rhizoma) 10g  
Hua Shi (Talcum) 30g  
E Jiao (Asini Corii Colla) 10g  
Shen Yi Yi Ren (Coicis Semen) 30g  
(seven doses)

When she returned on the 18th of March all of her symptoms had disappeared, and another ultrasound exam showed that there were no abnormalities with the kidneys, bladder or ureter, indicating that the hydronephrosis had been completely cured. At this point the treatment changed to focus on her psoriasis.

Comments: In this case the patient's condition was actually not very complicated. However, the first attempt at differentiating the pattern and prescribing medicine was unexpectedly unsuccessful, as was the second attempt. These were the result of two mistakes committed by the author. The first mistake, to use common idioms, was to 'make a judgement based on first impressions' and to 'consider oneself infallible'. The combination of *Xiao Chai Hu Tang* and *Ge Gen Tang* can have an outstanding effect in treating external contraction with high fever, and one or two doses are usually enough to reduce the fever. Having had great success with these formulas in the past, my first impressions of the patient's symptoms - aversion to cold, no sweating, dry mouth, poor appetite and fatigue - seemed to me to fit the three-yáng combined disease diagnosis perfectly. However, in this case this treatment was unsuccessful.

The second mistake was carelessness in examining the patient. The patient's second visit would have been a perfect opportunity to correct the first misdiagnosis, but once again important details were missed. Firstly, the patient's fatigue was already not that of *Xiao Chai Hu Tang*: although the pathomechanism of *Xiao Chai Hu Tang* ('When the blood is weak and the *qi* is exhausted, the interstices are open ...' Mitchell et al., 1999, Line 97) allows

for the appearance of fatigue during fever, the level of fatigue is generally not very noticeable. In this patient, however, the fatigue was considerable. When I questioned her in detail later she stated that her eyelids felt very heavy and she felt like going to sleep. This was the first significant act of carelessness on the author's part. Besides this, although a fat and large tongue fits the *Wu Ling San* pattern, the patient's tongue was dusky, which belongs to lesser yīn (shàoyīn). The second act of carelessness was not meticulously differentiating the tongue signs. The pulse signs were also misread. Regarding a deep and fine pulse, the *Jin Gui* states: 'When water causes disease, if the pulse is sunken and small, [the condition] is associated with lesser yīn' (Wiseman et al., 2012, Line 14.26). Ignoring this point and continuing to think that this case belonged to three-yáng combined disease was the third act of carelessness. These three were enough to cause the second treatment to fail as well. It was not until the patient's third visit that I analysed the situation in detail, and thought of the possibility of a lesser yīn (shàoyīn) exterior pattern; one dose of *Ma Huang Fu Zi Xi Xin Tang* with *Zhen Wu Tang* to warm yáng and resolve the exterior was enough to reduce the fever and symptoms.

A curious aspect of this case is that although at the fourth visit the patient presented with a *Chai Ling Tang* (*Xiao Chai Hu Tang* with *Wu Ling San*) pattern, and prescribing *Chai Ling Tang* resulted in significant improvement in her symptoms, just 48 hours previously this very formula had been prescribed to no effect at all. From this we can see that it is vital for the formula to follow the pattern. Each pattern has its matching formula, and when the pattern changes the formula must also change. In the *Shang Han Lun* it states: 'When after taking [Minor] Bupleurum Decoction (xiao chai hu tang) [there is] thirst, this belongs to yáng brightness and one [should use the appropriate] method to treat it' (Mitchell et al., 97). Our teacher Zhang Zhongjing bequeathed these observations to us, but it is up to us to deeply comprehend them.

### Case 2: Erythromelalgia

Male, 16 years old. Initial consultation March 20, 2008. This young man had experienced erythromelalgia (a condition involving vasodilation, redness and burning pain of the limbs) for more than two years. He had received both Chinese and Western medical treatment in his local hospital without effect, and the frequency and duration of the eruptions were increasing. He was able to slightly relieve the pain in his feet and calves by soaking both feet in cold water and turning a fan on them, and at the time of

consultation the pain was such that he had to do this on a daily basis. In the vascular surgery department of my hospital he was prescribed anti-inflammatory and analgesic drugs, including aspirin, oryzonal, neurotrophin and venlafaxine (Effexor), as well as Chinese herbs to clear heat, disinhibit damp and transform stasis such as *Pu Gong Ying* (Taraxaci Herba), *Huang Bai* (Phellodendri Cortex), *Lian Qiao* (Forsythiae Fructus), *Dang Gui* (Angelicae sinensis Radix), *Dan Cao* (Gentianae Radix) and *Mu Dan Pi* (Moutan Cortex). His condition did not significantly improve, and another doctor recommended that he visit me.

