

Acute Abdominal Syndromes

Their
Diagnosis &
Treatment
According to
Combined
Chinese-Western
Medicine

中西医结合治疗急腹症

by
Alon Marcus, OMD

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Caveat

Neither the author or publisher recommends nor endorses self-treatment by laypersons. Lay readers wishing to avail themselves of the treatments described in this book should only seek professional treatment from qualified practitioners of Traditional Chinese Medicine (TCM). In addition, they should understand that such treatment does not exclude simultaneous treatment by one's Western MD. Persons experiencing acute abdominal pain should receive a diagnosis by a Western MD.

This book is meant as a clinical manual for professional practitioners of TCM. It is not a textbook for beginners. Only those professionally trained in TCM should attempt to use the protocols contained herein. The author and publishers take no responsibility for the efficacy of any protocol or prescription included in this book. Professional practitioners must assess the appropriateness of any protocol or formula given in such a book in terms of each individual patient's disease, condition, signs and symptoms and prescribe or modify that protocol accordingly. The formulas and protocols given in this book are not meant to be applied by rote but are meant only as examples and guides when formulating individualized treatment plans according to the tenets of TCM.

Foreword

by Bob Flaws

Acute abdominal syndromes include a number of painful conditions involving the abdomen and its contents. In this book, Alon Marcus discusses the combined Chinese-Western medical diagnosis and treatment of a number of these, including, peptic ulcers, appendicitis, peritonitis, cholecystitis, cholelithiasis, biliary ascariasis, intestinal obstruction, and intestinal adhesions. In the People's Republic of China today, *fu zhong xi yi* or combined Chinese-Western medicine refers to the use of modern Western disease diagnosis, pathophysiology, staging, and treatment in tandem with TCM pattern diagnosis and traditional, conservative Chinese treatments such as herbal medicines and acupuncture. This combined use of the best of both modern Western and traditional Chinese medicines shows great promise and especially in those diseases requiring the more heroic treatment for which modern Western medicine is so famous.

There are two broad instances, it seems to me, where the use of such heroic therapy is warranted. First, in the treatment of such deep-seated, chronic, progressive, and life-threatening diseases as cancer. Blue Poppy Press has already published a book on this subject, Zhang Dai-zhao's *The Treatment of Cancer with Integrated Chinese-Western Medicine*. The second instance where, I believe, the integrated use of Chinese and Western medicines is also called for is in the treatment of acute, progressive, and life-threatening diseases such as the acute

abdominal syndromes discussed in this book. Because these conditions may result in death if misdiagnosed and mismanaged, swift and comprehensive treatment is all the more necessary. In particular, such conditions often require surgery to effect timely, life-saving treatment.

On the other hand, Western practitioners of alternative medicine are quick to point out that, here in the West at least, surgery is resorted to far too often. This is because Western MDs often resort to surgery too soon in the course and progression of disease. Rather than being a modality of last resort, it is used as the standard therapy for such conditions as appendicitis and cholelithiasis. In this book, Dr. Marcus describes the rational integration of conservative traditional Chinese treatments with more conservative Western treatments. He then goes on to describe the staging and progression of these diseases from both a TCM and modern Western point of view so that one can determine when, in fact, surgical intervention is warranted and indeed necessary. The combined protocols Dr. Marcus gives are derived from translations of Chinese sources and his clinical observations in hospital in the People's Republic of China.

Much needless surgery might be avoided if such conservative protocols as Dr. Marcus describes were more widely available and practiced in the West. Surgery is fraught with inherent dangers. There are the dangers of anesthesia, the dangers of post-surgical infection, the dangers of blood loss, and the dangers of post-surgical weakness, indigestion, and recuperation. Although surgery is a great life-saving technique, nevertheless, it should not be resorted to lightly. Whenever any physician administers any treatment, one must always weight the benefits versus the risks. If two treatments both affect the same benefits but one does so with reduced risks, then that should be the therapy of first choice. No one can deny that

surgery is a high risk therapy compared to internally administered Chinese herbal medicine.

In this book, Dr. Marcus presents step by step protocols according to the Western staging of these various diseases leading up to and culminating, when absolutely necessary, in surgical intervention. By using herbal and acupuncture therapy based on TCM pattern discrimination diagnosis and conservative Western medications, such treatment is without the dangers and all too frequent side effects of more heroic Western therapy. Such combined, conservative therapy also addresses and attempts to redress the underlying or fundamental dyscrasia causing the pathology. That means that such therapy is not just palliative but potentially radically curative. According to TCM theory, surgical intervention may excise the site of some critical pathology, but it does not necessarily abort the pathophysiological process. Therefore, all too often, such disease processes continue to cause pathological changes in some other organ or tissue. Some of the protocols Dr. Marcus describes involve herbal formulas which are hundreds and even thousands of years old. Others are relatively modern. But all have been tested in clinical practice in hospitals in the People's Republic of China where such integrated or combined Chinese-Western therapy is widely available.

Although, as Dr. Marcus points out, acute abdominal syndromes (AAS) are best treated in an in-patient facility with access to modern Western diagnostic techniques and treatment modalities, I personally can attest to TCM's ability to successfully and non-surgically treat a number of AAS as long as their TCM treatment is initiated early enough. In my twelve years of practice, I have treated a number of cases of acute appendicitis, both with acupuncture and Chinese herbs, a number of cases of cholecystitis/cholelithiasis, and several cases

of nephrolithiasis and none of these patients have had to have surgery for these conditions. However, when one attempts to treat such emergencies outside a hospital setting, it is a very tense and nerve-wracking situation. If the protocols described in this book could become more widely known and publicized in the West and if such treatments could be carried out in modern in-patient facilities, I agree with Dr. Marcus this would be the best possible situation.

Therefore, we at Blue Poppy Press are pleased to publish Alon Marcus' book on the combined Chinese-Western medical treatment of acute abdominal syndromes. We hope this book will cause Western practitioners of TCM to re-examine their positions regarding such a combined Chinese-Western medicine. We are not talking about symptomatic usage of Chinese herbs and formulas appropriated by Western medical practitioners untrained in TCM but treatment based on professional TCM *bian zheng* diagnosis. At the same time, we also hope practitioners of modern Western medicine will be more open and receptive to entering into professional associations with practitioners of TCM based, in part, on such rational and responsible protocols as described in this book.

Preface

After completing my education at the American College of Traditional Chinese Medicine in San Francisco in 1984, I became interested in studying the limits of TCM, particularly in the inpatient setting. In 1985, I continued my studies by interning at the Guangzhou Municipal TCM Hospital in Canton, China with the head of the internal medicine department, Dr. Jang. Soon after my arrival, I quickly realized that unlike in the USA where patients come to us already diagnosed and seldom acutely ill, in China I was faced with acutely ill patients where decisions of a different type had to be made. Does the patient need admission? Does he need surgery? Is TCM or Western medical intervention more appropriate? Although I came eager to practice TCM exclusively, my teachers were quick to point out the importance of also having a Western diagnosis. In fact, every patient in our hospital had to have both a TCM as well as a Western medical diagnosis. In creating this new marriage between the two systems, I saw one danger: many of these new TCM descriptions and diagnoses are theoretical, and although clinical evidence to support them is abundant, by nature of their being new they have not endured the test of time. Therefore, they lack the real strength of Chinese medicine. I hope that over time these theories prove their efficacy. Nevertheless, I personally saw acute abdominal syndromes treated in an inpatient setting by integrating Chinese and Western medicine successfully.

In addition to conversations with Dr. Jang, much of the information presented in this book is based on a

conglomeration of oral translations of the book *Combined Methods for the Treatment of Acute Abdominal Syndromes*, Jin Yi Medical College and *Acute Abdominal Syndromes*, Shanghai College of TCM, (People's Health Publisher Press), and of the hospital protocols. The translations were provided by Drs. Fang Yao-hui, Guang Zhai-wong, and Sie Ming-sing, to whom I am deeply grateful. Information on Western medicine was obtained from the *Merck Manual* and *Harrison's Principles of Internal Medicine*.

I would also like to thank Dr. Rita Jeremy for her editing of the original manuscript from which this book is based, my wife Ruth Goldenberg, MD, for teaching me more about Western medicine, my father Joseph Marcus, MD, who spent many hours transcribing my work into computer form, my mother Cilla Marcus who always believed in me and encouraged me to pursue my studies, and finally to Bob Flaws for giving me the opportunity to share this material with others.

Contents

Caveat iii

Foreword v

Preface ix

Contents xi

Introduction 1

Section I

General Concepts in the Use of Combined Chinese-Western Medicine in the Treatment of Acute Abdominal Syndromes

1 Introduction to AAS 7

2 *Zhong Yi Bian Zheng*
TCM Pattern Discrimination 21

3 Combined Chinese-Western Diagnosis
Stage, Degree, & Character of Disease 31

- 4 Selection of AAS Patients for Combined
Chinese-Western Treatment 35
- 5 *Zhi Yuan, Zhi Fa*
Treatment Principles,
Treatment Methods 39
- 6 Post-Surgical Recuperation &
Treatment 51
- 7 Formulas for External Application 61

Section II

The Diagnosis & Treatment of Specific AAS by Combined Chinese-Western Medicine

- 1 *Wei Chuan Kong*
Peptic Ulcers & Perforations 65
- 2 *Dan Shi Bing*
Cholelithiasis 83
- 3 *Dan Nang Yan*
Cholecystitis 99
- 4 *Dan Dao Hui Chong Bing*
Biliary Ascariasis 107
- 5 *Yi Xian Yan*
Acute Pancreatitis 117

6	<i>Ji Xing Chang Geng Zhu</i> Acute Abdominal Obstruction	129
7	<i>Lan Wei Yan</i> Appendicitis	147
	Index	155

Introduction

Modern Western medicine usually considers acute abdominal syndromes (AAS) to be surgical conditions most often treated in in-patient facilities. However, due to the dangers inherent in surgery, many practitioners of both modern Western medicine and Traditional Chinese Medicine (TCM) in China are attempting to improve upon the conservative treatment of those cases which may possibly be cured without recourse to surgery. Because AAS must be treated in an in-patient setting, Western practitioners of TCM, who practice so far solely on an out-patient basis, have evidenced little interest in this group of diseases. Likewise, little information on their treatment by TCM is available in English. Nevertheless, it is important for TCM practitioners to be acquainted, both theoretically and practically, with this area of medicine. Although few TCM practitioners practicing in the United States come across these conditions or attempt to treat them, as TCM becomes more widespread and recognized, TCM practitioners will, in fact, be working within various settings, including in-patient facilities, where we will see such patients. If we aspire to the role and status of doctor, albeit doctor of TCM, our knowledge must be complete and commensurate with that role.

The concept of specific disease entities is, perhaps, not as developed in TCM as it is in modern Western medicine. Although TCM does have and uses diagnostically the categorization of *bing* or diseases, compared to modern Western medicine, this categorization is less specific. Although two diseases as classified by modern Western medicine may be classified as only a single disease by Traditional Chinese Medicine, nevertheless, there often are important differences in the course, treatment, and prognosis of such different Western disease categories. For instance, although MS, SLE, and RA are all categorized as *wei zheng* or atonic conditions in TCM, each of these diseases has its own natural history and empirical response to certain treatments and medicinals. Therefore, it is important in this day and age for TCM practitioners to be fully acquainted with the Western system of classification of signs and symptoms and descriptions of the natural history and course of Western disease categories. This enables one to better understand the many possible varieties of pathology within a specific disease entity, each of which requires specific treatment. In pursuit of this aim, modern Chinese practitioners have developed what they call *fu zhong xi yi* or combined Chinese-Western medicine. This also sometimes referred to in China as *xin yi* or New Medicine.

This is a conceptual framework within which knowledge from both TCM and Western medicine are integrated in the description and categorization of pathology as well as in the description of stages of disease, differential diagnosis, and determination of treatment. In some instances, such a combined theoretical system allows one to simply use more conservative, safer TCM therapies in place of modern Western medicine. In other instances, it allows one to use more conservative Western therapies in tandem with benign yet effective TCM therapies instead of more heroic therapies fraught with more risk of iatrogenesis. In still other cases, such a combination allows for

the use of TCM therapies to treat or prevent the otherwise unavoidable side effects of so much of modern Western medicine. And in yet other cases, the combination of TCM therapy and modern Western heroic therapy, such as chemotherapy and radiation, makes that Western therapy even more effective in eliminating the pathology than when that same Western therapy is employed alone. This is especially important in diseases which are recalcitrant to all treatment, such as cancer, and for which TCM alone is usually not effective.

Acute abdominal conditions, such as appendicitis, peptic ulcer perforation, intestinal obstruction, and pancreatitis, are both potentially life-threatening and acutely painful. Because a patient may die from one of these conditions within a relatively short period of time, swift and heroic therapy, such as Western surgery, is often called for. And because, even in TCM the stopping of pain, although it is a *biao* or branch symptom, is given precedence in treatment, the integrated use of both modern Western and traditional Chinese medicines is warranted.

Section I

General Concepts in the Use of Combined Chinese-Western Medicine in the Treatment of Acute Abdominal Syndromes

Introduction to AAS

Acute abdominal syndromes (AAS) include a number of conditions causing acute, intra-abdominal pain. Such pain may emanate from the viscera, mesentery, peritoneum, and pelvic organs and may be caused by inflammation, ulceration, vascular disorders, and various mechanical processes, such as obstruction, torsion, and spastic contraction. This book describes the combined Chinese-Western diagnosis and treatment of a number of the most commonly encountered AAS. These include peptic ulcers and perforation, cholecystitis, cholelithiasis, biliary ascariasis, intestinal obstruction, intestinal adhesions, pancreatitis, peritonitis, and appendicitis.

Use of modern Western medical diagnosis

The use of modern Western medical diagnoses in the combined Chinese-Western treatment of AAS is necessary to determine pathogenic factors, stage of disease, and the location and nature of the condition. An example of this is the Western diagnosis of perforated gastric ulcer. Such a diagnosis gives the location (stomach), the nature of the condition (acute perforation), and the stage of the process (such as middle stage with infection). A correct Western diagnosis is essential

because the TCM signs and symptoms alone may not give a clear-cut picture and may not be sufficient to make a clinically accurate diagnosis. This can be very dangerous. For instance, if a ruptured aneurism were considered a peptic ulcer and treated thus, the result could be fatal. Or, if a tumor or coronary heart disease presenting with abdominal pain were misdiagnosed as a gallstone, this could also lead to disastrous consequences. Therefore, correct modern Western diagnosis is essential in cases of acute abdominal syndrome.

Abdominal pain

In modern Western medicine, abdominal pain is divided into 3 categories: visceral, somatic, and referred.

Visceral pain

Pain arising in the abdominal organs enveloped by the visceral peritoneum and felt at the site of the primary lesion or stimulation is called visceral pain. It is usually dull and aching, poorly localized, and may be associated with referred pain.

Somatic pain

Somatic pain is defined as discomfort arising in the abdominal wall, particularly the parietal peritoneum, root of the mesenteries, and respiratory diaphragm. It is sharper than visceral pain and is usually well localized to the site of the lesion of stimulation.

Referred pain

Referred pain is perceived at a site which is different from the site of irritation or diseased viscus. However, it is perceived in

an area which is supplied by the same or adjacent neural segment.

Location of pain relative to specific organs

Organ	Areas of perceived pain
Esophagus	Substernal, occasionally in the neck, jaw, arm, or back
Stomach	Epigastrium, occasionally left upper quadrant, or back
Duodenal bulb	Epigastrium, occasionally right upper quadrant, or back
Small intestine	Periumbilical, occasionally above the lesion
Large intestine	Below the umbilicus on the side of the lesion
Spleen	Left upper quadrant
Rectosigmoid	Suprapubic region
Rectum	Posteriorly over the sacrum
Pancreas	Epigastrium or back
Liver/gallbladder	Right upper quadrant, right shoulder, and posterior chest

Important causes of abdominal pain according to Western medicine

I. Pain originating in the abdomen

A. Parietal peritoneal inflammation

1. Bacterial contamination, *e.g.*, perforated appendix, pelvic inflammatory disease

B. Mechanical obstruction of hollow organs (*i.e.*, intestines, stomach, biliary tract, ureters)

C. Vascular disturbances

1. Embolisms & thromboses
2. Nonocclusive intestinal ischemia
3. Rupture of abdominal aneurism
4. Sick cell anemia

D. Abdominal wall

1. Distortion or traction of mesentery
2. Trauma or infection of muscles
3. Distention of visceral surfaces (*e.g.*, liver or kidneys)

II. Referred pain

A. Thorax

1. Pneumonia
2. Coronary occlusion

B. Spine (arthritis)

C. Genitalia (torsion of testicles)

III. Metabolic causes

A. Exogenous (poisoning from lead or other toxins of from poisonous animals, *e.g.*, black widow spider bite)

B. Endogenous

1. Uremia
2. Diabetic coma
3. Porphyria
4. Allergic factors

IV. Neurogenic causes

A. Herpes zoster

B. Causalgia

C. Tabes dorsalis

D. Functional causes

General signs & symptoms of AAS

I. Acute gastroenteritis

A. Anorexia, nausea, and vomiting

B. Cramps, diffuse abdominal pain

C. Diarrhea

D. Fever and leukocytosis are common

II. Acute appendicitis

A. Epigastric or periumbilical pain, eventually shifting to the right lower quadrant of the abdomen

B. Vomiting and anorexia

C. Constipation is common but diarrhea may occur

D. Tenderness, muscle spasm, and rebound tenderness in the right lower quadrant

E. Fever usually slight to moderate

F. Moderate leukocytosis with neutrophilia

III. Acute cholecystitis

- A. History of fatty food intolerance, flatulence, postprandial fullness, and right upper quadrant discomfort
- B. Steady and severe pain in the right upper quadrant of epigastrium
- C. Tenderness, muscle guarding, and rebound tenderness are common; the gallbladder may be palpable
- D. Anorexia, nausea, and vomiting
- E. Fever and leukocytosis
- F. Hyperbilirubinemia and bilirubinuria

IV. Acute diverticulitis

- A. Lower abdominal pain, especially in the left lower quadrant
- B. Tenderness, muscle guarding, and rebound tenderness
- C. Fever and leukocytosis
- D. Constipation
- E. Nausea and mild vomiting

- F. The findings are similar to those of acute appendicitis but are on the left side

V. Acute pancreatitis

- A. Common in alcoholics
- B. Common in cases of cholelithiasis
- C. Pain is variable, typically epigastric and radiating to the back; may be accompanied by prostration, sweating, and shock
- D. Nausea and vomiting
- E. Abdominal distention and tenderness
- F. Elevated amylase levels
- G. Hyperbilirubinemia and hypocalcemia may occur

VI. Acute intestinal obstruction

- A. Symptoms depend on the site and degree of obstruction
- B. Crampy abdominal pain
- C. Vomiting more common with proximal lesions
- D. Constipation and eventually complete inability to pass gas
- E. Hyperperistalsis and borborygmus

VII. Perforated viscus

- A. Most commonly produced by perforation of gastric ulcer
- B. Sudden onset of severe abdominal pain which is aggravated by movement
- C. Tenderness, abdominal rigidity, and rebound tenderness
- D. Abdominal distention
- E. Obliteration of hepatic dullness
- F. Air demonstrated below the diaphragm
- G. Hypotension, shock

VIII. Mesenteric vascular infarction

- A. Congestive heart failure, atrial fibrillation, or visceral hypoperfusion
- B. Moderate to severe abdominal pain
- C. Vomiting
- D. Bloody diarrhea
- E. Abdominal distention, tenderness, and, in severe cases, abdominal rigidity
- F. Hypotension, shock

IX. Acute salpingitis

- A. Lower abdominal pain
- B. Fever and chills
- C. Adnexal mass
- D. History of sexual exposure
- E. Vaginal discharge
- F. Gonococcal infection

Many patients with acute abdominal pain are actually patients with chronic and recurring abdominal pain where the pain has been present in a mild form for a long time. The work-up of such patients must be all the more detailed and deliberate. The patient should be carefully questioned about the location, intensity, character, and chronology of the pain. One should search for factors that aggravate or alleviate the pain and carefully assess all the signs and symptoms which have appeared. Their relationship to the time of appearance of the pain is most important.

The following are some common pain patterns:

Peptic ulcer

There is epigastric pain described as a sensation of burning, hunger, or aching. About 80% of the time, it occurs 1-3 hours after a meal and the patient may be awakened in the middle of the night by pain. Most often it is easily and quickly relieved by the ingestion of food or antacids. However, some patients with

gastric ulcer have increased pain following the ingestion of food. The pain is almost always episodic, lasting for days or weeks, and then it is followed by a period of remission that may last for months.

Biliary tract disorders

The major symptoms of biliary tract disorders include nausea, vomiting, and pain in the epigastric region or right upper quadrant. The pain is constant and not colicky. Postprandial fullness, eructations, flatulence, and fatty food intolerance are nonspecific and are commonly associated with many other disorders.

Pancreatic disorders

The pain in these disorders is located in the epigastrium and tends to bore directly through to the back. Nausea and vomiting are common. The pain is constant and lasting and is rarely colicky. Partial relief may be obtained by adopting a fetal position. A history of recent and heavy alcohol ingestion or a past history of biliary disorder are highly suggestive of pain due to pancreatic origin.

Intestinal disorders

In cases of disorders of the small intestine, the pain is located in the periumbilical region. The pain is crampy and may be associated with nausea and vomiting. There is a change in bowel habits. If there is proximal mechanical intestinal obstruction, vomiting occurs early in the course. If the obstruction is in the large intestine, constipation and the inability to pass flatus are more likely.

Irritable bowel syndrome

Here pain is usually located in the hypogastrium or the left lower quadrant. Only rarely does it present in the periumbilical region. It also rarely awakens the patient from their sleep unlike the pain in the above conditions. This pain may be aggravated by the ingestion of food and is usually relieved by the passage of flatus and by bowel movements. It may be associated with constipation or with alternating constipation and diarrhea.

Colon cancer

Abdominal pain is common in tumors which are proximal to the sigmoid colon. It is less frequent in cases of rectal neoplasms and lesions of the distal portion of the sigmoid colon. It may be associated with recent changes in bowel habits.

Miscellaneous causes

1. Chronic diverticulitis
2. Intermittent or chronic intestinal obstruction
3. Tubercular peritonitis
4. Systemic diseases and intoxications (*e.g.*, connective tissue disorders, lead poisoning, diabetes, porphyria, and tabes dorsalis)
5. Pancreatic cancer
6. Trichomoniasis of the gallbladder

Timing of treatment

The timing of treatment is a very important element in the correct combined approach to AAS. An example of this is the timing of the treatment of peptic ulcer perforation. During the first stage, the first thing to be done is to close the perforation. One should use acupuncture and reduce the pressure in the stomach and intestines. This is necessary in order to minimize peristalsis and to allow the qi and blood to recover and heal the perforation. On the other hand, during the middle stage of an ulcer perforation (which is referred to as the anti-infection stage), one must deal with possible irritation of the peritoneum and infection caused by the gastric fluids which have entered the abdominal cavity through the perforation. At this time, it is appropriate to clear heat and resolve toxins in order to prevent infection. During the final stage, one should enhance the repair process so that the stomach wall is restored to its normal state.

Another example involving proper timing is based on understanding the process of the condition. This allows one to focus on the relevant aspect at a particular point in time. For instance, in cases of cholelithiasis, nephrolithiasis, or intestinal obstruction, knowledge of the exact nature and stage of the pathology permits the practitioner to concentrate on the proper, timely use of the *qu xie* or attacking evil method without being side-tracked by secondary signs and symptoms.

Understanding the pathology also aids the practitioner in choosing the appropriate medicinals and in knowing how to administer them, *e.g.*, when to administer by mouth, when to inject, when to use an enema, etc.

Communication with the patient

The physician must also communicate to the patient what the course of the chosen treatment will be and explain to the patient when it is necessary to inflict pain that is obligatory for the success of the treatment. An example of this is the elimination of stones. The patient should understand what to expect. They should be told that the pain is a result of the stone's movement and is, therefore, a positive response to therapy. Thus the patient's understanding of the process is also therapeutic and enables them to undergo treatment with less anxiety and more cooperation.

Zhong Yi Bian Zheng **TCM Pattern Discrimination**

According to the tenets of *fu zhong xi yi* or combined Chinese-Western medicine, in the treatment of AAS, one should integrate knowledge of TCM together with Western medical diagnosis and only then choose the appropriate treatment methods (*zhi fa*). Based on TCM pattern discrimination diagnosis, one then formulates the logical TCM treatment principles (*zhi yuan*) which will rebalance the dyscrasia implied in the nomenclature of the TCM pattern. Based on these treatment principles, one then selects the actual treatment methods which embody these principles. Combined Chinese-Western medicine does not mean the borrowing of certain TCM treatment principles, methods, or modalities and applying these solely on the basis of a Western disease diagnosis alone. The hallmark of TCM methodology is treatment based on pattern discrimination (*bian zheng lun zhi*).

Therefore, the combination of TCM and modern Western medicine should not omit such TCM *bian zheng* diagnosis. It is precisely the basing of treatment on such individualized and holistic pattern diagnosis which allows TCM to treat without iatrogenesis or side effects. One should not, for example, insist

on using *fu zheng* or supporting the righteous therapy based on Western disease diagnosis alone.¹ Such an approach may not be appropriate if the evil qi (*xie qi*) is too strong. In such a case, the *qu xie* or attacking evil method is indicated according to TCM *bian zheng* or a discrimination of patterns. Pattern discrimination is the hallmark of TCM as a style of Chinese medicine and is what makes TCM holistic and noniatrogenic. It is the most important thing that TCM brings to the marriage or integration of traditional Chinese and modern Western medicines.

In TCM, there are altogether 10 different types of pattern discrimination. These are:

1. 8 principle pattern discrimination (*ba gang bian zheng*)
2. 5 phase pattern discrimination (*wu xing bian zheng*)
3. Organ/bowel pattern discrimination (*zang fu bian zheng*)
4. Channel and connecting vessel pattern discrimination (*jing luo bian zheng*)
5. Qi & blood pattern discrimination (*qi xue bian zheng*)
6. Body fluids pattern discrimination (*jin ye bian zheng*)
7. 6 stage pattern discrimination (*liu fen bian zheng*)

¹ Many practitioners of modern Western medicine are prone to borrow the *fu zheng* or supporting the righteous method and use it as a panacea for supposedly improving the patient's immune system. Such use is erroneous according to TCM methodology and can actually wind up making the patient worse, not better.

8. 4 stage pattern discrimination (*wei qi ying xue bian zheng*)
9. Triple heater pattern discrimination (*san jiao bian zheng*)
10. Disease cause pattern discrimination (*bing yin bian zheng*)

Of these 10 ways of discriminating patterns in contemporary TCM, in terms of AAS, 8 principle, *zang fu*, and disease cause pattern discrimination are the three most important.

I. *Ba gang bian zheng*

Eight principle pattern discrimination

Because AAS are acute conditions, it is most important to differentiate and carefully distinguish between cold (*han*) and hot (*re*), fullness (*shi*) and emptiness (*xu*). Emptiness usually refers to emptiness of the righteous qi (*zheng qi*) and fullness usually refers to fullness of evil qi (*xie qi*).

A. *Shi zheng*

Full patterns

Fullness implies full to over-stuffed or something jammed, packed full. This is why this word is sometimes also translated as solid. In full patterns where righteous qi and evil qi are both strong, the main symptoms are those of fullness of evil qi. These include high fever, red face, restlessness, constipation, scant, dark urine, delirium, abdominal pain and muscle guarding, local pain, firm palpable masses, severe abdominal distention and fullness of the chest and hypochondrium. The tongue coating is usually yellow (*huang*) and slimy (*ni*) and the

pulse is forceful (*you li*).² There is leukocytosis. Such manifestations are often found in appendicitis, cholecystitis, pancreatitis, perforated ulcer, peritonitis, and early intestinal obstruction.

B. *Xu zheng* **Empty patterns**

These are usually due to emptiness of righteous qi, the signs and symptoms of which are mainly lack of energy and spirit, a pale, sallow face, weakness, prolonged diarrhea, loss of control of the urinary bladder sphincter, a pale red tongue with scant fur, and thready (*xi*), forceless (*wu li*) pulse. Abdominal pain is not localized or severe and tends to be intermittent. The abdomen is not severely distended. Emptiness is often seen in conditions such as intestinal adhesions and intestinal tuberculosis which lead to obstruction and are accompanied by shock. Empty conditions are usually found in chronic disorders with acute exacerbations or in the late stages of disease.

C. *Han re* **Cold & hot**

Most commonly, hot patterns are associated with fullness in turn due to either internal or external causes. They are, therefore, typically yang conditions. Cold patterns are most

² Pulse diagnosis is one of the three main categories of signs and symptoms in establishing a TCM *bian zheng* diagnosis. It is imperative that the correct nomenclature be used when describing the pulse based on the 28 classical pulse characters or *xiang*. Therefore, we have included the *pinyin* for the pulses so as to eliminate confusion and promote a higher level of pulse discrimination.

often associated with internal, empty conditions and are, thus, generally referred to as yin conditions.

II. *Zang fu bian zheng*

Organ/bowel pattern discrimination

Although AAS usually affect the liver/gallbladder and spleen/stomach, they may sometimes also affect the large and small intestines, the kidneys, and the urinary bladder. Often such conditions involve more than a single organ. Most of these diseases are located in the *fu* bowels or yang organs, but various diseases may also affect the *zang* depending upon the *xie yin* or evil causes.

III. *Bing yin bian zheng*

Disease cause pattern discrimination

There are 8 important species of *bing yin* or disease causes in AAS: qi, blood (*xue*), cold (*han*), heat (*re*), dampness (*shi*), food stagnation (*shi zhi*), worms (*chong*), and stones (*shi*). Different *bing yin* may cause different pathoconditions.

A. Qi

There are 4 different disorders of the qi. They are stagnation of qi (*qi zhi*), counterflow of qi (*qi ni*), emptiness of qi (*qi xu*), and prolapse or desertion of qi (*tuo qi*).

1. *Qi zhi*

Qi stagnation

The manifestations of this condition are abdominal pain, abdominal distention accompanied by a feeling of fullness,

migrating pain, and a feeling of stuffiness in the chest. Fullness and distention decrease with belching and passing of gas. If qi is stagnated in the spleen or stomach, there are signs of indigestion and a feeling of fullness in the abdomen. If the qi stagnation is in the liver, this is manifested by signs of mental/emotional disturbance, abdominal distention (including the hypochondrium), and pain. Qi stagnation is a major cause of many AAS.

2. *Qi ni*

Counterflow qi

This is commonly seen in diseases of the stomach and intestines. It leads to nausea, vomiting, and hiccups. Typically counterflow qi is a complication of AAS and a progression from qi stagnation.

3. *Qi xu*

Empty qi

The main symptoms of this are shortness of breath, withdrawal with a tendency towards silence, faint or feeble voice, a feeling of tiredness, spontaneous perspiration, and a thready (*xi*), forceless (*wu li*) pulse. In AAS, empty qi conditions are usually encountered in the recuperative stage, in the chronically weakened and ill, and in the elderly.

4. *Tuo qi*

Qi prolapse or desertion

This mainly refers to sinking of the central qi (*zhong qi*). It is accompanied by prolonged diarrhea and prolapse of the stomach, intestines, uterus, bladder, or kidneys.

B. *Xue* Blood

1. *Xue yu* Blood stasis

The major TCM pattern of the blood associated with AAS is blood stasis (*xue yu*). This usually manifests as local or fixed pain which is pricking or sharp and increases at night, the presence of palpable masses, and purple spots or petechiae on the tongue or abdomen. The pulse may be difficult to discriminate and, depending upon other concomitant or complicating patterns, may be deep (*chen*), grating/astringent (*se*), knotted (*jie*), wiry (*xian*), or slippery (*hua*).

2. *Xue xu* Empty blood

Another possible pattern associated with the blood and possibly presenting with AAS is blood emptiness (*xue xu*). In this case, the symptoms include pale, dry skin, dizziness, palpitations, a pale tongue, and a thready pulse. There may also be loss of blood due hemorrhage leading to collapse or desertion (*tuo*) of qi and shock. In this case, there will be fainting, loss of consciousness, and spontaneous sweating with a classically hollow (*kou*) pulse. Most often, blood emptiness does not cause AAS but is the result of a long-standing disease or post-surgical or hemorrhagic blood loss.

3. *Xue re* Hot blood

Finally, there may also be blood heat (*xue re*) leading to hemorrhage. The signs and symptoms of blood heat include

bleeding, rashes, delirium and excitability, a red tongue, and a (*shu*) fast pulse. Depending upon whether the heat is empty or full, the pulse may also be flooding (*hong*), thready (*xi*), or slippery (*hua*).

C. *Han* Cold

Cold as a *bing yin* or disease cause may be either internal or external in origin, empty or full. For example, yang desertion shock is an internal empty cold (*neixu han*) condition. External full cold (*wai shi han*) obstructing the intestines can lead to appendicitis. Cold, whether external or internal in origin, tends to impede the free flow of qi and blood. Full cold causes contraction and stasis; whereas empty cold means emptiness of yang. If yang qi is empty, it cannot move or push the blood and body fluids and thus stasis and stagnation tend to arise.

D. *Re* Heat

Most often in terms of AAS, evil heat presents as a full hot condition (*shi re*). Heat may be generated internally due to depression (*yu re*) or similar transformation (*hua re*) or may be externally invading as in bacillary dysentery. However, sometimes there is also empty heat (*xu re*) which accompanies emptiness of yin (*yin xu*). Empty heat is due to an insufficiency of yin and, therefore, its inability to control and restrain yang. If full heat persists or is very strong, it may exhaust or consume yin fluids and thus transform into empty heat.

E. *Shi* Dampness

Dampness in AAS may be either internally generated or externally invading. Dampness may combine with any of the other evils leading to turbid, slimy, heavy symptoms. These include a thick, slimy tongue coating, a slippery (*hua*) pulse, and heaviness of the limbs. The most commonly encountered patterns involving a combination of dampness in varieties of AAS are damp cold (*shi han*), damp heat (*shi re*), and blood stasis due to cold and dampness (*han shi cheng zu*).

F. *Shi zhi* Food stagnation

Food stagnation may occur due to over-eating in general, over-eating hard to digest, heavy foods in particular, and also as a result of long term spleen/stomach insufficiency impairing their ability to transport (*yun*) and transport (*hua*) foods and liquids. Because food stagnation is an evil yin accumulation, it tends to obstruct the qi. Because the qi moves the blood and body fluids, food stagnation can give rise to or complicate a number of other associated patterns of disharmony. The main manifestations of food stagnation are abdominal distention, belching, a bad taste in and a foul smell emitting from the mouth, nausea, vomiting, and restlessness. The pulse is full (*shi*) and slippery (*hua*) and the tongue fur is slimy (*ni*).

G. *Chong* Worms

The word *chong* in general refers in Chinese to all "creepy crawlers". It includes insects, arachnids, annelids, many mollusca, many amphibians, and even many reptiles. However,

when used in modern TCM, this term mainly describes parasitosis by various types of worms. Worm parasitosis in terms of AAS usually manifests as paroxysmal pain. There may also be bluish dots or lines in the sclera of the eyes. These are called *chong ban* or worm spots in Chinese. The most commonly encountered acute abdominal syndrome associated with worm stagnation/accumulation (*chong ji*) resulting in acute abdominal pain is biliary ascariasis.

H. Shi Stones

The stones associated with AAS primarily refer to gallstones and kidney stones. According to TCM disease mechanism theory, stones are mainly due to long term accumulation and congelation of damp heat and phlegm dampness which brew and condense into stones. The symptoms of gallstones include abdominal distention, severe colicky pain, and sometimes jaundice and white stools. If the stones are in the urinary tract, there are colicky back pains that may radiate to the lower abdomen or move from the back to the front following the course of the ureters as the stone attempts to descend. One may find stones in the feces or the urine. Stones or sand may also be pathogens or *bing yin* leading to intestinal dysfunction.

Combined Chinese-Western Diagnosis Stage, Degree, & Character of Disease

In the treatment of acute abdominal syndromes using *fu zhong xi yi*, one should diagnose utilizing modern Western *bian bing* or discrimination of disease categories in combination with TCM *bian zheng* or pattern differentiation. One should also incorporate the concepts of stage, degree, and character of disease into such a integrated *bian bing*, *bian zheng* diagnosis.

Diseases may be further clinically described according to 3 categories beyond their *bian bing* or *bian zheng*. These three categories are: 1) from early to late stage, 2) from light to severe degree, and 3) either functional or structural in character. Making such further distinctions has its practical use in the clinic.

Stages of disease

In the early stage of a disease, the patient's general condition is usually good and there are only functional or slight structural changes in their organs. As the disease progresses and develops, there are more serious structural changes in the tissues and

organs and the patient's general condition has also started to deteriorate. And in the late stages of disease, there may be serious structural changes, such as perforation, their patient's condition may be serious due to release of toxins, and their general condition may be poor as evidenced by shock.

In the same or similar way, the TCM *bian zheng* diagnosis also will tend to change as the patient moves through the various stages of their disease. These changes in pattern discrimination are reflected in changes in the patient's pulse, changes in their signs and symptoms related to the state of the evil qi, and in changes in the state of their righteous qi or general condition. Thus there tends to also be identifiable stages in the progression of disease even from a TCM *bian zheng* point of view. These stages include that in which the righteous qi is strong and the evil qi is weak; the righteous qi is strong but the evil qi is even stronger; the righteous qi is empty and the evil qi is full; and the evil is eliminated and the righteous qi is recovering.

The TCM disease mechanisms or *bing ji* of the progression of pathology in acute abdominal syndromes may usually be summarized as follows: At first there is a dysfunction of the qi. This usually means stagnation of the qi (*qi zhi*). This stagnant qi then transforms into heat (*re*) or fire (*huo*). This evil heat can then lead to hemorrhage followed by desertion or collapse of qi and finally shock. This progression usually reflects the stages of the condition as described by the three stages above and also the changing balance between evil and righteous qi. These stages usually progress from one to the next. However, in some cases, the condition can progress in a non-orderly manner or even remain at the same stage for some time.

Considerations in diagnosis

1. One must always obtain a complete history, both recent and past. Although AAS usually present as acute diseases, they are often, in fact, chronic diseases but with an acute exacerbation or attack. Therefore, the practitioner should take a complete history. A clear example of this is the perforation of a peptic ulcer. In such a case, the decision to choose a medical or surgical approach to treatment depends not only on the existence of perforation but also on the history of the patient's reaction to previous treatment in the past.

2. The chronology of symptoms must be carefully considered. Pain, distention, vomiting, constipation, and fever are all common AAS symptoms. The time at which these symptoms appear, however, has great significance in making a differential diagnosis. For example, if one finds that fever and vomiting preceded the abdominal pain, the condition is one which can often be treated by internal medicine. But, if the pain appeared first and was then followed by fever, the condition tends to be a surgical one. If the vomiting is severe but the abdominal distention is only slight, the condition is usually located in the upper intestinal tract. But, if the vomiting appears later in the course and is accompanied by severe distention of the abdomen, the disease process is usually in the lower intestinal tract. If a high fever appears at an early stage, this usually indicates the presence of an infectious disease or an inflammation. If the disease is in the gallbladder or urinary tract, a high fever most definitely indicates infection. But, if a high fever appears during the late stage of an intestinal obstruction, this usually signals the development of tissue necrosis. Thus one must pay careful attention to the timing and course of development of such different conditions.