His main complaint during the initial consultation was of redness and intolerable burning pain of both feet and calves. He had a slight figure, counterflow cold of the hands, and experienced slight aversion to cold in his upper body. Physical examination revealed erythema of the left foot up to the calf, and swelling, tenderness and high skin temperature of the left foot. Frequent soaking in water had resulted in thickened white skin between the toes. The backs of his feet had a small quantity of blisters, as well as ulcerated and eroded areas. His constitution was generally quite good: he did not sweat excessively, did not experience unusual thirst or a bitter taste in the mouth, and had a normal appetite and bowel movements. His tongue was pale-red with a white, moist and wet coating, and his pulse was floating, wiry and a little fast.

The pathomechanism here was of depressed cold and damp obstructing the channels and collaterals and transforming into heat. It is treated by resolving the exterior and dispersing cold, eliminating damp and stopping pain with modified *Jing Fang Bai Du San* (Schizonepeta and Saposhnikovia Powder to Overcome Pathogenic Influences), which was prescribed as follows:

Jing Jie (Schizonepetae Herba) 10g  
 Fang Feng (Saposhnikoviae Radix) 10g  
 Fu Ling (Poria) 10g  
 Chuan Xiong (Chuanxiong Rhizoma) 10g  
 Qiang Huo (Notopterygii Rhizoma seu Radix) 10g  
 Du Hou (Angelicae pubescens Radix) 10g  
 Chai Hu (Bupleuri Radix) 10g  
 Qian Hu (Peucedani Radix) 10g  
 Chao Zhi Ke (dry fried Aurantii Fructus) 10g  
 Jie Geng (Platycodi Radix) 10g  
 Bo He (Menthae haplocalycis Herba) 5g  
 Gan Cao (Glycyrrhizae Radix) 5g  
 Sheng Jiang (Zingiberis Rhizoma recens) 3 slices  
 Lian Qiao (Forsythiae Fructus) 30g  
 Sheng Yi Yi Ren (Coicis Semen Crudum) 90g  
 (Five doses)

For external washing of the affected areas:

Huang Jing (Polygonati Rhizoma) 30g  
 Wu Mei (Mume Fructus) 15g  
 Jiu Da Huang (wine-fried Rhei Radix et Rhizoma) 30g  
 Mu Dan Pi (Moutan Cortex) 30g  
 (five doses)

A powder to be sprinkled on the eroded areas:

Huang Bo Fen (Phellodendri Cortex powder)  
 Wu Bei Zi Fen (Galla Chinensis Galla Powder)  
 (mixed together)

The results after only five doses were excellent; the pain of the left foot was reduced by nearly fifty per cent, the redness of the skin had receded significantly and the swelling was reduced. The burning sensation was also noticeably reduced, but the patient still found it necessary to soak his feet in water and direct air from a fan over them. The amount of *Yi Yi Ren* in the previous formulas was increased to 120 grams and 10 grams of *Mu Tong* (Caulis Mutong) were added, with 14 doses prescribed. After finishing this medicine the pain had completely disappeared and the patient was declared cured. An additional 14 doses were prescribed to consolidate treatment, along with an admonition to avoid all raw and cold foods as well as exposure to cold.

Nearly a year later on the 6th of January 2009 the young man's father came to see me again. He told me that the previous treatment had cured his son, but that he had not followed my lifestyle instructions, and often consumed raw and cold fruit as well as frozen drinks and snacks. As they lived in the countryside, he would also walk around barefoot in the rain and made no effort to stay warm. 'Cold rises from the feet', as the saying goes, so it was no surprise that in early December the young man's symptoms began to return. As the patient had not accompanied his father, I simply prescribed the same formula that had worked before.

On the 31st January the father returned, this time with his son in tow. He said that the pain had been reduced somewhat with the previous formula, but that soon after finishing the prescription it returned even worse than before. Physical examination revealed that both feet and calves were red, swollen and burning, with tender stasis maculae and speckles. The left leg was especially severe. The patient had a slight figure, his upper body was slightly averse to cold, and both hands were freezing cold and slightly damp with sweat. His appetite, bowel movements and urination were all normal. His tongue was slightly dark red, with a snow-white and moist coating. His pulse was wiry, thin and fast, and slightly weak when pressed deeply.

**To my complete surprise, at the darkest moment a glimmer of hope was revealed: after only one dose the patient's pain immediately eased!**

The formula *Jing Fang Bai Du San* acts to resolve the exterior, disperse cold and eliminate damp. The fact that it had not worked here showed that the cold and damp were at an even deeper level - one that could not be dispersed at the shallow exterior level where this formula works. I therefore changed the prescription to *Dang Gui Si Ni Tang* (Tangkuei Decoction for Frigid Extremities):

Dang Gui (Angelicae sinensis Radix) 15g  
 Gui Zhi (Cinnamomi Ramulus) 20g  
 Chi Shao (Paeoniae Radix rubra) 10g  
 Bai Shao (Paeoniae Radix alba) 10g  
 Mu Tong (Caulis Mutong) 10g  
 Niu Xi (Achyranthis bidentatae Radix) 10g  
 Mu Dan Pi (Moutan Cortex) 15g  
 Shan Zhi Zi (Gardeniae Fructus) 10g  
 Xi Xin (Asari Herba) 3g  
 Zhi Gan Cao (Glycyrrhizae Radix preparata) 9g  
 (five doses)