3. Marked emptiness in elderly or deficient patients may mask the seriousness of the condition. Older patients may have severe diseases without exhibiting prominent symptomology. Therefore, the practitioner must pay special attention to such patients. Diagnosis in such patients is usually made from their history and physical examination with the physical signs being the most important. Laboratory tests are secondary and, because of the deficient state of such patients, should only be used to confirm the diagnosis. For instance, an empty patient with severe infection may not have a very high WBC count during the early stage.

In an empty patient, the presenting symptoms are usually not severe. This is not because the condition itself is not severe but because symptoms usually reflect the struggle between righteous and evil. Weak righteous qi cannot give rise to a big battle. Therefore the typical signs and symptoms are not very pronounced or apparent.

Selection of AAS Patients for Combined Chinese-Western Treatment

Most patients with AAS do not require surgical intervention. Nonetheless, one must always remember that some do. Therefore, it is imperative that the clinician be able to clearly discriminate between those whose condition is amenable for combined Chinese-Western medical treatment and those requiring surgery.

Indications for non-surgical treatment

The main indications of such conditions are:

1. A pathology which causes only functional disturbance of the organs with minimal structural changes
2. A continued state of good general health

Examples of this are simple intestinal obstruction or minor perforation of a peptic ulcer with minimal secretion into the abdominal cavity. Other examples are qi stagnation conditions, such as may be encountered in the common varieties of

cholecystitis and cholelithiasis; 90% of cases of worms (ascariasis) in the biliary tract; small stones in the urinary tract; and uncomplicated acute appendicitis of 2 types, *i.e.*, blood stagnation and abscess types.

Indications for the use of attacking evil (*qu xie*) therapy in combined Chinese-Western treatment while preparing for possible surgery

In these cases, one must carefully observe and monitor the condition of the patient. Examples of conditions falling within this category include early torsion or intussusception of the intestines, acute purulent and mild toxic appendicitis, or ulcerative appendicitis. Other examples are damp heat type cholecystitis and cholelithiasis and worm fire (*chong huo*) in the biliary tract.

Indications for imperative surgical intervention

There are 3 categories of such cases:

1. The first is a severe local condition in a patient with poor general condition. Examples include intestinal strangulation, volvulus with toxic shock, pancreatitis with septic shock, a large perforation of a peptic ulcer, and some cases of acute purulent cholecystitis with obstruction.
2. The second is a patient whose initial general condition is good but who has a more severe or progressive local condition or a patient whose general condition is beginning to deteriorate. Examples of this include an incarcerated hernia, excessively large bile or urinary tract stones which can become impacted, a moderate peptic ulcer perforation accompanied by pyloric obstruction, intestinal obstruction due to tumor, and cancer.

3. The third indication for imperative surgical intervention is a disease which may not be severe but in a patient whose general condition is poor and who has not responded to non-surgical treatment. Examples of such conditions include stagnant qi type cholelithiasis or cholecystitis with frequent, recurrent attacks accompanied by liver dysfunction.

Zhi Yuan, Zhi Fa

Treatment Principles, Treatment Methods

I. Basic requirements in determining treatment principles in AAS

A. Combining traditional Chinese pattern diagnosis & modern Western disease diagnosis

It is essential to first establish a proper diagnosis before conceptualizing TCM treatment principles (*zhi yuan*) and thence writing a prescription. In TCM, guiding prescriptions are selected on the basis of the stated treatment principles. These treatment principles are logically derived from the TCM *bian zheng* diagnosis. In establishing the patient's TCM *bian zheng* diagnosis, one should use the 4 diagnoses (*si zhen*). This then should be used together with modern Western disease diagnosis and the results of laboratory tests. In other words, one should combine a Western scientific knowledge of the pathology and a TCM analysis of the patient's overall and idiosyncratic condition, *i.e.*, their *bian zheng* diagnosis, in order to identify the central or key issue at hand. This means whether the patient's condition is empty or full, hot or cold, etc.

B. Benefit/risk analysis

Always choose the safest and most efficient treatment which will give the patient the best result. One should be very careful in making the diagnosis while constantly observing the development of the patient's condition and at the same time remembering that the underlying purpose of therapy is none other than to support the righteous (*fu zheng*) and eliminate evil (*qu xie*). The struggle between righteous qi and evil must be considered throughout the entire course of the disease. One should try to support the righteous so that the patient can fight the disease themselves and thus avoid needless surgery.

When assessing the body's ability to fight disease, one should ask themselves the following questions:

1. Is the patient's general condition good or bad?
2. What is the internal balance of the body's systems, *i.e.*, the state of body fluids, the acid/base balance, electrolyte balance, presence or absence of fever, and over-all balance of yin and yang?
3. How well are the major organs functioning?
4. What is the blood pressure, pulse, tongue signs, and intestinal sounds, etc.? These vital signs must be constantly monitored.
5. What is the basic condition of the bodily constitution? Is it strong or weak? And how does it react to the environment?

In sum, the physician must guide their treatment so that they will add strength to the body rather than to weaken or inhibit its ability to fight disease. Thus they should not administer

sedatives and analgesics unless absolutely necessary. Although TCM treatment methods are conservative *vis a vis* surgery, they are pro-active from a holistic point of view and, as such, are categorically different from mere passive observation.

II. Selection of TCM treatment methods in AAS

The practitioner should use the basic principles of TCM and Western medicine to arrive at the proper treatment principles (*zhi yuan*). As many TCM textbooks point out, treatment principles are the intermediary step in logically deciding upon the guiding formula and medicinals in a treatment plan founded upon a *bian zheng* diagnosis. For instance, if one makes a pattern discrimination of qi stagnation and liver depression (*qi zhi gan yu*), the correct TCM treatment principles for the rebalancing of this disharmony are to course the liver, regulate the qi, and resolve depression. In this case, one should pick a formula from the *li qi* or qi-regulating category of formulas making sure that the ingredients in that formula course the liver and resolve depression. For this TCM *bian zheng* diagnosis, picking a formula from any other category other than *li qi* is categorically wrong. Therefore, it is of utmost importance to state and record the treatment principles after making a TCM *bian zheng* diagnosis and before writing a prescription or choosing medicinals.

In terms of AAS, the 5 major signs and symptoms are pain, obstruction, distention, vomiting, and heat. These 5 all point towards a disease mechanism of obstruction. Pain in Chinese medicine is defined as lack of free flow. Therefore, obstruction or stoppage often goes along with that. Distention is likewise seen as stagnation and accumulation of qi. When qi accumulates past a certain point, it will tend to vent itself or counterflow, and thus the tendency to vomiting. And, since qi

is yang and yang is warmth, accumulations and obstructions also tend to be hot or warm. Obstruction is a principal disease cause and mechanism in numerous diseases and is a major factor in most AAS. Nonetheless, in deciding whether or not to use the attacking method, the physician should be guided by the patient's condition, the condition of the evil qi, and the differential diagnosis of both the disease (*bing*) and the pattern (*zheng*).

Xie fa **Purgation**

The functions of the *fu* bowels are to discharge and not to store, to lower and not to raise, to be full but not distended, and to move freely and smoothly. Therefore, when disease causes obstruction and thus storage, rising, distention, and non-free-flowing movement, one must purge or discharge the bowels. Purgation decreases the pain and is a widely used treatment method in the TCM treatment of AAS. In fact, it is the leading treatment method in the TCM treatment of AAS.

In most acute abdominal inflammations, such as appendicitis, pancreatitis, peritonitis, and abscesses in the abdominal cavity, one can use the method of cold purgation (*han xia fa*). This is often combined with the principles of clearing heat (*qing re*) and resolving toxins (*jie du*). However, one must be careful when using cold purgative medicinals since these can injure and damage the spleen/stomach, the postnatal root of qi and blood production. It is important to regulate the dosages according to changes in the patient's condition.

In cases of acute intestinal obstruction, one can use purgative medicinals in high doses. However, once the patient has had a bowel movement, one must stop using the purgation method.

One should use either hot or cold purgation depending upon the TCM *bian zheng* or pattern discrimination diagnosis. In other words, for a hot stagnation or accumulation, use cold purgation and for a cold stagnation or accumulation use warm or hot purgation. Cold purgatives include Radix Et Rhizoma Rhei (*Da Huang*), Mirabilitum (*Mang Xiao*), Folium Sennae (*Fan Xie Ye*), and Herba Aloes (*Lu Hui*). Warm purgatives include Rhizoma Desiccata Zingiberis (*Gan Jiang*), Fructus Amomi Cardomomi (*Bai Dou*), and Radix Preparatus Aconiti Carmichaeli (*Fu Zi*) in combination with Radix Et Rhizoma Rhei (*Da Huang*).

If the patient is pregnant, has had a prolonged disease, or is an elderly, deficient patient with constipation or distention, their pathocondition is usually due to emptiness of blood and fluid dryness. In such cases, one should use moistening purgatives, such as black (or any other) bean oil, peanut oil, Semen Cannabis Sativi (*Huo Ma Ren*), Semen Pruni (*Yu Li Ren*), Semen Sesami Indicae (*Hu Ma Ren*), etc.

In cases where the patient has worms, as in ascariasis of the biliary tract, one should use medicinals which expel worms (*qu chong*) and kill worms (*sha chong*) in combination with purgatives. Each of these enhance the other's action when used together in this manner. TCM medicinals which *qu chong* or *sha chong* include Fructus Quisqualis Indicae (*Shi Jun Zi*), Cortex Radicis Meliae Azerdachis (*Ku Lian Gen Pi*), Semen Torreya Grandis (*Fei Zi*), Fructus Carpesii Abrotanoidis (*He Shi*), etc. TCM downward-draining medicinals with which these are often combined for increased efficacy include Semen Arecae Catechu (*Bing Lang*) and Semen Pharbitidis (*Qian Niu Zi*).

Qing re jie du

Clearing heat, resolving toxins

These are the 2 main TCM methods or principles for treating infections (*gan ran*), inflammations (*yan*), and toxins (*du*). The Chinese *materia medica* contains numerous *qing re jie du* ingredients. However, depending upon further disease discrimination, different medicinals are employed on the basis of the same treatment principles.

In cases of toxic heat (*re du*) invading the *shao yang fen*, one should harmonize the *shao yang* together with clearing heat and eliminating toxins. The best known formulas for harmonizing the *shao yang* are *Xiao Chai Hu Tang* if there is a predominance of cold, i.e., pronounced chills, and *Hao Qin Qing Dan Tang* if there is a predominance of heat. If there is heat plus pronounced symptoms of dampness, then *Da Yuan Yin* is the guiding formula of choice. All three of these formulas contain as one of their standard ingredients *Radix Scutellariae Baicalensis* (*Huang Qin*) which clears heat and resolves toxins. For even stronger heat-clearing and toxin-resolving, one can also add medicinals such as *Fructus Forysthiaie Suspensae* (*Lian Qiao*), *Flos Lonicerae Japonicae* (*Jin Yin Hua*), and *Herba Cum Radice Taraxaci Mongolici* (*Pu Gong Ying*).

In cases of heat accumulating in the *yang ming*, one should use purging medicinals together with clearing heat. *Da Cheng Qi Tang* and *Bai Hu Tang* are representative formula fulfilling these principles in the treatment of AAS.

In cases of full heat and toxins entering the *xue fen* or blood phase, the requisite treatment principles are to cool the blood and descend fire. *Xi Jiao Di Huang Tang* is one of the common formulas having these functions.

In cases of damp heat in either the liver/gallbladder or the spleen/stomach, the principles are to clear heat and disinhibit dampness. *Yin Chen Hao Tang* and *Long Dan Xie Gan Tang* are representative guiding formulas for the treatment of damp heat in the liver/gallbladder and *Bai Tou Weng Tang* is a representative formula for clearing heat and disinhibiting dampness from the spleen/stomach.

In cases of damp heat in the urinary bladder, one should free strangury or *lin*, seep water, and clear heat. *Ba Zheng Tang* is representative of those functions or principles.

Li qi jie yu

Regulate the qi, resolve depression

This approach is used to eliminate evils by regulating the function of the *zang* and *fu*. Typically in this case, one uses medicinals to course the liver (*shu gan*), disinhibit the gallbladder (*li dan*), and resolve depression (*jie yu*). *Chai Hu Shu Gan San* is a commonly prescribed guiding formula for these purposes in which case Rhizoma Cyperi Rotundi (*Xiang Fu*) regulates the qi, Radix Bupleuri Falcati (*Chai Hu*) disinhibits the gallbladder, and Fructus Citri Seu Ponciri (*Zhi Ke*) resolves depression. These methods are most often used in two types of AAS.

1. They are used in the early stage of various AAS when such early stages are characterized as depressive qi patterns. Examples include cholecystitis, appendicitis of the qi stasis type, and mild pancreatitis.
2. They are also used in diseases during their recovery stage, such as perforated peptic ulcer recovering after surgery where there is much gas and bloating. The use of these methods or

principles in combination with other appropriate methods can enhance these other methods, such as activating the blood and transforming stasis (*huo xue hua yu*). These methods used in combination are capable of leading to absorption of abdominal masses once the stage of acute inflammation has passed.

Huo xue hua yu

Activate the blood, transform stasis

These two associated methods should be used carefully in the treatment of AAS. If they are used inappropriately, they can cause unwanted bleeding. Therefore they should only be used when a patient's TCM *bian zheng* diagnosis clearly evidences signs and symptoms of blood stasis. These include pricking, sharp, lancinating pain which is fixed in location and worsens at night, a purplish tongue or ecchymotic patches or purple spots on the tongue, and possible palpable masses including palpable enlargement of the liver or spleen. One commonly used formula for the treatment of AAS due to blood stasis is *Ge Xia Zhu Yu Tang*.

In clinical practice there are actually three different levels or degrees of eliminating blood stasis. The first is activating the blood and transforming stasis. This method uses medicinals such as Rhizoma Ligustici Wallichii (*Chuan Xiong*) and Rhizoma Corydalis Yanhusuo (*Yan Hu Suo*) to promote blood circulation and thus wash or sweep away stasis. This is the least attacking of the three TCM methods for treating blood stasis. The second method is to dispel stasis and activate the blood (*qu yu huo xue*). In this case, the stasis is first dispelled and this results in the activation of blood circulation. Radix Rubrus Paeoniae Lactiflorae (*Chi Shao*) and Flos Carthami Tinctorii (*Hong Hua*) are representative TCM medicinals for this purpose. The third method is cracking stasis and dispersing mass (*po yu*

xiao zheng). This is the most drastic method of eliminating blood stasis and is reserved for cases of substantial stagnant blood. In this case there is usually palpable masses. Rhizoma Sparganii (*San Leng*), Rhizoma Curcumae Zedoariae (*E Zhu*), and Semen Pruni Persicae (*Tao Ren*) are commonly used TCM medicinals which crack stasis and disperse masses. If too strong a method is chosen for the treatment of blood stasis, not only may this cause hemorrhaging, but it may also waste or injure the blood and yin.

A fourth method of treating blood stasis is known as dispelling stasis and generating the new or fresh. This is called in Chinese *qu yu sheng xin*. This method is used in cases where blood stasis is impeding the generation of fresh blood and also during recuperation where a residue of blood stasis impedes the generation or growth of healthy new tissue. In the treatment of AAS, the latter is the most common use of these treatment principles and methods where blood de-stagnating medicinals are added to formulas during the recuperative period in order to enhance their curative effect.

Bu pi he wei

Supplement the spleen, harmonize the stomach

This method is often used in the following conditions:

1. In the recovery period of disease
2. During the post-surgical recovery period
3. In cases where patients have used bitter, cold medicinals for a long time. In such situations, if one adds spleen supplementing and stomach harmonizing medicinals, one can prevent damage and injury of the spleen/stomach.

TCM medicinals which supplement the spleen include Radix Panacis Ginseng (*Ren Shen*), Radix Codonopsis Pilosulae (*Dang Shen*), and Rhizoma Atractylodis Macrocephalae (*Bai Zhu*). Medicinals which harmonize the stomach include Fructus Zizyphi Jujubae (*Da Zao*), Radix Glycyrrhizae (*Gan Cao*), and Rhizoma Recens Zingiberis (*Sheng Jiang*). The best known TCM formula embodying these principles is *Xiang Sha Liu Jun Zi Tang*.

Jiang ni zhi ou

Descend counterflow, stop vomiting

Nausea and vomiting are very commonly encountered symptoms associated with AAS and they make ingestion of medicinal decoctions difficult for the patient to take. In such cases, one must carefully diagnose according to TCM *bian zheng* and assess whether the vomiting is due to heat, cold, fullness, or emptiness. One representative formula for descending counterflow and stopping vomiting due to heat is *Huang Lian Wen Dan Tang*. For vomiting due to cold, a common formula is *Li Zhong Wan*. For fullness due to liver qi attacking the stomach, one can use *Ban Xia Hou Bu Tang* combined with *Zuo Jin Wan*. For fullness due to dampness and heat, one might use *Huo Xiang Zheng Qi San*. For emptiness of the spleen and stomach, one might use *Xiang Sha Liu Jun Zi Tang*. And for yin emptiness, one might select *Mai Men Dong Tang* as a guiding formula.

Sheng shui zi yin

Generate water, enrich yin

This method is most commonly used in the treatment of AAS after full heat has injured yin. In this case, to promote recuperation, one should generate body fluids and enrich yin.

One must further distinguish whether only stomach yin has been injured, in which case one may use medicinals such as Tuber Ophiopogonis Japonicae (*Mai Dong*) and Herba Dendrobii (*Shi Hu*), or whether kidney yin has also been damaged. In that case, one might select a formula such as *Yi Guan Jian*.

Bu qi yang xue

Supplement the qi, nourish the blood

These methods or principles are used in the last or final stages of AAS or with weak and deficient patients. For emptiness of qi, one should supplement the qi. Qi-supplementing medicinals include Radix Panacis Ginseng (*Ren Shen*), Radix Astragali Seu Hedysari (*Huang Qi*), Radix Codonopsis Pilosulae (*Dang Shen*), and Rhizoma Atractylodis Macrocephalae (*Bai Zhu*). Blood-nourishing medicinals include Radix Coquitis Rehmanniae (*Shu Di*), Radix Angelicae Sinensis (*Dang Gui*), Radix Albus Paeoniae Lactiflorae (*Bai Shao*), and Caulis Milletiae (*Ji Xue Teng*). In clinical practice, because qi commands the blood and blood is the mother of qi, the supplementation of both qi and blood is interdependent. Therefore, when supplementing the qi, it is common to include some blood-nourishing medicinals and *vice versa*. Examples of this are the inclusion of Radix Angelicae Sinensis in *Bu Zhong Yi Qi Tang* and the inclusion of Radix Astragali Seu Hedysari and Radix Panacis Ginseng in *Shen Yu Tang*.

Qu chong sha chong

Expelling worms, killing worms

One may use either single ingredients or entire formulas in order to kill worms. According to TCM theory, worms or *chong* are the manifestation of damp heat and arise or are generated

by a damp, hot internal environment. Since the root of damp heat is often a weak, damp spleen, worm-expelling ingredients are often added to spleen-strengthening, dampness-eliminating formulas such as *Si Jun Zi Tang*. Common or representative TCM formulas for parasitosis, such as *Wu Mei Wan* and *Bu Dai Wan*, all include medicinals for strengthening the spleen.

Post-Surgical Recuperation & Treatment

Post-surgical treatment principles

During post-surgical recuperation, any of 3 treatment principles or methods may be selected depending upon the individual needs of the patient determined by *bian zheng* diagnosis.

Li qi kai pi xie chang

Regulate the qi, open glomus, purge the bowels

The methods of regulating the qi, opening glomus, and purging or discharging the bowels can promote the recovery of gastric and intestinal function during the post-surgical period. These methods can help eliminate the retention of food and assist in the conduction of intestinal contents. This then helps prevent the formation of intestinal adhesions.

Qing re jie du, huo xue hua yu

Clear heat & resolve toxins, activate the blood & transform stasis

The methods of clearing heat and resolving toxins and activating the blood and transforming stasis are often used to eliminate residual infections. This, in turn, can lead to a decrease in the amount of antibiotics which are needed and can shorten the course of the patient's recovery time.

Bu pi he wei, yi qi yang xue

Supplement the spleen & harmonize the stomach, boost the qi & nourish the blood

These methods support the root of the body and aid and support *yuan qi*. This, in turn, strengthens the body's resistance to disease and increases the number of antibodies, thus enhancing and quickening recovery.

All three of these methods should not necessarily be used simultaneously in each post-operative patient. Depending upon their signs and symptoms as analyzed by the *ba gang* or 8 principles, one should do a TCM *bian zheng* diagnosis and select the most appropriate principles and methods for each individual patient. However, the second two groups are often administered together since the spleen is the root of the postnatal creation of both qi and blood. Strengthening it and harmonizing the spleen is accomplished in TCM by using medicinals which also boost the qi and nourish the blood, such as Radix Panacis Ginseng (*Ren Shen*), Radix Codonopsis Pilosulae (*Dang Shen*), Rhizoma Atractylodis Macrocephalae (*Bai Zhu*), Radix Astragali Seu Hedysari (*Huang Qi*), Radix Glycyrrhizae (*Gan Ca*), Fructus Zizyphi Jujubae (*Da Zao*), and Rhizoma Recens Zingiberis (*Sheng Jiang*).

1. Intestinal immobility

After surgery, the qi is usually sluggish or stagnant (*zhi*) and digestive function is poor. Therefore, one should promote qi circulation in order to eliminate stagnation, relax peristalsis, permeate dampness, and aid the spleen and stomach. This is necessary to allow recovery of intestinal function. For these purposes, one may choose from the following 3 formulas with appropriate additions and deletions depending upon the needs of the presenting case as determined by *bian zheng*.

a. Radix Pseudostellariae

Heterophyllae (<i>Tai Zi Shen</i>)	25 g
Flos Inulae (<i>Xuan Fu Hua</i>)	20
Fructus Citri Seu Ponciri (<i>Zhi Ke</i>)	15
Radix Saussureae	
Seu Vladimiraе (<i>Mu Xiang</i>)	15
Pericarpium Citri Reticulatae (<i>Chen Pi</i>)	15
Pericarpium Viridis Citri Reticulatae (<i>Qing Pi</i>)	15

b. Radix Codonopsis Pilosulae (<i>Dang Shen</i>)	25 g
Radix Albus Paeoniae Lactiflorae (<i>Bai Shao</i>)	10
Sclerotium Poriae Cocoris (<i>Fu Ling</i>)	15
Radix Saussureae Seu Vladimiraе (<i>Mu Xiang</i>)	15
Pericarpium Citri Reticulatae (<i>Chen Pi</i>)	15
Pericarpium Viridis Citri Reticulatae (<i>Qing Pi</i>)	15
Massa Medica Fermentata (<i>Shen Qu</i>)	15
Fructus Germinatus Hordei Vulgaris (<i>Mai Ya</i>)	15
Fructus Crataegi (<i>Shan Zha</i>)	15
Semen Raphani Sativi (<i>Lai Fu Zi</i>)	25
Radix Et Rhizoma Rhei (<i>Da Huang</i>)	15

c. *Da Chuan Po Tang*

Cortex Magnoliae Officinalis (<i>Chuan Po</i>)	25 g
Semen Praeparatus Raphani Sativi (<i>Chao Lai Fu Zi</i>)	50
Fructus Immaturus Citri Seu Ponciri (<i>Zhi Shi</i>)	15
Semen Pruni Persicae (<i>Tao Ren</i>)	15
Radix Rubrus Paeoniae Lactiflorae (<i>Chi Shao</i>)	25
Radix Et Rhizoma Rhei (<i>Da Huang</i>)	15
Mirabilitum (<i>Mang Xiao</i>)	10-25
Folium Sennae (<i>Fan Xie Ye</i>) [steep at end]	15

Acupuncture

One should choose points to regulate and activate the qi of the intestines, such as *Zu San Li* (St 36) and *San Yin Jiao* (Sp 6). On the day of surgery, needle 1, 2, or 3 times during that day. On the next day, needle 2-3 times for 20-30 minutes each time. One should listen for intestinal sounds before and after needling. When intestinal sounds reappear during the acupuncture treatment, it is time to terminate the treatment and withdraw the needles.

2. Pain

If pain is severe, one should use modern Western medication for pain relief.

3. Nausea & vomiting

a. Herbal medicine

In cases due to damp heat, use *Ping Wei San* plus *Caulis Bambusae In Taciniis* (*Zhu Ru*) and *Rhizoma Pinelliae*

Ternatae (*Fa Xia*). In cases due to stomach disharmony, use *Chai Hu Shu Gan Tang* plus *Caulis Bambusae In Taeniis* (*Zhu Ru*).

b. Acupuncture

Needle *Nei Guan* (Per 6), *Zu San Li* (St 36), and *Tian Shu* (St 25) with strong stimulation. One may also inject 0.5 cc of atropine and valium bilaterally at *Zu San Li* (St 36).

4. Hiccups

a. Herbal medicine

Use *Xuan Fu Dai Zhe Shi Tang*.

Haemittum (<i>Dai Zhe Shi</i>)	20 g
Flos Inulae (<i>Xuan Fu Hua</i>)	15
Rhizoma Pinelliae Ternatae (<i>Fa Xia</i>)	15
Radix Codonopsis Pilosulae (<i>Dang Shen</i>)	15
Rhizoma Recens Zingiberis (<i>Sheng Jiang</i>)	5
Radix Glycyrrhizae (<i>Gan Cao</i>)	5
Fructus Zizyphi Jujubae (<i>Da Zao</i>)	3 pcs.

Or use Flos Caryophylli (*Ding Xiang*) plus Tuber Curcumae (*Yu Jin*) powder 0.5-5 g.

b. Acupuncture

Needle *Nei Guan* (Per 6) and *Zhong Wan* (CV 12) with strong stimulation. If the hiccups are recalcitrant to treatment, add *Tian Tu* (CV 22) 1-1.5 *cun* in depth with strong stimulation taking care that the angle of the needle does not deviate to the left or right and that it is not slanted backwards or posteriorly.

5. Abdominal Distention

a. Herbal medicine

If the distention is only slight and is accompanied by indigestion, use *Bao He Wan Jia Wei*.

Pericarpium Citri Reticulatae (<i>Chen Pi</i>)	15 g
Rhizoma Pinelliae Ternatae (<i>Fa Xia</i>)	15
Sclerotium Poriae Cocoris (<i>Fu Ling</i>)	15
Semen Raphani Sativi (<i>Lai Fu Zi</i>)	25
Fructus Forsythiae Suspensae (<i>Lian Qiao</i>)	15
Massa Medica Fermentata (<i>Shen Qu</i>)	15
Fructus Germinatus Hordei Vulgaris (<i>Mai Ya</i>)	15
Fructus Crataegi (<i>Shan Zha</i>)	15

If the condition is moderately bad, use the following formula:

Cortex Magnoliae Officinalis (<i>Chuan Po</i>)	15 g
Fructus Immaturus Citri Seu Ponciri (<i>Zhi Shi</i>)	15
Radix Et Rhizoma Rhei (<i>Da Huang</i>)	15
Ramulus Cinnamomi (<i>Gui Zhi</i>)	5
Rhizoma Recens Zingiberis (<i>Sheng Jiang</i>)	5
Fructus Zizyphi Jujubae (<i>Da Zao</i>)	5 pcs.

If the distention is severe, use *Da Chuan Po Tang* above.

b. Acupuncture

For moderate abdominal distention, acupuncture should also be employed. Needle *Zu San Li* (St 36), *Nei Ting* (St 44), *Tian Shu* (St 25), and *San Yin Jiao* (Sp 6) with strong stimulation.

6. Constipation

Usually constipation is a complicating symptom accompanying other, more prominent symptoms post-operatively. Therefore, one can add *tong chang* or opening the bowel herbs, such as Folium Sennae (*Fan Xie Ye*), to guiding formulas selected to address those other complaints.

7. Prevention of shock

There are 2 types of shock as categorized by Western medicine. One type has a high cardiac output and minimal blockage of the peripheral circulation. Therefore the patient's extremities tend to be warm. This is called *yin tuo* or yin desertion in TCM. The second type of shock has a low cardiac output and a high degree of blockage of the peripheral circulation. Therefore the extremities are cold. This is called *yang tuo* or yang desertion in TCM.

a. Yin desertion

Pathognomic manifestations³: Warm extremities, red, dry skin or slight sweating, a warm body, thirst, a thready (*xi*), rapid (*shu*), forceful (*you li*) pulse, and a deep red tongue with yellow fur or a white tongue with dry fur

Rx: In order to boost the qi and generate fluids, one should use *Sheng Mai San Jia Wei*.

³ We have chosen to translate *zhu zheng* as pathognomic manifestations. *Zhu* means host, owner, master, ruler, indicate, and signify. Often this is translated as main. However, the meaning is those signs and symptoms which are definitive of the *zheng* or pattern. In this sense, these manifestations then are pathognomic.

Radix Panacis Ginseng (<i>Ren Shen</i>)	20 g
Tuber Ophiopogonis Japonicae (<i>Mai Dong</i>)	20
Fructus Schizandrae Chinensis (<i>Wu Wei Zi</i>)	20
Rhizoma Cimicifugae (<i>Sheng Ma</i>)	25
Radix Praeparatus Glycyrrhizae (<i>Zhi Gan Cao</i>)	9

b. Yang desertion

Pathognomic manifestations: Fatigue, exhaustion, cold body, pale skin with cold sweat, pale tongue with saliva and thin, white fur, and a weak (*ruo*), minute (*wei*) pulse

Rx: In order to boost the qi and raise yang, one should use *Si Ni Tang Jia Wei*.

Radix Praeparatus Aconiti Carmichaeli (<i>Fu Zi</i>)	15 g
Rhizoma Dessicata Zingiberis (<i>Gan Jiang</i>)	9
Radix Praeparatus Glycyrrhizae (<i>Zhi Gan Cao</i>)	10
Secretio Moschus Moschiferi (<i>She Xiang</i>)	0.5

8. Electrolyte imbalance

a. If hot evils damage body fluids or *jin ye*, one should clear heat and purge fire.

Herba Cum Radice Taraxici Mongolici (<i>Pu Gong Ying</i>)
Flos Lonicerae Japonicae (<i>Jin Yin Hua</i>)
Gypsum Fibrosum (<i>Shi Gao</i>)
Spica Prunellae Vulgaris (<i>Xia Ku Cao</i>)
Herba Violae Yedoensis (<i>Di Ding</i>)
Fructus Forsythiae Suspensae (<i>Lian Qiao</i>)
Rhizoma Anemarrhenae (<i>Zhi Mu</i>)
Radix Et Rhizoma Rhei (<i>Da Huang</i>)

b. If evils have stagnated in the stomach and large intestine, one should free or open the bowels.

Radix Et Rhizoma Rhei (*Da Huang*)

Mirabilitum (*Mang Xiao*)

Radix Euphorbiae Kansui (*Gan Sui*)

Folium Sennae (*Fan Xie Ye*)

c. If there is upward counterflow of stomach qi with frequent vomiting, one should harmonize the stomach and descend counterflow.

Rhizoma Pinelliae Ternatae (*Fa Xia*)

Caulis Bambusae In Taeniis (*Zhu Ru*)

juice of Rhizoma Phragmitis Communis (*Sheng Lu Geng Ye*)

juice of Tuber Ophiopogonis Japonicae (*Mai Dong Ye*)

pear juice (*Li Ye*)

juice of Fructus Lycii Chinensis (*Gou Qi Ye*)

sugar cane juice

d. If there is emptiness of qi, one should supplement it by using:

Radix Panacis Ginseng (*Ren Shen*)

Tuber Ophiopogonis Japonicae (*Mai Dong*)

Fructus Schizandrae Chinensis (*Wu Wei Zi*)

Fructus Zizyphi Jujubae (*Da Zao*)

Radix Glycyrrhizae (*Gan Cao*)

e. If the patient is dehydrated during the recovery stage, this is often due to excessive purgation. Here one should enrich yin, nourish the stomach, and generate fluids.

Radix Glehniae Littoralis (*Sha Shen*)

Radix Rehmanniae (*Sheng Di*)

Tuber Ophiopogonis Japonicae (*Mai Dong*)

Rhizoma Polygonati Odorati (*Yu Zhu*)

Oryza Sativa (*Mi*)

Fructus Zizyphi Jujubae (*Da Zao*)

rock sugar

9. Urinary retention

Urinary retention should be treated by acupuncture. Needle *San Yin Jiao* (Sp 6), *Yin Ling Quan* (Sp 9), *Guan Yuan* (CV 4), and *Shi Men* (CV 5).

Formulas for External Application

One may not only administer herbal medicinals internally for the treatment of AAS but also use various external applications, such as poultices. Since these are acute syndromes requiring speedy and comprehensive *biao* or branch treatment, a multimodal approach is warranted.

1. For appendicitis, masses caused by infection, and peritonitis, use:

Cortex Phellodendri (<i>Huang Bai</i>)	40 g
Borneolum (<i>Bing Pian</i>)	2.5
Gypsum Praeparatum (<i>Duan Shi Gao</i>)	50

Powder the above 3 ingredients and mix with water or vinegar. Spread a 0.3-0.4 cm layer of this paste over the affected area or location of the pain. Then tape a sheet of clear plastic over this paste. Change this application 2-3 times per day being sure that the paste is kept moist.

2. One can also use 6-8 pieces of garlic with 20-30 grams of Mirabilitum (*Mang Xiao*). Crush the garlic bulbs and mix together with powdered Mirabilitum. Spread a thin layer of

vaseline over the skin above the affected area and then spread this paste on top of that. Because garlic has a very strong stimulating action on the skin, one must watch carefully for the appearance of blisters. If blisters appear, remove the application immediately. Otherwise, leave the application on the skin for 10-15 minutes.

Section II

The Diagnosis & Treatment of Specific AAS by Combined Chinese-Western Medicine

Wei Chuan Kong

Peptic Ulcers & Perforations

Peptic ulcers are defined as a circumscribed ulceration of the mucous membrane penetrating through the muscularis mucosa and occurring in areas exposed to hydrochloric acid and pepsin. Depending upon where the ulcers are located anatomically, modern Western medicine identifies several different types: duodenal, gastric, channel, postbulbar, marginal, and jejunal. Although peptic ulcers occur only if the stomach secretes hydrochloric acid, only less than 1 in 10 people who secrete hydrochloric acid develop ulcers. Recently, Western research has implicated certain germs in the occurrence of peptic ulcers.

Ba gang bian zheng

Eight principle pattern discrimination

In the initial stage, peptic ulcers and perforations are primarily disorders of spleen/stomach qi and of the blood. As the disease progresses, qi and blood become stagnant and give rise to transformative heat (*hua re*). As heat intensifies, it may turn into hot toxins (*re du*) or fire (*huo*). Thus, most often, these conditions are usually manifestations of internal, full heat. In

some severe or chronic cases, they may also be a combination of both emptiness and fullness. During the recovery stage, the patient's condition is most often categorized as a state of emptiness.

Zang fu bian zheng

Organ/bowel pattern discrimination

According to TCM, the affected *zang fu* in these conditions are the spleen, stomach, and liver, although mainly the spleen and stomach.

Bing yin bing ji

Disease causes, disease mechanisms

These conditions mostly arise due to disorders of the spleen/stomach, qi, and blood. Because this problem always includes pain, one must immediately remember the basic TCM dictum regarding pain:

Tong ze bu tong

Bu tong ze tong

If there's free flow, there's no pain;

If there's not free flow, there is pain.

The first reason for these pathoconditions may be empty cold of the spleen/stomach (*pi wei xu han*). Cold causes contraction and a lack of yang results in insufficiency in transportation. This then causes pain. Empty cold of the spleen/stomach may be caused by prolonged worry or anxiety or chronically over-eating raw, cold (*sheng leng*) foods. The second cause of peptic ulcer pain and perforation is qi stagnation, liver depression (*qi zhi gan yu*). The liver controls coursing and discharge. If liver qi

becomes stagnant, this results in qi stagnation and accumulation which in turn results in pain. Liver qi is often caused by frustration and stress and it is aggravated by over-eating in general and eating hard to digest foods in particular. If liver qi stagnation becomes bad enough, it may transform into depressive (*yu re*) or transformative heat (*hua re*). This evil heat may then transform further into hot toxins (*re du*) or fire (*huo*). Evil heat scorches and injures yin fluids and this may lead to yin emptiness of the stomach. Evil heat may also cause the blood to run recklessly outside its *dao* or pathways resulting in bleeding. Or, since qi commands the blood which means that it is the qi which moves the blood, if the qi becomes sluggish or stagnant, over time, the blood will also become static (*xue yu*). Other complications can include spleen emptiness causing dampness which, when combined with transformative heat, may give rise to damp heat. The following scenario describes the typical course of this disease based on the above disease mechanisms.

The patient senses sudden pain in the epigastrium or area of the stomach. This may radiate to both sides and may be accompanied by nausea and vomiting. On examination, the lower abdomen or the entire abdomen may be hard and full. The pain is often described as piercing or lancinating "like being cut by a knife". The four extremities may be cold along with a cold sweat. The complexion may be greenish or sallow. The pulse is often deep, thready, and rapid. Later this congestion may turn into heat. There is pain and distention in the abdomen and the abdominal wall is hard to the touch. The patient experiences extreme sensitivity to touch or pressure on the abdomen. A fever develops accompanied by dryness of the mouth and constipation or dry, hard stools. The urine is yellow and the tongue is red with dry, yellow fur. The pulse is wiry and rapid or forceful and rapid. If heat congests internally and

cannot dissipate, this may lead to exhaustion of yin and yang with shock.

Degrees of severity

There are 3 degrees of severity recognized in the diagnosis and treatment of peptic ulcer perforation:

1. Simple perforation
2. Complex perforation
3. Distention & shock

Table of degrees of severity

Type	Pathology	Symptoms & Signs	Treatment modalities
Local	local peritonitis	general condition good and signs not severe	Use internal medicine.
Generalized	small perforation, minimal amount of fluid in abdominal cavity which leads to widespread peritonitis	general condition still good, no evident changes in percussion signs, slight distension of abdomen	Use internal medicine for 8 hours. If no relief use surgery. ¹
Distention and Shock	large perforation, moderate to large amount of fluid in abdomen, severe infection	general condition is poor, toxic symptoms and signs and shock	Use surgery.

¹ One should not wait 8 hours in elderly patients as this produces extensive adhesions that make surgery even more difficult.

In the first degree, there is limited local peritonitis. The Chinese use the term peritonitis (*fu mo yan*) in two ways. One refers to a quality of severe pain emanating from the stomach and intestines and the other to a description of the pathological state of an inflamed peritoneum. In the second degree, there is widespread peritonitis typically complicated by perforation with hemorrhage, obstruction of the pylorus, or cancer. In such cases, surgery is imperative. In the third degree, there is distention and shock.

Stages of treatment

There are 3 stages of treatment of peptic ulcer with perforation in combined Chinese-Western medicine.

Stage I

Stage I is known as "cover the ulcer" stage. This is the initial stage and usually continues for from 12 hours to 2 days. During this time, the perforation is covered and sealed. The signs and symptoms presented during this stage are persistent and include severe, generalized abdominal pain which increases with pressure on the abdominal wall and rebound tenderness. The abdominal wall is hard and there is a decrease in bowel sounds. Pathology at this stage includes leakage of the gastric contents into the abdominal cavity which then produces strong chemical irritation. After 6 hours, this irritation leads to the development of bacterial peritonitis. The TCM *bian zheng* diagnosis at this stage of this disorder is typically dysfunction of the middle burner (*zhong jiao bu li*) with stagnation of qi and blood (*qi zhi xue yu*). The requisite treatment principles are to regulate the qi, stop pain, and promote the repair of the perforation.