Both father and son came back on the 5th of February to report that the pain had slightly improved; but although the patient was sometimes pain-free, when it did hurt the pain was almost unbearable. Besides this, the patient's hands were not quite as cold as before. The following medicinals were added to the previous formula:

Quan Chong (Scorpio) 9g  
 Wu Gong (Scolopendra) 2 pieces  
 Tu Bie Chong (Eupolyphaga/Steleophaga) 10g  
 Dong Gua Pi (Benincasae Hispidae Cortex) 30g  
 Lou Lu (Rhapontici Radix) 10g

An external wash was prescribed consisting of:

Huang Jing (Polygonati Rhizoma) 30g  
 Wu Mei (Mume Fructus) 15g  
 Jiu Da Huang (wine-fried Rhei Radix et Rhizoma) 30g  
 Mu Dan Pi (Moutan Cortex) 20g  
 Wu Bei Zi (Galla Rhi Chinensis) 30g  
 Ku Shen (Radix Sophorae Flavescentis) 30g  
 Huang Bai (Phellobendri Cortex) 30g  
 Lu Lu Tong (Liquidambaris Fructus) 30g  
 Di Yu (Radix Sanguisorbae Officinalis) 50g

The following were also prescribed in powder form, to be sprinkled on the affected areas:

Wu Bei Zi (Galla Rhi Chinensis)  
 Huang Bai (Phellobendri Cortex)  
 Qing Dai (Indigo Naturalis)

Six days later the young man and his father returned. The patient was still experiencing excruciating pain, and although the swelling had reduced, some areas on the backs of his feet had become ulcerated and eroded. The dosages of Dang Gui, Gui Zhi, Chi Shao and Wu Gong were increased to 20 grams, 30 grams, 30 grams and three pieces respectively, and one gram of Zhi Ma Qian Zi (Semen Strychni preperata) was added. When after three doses even this powerful formula failed to relieve the patient's pain I began to lose hope, and recommended that they visit a Western medical specialist in another hospital. However, this expert told them that he too was powerless to help, and only prescribed anti-inflammatory and analgesic drugs which failed to stop the pain.

Several days later I received a phone call from the patient's father begging me to try again, and I could not help but agree. After thinking the case over and over, I instructed the patient to stop taking the Western medical drugs, and to the previous formula added a single medicinal: Pao Chuan Shan Jia (Blast-fried Manis Squama).\* To my complete surprise, at the darkest moment a glimmer of hope was revealed: after only one dose the patient's pain immediately eased! Three doses later on the 27th the patient's pain had basically vanished, but there was still severe swelling of both feet and the ulcerated areas were weeping pus. The patient was thinner than before, and his appetite was poor. His tongue was fat and large, with a slightly yellow and moist coating; his pulse was wiry, soft, weak and slightly fast. I changed the formula to *Dang Gui Si Ni Tang* with *Si Miao Yong An Tang* (Four-Valiant Decoction for Well-Being):

Huang Qi (Astragali Radix) 200g  
 Dang Gui (Angelicae sinensis Radix) 30g  
 Gui Zhi (Cinnamomi Ramulus) 15g  
 Chi Shao (Paeoniae Radix rubra) 15g  
 Chen Pi (Citri reticulatae Pericarpium) 10g  
 Chuan Xiong (Chuanxiong Rhizoma) 10g  
 Xuan Shen (Scrophulariae Radix) 30g  
 Jin Yin Hua (Lonicerae Flos) 60g

\* All eight species of pangolin are currently listed on the Convention on International Trade in Endangered Species (CITES) Appendix II, which means only limited trade is permitted. However, since 2000 a 'zero quota' export ban has been in place for all Asian pangolin species, banning all international trade (CITES CoP 11), and many countries have also established legislation to further protect these animals from poaching. In November 2010, pangolins were added to the Zoological Society of London's list of genetically distinct and endangered mammals. For discussion of alternatives to pangolin please see <http://www.jcm.co.uk/endangered-species-campaign/pangolin/alternatives-to-pangolin>. The author suggests that a high dose of Wang Bu Liu Xing (Vaccariae Semen) constitutes a reasonable alternative.

Yi Mi (Coixis Semen) 30g  
 Bai Zhu (Atractylodis macrocephala Rhizoma) 20g  
 Gan Cao (Glycyrrhizae Radix) 30g  
 (five doses)

For external washing the following was prescribed:

Di Yu (Radix Sanguisorbae Officinalis) 60g  
 Huang Bai (Phellodendri Cortex) 60g

By the 6th of March the pain was gone. The swelling and ulceration was still severe, however, and had the appearance of an 'inside-out flower' with thick grey-white pus visible beneath the skin. The patient's appetite had improved from before. His tongue was pale red, with a white and moist coating, and his pulse was wiry, soft, weak and a little fast. To the previous formula I added 10 grams of Hou Po (Magnoliae officinalis Cortex) and 15 grams of Fu Ling (Poria), and prescribed seven doses. An external wash consisting of the following medicinals was prescribed:

Huang Bai (Phellodendri Cortex) 60g  
 Bai Jie Zi (Semen Sinapis Albae) 60g  
 Cang Zhu (Atractylodis Rhizoma) 30g  
 Tian Nan Xing (Arisaematis Rhizoma) 30g  
 Sheng Ban Xia (Rhizoma Pinelliae Ternatae) 30g  
 Sheng Chuan Wu (Aconiti Radix) 5g  
 Sheng Cao Wu (Aconiti kusnezoffii Radix) 5g  
 Gui Zhi (Cinnamomi Ramulus) 15g  
 (seven doses)

The traditional external medicine formula *Hai Fu San* (Sea Floating Powder), consisting of equal parts Ru Xiang (Olibanum) and Mo Yao (Myrrha), was also prescribed for external use.

Some of the pus was removed to do a bacterial culture, and two types of bacteria were identified: *Staphylococcus Aureus* 70 per cent, and *Klebsiella Pneumonia* 3 per cent. These bacteria are beta-lactamase positive, and are resistant to all penicillin and first-generation cephalosporins. The technician suggested the use of compound antibiotics containing enzyme inhibitors or other drugs that are stable towards this enzyme. As we had already achieved promising results using herbal medicine, I suggested that we avoid the use of antibiotics for the time being and continue using internal and external herbal medicine.

By the 13th of March the patient had improved considerably. The swelling had reduced on his feet, and there was an obvious reduction in the amount of pus, which was also thinner than before. The ulcerated and eroded areas were beginning to heal as well and there was no pain. With small adjustments

made to the formulas, the internal and external treatments were continued. Two months later the reduction of the ulcerated areas was obvious, the swelling had reduced, and the amount of pus had reduced considerably. The formula was adjusted to the following:

Dang Gui (Angelicae sinensis Radix) 15g  
 Gui Zhi (Cinnamomi Ramulus) 10g  
 Huang Qi (Astragali Radix) 30g  
 Chi Shao (Paeoniae Radix Rubra) 10g  
 Chen Pi (Citri reticulatae Pericarpium) 10g  
 Chuan Xiong (Chuanxiong Rhizoma) 5g  
 Jin Yin Hua (Lonicerae Flos) 30g  
 Yi Mi (Coicis Semen) 30g  
 Chao Bai Zhu (Atractylodis Macrocephala Rhizoma cum Terra Frict) 10g  
 Di Ding (Violae Herba cum Radice) 15g  
 Hong Hua (Carthami Flos) 5g

For external use the following were prescribed:

Huang Bai (Phellodendri Cortex) 60g  
 Sheng Chuan Wu (Aconiti Radix preparata) 5g  
 Sheng Cao Wu (Aconiti kusnezoffii Radix) 5g  
 Di Ding (Violae Herba cum Radice) 45g  
 Bai Zhi (Angelicae dahuricae Radix) 15g  
 Rou Gui (Cinnamomi Cortex) 6g  
 Chuan Jiao (Zanthoxyli Pericarpium) 15g  
 Hong Hua (Carthami Flos) 5g

Additionally *Hai Fu San* (Sea Floating Powder) was again prescribed to be sprinkled externally.

The patient continued taking this formula for five more weeks, and on the 16th of July the ulcerated and eroded areas were completely healed and the patient was declared cured. I advised him to take care to stay warm and avoid eating raw and cold foods and fruit. The following prescription was given to consolidate treatment:

Dang Gui (Angelicae sinensis Radix) 15g  
 Gui Zhi (Cinnamomi Ramulus) 10g  
 Huang Qi (Astragali Radix) 30g  
 Chi Shao (Paeoniae Radix rubra) 10g  
 Chen Pi (Citri reticulatae Pericarpium) 10g  
 Yi Mi (Coicis Semen) 30g  
 Chao Bai Zhi (charred Angelicae dahuricae Radix) 15g  
 Niu Xi (Achyranthis bidentatae Radix) 10g

Comments: From start to finish this case lasted more than a year, and there were two major phases to the treatment. In the first phase, the effects of the treatment were seen very quickly: the prescription of a modified *Jing Fang Bai Du San* immediately eased the patient's pain, and the entire treatment took only

## Even though we see depressed fire, the root pathomechanism in this case was depressed cold damp.

one month. The formula *Jing Fang Bai Du San* comes from the Ming dynasty text *She Sheng Zhong Miao Fang* (*Multitude of Marvelous Formulas for Sustaining Life*) by Zhang Shiche. This formula promotes sweating to resolve the exterior, disperses sores and relieves pain. In external medicine it is commonly used in the treatment of the redness, swelling and pain characteristic of early stage swollen sores, when the patient presents with aversion to cold, heat effusion, no sweating, lack of thirst and has a thin white tongue coating and a fast, floating pulse. The patient in this case presented with redness and swelling of the feet, which has some things in common with the condition of swollen sores, namely that they both share the pathomechanism and treatment method of 'depressed fire that should be effused'. Even though we see depressed fire, the root pathomechanism in this case was depressed cold damp, which could be perceived from the tongue and pulse. *Jing Fang Bai Du San* works to strongly dissipate cold and eliminate dampness, making it the right choice for this situation. One key aspect of the formula is its heavy use of *Yi Yi Ren*, a herb that is sweet and bland in flavour and cool in nature. In *Shen Nong Ben Cao Jing* (*Divine Husbandman's Classic of the Materia Medica*) it states, 'This herb is indicated for hypertonicity of the sinews, inability to extend or flex the joints, wind-damp impediment; it precipitates *qi*.' In chapters 48 and 49 (known as *Ben Cao Zheng* or *Right Materia Medica*) of *Jing Yue Quan Shu* (*Collected Treatises of [Zhang] Jingyue*) it states: '*Yi Yi Ren*, sweet and bland in flavor, slightly cold in *qi*, and slightly downbearing and percolating in nature; it can eliminate dampness and disinhibit water; as it eliminates dampness, it can free/disinhibit the joints and eliminate leg *qi*; it can treat weakness, wilting and hypertonicity in damp impediment, and disperse water-swelling and pain.' In *Ben Cao Xin Bian* (*New Compilation of Materia Medica*) it also states: '*Yi Yi Ren* excels at disinhibiting water, and stops before wearing out true *yīn*. Whenever dampness is exuberant in the lower limbs, *Yi Yi Ren* is the best choice.' In summary, the primary function of *Yi Yi Ren* is to disinhibit water-damp, thereby eliminating impediment pain, and it disinhibits water without wearing out true *yīn*; this is why such immediate results were seen in this case by using a large dose of this herb.

In the second phase of treatment when the condition reoccurred, I again prescribed *Jing Fang*

*Bai Du San*, but to very little effect. I was too lazy to reconsider any possible changes in the pattern, and assumed that my prescription would get the same quick results as it did the first time around. But what happened instead shattered my indolence.

So what formula was appropriate for this situation? After seeking help from a renowned folk healer in Sichuan, who advised *Dang Gui Si Ni Tang*, I suddenly had a flash of inspiration regarding the case. *Jing Fang Bai Du San* works to eliminate cold damp in the exterior (the skin, hair and interstices); in this situation the evil is in the greater *yáng* (tài *yáng*) exterior. *Dang Gui Si Ni Tang*, on the other hand, is known to treat blood-cold counterflow. Although the blood and vessels - as with the muscles, sinew and bones - are associated with greater *yáng* exterior compared to the viscera and bowels, compared with the skin, hairs and interstices they are one level deeper. *Dang Gui Si Ni Tang* is indicated for congealed cold and counterflow in the blood and network vessels. Although the base of the formula is *Gui Zhi Tang* (*Cinnamon Twig Decoction*), indicated for greater *yáng* exterior patterns, the addition of *Dang Gui* (which warms and transforms cold in the blood and collaterals/network vessels) and *Xi Xin* (which reaches and frees all channels, network vessels, passages and blood vessels) gives the formula the ability to root out cold-damp evil at a deep level and effuse and diffuse it outward. These additions increase the strength of this formula to many times that of *Jing Fang Bai Du San*. After recovering from the disease in the first phase of treatment, the young man did not take care of himself and avoid cold and damp. When the condition reoccurred, it was at a deeper level than the first time; this is why *Jing Fang Bai Du San*, which is used to treat mild conditions, was not up to the task the second time around.

However, the use of *Dang Gui Si Ni Tang* was also unable to affect a result. It was not until *Chuan Shan Jia* (*Manis Squama*) was added that the light at the end of the tunnel appeared, and the patient's pain was suddenly relieved. *Chuan Shan Jia* is salty in flavour, and slightly cold in nature (as recorded in the *Bie Lu* [*Miscellaneous Records of Famous Physicians*]). It is indicated for 'wind impediment, rigidity and pain; it frees the channels' (*Ben Cao Gang Mu* [*Comprehensive Outline of the Materia Medica*]). Its most important characteristic is that it is highly mobile, penetrating and out-thrusting. Zhang Xichun had a unique awareness of the functions of this medicinal, and his observation was incisive: 'Chuan Shan Jia: bland in flavor and balanced in nature; it has a fishy and penetrating smell; its mobile and penetrating nature reaches even the most subtle places, allowing it to free the viscera and bowels, pass throughout the