Stage II

Stage II is called the middle stage and also corresponds to the combatting infection (*kang yan*) stage. It starts at the end of Stage I and continues until the peritonitis subsides and disappears. This usually occurs from the second to the tenth post-perforation day. The signs and symptoms during this stage consist of decreasing abdominal pain and increasing normalization of the pulse, disappearance of peritonitis or slight, residual, localized peritonitis, recovery of the appetite, and recurrence of normal bowel sounds. Pathology at this stage is due to the recovery process involving the peritoneum. The TCM *bian zheng* diagnosis at this stage is typically based on findings confirming continued stagnation of qi and blood along with damp heat (*shi re*) and toxins (*du*). Therefore, the requisite treatment principles at this stage usually include clearing heat, disinhibiting dampness, and resolving toxins along with opening or freeing the bowels.

Stage III

This is the late or last stage and is called the "ulcer-repairing stage". It commences with the disappearance of peritonitis and lasts until the ulcer is completely healed. This process usually lasts more than 10 days. The signs and symptoms during this stage are the absence of peritonitis, the lack of fluids in the abdomen, normal temperature, and normal laboratory findings. Pathology is related to the formation of scar tissue. The TCM *bian zheng* diagnosis during this stage is commonly differentiated between 4 patterns:

Pi wei xu han

Spleen/stomach empty cold

This pattern is characterized by emptiness and cold of the spleen/stomach. This means there are signs and symptoms of spleen qi emptiness combined with signs and symptoms of chilling and cold. Signs and symptoms include fatigue, loss of appetite, loose stools, cold hands and feet, a pale tongue with white coating, and a sunken (*chen*), slow (*chi*) pulse. The treatment principles are to warm the center, strengthen the spleen, and harmonize the stomach.

Wei yin xu

Stomach yin emptiness

This pattern is characterized by emptiness of yin and insufficiency of stomach fluids. As it is said, "The spleen fears dampness, but the stomach detests dryness." Dryness and yin emptiness at this stage is usually due to the *jin ye* having been injured by evil heat. Typically, this heat is in turn due to disharmony between the liver and spleen and the arising of transformative or depressive heat. The signs and symptoms include a gnawing pain, either hunger or a loss of appetite, thirst, a dry, yellow or scant, yellow tongue coating, and a thready (*xi*), rapid (*shu*) pulse. The treatment principles are to nourish yin and generate fluids, supplement the spleen and harmonize wood and earth.

Gan fan wei

Liver attacking the stomach

This pattern is due to continued liver qi stagnation which vents itself on and attacks the stomach. This causes loss of stomach harmony and typically upward counterflow. The signs and

symptoms include abdominal distention, belching, hiccup, regurgitation, worse with stress, a normal or darkish tongue with white or yellow coating, and a wiry pulse. The treatment principles are to course the liver, regulate the qi, and harmonize the stomach.

Qi zhi xue yu

Qi stagnation, blood stasis

This pattern is characterized by signs and symptoms of qi stagnation mixed with blood stasis. Blood stasis blocks the *jing luo* or channels and connecting vessels. At the same time, there is heat in the stomach due to this blockage and obstruction. The signs and symptoms include pricking, fixed pain, a purple tongue or petechiae, and a wiry (*xian*), grating/astringent (*se*) pulse. The treatment principles are to course the liver and regulate the qi, activate the blood and transform stasis, and clear stomach heat.

Treatment

In about 2/3 of all cases of peptic ulcer and perforation, one can use internal medicine as opposed to surgery.

Combined non-surgical method

Indications & patient selection

One of the most important issues in the treatment of AAS by internal medicine is the careful and proper selection of patients. Generally, this includes most patients with localized lesions. The following is a summary of the specific criteria to be used in the selection of patients for whom internal medical treatment is indicated:

1. The patient should be in good general condition. The major organs should not be severely affected.
2. The condition should be one of short duration or the patient may have a long history but of only infrequent attacks.
3. The perforation should be small and there should only be scanty fluid in the abdominal cavity. To determine this, one should extract and measure this fluid by needle aspiration. One can determine the extent of the perforation by assessing the amount of fluid and the ease by which it is extracted.
4. The patient may have a history of previous attacks which were successfully treated by conservative therapy. In this category of patients, those with generalized or severe conditions require extremely close observation and monitoring. If they do not react promptly to internal medication, one must proceed to surgical intervention. In cases of the elderly, or patients who have ingested large quantities of food, one must make a decision according to their general condition. If *all* signs and symptoms fit the local or generalized type, one may use the non-surgical approach.

Treatment methods during the 3 stages

Early Stage

In this stage, leakage of fluids into the abdominal cavity causes peritonitis due to chemical irritation. If this is severe, it may lead to toxic peritonitis. Therefore, the treatment principles consist of immediately promoting rapid closure of the perforation so as to reduce general body poisoning.

1. Reduce stomach and intestinal pressure.

2. Keep the patient in a semi-recumbent position.
3. Use acupuncture to reduce pain and relax the musculature. To do this, needle *Zhong Wan* (CV 12) and *Zu San Li* (St 36). If there is nausea and vomiting, use *Nei Guan* (Per 6).
4. Open the intestines (*tong chang*) to promote their free flow. According to TCM theory, the 6 *fu* bowels like to be empty and free flowing. When they are not free-flowing, this leads to accumulation, stagnation, and pain. One must, therefore, pay more attention to regulating the qi of the stomach and intestines and especially when this condition is accompanied by constipation. Therefore, one can use *Fu Fang Da Cheng Qi Tang* with saltwater as an enema.
5. Puncture and aspirate the abdominal cavity.
6. Give an infusion (iv fluid).
7. Prescribe appropriate antibiotics.
8. Give nothing by mouth.

Middle stage

Following the successful treatment of the initial stage of this condition as described above, during the middle or combatting infection stage, the righteous qi should become stronger and the evil qi weaker. At this point, the condition is changing in a positive direction. The symptoms which characterize this stage include decreased abdominal pain, more localized peritonitis, improved appetite, and more normal intestinal function. The bowel movements will have resumed. Pathology at this stage is characterized by decreasing peritonitis.

Therefore, the major need at this time is to remove all fluid accumulation from the intra-abdominal cavity, to clear any remaining infection, and to prepare the intestines for a return to normal functioning. Thus the TCM treatment principles are to clear heat, resolve toxins, regulate the qi, and achieve a bowel movement. One may infuse herbal medicinals through a stomach tube with the purpose of hastening the elimination of intra-abdominal fluid accumulation. One may choose either of the 2 formulas below for their guiding formula.

1. *Fu Fang Da Chai Hu Tang*

Radix Bupleuri Falcati (<i>Chai Hu</i>)	25	grams
Radix Albus Paeoniae Lactiflorae (<i>Bai Shao</i>)	20	"
Rhizoma Pinelliae Ternatae (<i>Fa Xia</i>)	15	"
Rhizoma Dessicata Zingiberis (<i>Gan Jiang</i>)	15	"
Radix Scutellariae Baicalensis (<i>Huang Qin</i>)	25	"
Herba Patrinae Heyerophyllae (<i>Bai Jiang Cao</i>)	50	"
Fructus Immaturus Citri Seu Ponciri (<i>Zhi Shi</i>)	20	"
Radix Et Rhizoma Rhei (<i>Da Huang</i>)	25	"

2. *Fu Fang Da Cheng Qi Tang*

Radix Scutellariae Baicalensis (<i>Huang Qin</i>)	15	grams
Fructus Praeparatus Gardeniae Jasminoidis (<i>Chao Zhi Zi</i>)	15	"

Radix Et Rhizoma Rhei (<i>Da Huang</i>)	15	"
Mirabilitum (<i>Mang Xiao</i>)	25	"
Fructus Forsythiae Suspensae (<i>Lian Qiao</i>)	15	"
Radix Glycyrrhizae (<i>Gan Cao</i>)	10	"
Fructus Immaturus Citri Seu Ponciri (<i>Zhi Shi</i>)	10	"
Radix Rubrus Paeoniae Lactiflorae (<i>Chi Shao</i>)	15	"
Os Sepiae Seu Sepiellae (<i>Hai Piao Xiao</i>)	20	"

In cases where there is copious vomiting, one can add to either of the above formulas:

Caulis Bambusae In Taeniis (*Zhu Ru*)
Rhizoma Pinelliae Ternatae (*Fa Xia*)

In cases with excessive gastric acid, add:

Fructus Schizandrae Chinensis (*Wu Wei Zi*)
Rhizoma Bletillae Striatae (*Bai Ji*)

In cases with severe peritonitis, add:

Caulis Sargentodoxae (*Hong Teng*)
Cortex Radicis Moutan (*Dan Pi*)
Flos Carthami Tinctorii (*Hong Hua*)
Radix Salviae Miltorrhizae (*Dan Shen*)

To relieve severe pain, add:

Rhizoma Corydalis Yanhusuo (*Yan Hu Suo*)

In cases accompanied by severe depression of appetite, add:

Endothelium Cornei Gigeriae Galli (*Ji Nei Jin*)
Massa Medica Fermentata (*Shen Qu*)

In cases with severe infection, add:

Flos Lonicerae Japonicae (*Jin Yin Hua*)
Fructus Forsythiae Suspensae (*Lian Qiao*)
Folium Mori Albi (*Sang Ye*)
Rhizoma Coptidis Chinensis (*Huang Lian*)

To relieve constipation, add:

Mirabilitum (*Mang Xiao*)

In cases complicated by blood stasis, add:

Semen Pruni Persicae (*Tao Ren*)
Flos Carthami Tinctorii (*Hong Hua*)
Pollen Typhae (*Sheng Pu Huang*)
Rhizoma Ligustici Wallichii (*Chuan Xiong*)

Give 50 cc of the above decoctions by stomach tube and wait for 2 hours. If there is no increase in abdominal pain or discomfort, give a second and then a third dose. In the following days, start administering these herbs by mouth, one *ji* or prescription or *bao*, packet per day.

Acupuncture

Use the same protocol as prescribed during the preceding stage.

Diet

The patient may be given some fluids but only if this does not cause any abdominal distention.

Final stage

In the last or final stage, there is no longer any peritonitis. There are no complications. The temperature is normal and the urination and defecation are becoming more normal. Pathology at this stage is due to the existence of residual ulceration but without any perforation. The main treatment principle is to promote the growth of healthy new tissue. Needle points *Zu San Li* (St 36), *Pi Shu* (Bl 20), *Wei Shu* (Bl 21), *Zhong Wan* (CV 12), and *Liang Men* (St 21). Give medicines to relax spasms and reduce gastric acidity, i.e., spasmolytics and antacids.

TCM herbal medicinals should be administered based on *bian zheng* diagnosis.

Pi wei xu han

Spleen/stomach empty cold

Treatment principles: Warm the middle, strengthen the spleen

Rx: *Xiao Li Zhong Wan Jia Wei*

Maltose (<i>Yi Tang</i>)	18-30	grams
Ramulus Cinnamomi (<i>Gui Zhi</i>)	9	"
Radix Albus Paeoniae Lactiflorae (<i>Bai Shao</i>)	18	"
Radix Praeparatus Glycyrrhizae (<i>Zhi Gan Cao</i>)	6	"
Rhizoma Recens Zingiberis		

(<i>Sheng Jiang</i>)	9	"
Fructus Zizyphi Jujubae (<i>Da Zao</i>)	12	pcs.
Rhizoma Pinelliae Ternatae (<i>Fa Xia</i>)	15	"
Fructus Evodiae Rutecarpae (<i>Wu Zhu Yu</i>)	15	"
Os Sepiae Seu Sepiellae (<i>Hai Piao Xiao</i>)	50	"

Wei yin xu

Stomach yin emptiness

Treatment principles: Nourish yin and generate fluids, harmonize liver and stomach

Rx: *Yang Wei Tang*

Radix Glehniae Littoralis (*Sha Shen*)
 Rhizoma Polygonati Odorati (*Yu Zhu*)
 Radix Trichosanthis Kirilowii (*Tian Hua Fen*)
 Tuber Ophiopogonis Japonicae (*Mai Dong*)
 Radix Rehmanniae (*Sheng Di*)
 rock sugar

Gan qi

Liver qi

Treatment principles: Course the liver, regulate the qi, harmonize the stomach

Rx: *Chai Hu Tang*

Radix Bupleuri Falcati (*Chai Hu*)
 Rhizoma Cyperi Rotundi (*Xiang Fu*)

Fructus Citri Seu Ponciri (*Zhi Ke*)
Radix Saussureae Seu Vladimiriae (*Mu Xiang*)
Pericarpium Citri Reticulatae (*Chen Pi*)
Fructus Seu Semen Amomi (*Sha Ren*)
Radix Albus Paeoniae Lactiflorae (*Bai Shao*)
Os Sepiae Seu Sepiellae (*Hai Piao Xiao*)

Xue yu

Blood stasis

Treatment principles: Activate the blood and transform stasis, course the liver and regulate the qi, clear heat from the stomach

Rx: *Xue Yu San*

Pollen Typhae (*Sheng Pu Huang*)
Feces Troglodytorum Seu Pteromi (*Wu Ling Zhi*)
Radix Angelicae Sinensis (*Dang Gui*)
Radix Rubra Paeoniae Lactiflorae (*Chi Shao*)
Rhizoma Corydalis Yanhusuo (*Yan Hu Suo*)
or
Rhizoma Cyperi Rotundi (*Xiang Fu*)
Rhizoma Bletillae Striatae (*Bai Ji*)
Gelatinum Corii Asini (*E Jiao*)
Os Sepiae Seu Sepiellae (*Hai Piao Xiao Fen*)

Evaluation of results

When evaluating the results of the above treatment plans, there are 3 categories of response to treatment. These are recovered, improved, and no improvement.

Recovered

The signs and symptoms have disappeared and there are no residual complications or infection.

Improved

The perforation is closed but some abdominal tenderness remains, or there may be some palpable masses due to adhesions.

No improvement

Following treatment there are no signs of improvement and the patient's condition continues to deteriorate. In this case, one must resort to surgery.

Dan Shi Bing **Cholelithiasis**

Cholelithiasis or gallstones refer to the presence of calculi in the gallbladder or biliary ducts. Most clinical disorders of the extrahepatic biliary tract are, in fact, related to gallstones. The major component of most gallstones is cholesterol. Risk factors for the development of such gallstones are age, obesity, dieting, diminished fluid intake, a high fat diet, and being female. Cholesterol is not only found in the diet, principally in fatty, oily foods, but is also secreted by the body as a precursor to the formation of hormones. This helps explain why females are more prone to this condition than men and why it also tends to occur later in life as hormonal balance undergoes a shift.

The general signs and symptoms of cholelithiasis are the same as for cholecystitis. Gallbladder attacks typically begin with acute, colicky pain. As the pain becomes more severe, it tends to localize in the right upper quadrant and often radiates around to the right lower scapula. Nausea and vomiting are common and within a few hours of onset, there is involuntary guarding of the right abdominal muscles. The gallbladder becomes palpable in less than 1/2 of patients. A typical episode

of cholecystitis usually improves within 2-3 days and resolves itself within a week. If it does not, this suggests more serious complications.

The following *bian zheng* diagnosis covers both cholelithiasis and cholecystitis as a single disease category. This is followed by a discussion of a combined Chinese-Western treatment of gallstones. For cases of cholecystitis not involving gallstones, there follows a further section on that.

Ba gang bian zheng **Eight principle pattern discrimination**

Biao li
External/internal

Acute gallbladder diseases are internal conditions because they principally affect the *zang* and *fu*.

Han re
Cold/hot

Acute gallbladder attacks usually involve full heat (*shi re*) or damp heat (*shi re*). However, when the underlying condition is basically chronic, there can also be empty cold of the spleen/stomach.

Shi xu
Fullness/emptiness

Most often, acute gallbladder diseases are due to a full evil or *shi xie*. However, in advanced cases, such as in severe and final stages, righteous qi may be damaged and the evil may have

entered the *ying* and *xue fen*. This leads to a complex condition of mixed fullness and emptiness.

Yin yang

Yin/yang

As these conditions are usually internal and full, they pertain to yang. But, since in some cases there may be coldness, dampness, and yin jaundice, these conditions may also be classified as yin.

Zang fu bian zheng

Organ/bowel pattern discrimination

These conditions mainly affect the liver and gallbladder. Nonetheless, they may also affect the spleen and stomach, especially in cases due to an underlying, chronic disease.

Bing yin bing ji

Disease causes, disease mechanisms

These conditions are usually due to stagnant qi and blood stasis. As described above, qi is the commander of the blood. If the liver loses its control over coursing and discharge of the qi due to frustration and stress, sluggish, stagnant qi will eventually result in blood stasis. Stagnant qi may also transform into depressive heat. Heat may stew the juices and transform into damp heat or combine with spleen dampness to become damp heat. Damp heat may further transform into *du* or toxins or congeal into stones. Ascariasis or worms, *chong*, are another cause of this gallbladder disease. According to TCM theory, dampness and heat are the factors which create an internal environment conducive to the flourishing of *chong*. If evils are

chronic, one may also find cold and dampness due to poor spleen function. Such poor spleen function may be due to excessive worry and anxiety and/or over-eating cold and raw foods.

Bian zheng lun zhi

Treatment according to pattern discrimination

Gan dan qi zhi

Liver/gallbladder qi stagnation

Pathognomic manifestations: Pain is usually dull and migrating or comes and goes. It is worsened by emotional stress. It may radiate to the shoulder and there may be nausea and vomiting, loss of appetite, and abdominal distention. The tongue is darkish and especially the edges. Its coating may be normal. The pulse is tight (*jin*) and wiry (*xian*).

Treatment principles: Course the liver and regulate the qi, disinhibit the gallbladder and stop pain

Rx: *Da Chai Hu Tang*

Radix Bupleuri Falcati (*Chai Hu*)

Radix Scutellariae Baicalensis (*Huang Qin*)

Fructus Immaturus Citri Seu Ponciri (*Zhi Shi*)

Radix Et Rhizoma Rhei (*Da Huang*)

Radix Albus Paeoniae Lactiflorae (*Bai Shao*)

Rhizoma Pinelliae Ternatae (*Fa Xia*)

Rhizoma Recens Zingiberis (*Sheng Jiang*)

Fructus Zizyphi Jujubae (*Da Zao*)

Xue yu**Blood stasis**

Pathognomic manifestations: Prolonged or pronounced liver qi stagnation eventually leads to blood stasis. In such cases, the pain is more severe, colicky, and persistent in its location. The patient exhibits extreme abdominal tenderness. One may or may not find a palpable mass. The tongue is darker and even purplish. The pulse may be sunken (*chen*), grating/astringent (*se*), hasty (*cu*), or knotted (*jie*).

Treatment principles: Course the liver and regulate the qi, activate the blood and transform stasis, stop pain

Rx: *Ge Xia Zhu Yu Tang*

Feces Troglodyteris Seu Pteromi (*Wu Ling Zhi*)

Radix Angelicae Sinensis (*Dang Gui*)

Rhizoma Ligustici Wallichii (*Chuan Xiong*)

Semen Pruni Persicae (*Tao Ren*)

Cortex Radicis Moutan (*Dan Pi*)

Radix Rubra Paeoniae Lactiflorae (*Chi Shao*)

Radix Linderae Strychnifoliae (*Wu Yao*)

Rhizoma Corydalis Yanhusuo (*Yan Hu Suo*)

Radix Glycyrrhizae (*Gan Cao*)

Rhizoma Cyperi Rotundi (*Xiang Fu*)

Flos Carthami Tinctorii (*Hong Hua*)

Fructus Citri Seu Ponciri (*Zhi Ke*)

Re du**Hot toxins**

Pathognomic manifestations: Prolonged stagnation of qi and blood may transform into hot toxins. The accompanying

symptoms are fever, thirst, and a dry mouth with bitter taste. If heat transforms into fire and enters the *ying* and *xue*, one may see high fever, dry stool, and scant, dark yellow urine. The pulse may be either flooding (*hong*) and rapid (*shu*), wiry (*xian*) and rapid, or wiry, rapid, and forceful (*you li*). The tongue may be deep red with yellow, dry fur. If heat sinks into the *ying* and blood, it may lead to exhaustion of yin and yang with accompanying signs of cold limbs and a minute (*wei*) pulse.