channels and collaterals, and out-thrust through the orifices. Whenever the disease results from blood congealing and gathering, Chuan Shan Jia can open it ... it can also treat concretions, conglomerations, accumulations and gatherings, generalised numbness and impediment, blockage of urination or the bowels, and pain of the heart and abdomen. If one is only aware that it is good at healing sores and forgets its other strengths, then one has severely underestimated this medicinal... when one is unable to treat concretions, conglomerations, accumulations and gatherings, when one is unable to treat pain and numbness, when one is unable to treat blockage of urination or the bowels, Shan Jia can be added to guide the other medicinals" (*Yi Xue Zhong Zhong Can Xi Lun* [Essays on Medicine Esteeming the Chinese and Respecting the Western]). In this case, when *Dang Gui Si Ni Tang* was unable to affect a recovery, what was missing was a medicinal that would diffuse and free the channels and collaterals, and guide the others by moving, penetrating and out-thrusting. Such an important role could only be played by Chuan Shan Jia. From this we can see that it is not only important for physicians to be familiar with formula-patterns, but to also be familiar with the nature (flavour, nature, special qualities and indications) of individual medicinals. As stated by Xu Dachun, 'Formulating a prescription is like dispatching troops'. The commander must know those under his command like the back of his hand; only then can the forces be deployed, the enemy vanquished and victory achieved. Only when one has familiarity with each formula-pattern and each medicinal-pattern can one's work be carried out with meticulous care and flawless artistry. Only then can stubborn disease be cured.

The 'inside-out flower' appearance of the ulcerated areas of the patient's feet that appeared after his pain was relieved was thought by the Western medicine physician to be a result of infection related to the patient's long-term habit of soaking his feet in cold water. After taking a sample of the pus for cultivation, it was concluded that it was a bacterial infection that was causing the disease. From the perspective of Chinese medicine, however, this was the cold and damp that had been hidden deep within the channels, collaterals and blood vessels, and it was only through the out-thrusting and effusing function of Xi Xin and Shan Jia that this evil made its appearance. In such cases one should avoid at all costs the use of cold and cooling medicinals that would freeze this cold, damp and congealed phlegm back into hiding; doing this would cause unlimited disease to follow. For this reason the evil was warmed and dispersed with the prompt use of warm

*Only when one has familiarity with each formula-pattern and each medicinal-pattern can one's work be carried out with meticulous care and flawless artistry.*

and hot medicinals. The external medicinals used were primarily warming: Bai Jie Zi, Cang Zhu, Tian Nan Xing, Sheng Ban Xia, Sheng Chuan Cao Wu, Gui Zhi, Rou Gui, Chuan Jiao etc. After two months of regulating and controlling the condition in this way the disease was completely cured. Overall this case proved that although one might know the formula-patterns and the medicinal theory, being careless and inattentive will prevent one from understanding their essence.

### Case three: cervical spondylosis

A 34-year-old female came for her first visit on October 26th 2009. At that point she had been diagnosed with cervical spondylosis for over two years, and had spent the last year convalescing at home. At the very beginning she had gone to the hospital for treatment for a simple cold, but while waiting in the hall for a doctor she had suddenly lost consciousness and collapsed on the ground, only recovering several minutes later. The doctors and nurses were astonished and at a loss to explain what happened. She fainted four or five times within the next year, and after being examined at several hospitals in Beijing the consensus was that she was suffering from cervical spondylosis. MRI examination showed obvious deformation and bulging of the discs between fourth to the sixth cervical vertebrae, osseous hyperplasia, reversal of the normal physiological curvature, sideways bending and instability of the cervical spine. After consultation with several respected Western medicine doctors, they all agreed that this situation called for immediate surgery to prevent the occurrence of paraplegia, and they all discouraged the use of conservative treatment. The patient, however, refused to do surgery due to the risk involved. She later sought treatment from a famous zhènggǔ (bone-setting/osteopathy) specialist in Beijing, who expressed dismay at finding such a serious case of cervical spondylosis in such a young patient. He said that although zhènggǔ was contraindicated for this condition, he was willing to make a tentative effort to help. After two treatments she showed modest improvement, but when further treatments worsened her symptoms he declined to continue treatment.

At the time of her first visit the following details were recorded: dizziness, soreness and pain of the neck, shoulders, back and lumbar area, history of multiple black-outs, weakness of the lower limbs,

*Between April and May she visited a renowned Beijing acupuncturist for treatment, but when her symptoms began to increase in severity after four treatments, the doctor declined to continue treating her...*

lack of sensation in the calves, scanty dark menses with clots, a large fat dusky (àndàn) tongue with tooth-marks and a thin white slimy coating, and a deep, fine and wiry pulse. She was constitutionally weak, had a predilection for reading books, and was under a lot of pressure at work, which was in an air-conditioned office. When cold and damp creep into the channel and acupoints of greater yáng (tài yáng) they inhibit movement of qì and blood, and when this condition continues for a long time it forms stasis. This is treated by warming yáng, dissipating cold, quickening blood, freeing the network vessels and relieving pain. The prescription was *Gui Zhi Jia Ge Gen Tang* (Cinnamon Twig Decoction with Kudzu) and *Gui Zhi Fu Zi Tang* (Cinnamon Twig and Aconite Decoction) with modifications:

Shu Fu Zi (Aconiti Radix lateralis preparata) 30g  
Cang Zhu (Atractylodis Rhizoma) 12g  
Fu Ling (Poria) 15g  
Gui Zhi (Cinnamomi Ramulus) 30g  
Ge Gen (Puerariae Radix) 80g  
Bai Shao (Paeoniae Radix alba) 60g  
Dang Gui (Angelicae sinensis Radix) 30g  
Quan Chong (Scorpio) 6g  
Wu Gong (Scolopendra) 2 pieces  
Da Zao (Jujubae Fructus) 40g  
Sheng Jiang (Zingiberis Rhizoma recens) 15g  
Zhi Gan Cao (Glycyrrhizae Radix preparata) 15g (seven doses)