Treatment principles: Clear heat and resolve toxins

Rx: *Long Dan Xie Gan Tang Jia Wei*

Radix Gentianae Scabrae (*Long Dan Cao*)
Radix Scutellariae Baicalensis (*Huang Qin*)
Fructus Gardeniae Jasminoidis (*Zhi Zi*)
Caulis Akebiae Mutong (*Mu Tong*)
Semen Plantaginis (*Che Qian Zi*)
Rhizoma Alismatis (*Ze Xie*)
Radix Bupleuri Falcati (*Chai Hu*)
Radix Rehmanniae (*Sheng Di*)
Radix Angelicae Sinensis (*Dang Gui*)
Radix Glycyrrhizae (*Gan Cao*)
Radix Et Rhizoma Rhei (*Da Huang*)

Shi re

Damp heat

Pathognomic manifestations: When dampness and heat combine and stew together, one typically finds symptoms of jaundice. There may be either low or high fever or a feverish sensation. Distention and fullness are found in the hypochondriac region and epigastrium accompanying pain at these sites.

The urine may be the color of tea. The tongue is red with slimy, yellow coating. The pulse is slippery (*hua*) and rapid.

Treatment principles: Clear heat and disinhibit dampness, disinhibit the gallbladder and recede jaundice

Rx: *Yin Chen Hao Tang*

Herba Artemesiae Capillaris (*Yin Chen Hao*)
Fructus Gardeniae Jasminoidis (*Zhi Zi*)
Radix Et Rhizoma Rhei (*Da Huang*)

Han shi **Cold dampness**

Pathognomic manifestations: In some chronic cases, there is retention of dampness in the middle burner and/or emptiness of middle qi. The accompanying symptoms are those of yin jaundice without any feverish sensation. There is neither fever nor thirst and the bowel movements may be loose. The tongue is glossy (*hua*) and the pulse is sunken (*shen*) and slow (*chi*) or relaxed (*huan*) and sodden (*ru*).

Treatment principles: Strengthen the spleen and transform dampness, warm the spleen and recede jaundice

Rx: *Yin Chen Zhu Fu Tang*

Herba Artemesiae Capillaris (*Yin Chen Hao*)
Rhizoma Atractylodis Macrocephalae (*Bai Zhu*)
Rhizoma Dossicata Zingiberis (*Gan Jiang*)
Radix Praeparatus Aconiti Carmichaeli (*Fu Zi*)
Cortex Cinnamomi (*Rou Gui*)
Radix Praeparatus Glycyrrhizae (*Zhi Gan Cao*)

In the treatment of most cholecystitis, the main pattern discrimination is between liver qi and damp heat. Therefore, practitioners should be absolutely clear about the differences in signs and symptoms between these two *zheng*. Liver qi is characterized by dull pain, fullness, and distention. The pain may radiate to the back and shoulder. The appetite is poor and usually there is no fever or jaundice. The tongue is light red or slightly dark with thin, white fur. The pulse is wiry or *xian*. In damp heat, there is usually generalized severe pain with hard abdominal muscles, acute abdominal tenderness, and high fever. If the case is severe, there may be the onset of shock, nasal bleeding, and purple or cyanotic skin. The tongue is red with slimy, yellow coating and the pulse is slippery (*hua*) and rapid (*shu*).

The combined Chinese-Western treatment of cholelithiasis

Dan Dao Pai Shi Fang **Gallstone-expelling formula**

There are 6 different versions of this formula. Their administration usually is not accompanied by side effects. In a few cases one may witness nausea and headache. If this occurs, one should decrease the amount of the formula administered, spreading it out through the day, or cease its administration altogether. If, during administration of these formulas, there is a sudden increase in pain (often followed by loose stools), this may be seen as a good sign. It indicates that the stone is attempting to move and may have become dislodged.

As mentioned above, there are 6 different versions of this formula. Below are the 2 most commonly used.

1. Used mostly when qi stagnation signs and symptoms are prominent

Fructus Citri Seu Ponciri (<i>Zhi Ke</i>)	15	grams
Radix Saussureae Seu Vladimiriæ (<i>Mu Xiang</i>)	15	"
Fructus Meliæ Toosendanis (<i>Chuan Lian Zi</i>)	15	"
Herba Desmodii Styrachifolii (<i>Jin Qian Cao</i>)	50	"
Radix Et Rhizoma Rhei (<i>Da Huang</i>)	10	"

2. Used mostly when signs of dampness and heat are prominent

Fructus Citri Seu Ponciri (<i>Zhi Ke</i>)	15	grams
Radix Saussureae Seu Vladimiriæ (<i>Mu Xiang</i>)	15	"
Rhizoma Corydalis Yanhusuo (<i>Yan Hu Suo</i>)	25	"
Fructus Gardeniæ Jasminoidis (<i>Zhi Zi</i>)	20	"
Rhizoma Polygoni Cuspidati (<i>Hu Chang</i>)	50	"
Herba Desmodii Styrachifolii (<i>Jin Qian Cao</i>)	50	"
Radix Et Rhizoma Rhei (<i>Da Huang</i>)	25	"

In cases with fullness and distention in the chest or intercostal pain, add:

Radix Bupleuri Falcati (*Chai Hu*)
Radix Rubrus Paeoniae Lactifloræ (*Chi Shao*)

Radix Albus Paeoniae Lactiflorae (*Bai Shao*)

In cases with jaundice, add:

Herba Artemesiae Capillaris (*Yin Chen Hao*)

Tuber Curcumae (*Yu Jin*)

Fructus Gardeniae Jasminoidis (*Zhi Zi*)

In cases with strong heat, add:

Flos Lonicerae Japonicae (*Jin Yin Hua*)

Herba Violae Yedoensis (*Di Ding*)

In cases with vomiting, add:

Flos Inulae (*Xuan Fu Hua*)

Caulis Bambusae In Taeniis (*Zhu Ru*)

Rhizoma Pinelliae Ternatae (*Fa Xia*)

In cases with a deep red tongue and thirst, add:

Gypsum Fibrosum (*Sheng Shi Gao*)

Rhizoma Anemarrhenae (*Zhi Mu*)

Radix Trichosanthis Kirilowii (*Tian Hua Fen*)

Herba Dendrobii (*Shi Hu*)

In cases with poor appetite, add:

Endothelium Cornei Gigeriae Galli (*Ji Nei Jin*)

Fructus Germinatus Et Praeparatus Hordei Vulgaris
(*Chao Mai Ya*)

Massa Medica Fermentata (*Shen Qu*)

Fructus Seu Semen Amomi (*Sha Ren*)

Fructus Crataegi (*Shan Zha*)

Folk remedies

Use walnuts, rock sugar, and sesame oil. This is good for qi stagnation and damp heat type stones. Or use:

Pulvis Tuberis Curcumae (<i>Yu Jin Fen</i>)	1	gram
<i>Bai Fen</i> ⁴	0.8	"
<i>Pu Shao Fen</i> ⁴	1.6	"
Pulvis Talci (<i>Hua Shi Fen</i>)	3	"
Pulvis Radicis Glycyrrhizae (<i>Gan Cao Fen</i>)	0.5	"

This formula is good specifically for the qi stagnation type of cholelithiasis.

Attacking evil, expelling stone combined method

Indications

This method is indicated in cases of qi stagnation, damp heat, or stone in the gallbladder or bile duct.

Course of treatment

This treatment usually takes about 2 1/2 hours, but one must modify it according to the condition of the patient and their response to the initial treatment. On the basis of these factors, one must decide on the number of repetitions that are appropriate for each patient. If the patient's general condition is

⁴ Both of these ingredients are types of mirabilium

good, one may carry out this treatment 2 times per day, 2-3 times per week. If the patient's general condition is weak, then one should only do 1 treatment per day. 4-6 treatments are considered one whole course. The patient should be allowed a rest between each course. During this time the qi and blood and spleen and stomach should be supported.

Side effects

Even if the patient is considered to be a good candidate for treatment, they may still develop jaundice in spite of this treatment.

Details of attacking method

8:30 AM Give 200 cc of Gallstone-expelling formula

9:30 AM Give subcutaneous injection of 5 mg morphine

10:10 AM Have patient inhale 0.2 cc of amylnitrate

10:15 AM Have patient drink 40 cc of a 33% solution of magnesium sulphate

10:20 AM Have patient drink 30 cc of 0.5% solution of hydrochloric acid

10:25 AM Have patient eat 2 eggs fried in an abundant amount of oil

10:30 AM Administer electro-acupuncture. Needle *Dan Shu* (Bl 19) on the right side and connect it to the negative pole. Connect the positive pole to either *Ri Yue* (GB 24), *Tai Chong* (Liv 3), or

either *Ri Yue* (GB 24), *Tai Chong* (Liv 3), or *Liang Men* (St 21).

Note: One must first ask the surgeon about giving oily food if the patient has a history of previous gallbladder surgery.

If there is a sudden decrease in pain, this usually indicates dislodgement and elimination of the stone. If there is initial intermittent abdominal pain which changes to constant, severe pain, this indicates that the patient's condition is worsening and surgery is required. On the other hand, if this internal medical treatment is followed by a decrease in pain, fever, and jaundice, the stone may have been eliminated and one should look for the stone in the stools or perform appropriate laboratory tests to confirm this hypothesis. If the general condition is severe and the patient is very weak or if the condition is deteriorating, one should proceed with surgical treatment.

Patient selection

Stone size

Different criteria are used in different Chinese hospitals. Some use a criterion of stone size under 1 cm in diameter and other use 1 1/2 cm. The stone must be smooth or be a conglomeration of small particles.

Location

If the stone is in the common biliary duct, the above treatment is more likely to be successful than in cases where the stone is still inside the gallbladder itself.

Number & shape of stones

If the stones are round and smooth they are easier to dislodge and can more easily pass through the ducts. If there are one or only a few stones, their passage is also easier. If there are many stones, their passage is more difficult.

Size of the bile duct

If the bile duct is abnormally shaped, if there are infection and edema, or if there are adhesions around the duct, these conditions will narrow the passageway and thus the passage of stones will be more difficult. If liver and gallbladder function is abnormal and the secretion of fluids is abnormal or if the sphincter of Oddi is in spasm, the passage of stones again will be more difficult.

However, no matter where the stone is located in the hepatobiliary system, this method may still be used. If there is infection present, one must first clear the infection. This method should only be used after infection and its accompanying inflammation and edema are eliminated.

Reactions to treatment

If the stone is small in size, it will usually pass with little reaction. If the stone is larger, there may be strong reaction and the physician should observe the patient closely. Strong reactions include the following:

1. If fever, pain, rapid pulse, or jaundice appear during or after treatment but then suddenly disappear, look for signs of passage of the stone by examining the feces and doing laboratory tests.

2. If abdominal pain and distention and a feeling of stuffiness continue, if there is sudden severe pain that persists, if fever and chills and especially chills develop, or if jaundice returns and continues, one must immediately resort to surgical treatment.

In cases where this treatment does not work well, the reason is usually that the stone is rough or there is a chronic, irritated condition.

Acupuncture

Acupuncture is capable of stopping pain, relieving nausea and vomiting, and descending counterflow. Commonly used points include *Dan Shu* (Bl 19), *Zhong Wan* (CV 12), *Zu San Li* (St 36), *Yang Ling Quan* (GB 34), and *Dan Nang Xue* (M-LE-23). For pain, use *He Gu* (LI 4). For jaundice, use *Jing Gu* (Bl 64). For fever, use *Qu Chi* (LI 11). And for vomiting, use *Nei Guan* (Per 6). Choose 2-3 points each time and use deep, strong stimulation. Treat 2-3 times per day.

Electro-acupuncture

Needle *Dan Shu* (Bl 19) on the right side and connect it to the negative pole. The positive pole should be connected to gallbladder foot points or *Ri Yue* (GB 24), *Zhong Wan* (CV 12), *Liang Men* (St 21), or *Tai Chong* (Liv 3). At first, start with weak stimulation and increase its strength slowly. Continue this for 20-30 minutes, 3-4 times per day.

In practice, the success rate for the above described combined Chinese-Western treatment method is about 72% with a fatality rate of 0.6% according to a study done at the Shanghai Medical

College in 1971. There were 582 cases in this study of whom 419 passed bile stones. Only 3 persons died.

Dan Nang Yan

Cholecystitis

According to modern Western medicine, most cases of acute cholecystitis are due to bacterial infection and biliary tract obstruction. Chronic cholecystitis, on the other hand, is usually associated with the presence of gallstones.

Acute cholecystitis

The signs and symptoms of acute cholecystitis are persistent pain in the right upper quadrant which begins suddenly and may radiate to the right shoulder. This is often accompanied by nausea, vomiting, and fever. If there is obstruction of the biliary tract, patients will also be jaundiced. There is pronounced abdominal tenderness, rebound tenderness, and muscular guarding or tension in the right upper abdomen. Occasionally one can palpate an enlarged gallbladder. There is also leukocytosis, elevated icterus index, and lesions on the liver may also be present.

Chronic cholecystitis

Sufferers of chronic cholecystitis usually have such chronic complaints as discomfort in the right upper quadrant, vague pain, abdominal distention, aversion to greasy, oily foods, acid eructation, and other symptoms of indigestion. There may either be slight or no tenderness upon palpation. It is not uncommon for sufferers of chronic cholecystitis to have episodes of acute cholecystitis.

Ba gang bian zheng

Eight principle pattern discrimination

Cholecystitis is mostly an internal, full condition. However, it is sometimes classified in TCM as a *shao yang fen* disease and may also be a mixed full and empty condition. When it is a simple full condition, it is usually classified as either a damp heat pattern or a liver qi, blood stasis pattern. When it is a mixed full/empty pattern, it is usually a combination of dampness, heat, and liver qi with spleen/stomach emptiness.

Zang fu bian zheng

Zang fu pattern discrimination

Cholecystitis is mostly categorized as either a liver disease or a spleen/stomach condition in TCM.

Bing yin bing ji

Disease causes, disease mechanisms

The disease causes and mechanisms of cholecystitis and its general treatment principles and methods are essentially similar to those of cholelithiasis. In fact, because Western medicine

now believes that stones are involved in most, if not all cases of cholecystitis, the principle of expelling stones is now routinely used by contemporary Chinese practitioners of TCM in the treatment of all gallbladder attacks.

As mentioned above, the disease causes and mechanisms of cholecystitis are mainly liver qi and blood stasis causing pain due to obstruction, damp heat, and emptiness of the spleen and stomach. Liver qi is mostly due to emotional stress and frustration. Damp heat is mostly due to dietary indiscretion. This mostly means over-eating raw, cold foods, sweet, sugary foods, and fatty, greasy, oily foods. Spleen/stomach emptiness are likewise caused by over-eating raw, cold foods, sweet foods, and damp foods, such as milk, meat, eggs, etc., and also by lack of exercise and excessive worry and anxiety.

Bian zheng lun zhi

Treatment according to pattern discrimination

Gan dan shi re

Liver/gallbladder damp heat

Pathognomic manifestations: Alternating fever and chills or fever with no chills, pain in the right upper abdomen or right ribs, loss of appetite, a bitter taste in the mouth, possible nausea and vomiting, constipation, red urine, possible jaundice, a red tongue with yellow, slimy coating, and a wiry (*xian*), slippery (*hua*), rapid (*shu*) pulse

Treatment principles: Clear heat and disinhibit dampness, extend or relax the liver and disinhibit the gallbladder

Rx: *Yin Chen Hao Tang*

Herba Artemisiae Capillaris (<i>Yin Chen Hao</i>)	12	grams
Fructus Gardeniae Jasminoidis (<i>Zhi Zi</i>)	6	"
Radix Et Rhizoma Rhei (<i>Da Huang</i>)	6-9	"

For alternating fever and chills, add:

Radix Bupleuri Falcati (*Chai Hu*)
Radix Scutellariae Baicalensis (*Huang Qin*)

For hypochondriac pain and abdominal fullness, add:

Tuber Curcumae (*Yu Jin*)
Fructus Immaturus Citri Seu Ponciri (*Zhi Shi*)

For nausea, vomiting, and indigestion, add:

Caulis Bambusae In Taeniis (*Zhu Ru*)
Rhizoma Pinelliae Ternatae (*Ban Xia*)

In case of high fever, add:

Flos Lonicerae Japonicae (*Yin Hua*)
Fructus Forsythiae Suspensae (*Lian Qiao*)
Radix Isatidis Seu Baphicacanthi (*Ban Lang Geng*)
Gypsum Fibrosum (*Shi Gao*)

For loss of appetite, add:

Fructus Praeparatus Crataegi (*Tan Shan Zha*)

Massa Medica Fermentata (*Shen Qu*)
 Fructus Germinatus Et Praeparatus Hordei
 (*Xiang Mai Ya*)

Gan dan yu zhi

Liver/gallbladder depression & stagnation

Pathognomic manifestations: Right-sided hypochondriac pain sometimes radiating to the right shoulder and upper back, epigastric fullness and distention, aggravation by anger or eating greasy, oily foods, loss of appetite, acid eructation, nausea, a red tongue with thin, yellow coating, and a wiry (*xian*) pulse

Treatment principles: Relax or extend the liver and disinhibit the gallbladder

Rx: *Da Chai Hu Tang*

Radix Bupleuri Falcati (<i>Chai Hu</i>)	9	grams
Radix Scutellariae Baicalensis (<i>Huang Qin</i>)	9	"
Fructus Immaturus Citri Seu Ponciri (<i>Zhi Shi</i>)	6	"
Radix Et Rhizoma Rhei (<i>Da Huang</i>)	6-9	"
Rhizoma Pinelliae Ternatae (<i>Ban Xia</i>)	6-9	"
Radix Albus Paeoniae Lactiflorae (<i>Bai Shao</i>)	9	"
Rhizoma Recens Zingiberis (<i>Sheng Jiang</i>)	3-6	"
Fructus Zizyphi Jujubae (<i>Da Zao</i>)	3	pcs.

If there is jaundice, add:

Herba Artemisiae Capillaris (*Yin Chen Hao*)
Fructus Gardeniae Jasminoidis (*Zhi Zi*)
Cortex Phellodendri (*Huang Bai*)

If there is vomiting, add:

Radix Scutellariae Baicalensis (*Huang Lian*)
Fructus Evodiae Rutecarpae (*Wu Zhu Yu*)
Caulis Bambusae In Taeniis (*Zhu Ru*)

If there is constipation, add:

Mirabilitum (*Mang Xiao*)

For prominent signs of spleen emptiness, add:

Rhizoma Atractylodis Macrocephalae (*Bai Zhu*)
Sclerotium Poriae Cocoris (*Fu Ling*)
Radix Codonopsis Pilosulae (*Dang Shen*)

The following is a listing of the most commonly used herbal medicinals in the treatment of cholecystitis.