On the second visit on the 6th of November the patient was in better spirits. She had more strength in her lower limbs and suffered less from the dizziness, soreness and pain. Her mouth was dry with a slightly bitter taste, and she had a moderate thirst for warm liquids. She sometimes had a sensation of heat rushing up to her head and face, as well as red, itchy rashes and dryness on her face, and reddening and hyperaemia of the conjunctiva. She mentioned that she had experienced poor sleep for a long time. These were signs of vacuous yáng floating upwards due to depletion of the lower origin and severe yīn-cold, so to the previous formula an adjusted *Qian Yang Dan* (Subdue Yáng Elixir) was added:

Shu Fu Zi (Aconiti Radix lateralis preparata) 30g  
Sheng Gui Ban (Plastrum Testudinis) 15g

Gan Jiang (Zingiberis Rhizoma) 15g  
Sha Ren (Amomi Fructus) 15g  
Lu Jiao Shuang (Cervi Cornu Degelatinatum) 45g  
Gu Sui Bu (Rhizoma Gusuibu) 30g  
Cang Zhu (Atractylodis Rhizoma) 15g  
Fu Ling (Poria) 20g  
Gui Zhi (Cinnamomi Ramulus) 45g  
Ge Gen (Puerariae Radix) 60g  
Bai Shao (Paeoniae Radix alba) 60g  
Dang Gui (Angelicae sinensis Radix) 30g  
Tao Ren (Persicae Semen) 15g  
Quan Chong (Scorpio) 6g  
Wu Gong (Scolopendra) 3 pieces  
Da Zao (Jujubae Fructus) 40g  
Sheng Jiang (Zingiberis Rhizoma recens) 15g  
Zhi Gan Cao (Glycyrrhizae Radix preparata) 25g  
Suan Zao Ren (Ziziphi spinosae Semen) 20g  
Chuan Xiong (Chuanxiong Rhizoma) 6g (five doses)

After taking this formula there was a significant improvement in the patient's spirits and weakness, and the hyperaemia and sensation of rushing heat went away. The patient felt slight dizziness and mild soreness of the lumbar area but no pain. Some adjustments were made to the previous formula and a further 10 doses were prescribed.

The patient did not come back again until the 25th of December, having put off her visit for nearly a month due to catching a cold with fever. During this time her symptoms had become more severe again. She experienced fatigue, numbness and swelling of the hands and feet, heaviness of the lower limbs, and when the symptoms were especially severe she would also experience dizziness, nausea and palpitations. Since her last visit she had had one episode of losing consciousness. Her tongue was dusky, large and fat with tooth-marks, and had a thin, white, slimy coating. This indicates yáng vacuity with severe water-rheum, just as in 'palpitations below the heart, dizzy head, generalised twitching and [the person is] quivering and about to fall' (Mitchell et al., 1999, Line 82), so *Zhen Wu Tang* (True Warrior Decoction) was prescribed to warm yáng and transform rheum:

Shu Fu Zi (Aconiti Radix lateralis preparata) 60g  
Cang Zhu (Atractylodis Rhizoma) 30g  
Bai Zhu (Atractylodis macrocephalae Rhizoma) 30g  
Fu Ling (Poria) 60g  
Bai Shao (Paeoniae Radix alba) 30g  
Gui Zhi (Cinnamomi Ramulus) 30g  
Sheng Jiang (Zingiberis Rhizoma recens) 60g (seven doses)

All of her symptoms improved considerably with

this formula, so on her next visit seven more doses of the previous formula were prescribed, with the addition of 30 grams of acrid and warm Xi Xin (to be added at the end) to dissipate cold and damp, 120 grams of Ge Gen to relieve the neck, and 30 grams of Dang Gui to quicken and nourish blood. The results were fantastic, and the patient went several days without any discomfort whatsoever. Her strength also improved and she felt that she could do anything she wished. She started to do some tidying and cleaning up in her apartment, but after this physical activity her previous symptoms returned, and the night before coming to the hospital for her next appointment she had a severe attack during which her calves felt so distended that they seemed to be breaking apart, while at the same time being numb and senseless. She felt dizzy and close to fainting, and her head felt empty. After several hours these symptoms receded. The previous formula was prescribed with minor adjustments, and I strongly advised her to avoid strenuous physical activities.

She continued taking the formula until the middle of January, by which time all her symptoms had receded. They did not completely recede, however, and they would return if she was not careful. At the time of her next visit her mouth was quite dry and sometimes had a bitter taste, and she had a thirst for warm liquids. Her face would sometimes have erythema and papules, and when her skin was dry her face would feel as if it was burning. Noting the obvious upper body heat, I prescribed *Gui Zhi Gan Jiang Tang* (Cinnamon Twig plus Ginger Decoction) to clear upper body heat and warm lower body cold.