1. Common TCM qi-regulating medicinals

Fructus Citri Seu Ponciri (*Zhi Ke*)
Radix Saussureae Seu Vladimiriae (*Mu Xiang*)
Pericarpium Viridis Citri Reticulatae (*Qing Pi*)
Pericarpium Citri Reticulatae (*Chen Pi*)
Radix Bupleuri Falcati (*Chai Hu*)
Tuber Curcumae (*Yu Jin*)
Cortex Magnoliae Officinalis (*Chuan Po*)

2. Stasis-transforming medicinals

Tuber Curcumae (*Yu Jin*)
 Rhizoma Corydalis Yanhusuo (*Yan Hu Suo*)
 Cortex Radicis Moutan (*Dan Pi*)
 Semen Pruni Persicae (*Tao Ren*)
 Radix Cyathulae (*Chuan Niu Xi*)

3. Heat-clearing, dampness-disinhibiting, toxin-resolving medicinals

Radix Scutellariae Baicalensis (*Huang Qin*)
 Rhizoma Coptidis Chinensis (*Huang Lian*)
 Fructus Gardeniae Jasminoidis (*Zhi Zi*)
 Radix Gentianae Scabrae (*Long Dan Cao*)
 Radix Bupleuri Falcati (*Chai Hu*)
 Flos Lonicerae Japonicae (*Jin Yin Hua*)
 Herba Violae Yedoensis (*Di Ding*)
 Herba Artemesiae Capillaris (*Yin Chen Hao*)
 Rhizoma Polygoni Cuspidati (*Hu Chang*)
 Herba Desmodii Styrachifolii (*Jin Qian Cao*)
 Caulis Akebiae Mutong (*Mu Tong*)
 Semen Plantaginis (*Che Qian Zi*)
 pig bile (*Zhu Dan Zhi*)

4. Purgatives

Radix Et Rhizoma Rhei (*Da Huang*)
 Mirabilitum (*Mang Xiao*)

5. Spleen-strengthening, stomach-boosting medicinals

Radix Albus Paeoniae Lactiflorae (*Bai Shao*)
 Radix Dioscoreae Oppositae (*Huai Shan Yao*)
 Rhizoma Atractylodis (*Cang Zhu*)

Herba Agastachis Seu Pogostemi (*Huo Xiang*)
Herba Eupatorii Fortunei (*Pei Lan*)
Semen Raphani Sativi (*Lai Fu Zi*)
Endothelium Cornei Gigeriae Galli (*Ji Nei Jin*)
Fructus Germinatus Hordei Vulgaris (*Mai Ya*)
Fructus Crataegi (*Shan Zha*)
Massa Medica Fermentata (*Shen Qu*)

Dan Dao Hui Chong Bing **Biliary Ascariasis**

Ascaris lumbricoides infection may cause symptoms in both the lungs and large intestine. It may also cause obstruction of the biliary tract. Heavy intestinal infection may cause abdominal cramping and, occasionally, intestinal obstruction. Besides obstructing the bile duct, adult worms may also, though rarely, obstruct the appendix or pancreatic duct. In Asia, *Clonorchis sinensis* is a common cause of obstructive jaundice with intrahepatic ductal inflammation, proximal stasis, stone formation, and cholangitis. In modern Western medicine, such worm infestation is usually diagnosed by finding eggs in the stool.

Ba gang bian zheng **Eight principle pattern discrimination**

Worm infestations are usually categorized as species of fullness. However, they are also often associated with spleen/stomach emptiness as well. Whether, full, empty, or mixed, they are an internal disease.

Zang fu bian zheng

Zang fu pattern discrimination

As with cholecystitis and cholelithiasis above, worm diseases are mostly associated with the gallbladder and spleen/stomach. However, they may also be associated with the large intestine as well.

Bing yin bing ji

Disease cause, disease mechanism

Worms or *chong* are categorized as a *bu nei bu wai yin* or neither internal nor external cause of disease. They are associated both with dampness and heat and with spleen/stomach emptiness. As said before, damp heat is the environment conducive to *chong* or worms/parasites according to TCM theory. It is also said that *chong* are a manifestation of dampness and heat. Whether dampness engenders heat or heat engenders dampness, once damp heat allows for worm infestation, this yin evil further obstructs the flow of qi and blood. This may then further aggravate heat which may stew the juices and even congeal them into stones.

Bian zheng lun zhi

Treatment based on pattern discrimination

Chong ji

Worm stagnation/accumulation

Pathognomic manifestations: In this condition, there is paroxysmal pain with a drilling sensation. There may also be a bitter taste in the mouth as well as vomitus containing worms. The patient is usually found lying on their back and guarding

their abdomen. They may also be sweating and have cold extremities. Their face may be greenish in hue with white spots. Whenever there is no pain, there are usually also no other symptoms and the patient may feel normal. During acute episodes, the pulse is typically wiry (*xian*) or tight (*jin*). The abdominal muscles are soft, temperature is usually normal, and WBCs may be slightly elevated

Treatment principles: Regulate the qi and disinhibit the gallbladder, activate the blood and transform stasis, expel worms and harmonize the stomach

A. *Wu Mei Wan*

Fructus Pruni Mume (<i>Wu Mei</i>)	10-15	grams
Herba Asari Seiboldi (<i>Xi Xin</i>)	3	"
Rhizoma Desiccata Zingiberis		
(<i>Gan Jiang</i>)	9	"
Fructus Zanthoxyli (<i>Shu Jiao</i>)	3	"
Ramulus Cinnamomi (<i>Gui Zhi</i>)	9	"
Radix Praeparatus Aconiti		
Carmichaeli (<i>Fu Zi</i>)	6-9	"
Radix Coptidis Chinensis		
(<i>Huang Lian</i>)	3-6	"
Cortex Phellodendri (<i>Huang Bai</i>)	9	"
Radix Panacis Ginseng (<i>Ren Shen</i>)	9	"
Radix Angelicae Sinensis (<i>Dan Gui</i>)	9	"

To increase antihelminthic effect, add:

Fructus Quisqualis Indicae (*Shi Jun Zi*)
 Semen Arecae Catechu (*Bing Lang*)
 Cortex Radicis Meliae Azerdachis (*Ku Lian Geng Pi*)
 Semen Torreyae (*Fei Zi*)

In order to purge worms via the bowels, add:

Radix Et Rhizoma Rhei (*Da Huang*)

If here is no coldness in the hands and feet, delete:

Ramulus Cinnamomi (*Gui Zhi*)

Radix Praeparatus Aconiti Carmichaeli (*Fu Zi*)

B. Semen Arecae Catechu
(*Bing Lang*) 50 grams

Fructus Quisqualis Indicae (*Shi Jun Zi*) 30 "

Cortex Magnoliae Officinalis
(*Chuan Po*) 15 "

Rhizoma Corydalis Yanhusuo
(*Yan Hu Suo*) 25 "

Radix Saussureae Seu
Vladimiriae (*Mu Xiang*) 25 "

Radix Et Rhizoma Rhei
(*Da Huang*) 25 "

Cortex Poriae Cocoris
(*Fu Ling Pi*) 25 "

C. Semen Arecae Catechu
(*Bing Lang*) 30 grams

Fructus Quisqualis Indicae (*Shi Jun Zi*) 30 "

Fructus Pruni Mume (*Wu Mei*) 5 pcs.

Fructus Zanthoxyli Bungeani
(*Chuan Jiao*) 3 "

Herba Cum Radice Asari Seiboldi
(*Xi Xin*) 3 "

Radix Saussureae Seu Vladimiriae
(*Mu Xiang*) 12 "

Fructus Immaturus Citri Seu Ponciri (<i>Zhi Shi</i>)	6	"
Mirabilitum (<i>Mang Xiao</i>)	9	"
Rhizoma Dessicata Zingiberis (<i>Gan Jiang</i>)	9	"
Cortex Poriae Cocoris (<i>Fu Ling Pi</i>)	25	"

Chong re **Worm heat**

Pathognomic manifestations: In this condition, the main signs and symptoms are similar to the previous condition but with additional findings. There are alternating fever and chills, a bitter taste in the mouth, dry throat, and jaundice. The tongue is red with yellow fur and the pulse is wiry (*xian*) and rapid (*shu*) or slippery (*hua*) and rapid. The wbc count is high.

Treatment principles: Harmonize the *shao yang fen*, clear heat and purge the bowels, recede jaundice

A. Da Chai Hu Tang Jia Wei (if fever & chills are prominent)

Radix Bupleuri Falcati (<i>Chai Hu</i>)	9	grams
Radix Scutellariae Baicalensis (<i>Huang Qin</i>)	12	"
Fructus Immaturus Citri Seu Ponciri (<i>Zhi Shi</i>)	6-9	"
Radix Et Rhizoma Rhei (<i>Da Huang</i>)	6-9	"
Rhizoma Pinelliae Ternatae (<i>Ban Xia</i>)	9	"
Radix Albus Paeoniae Lactiflorae (<i>Bai Shao</i>)	9	"

Rhizoma Recens Zingiberis (<i>Sheng Jiang</i>)	3-6	"
Fructus Zizyphi Jujubae (<i>Da Zao</i>)	3-5	pcs.
Semen Arecae (<i>Bing Lang</i>)		
Fructus Quisqualis Indicae (<i>Shi Jun Zi</i>)		
Herba Desmodii Stryrachifolii (<i>Jin Qian Cao</i>)		
Fructus Pruni Mume (<i>We Mei</i>)		

In case of jaundice, add:

Herba Artemesiae Capillaris (<i>Yin Chen Hao</i>)
Fructus Gardeniae Jasminoidis (<i>Zhi Zi</i>)
Cortex Phellodendri (<i>Huang Bai</i>)

For vomiting, add:

Radix Coptidis Chinensis (<i>Huang Lian</i>)
Fructus Evodiae Rutecarpae (<i>Wu Zhu Yu</i>)

For constipation, add:

Mirabilitum (<i>Mang Xiao</i>)

B. *Da Cheng Qi Tang Jai Wei* (if heat in the stomach/intestines is more prominent)

Radix Et Rhizoma Rhei (<i>Da Huang</i>)	9-12	grams
Mirabilitum (<i>Mang Xiao</i>)	6-9	"
Cortex Magnoliae Officinalis (<i>Hou Bu</i>)	9	"
Fructus Immaturus Citri Seu Ponciri (<i>Zhi Shi</i>)	9	"
Semen Arecae (<i>Bing Lang</i>)		
Fructus Quisqualis Indicae (<i>Shi Jun Zi</i>)		

Herba Desmodii Styrachifolii (*Jin Qian Cao*)
Fructus Pruni Mume (*Wu Mei*)

For jaundice, add:

Herba Artemesia Capillaris (*Yin Chen Hao*)

Chong huo

Worm fire

Pathognomic manifestations: This condition is accompanied by high fever, coma, delirium, severe jaundice, generalized abdominal pain, hard abdominal muscles, and rebound tenderness. The liver and gallbladder may be palpable. The tongue is deep red with yellow fur. The pulse is flooding (*hong*). The WBC count is high as is blood amylase. In very severe cases, patients may have cold extremities, low blood pressure, and septic shock. In that case, the tongue will have scant fur.

The treatment for worm fire is surgery.

Fu chong

Hidden worms

Pathognomic manifestations: In this condition, the patient may have some slight abdominal tenderness on deep pressure and some abdominal distention. However, there are no other signs of disturbance.

Treatment principles: Clear heat and disinhibit dampness, regulate the qi and disinhibit the gallbladder

A. Gallbladder Stone-expelling Formula

See above under cholelithiasis for this formula's ingredients.

B.	Concha Ostreae (<i>Mu Li</i>)	15	grams
	Herba Desmodii <i>Styrachifolii</i> (<i>Jin Qian Cao</i>)	3	"
	Herba Artemesiae <i>Capillaris</i> (<i>Yin Chen Hao</i>)	15	"
	Fructus Gardeniae <i>Jasminoidis</i> (<i>Zhi Zi</i>)	9	"
	Radix Saussureae Seu <i>Vladimiriae</i> (<i>Mu Xiang</i>)	9	"
	Fructus Immaturus Citri Seu Ponciri (<i>Zhi Shi</i>)	9	"
	Tuber Curcumae (<i>Yu Jin</i>)	9	"
	Radix Et Rhizoma Rhei (<i>Da Huang</i>)	6	"
	Cortex Poriae <i>Cocoris</i> (<i>Fu Ling Pi</i>)	25	"

For convalescent or recovery stage:

A.	Semen Arecae <i>Catechu</i> (<i>Bing Lang</i>)	50	"
	Fructus Quisqualis <i>Indicae</i> (<i>Shi Jun Zi</i>)	25	"
	Fructification Polypori <i>Mylittae</i> (<i>Lei Wan</i>)	25	"
	Cortex Poriae <i>Cocoris</i> (<i>Fu Ling Pi</i>)	25	"
	Cortex Magnoliae <i>Officinalis</i> (<i>Chuan Po</i>)	15	"
	Radix Et Rhizoma Rhei (<i>Da Huang</i>)	20	"

B. Same as above plus Fructus Citri Seu Ponciri (*Zhi Ke*)

If the patient is very cold, add:

Radix Praeparatus Aconiti Carmichaeli (*Fu Zi*)
Ramulus Cinnamomi (*Gui Zhi*)

If the patient has much heat, add:

Herba Artemisiae Capillaris (*Yin Chen Hao*)
Fructus Gardeniae Jasminoidis (*Zhi Zi*)
Radix Et Rhizoma Rhei (*Da Huang*)
Herba Desmodii Styrachifolii (*Jin Qian Cao*)
Rhizoma Polygoni Cuspidati (*Hu Chang*)

Yi Xian Yan

Acute Pancreatitis

Acute pancreatitis is usually associated with biliary tract disease and alcoholism. A minority of patients suffering from pancreatitis, about 20%, do so because of hereditary factors, hyperlipidemia, hyperparathyroidism, hypercalcemia, trauma, drugs, structural abnormalities, vascular disease, surgical iatrogenesis, infections, etc. The general signs and symptoms of pancreatitis include severe abdominal pain radiating through to the back, sudden onset, severe, steady, boring pain unrelieved by position changes but potentially aggravated by coughing, vigorous movement, and deep breathing. Most patients experience nausea and vomiting even to the point of dry heaves. Patients appear acutely ill and are sweating. Respiration is shallow and temperature tends to increase as the pain continues. There may be delirium and semi-coma and possible yellowing of the sclera. There is always abdominal tenderness which is often severe in the upper abdomen and less severe in the lower. There may be mild to moderate muscular rigidity in the upper abdomen and also diminished bowel sounds.

Ba gang bian zheng

Eight principles pattern discrimination

This condition is an internal one. Because it is mostly associated with dampness and heat, it is typically also a full one. Because there is fullness and heat, it is often categorized as yang. However, in severe conditions, there may be shock in which case the condition may be categorized as empty, cold, and therefore yin.

Zang fu bian zheng

Zang fu pattern discrimination

Pancreatitis is most commonly categorized as a spleen/stomach disease according to TCM. It can, however, also sometimes be classified as a liver/gallbladder condition.

Bing yin bing ji

Disease causes, disease mechanisms

Pancreatitis is typically associated with a number of other disease conditions. Therefore, there are many types of evils which may account for it depending, in turn, upon these other conditions. For instance, if pancreatitis is due to alcoholism, called *jiu pi* in Chinese, this is a neither internal nor external cause which tends to engender dampness and heat internally. If it is due to biliary tract disease, these are also mostly due to dampness and heat but may involve stagnant qi due to stress and frustration. Long term qi stagnation tends to give rise to blood stasis. Overeating greasy, fatty foods likewise gives rise to *shi shang* or food injury and results in dampness and heat. Damp heat may give rise to *chong* or worms and may also brew and stew and congeal into stones. Further, damp heat may

transform into hot toxins. In addition, any of these causes and mechanisms may be complicated by food stagnation.

Bian zheng lun zhi

Treatment based on pattern discrimination

Because of the large number of disease causes potentially associated with acute pancreatitis, it is possible to discriminate the following discrete patterns:

Qi zhi

Qi stagnation

The main symptoms of this condition are nausea and vomiting and migrating pain.

Xue yu

Blood stasis

In this condition, one can find subcutaneous, purple spots and localized, sharp pain due to ecchymosis.

Re du

Hot toxins

This pathocondition is most often the result of qi and blood stagnation leading to congestion and accumulation in the *yang ming* with heat signs and symptoms. If fire enters the *ying* or *xue fen*, the resulting signs are cold limbs and a minute (*wei*) pulse which indicates a collapse of yang.

Shi re
Damp heat

This condition is mainly evidenced by jaundice and slimy, yellow tongue fur.

Chong ji
Worm stagnation/accumulation

The signs and symptoms of this pathocondition include paroxysmal and severe pain, cold sweats, and white spots on the face, or frenulum.

Shi zhi
Food stagnation

When food stagnation occurs, its signs and symptoms are a feeling of fullness, abdominal distention, abdominal pain, sour vomitus, belching, and a thick, slimy coating on the tongue.

Shi zhi
Stone stagnation

In this pathocondition, there is dull pain which causes a feeling of distention or colic in the right hypochondrium. There is also fever and chills, constipation, and the occurrence of white stools.

Combined Chinese-Western diagnosis

Although TCM identifies all the above discrete patterns associated with acute pancreatitis, in clinical practice it is much easier and truer to clinical reality to mainly focus on the discrimination of 4 distinct patterns. These 4 TCM patterns can

also be correlated to modern Western descriptions of specific types of pancreatitis.

Zhong jiao qi zhi

Middle burner qi stagnation

The main symptoms of this pattern are migrating, intermittent pain, nausea and vomiting, and an absence of abdominal distention. In modern Western medicine, this pattern is equivalent to the slightly edematous type of pancreatitis.

Pi wei shi re

Spleen stomach full heat

This pattern is due to qi and blood congestion giving rise to depressive or transformative heat. The signs and symptoms of this condition include fullness and sharp pain in the abdomen associated with tenderness plus evil entering the *yang ming* signs and symptoms. In modern Western medicine, this condition corresponds to the hemorrhagic or severely edematous types of pancreatitis.

Zhong jiao shi re

Middle burner damp heat

Here the signs and symptoms may be associated with stone stagnation. There is distention, pain, and tenderness in the upper abdomen, scant, concentrated urine, and, in most cases, jaundice. In modern Western medicine, these signs and symptoms are classified as pancreatitis accompanying liver/gallbladder disease.

Chong ji

Worm stagnation/accumulation

The symptoms of this condition are the existence of a drilling pain together with other signs and symptoms of worm infestation. In modern Western medicine, this is classified as biliary ascariasis.

Zhi yuan

Treatment principles

In cases of damp heat pancreatitis, the requisite TCM treatment principles are to clear heat and disinhibit dampness, discharge the liver and disinhibit the gallbladder, regulate the qi and stop pain. In cases of full heat in the spleen and stomach, the principles are to clear heat and purge the interior. And in cases of worm stagnation/accumulation, one should clear heat, disinhibit dampness, discharge downward, and expel worms. For qi stagnation, the principles are to regulate the qi and stop nausea and vomiting. And in worm stagnation/accumulation, the principles are to expel worms, activate the blood, and eliminate stagnation.

Bian zheng lun zhi

Treatment based on pattern discrimination

Zhong jiao qi zhi shi re

Middle burner qi stagnation & damp heat

Radix Et Rhizoma Rhei (*Da Huang*)

Radix Gentianae Scabrae (*Long Dan Cao*)

Radix Albus Paeoniae Lactiflorae (*Bai Shao*)

Radix Saussureae Seu Vladimiriæ (*Mu Xiang*)

Rhizoma Corydalis Yanhusuo (*Yan Hu Suo*)

Pi wei shi re

Spleen/stomach full heat

Radix Rehmanniae (*Sheng Di*)

Mirabilitum (*Mang Xiao*)

Fructus Gardeniae Jasminoidis (*Zhi Zi*)

Radix Albus Paeoniae Lactiflorae (*Bai Shao*)

Radix Saussureae Seu Vladimiriae (*Mu Xiang*)

Cortex Magnoliae Officinalis (*Chuan Po*)

Radix Rubrus Paeoniae Lactiflorae (*Chi Shao*)

Rhizoma Corydalis Yanhusuo (*Yan Hu Suo*)

Chong ji

Worm stagnation/accumulation

Radix Et Rhizoma Rhei (*Da Huang*)

Mirabilitum (*Mang Xiao*)

Fructus Gardeniae Jasminoidis (*Zhi Zi*)

Radix Albus Paeoniae Lactiflorae (*Bai Shao*)

Radix Saussureae Seu Vladimiriae (*Mu Xiang*)

Fructus Quisqualis Indicae (*Shi Jun Zi*)

Semen Arecae Catechu (*Bing Lang*)

Rhizoma Corydalis Yanhusuo (*Yan Hu Suo*)

All the above formulas should be modified with appropriate additions and subtractions depending upon the complications and signs and symptoms of each individual case. However, the first formula is appropriate as a guiding formula in the majority of clinically presenting cases of pancreatitis.