Chai Hu (Bupleuri Radix) 12g  
 Gui Zhi (Cinnamomi Ramulus) 10g  
 Gan Jiang (Zingiberis Rhizoma) 6g  
 Huang Qin (Scutellariae Radix) 10g  
 Sheng Mu Li (Ostreae Concha) 15g  
 Tian Hua Fen (Trichosanthis Radix) 10g  
 Dang Gui (Angelicae sinensis Radix) 10g  
 Bai Shao (Paeoniae Radix alba) 10g  
 Chuan Xiong (Chuanxiong Rhizoma) 6g  
 Cang Zhu (Atractylodis Rhizoma) 10g  
 Ze Xie (Alismatis Rhizoma) 12g  
 Fu Ling (Poria) 15g  
 Zhi Gan Cao (Glycyrrhizae Radix preparata) 6g

I also instructed the patient in exhaling-inhaling qigong and taijiquan in order to consolidate the treatment. After taking this medicine her condition stabilised considerably. Her symptoms were basically gone, her spirits improved, her strength increased and she regained all sensation in her calves and did not lose it again. With the exception

of occasional soreness in her neck and shoulders she had no other discomfort, and when she was at her best she was like a normal healthy person. She had one or two episodes of blank-mindedness, but unlike before they were very short, ranging from several to a dozen seconds. During this period I had prescribed one dose of *Pei Yuan Gu Ben San* (Origin-Supporting Root-Securing Powder), but as she experienced obvious upper body heat after taking it, I reduced it to a very low dosage and only prescribed it infrequently.

In April she did a follow-up exam at the hospital. The radiology image did not show significant change, and based on that result the Western medicine physician in charge recommended surgery as soon as possible. However, when seeing the patient in person the next day the physician was astonished, and remarked that she seemed to be a completely different person. He said her spirits and energy levels were so much better that he no longer urged her to do an operation, and instead recommended that she continue with conservative treatment to stabilise her condition while continuing to have regular check-ups. Between April and May she visited a renowned Beijing acupuncturist for treatment, but when her symptoms began to increase in severity after four treatments, the doctor declined to continue treating her, and she returned to taking herbal medicine instead.

After June I changed the formula to *Wen Jing Tang* (Warm the Menses Decoction) with additions, which was also quite effective in stabilising her symptoms. In September she went back to work, but found that she was unable to perform up to expectations. She felt extremely fatigued, the feeling of swelling and distention in her lower limbs returned, and the soreness and pain in her neck and shoulders increased. The patient was quite demoralised, and I felt disappointment at my inability to come up with a good solution.

**Comments:** Cervical spondylosis is not an uncommon condition, but it is unusual for such a young patient to exhibit such severe symptoms. After more than half a year of conservative treatment with Chinese herbs there were obvious improvements in all symptoms. There were no major errors in pattern differentiation, the formula and patterns matched, and the results obtained were acceptable. However, there were still three aspects that caused me much concern: firstly, the results from the radiology examination did not show any significant change; secondly, the patient was unable to exert herself physically or return to work; and thirdly - most importantly - the long-term results of treatment remained unknown: would it

ever be possible for her to return to her normal life without the risk of paraplegia? When I reflect on this case I feel quite sad, and deeply resonate with Sima Qian's famous words: 'The greatest worry of the common people is to suffer from disease, while the greatest worry of the physician is to be lacking in treatment methods'.

---

**Dr. Ouyang Weiquan**, co-chief physician, is a disciple of the clinical master Dr. Li Ke and the nationally recognised physician Prof. Li Zhen Hua. Carrying on his teacher's tradition of using the methods of Zhang Zhongjing to treat difficult and stubborn disease, in the clinic Dr. Ouyang devotes himself to the usage and research of the classical formulas of On Cold Damage (Shang Han Lun) and the six-channel diagnostic method. He excels in the use of classical formulas in dermatology as well as challenging diseases from other departments such as heat effusion, wheezing and cough, heart failure, gastroenterological disease, impediment pattern, posttherapeutic neuralgia, vasculitis and lupus erythematosus. Dr. Ouyang has published more than a dozen academic articles, taken part in the editing of five medical texts, authored the book *New Exploration of Six-Channel Pattern Differentiation and Formula-patterns in 'On Cold Damage' – Insights and Methodology regarding the use of Classical Formulas in the Diagnosis and Treatment of Dermatology* ('Shanghanlun' liujingbianzheng yu fangzheng xintan – jingfang bianzhi pifubing xinfa) (currently being published in China), and has participated in six scientific research projects.

---

**Henry A. Buchtel** is a professional translator and TCM practitioner. He is a recent graduate of the Hunan University of TCM and is currently studying with and co-authoring a book for Eastland Press with renowned physician Professor Peng Jian. His Chinese medicine translations include six books published in China and England, the most recent of which is *Illustrated Chinese Moxibustion: Techniques and Methods* (Singing Dragon, 2012). His personal website is: [www.dynamicpoints.com](http://www.dynamicpoints.com).