For hot toxins, add:

Rhizoma Coptidis Chinensis (*Huang Lian*)
Herba Cum Radice Taraxici Mongolici (*Pu Gong Ying*)

For damp heat, add:

Herba Artemisiae Capillaris (*Yin Chen Hao*)
Herba Desmodii Styrachifolii (*Jin Qian Cao*)
Radix Gentianae Scabrae (*Long Dan Cao*)
Talcum (*Hua Shi*)
Caulis Akebiae Mutong (*Mu Tong*)

For counterflow inversion of qi with vomiting, add:

Haemitum (*Dai Zhe Shi*)
Flos Inulae (*Xuan Fu Hua*)

For food stagnation, add:

Semen Raphani Sativi (*Lai Fu Zi*)
Fructus Immaturus Citri Seu Ponciri (*Zhi Shi*)

For upper back pain (*bei tong*), add:

Fructus Trichosanthis Kirlowii (*Gua Lou*)
Bulbus Alii Chinensis (*Ju Bai*)
Radix Ledebouriellae Sesloidis (*Fang Feng*)
Radix Gentianae Macrophyllae (*Qin Jiao*)

For edema and fluid retention, add:

Radix Euphorbiae Kansui (*Gan Sui*)

For masses and nodulations, add:

Squama Manitis (*Chuan Shan Jia*)
 Rhizoma Sparganii (*San Leng*)
 Rhizoma Curcumae Zedoariae (*E Zhu*)

During the recuperation stage, the pathocondition is mostly due to emptiness of the spleen and stomach. Therefore, one should use *Si Jun Zi Tang* as the guiding formula.

Radix Panacis Ginseng (<i>Ren Shen</i>)	9	grams
Rhizoma Atractylodis Macrocephalae		
(<i>Bai Zhu</i>)	9	"
Sclerotium Poriae Cocoris		
(<i>Fu Ling</i>)	9	"
Radix Glycyrrhizae (<i>Gan Cao</i>)	3	"

If emptiness is accompanied by food stagnation use either:

Ping Wei San

Rhizoma Atractylodis (<i>Cang Zhu</i>)	9	"
Cortex Magnoliae Officinalis		
(<i>Hou Bu</i>)	9	"
Pericarpium Citri Reticulatae		
(<i>Chen Pi</i>)	6	"
Radix Glycyrrhizae (<i>Gan Cao</i>)	3	"
Rhizoma Recens Zingiberis		
(<i>Sheng Jiang</i>)	3	"
Fructus Zizyphi Jujubae (<i>Da Zao</i>)	3-5	pcs.

or *Bao He Wan*

Fructus Crataegi (<i>Shan Zha</i>)	9-12	grams
Massa Medica Fermentata		

Acute Abdominal Syndromes

(<i>Shen Qu</i>)	9	"
Semen Raphani Sativi (<i>Lai Fu Zi</i>)	9-12	"
Rhizoma Pinelliae Ternatae		
(<i>Ban Xia</i>)	9	"
Pericarpium Citri Reticulatae		
(<i>Chen Pi</i>)	6	"
Sclerotium Poriae Cocoris		
(<i>Fu Ling</i>)	9	"
Fructus Forsythiae Suspensae		
(<i>Lian Qiao</i>)	6-9	"

If there are symptoms of dampness but without obvious heat, use *San Ren Tang*:

Semen Pruni Armeniacae		
(<i>Xing Ren</i>)	9	grams
Fructus Amomi Cardomomi		
(<i>Bai Kou Ren</i>)	6	"
Semen Coicis Lachryma-jobi		
(<i>Yi Yi Ren</i>)	15	"
Rhizoma Pinelliae Ternatae		
(<i>Ban Xia</i>)	9	"
Cortex Magnoliae Officinalis		
(<i>Hou Bu</i>)	9	"
Talcum (<i>Hua Shi</i>)	10-15	"
Medulla Tetrapanacis Papyriferi		
(<i>Tong Cao</i>)	6	"
Herba Lophatheri Gracilis		
(<i>Zhu Ye</i>)	6	"

Remarks

1. If the patient is vomiting, first perform acupuncture at *Zu San Li* (St 36) and *Nei Guan* (Per 6) and then follow this with

gradual administration of small doses of one of the above formulas.

2. Do not purge too strongly. In the acute stage, there should not be more than 2-3 bowel movements per day. Reduce purgation as the symptoms improve and also begin to support the spleen and stomach.

3. Use lower dosages of purging medicinals in pregnant patients and avoid blood-activating medicinals (*huo xue yao*) unless indicated by the signs and symptoms. Even then, such medicinals should be administered with care.

Course of therapy

In most cases, the temperature returns to normal after 3 days of treatment with the above protocols. The tongue tends to recover in 4 days. And the abdominal pain and tenderness tend to disappear in 5-7 days.

Ji Xing Chang Geng Zhu **Acute Abdominal Obstruction**

Mechanical obstruction or cessation of peristalsis can obstruct either the large or small intestine. Most often this is due to mechanical blockage due to fibrous bands and adhesions or incarceration of a hernial sac. In addition, mechanical blockage can also be caused by primary or metastatic tumors, impacted feces, strictures due to previous or active inflammatory diseases of the bowels, intestinal worms, gallstones, and volvulus. Adynamic ileus or paralytic ileus resulting in failure of normal intestinal peristalsis is most often associated with intra or retroperitoneal infection but may also involve mesenteric ischemia, surgical iatrogenesis, intra-abdominal hematoma, renal or thoracic disease, and metabolic disturbance, such as hypokalemia.

The general signs and symptoms of this disease depend upon whether the intestinal obstruction is high or low, partial or complete, simple or strangulated, mechanical or paralytic. Vomiting, crampy pain, and distention are common. In general, the higher the obstruction, the less upper abdominal distention and the earlier and more severe the occurrence of vomiting. Complete mechanical obstruction of the small intestine causes

severe, intermittent, colicky upper abdominal pain usually referred to the midline but sometimes radiating over the entire abdomen. Partial obstruction of the small intestine causes similar but less severe symptoms. Obstruction of the large intestine is usually more insidious in onset. Abdominal distention and fullness of the flanks are more prominent. Paralytic ileus tends to cause severe abdominal distention and distress and absent bowel sounds. Strangulation may be difficult to differentiate from simple obstruction. Onset may be rapid with severe, colicky pain. The signs and symptoms initially are similar to those of mechanical obstruction but gradually become those of ileus and peritonitis.

Ba gang bian zheng

Eight principle pattern discrimination

In its acute stages, intestinal obstruction is usually classified in TCM as being internal, full, and hot. However, in the end stages, in very severe conditions, or in the elderly or chronically ill, the may also be emptiness of righteous qi.

Zang fu bian zheng

Zang fu pattern discrimination

The TCM organ/bowel location of this disease in the acute stages is in the intestines, but at the end stage, there may also be damage and injury (*sun shang*) of the qi and blood, yin and yang of the entire body. In the recovery stage, there may be damage and emptiness (*xu shang*) of the spleen and stomach.

Bing yin bing ji

Disease causes, disease mechanisms

There are 8 evil qi associated with acute abdominal obstruction. These are: qi, blood (*xue*), hot (*re*), cold (*han*), food (*shi*), worms (*chong*), sand (*sha*), and stones (*shi*). These 8 evils also often tend to combine and complicate one another. For instance, it is very common to see qi and blood stagnation with heat accumulation (*re cheng*).

Combined Chinese-Western treatment of acute intestinal obstruction

In the combined Chinese-Western treatment of acute intestinal obstruction, this disease is divided clinically into three stages and treatment during each stage is founded upon both *bian zheng* and a Western medical understanding of the course of development and resolution of this disease.

According to *fu zhong xi yi* or the combined Chinese-Western medical approach to the diagnosis and treatment of this condition, there are 3 stages:

1. Stagnation of qi
2. Blood stasis
3. Necrosis

Each of these three stages describes the relative struggle between righteous and evil qi. The usual course is outlined in the following diagram.

The Course of Intestinal Obstruction

Eight Evils

Dysfunction of Intestine Plus Body Functions

Qi congestion
in intestines

Stage I: Ileus, increased upper intestinal motility, accumulation of Qi & fluid, & distention of intestine.

Qi congestion becomes blood congestion.

Accumulation &
congestion of blood
in intestines

Stage II: Upper abdomen is distended, walls of intestine & blood vessels of intestinal membranes are compressed & obstructed leading to dysfunction of blood circulation.

Second stage changes into heat, & heat damage to blood & intestinal wall.

Necrosis

Stage III: Intestinal walls lack blood which leads to necrosis & perforation. Fluid & bacterial leakage then cause peritonitis & septic shock.

Stage I

The signs and symptoms of intestinal obstruction in patients with robust righteous qi and only mild evil qi include mild distention and no peritonitis. The pulse is wiry (*xian*) and forceful (*you li*). In modern Western medicine, this stage corresponds to uncomplicated ileus, the early stage of simple mechanical ileus, or early paralytic ileus.

Stage II

In this stage, there is strong evil qi but the righteous is still also strong. The signs and symptoms of this stage include severe abdominal pain with distention in the middle of the abdomen. Palpable masses may be found and the abdomen is tender. There is still no obvious peritonitis. The pulse is wiry (*xian*), slippery (*hua*), and rapid (*shu*). The Western diagnoses for this stage includes volvulus and intussusception. At this stage there is also mild failure of blood circulation.

Stage III

At this stage, there is shock and obstruction of the ileus with obvious blood stasis. The evil is deep in the interior and righteous qi is empty. The patient is in poor spirit and their general condition is poor. The pulse is rapid (*shu*) and thready (*xi*) or minute (*wei*). Abdominal pain and distention are obviously aggravated by peritonitis. The Western diagnoses of this stage include strangulation, obstruction of the ileus, and perforation.

Bian zheng lun zhi

Treatment based on pattern discrimination

The following treatments may be used for all types of intestinal obstruction. The physician should follow the patient's condition very closely watching for any sign of necrosis or perforation. Should either of these occur, surgery is then imperative.

Da chang qi zhi

Large intestine qi stagnation

The principal sign of this pattern is distention with minimal pain.

fresh turnip	1 kg.
Mirabilitum (<i>Mang Xiao</i>)	100 gr.

For the elderly or in those who are empty and deficient, use:

Radix Angelicae Sinensis	
(<i>Dang Gui</i>)	25 grams
Semen Pruni Persicae (<i>Tao Ren</i>)	10 "
Pericarpium Citri Reticulatae	
(<i>Chen Pi</i>)	10 "
Pericarpium Viridis Citri Reticulatae	
(<i>Qing Pi</i>)	10 "
Radix Linderæ Strychnifolii	
(<i>Tai Wu</i>)	5 "

Da chang xue yu

Large intestine blood stasis

In this condition, there is more pain and less distention. The stools may be the color of coffee grounds and pain is localized and stationary. There may be palpable mass and the tongue is either dark or purplish.

Semen Pruni Persicae	
(<i>Tao Ren</i>)	15 grams
Radix Rubrus Paeoniae Lactiflorae	
(<i>Chi Shao</i>)	25 "
Flos Carthami Tinctorii	

(<i>Hong Hua</i>)	15	"
Radix Angelicae Sinensis		
(<i>Dang Gui</i>)	25	"
Cortex Magnoliae Officinalis		
(<i>Chuan Po</i>)	25	"
Radix Et Rhizoma Rhei		
(<i>Da Huang</i>)	15	"

These are administered 2-4 times per day. One may also chose instead the following guiding formula.

Cortex Magnoliae Officinalis		
(<i>Chuan Po</i>)	25	grams
Radix Saussureae Seu Vladimiriae		
(<i>Mu Xiang</i>)	15	"
Semen Pruni Persicae		
(<i>Tao Ren</i>)	15	"
Radix Linderae Strychnifolii		
(<i>Tai Wu</i>)	15	"
Semen Raphani Sativi		
(<i>Lai Fu Zi</i>)	15-25	"
Radix Rubrus Paeoniae Lactiflorae		
(<i>Chi Shao</i>)	15	"
Mirabilitum (<i>Mang Xiao</i>)	10	"
Folium Sennae (<i>Fan Xie Ye</i>)	15	"

Da chang re cheng

Heat accumulating in the large intestine

In this case, there is pain and tenderness, fever, thirst, scanty urine, and, in severe cases, coma and delirium. Here one should use the following medicinals.

Cortex Magnoliae Officinalis

(<i>Chuan Po</i>)	25-50	grams
Semen Raphani Sativi		
(<i>Lai Fu Zi</i>)	25-50	"
Fructus Citri Seu Ponciri (<i>Zhi Ke</i>)	20	"
Semen Pruni Persicae (<i>Tao Ren</i>)	15	"
Radix Rubrus Paeoniae Lactiflorae		
(<i>Chi Shao</i>)	25	"
Radix Et Rhizoma Rhei		
(<i>Da Huang</i>)	25	"
Mirabilitum (<i>Mang Xiao</i>)	15-25	"

The patient should drink this decoction or it should be administered through a stomach tube. The herbs should then be recooked and administered 2 hours later as an enema.

Another alternative formula consists of:

Radix Et Rhizoma Rhei (*Da Huang*)
Mirabilitum (*Mang Xiao*)
Radix Euphorbiae Kansui (*Gan Sui*)

The patient should be watched very closely and surgical intervention considered.

Da chang han cheng

Large intestine cold accumulation

The symptoms of this pathocondition are an acute attack of severe pain, intolerance of cold on the abdomen, a greenish or dark facial complexion, and a deep (*chen*) or tight (*jin*) pulse. For this condition one should use 50 grams each of the following medicinals.

Radix Et Rhizoma Rhei (*Da Huang*)

Rhizoma Dessicata Zingiberis (*Gan Jiang*)

Fructus Amomi Cardamomi (*Bai Dou*) [without skin]

Powder the above 2 herbs and take 0.5-1.5 grams of this powder each time with hot water every 4-6 hours.

Alternative formula:

Mix Pulvis Fructus Amomi Cardamomi (*Bai Dou Fen*) with lactose. Make this into pills and give a 40 gram dose.

The third alternative is to use:

Radix Et Rhizoma Rhei

(*Da Huang*) 15 grams

Radix Praeparatus Aconiti

Carmichaeli (*Fu Zi*) 15 "

Herba Cum Radice Asari Seiboldi

(*Xi Xin*) 4 "

Decoct this in water and administer internally 2-3 times per day.

Da chang shi cheng

Large intestine accumulation of dampness

The signs and symptoms of this pattern consist of a feeling of fullness and distention of the abdomen, generalized abdominal tenderness, watery abdominal sounds, slimy tongue fur, and a full (*shi*) and slippery pulse. Medicinals appropriate for use in this case are:

Pulvis Radicis Euphorbiae Kansui (*Gan Sui Fen*)

[dissolve at end after other ingredients have

been decocted]	1.5 grams	
Semen Pruni Persicae (<i>Tao Ren</i>)	15	"
Radix Rubrus Paeoniae Lactiflorae (<i>Chi Shao</i>)	25	"
Radix Achyranthis Bidentatae (<i>Sheng Niu Xi</i>)	15	"
Cortex Magnoliae Officinalis (<i>Chuan Po</i>)	25-50	"
Radix Et Rhizoma Rhei (<i>Da Huang</i>)	15-40	"
Radix Saussureae Seu Vladimiriae (<i>Mu Xiang</i>)	15	"

Before giving this formula orally, one must aspirate the stomach fluids and then give the decoction via a stomach tube. This should be done 1-2 times per day.

Shi zhi

Food stagnation

This condition occurs following a meal and may occur after excessive postprandial movement or following ingestion of excessively rich foods. It is characterized by the sudden onset of abdominal pain. The patient is uncomfortable whether erect or prone. There is frequent vomiting and the tongue fur is slimy, yellow. The guiding formula consists of:

Radix Et Rhizoma Rhei (<i>Da Huang</i>)	15	grams
Cortex Magnoliae Officinalis (<i>Chuan Po</i>)	20	"
Fructus Citri Seu Ponciri (<i>Zhi Ke</i>)	15	"
Mirabilitum (<i>Mang Xiao</i>)	25	"
Massa Medica Fermentata		

(<i>Shen Qu</i>)	15	"
Fructus Germinatus Hordei		
Vulgaris (<i>Mai Ya</i>)	15	"
Semen Raphani Sativi (<i>Lai Fu Zi</i>)	25	"
Pericarpium Citri Reticulatae		
(<i>Chen Pi</i>)	10	"
Radix Glycyrrhizae (<i>Gan Cao</i>)	10	"

Chong ji

Worm stagnation/accumulation

The symptoms consist of a drilling pain, vomiting of worms, restlessness, and paroxysmal umbilical pain. Chinese herbal medicinals appropriate for use in this condition are:

Semen Arecae Catechu		
(<i>Bing Lang</i>)	30	grams
Cortex Poriae Cocoris		
(<i>Fu Ling Pi</i>)	30	"
Fructus Quisqualis Indicae		
(<i>Shi Jun Zi</i>)	30	"
Fructus Pruni Mume (<i>Wu Mei</i>)	15	"
Herba Desmodii Styrachifolii		
(<i>Jin Qian Cao</i>)	30	"
Cortex Magnoliae Officinalis		
(<i>Chuan Po</i>)	9	"
Fructus Citri Seu Ponciri (<i>Zhi Ke</i>)	9	"
Radix Et Rhizoma Rhei		
(<i>Da Huang</i>)	9	"
Mirabilitum (<i>Mang Xiao</i>)	9	"

100-200 cc of the above decoction should be given by stomach tube and left in the stomach for 2 hours after which it should

be removed. An alternative treatment for empty patients with constipation is to use any variety of bean oil.

Xu xing

Empty patterns

There are two basic empty patterns one may encounter in the treatment of acute abdominal obstruction. These are yin and blood emptiness and qi and blood emptiness.

Yin xue xu

Yin and blood emptiness

Radix Rehmanniae (<i>Sheng Di</i>)	25	grams
Radix Panacis Quinquefolii (<i>Xi Yang Shen</i>)	25	"
Tuber Ophiopogonis Japonicae (<i>Mai Dong</i>)	20	"
Radix Et Rhizoma Rhei (<i>Da Huang</i>)	15	"
Mirabilitum (<i>Mang Xiao</i>)	10	"

Qi xue liang xu

Qi & blood dual emptiness

Radix Et Rhizoma Rhei (<i>Da Huang</i>)	10	grams
Cortex Magnoliae Officinalis (<i>Chuan Po</i>)	10	"
Fructus Citri Seu Ponciri (<i>Zhi Ke</i>)	10	"
Mirabilitum (<i>Mang Xiao</i>)	10	"
Radix Codonopsis Pilosulae (<i>Dang Shen</i>)	25	"
Radix Angelicae Sinensis		

(<i>Dang Gui</i>)	25	"
Radix Glycyrrhizae (<i>Gan Cao</i>)	5	"

Fu mo jian lian

Peritoneal adhesions

Intestinal adhesions in modern TCM are discussed under the heading of intestinal obstruction. There are basically 4 TCM patterns associated with intestinal adhesions.

Qi zhi

Qi stagnation

The signs and symptoms of intestinal or abdominal adhesions due to stagnant qi are similar to those of qi stagnation type abdominal obstruction. The pain tends to come and go or migrate. There is more distention than pain. And the pulse is wiry (*xian*). The TCM treatment principles for rectifying this type of intestinal adhesions are to move the qi and purge the bowels.

Re cheng

Hot accumulation

Similar to the above, the signs and symptoms of this pattern are similar to the signs and symptoms of hot accumulation intestinal obstruction. The TCM treatment principles are to clear heat and purge the bowels.

The above 2 patterns are the most common ones associated with intestinal adhesions.

Han cheng

Cold accumulation

Likewise, the general signs and symptoms of this type of adhesions have been given above. The treatment principle is to warmly purge (*wen xia*). This pattern is commonly encountered in abdominal tuberculosis, post-surgical debility, or in patients with repeated attacks.

Xu cheng

Accumulation due to emptiness

This pattern is found following prolonged disease, post-surgically, in elderly patients, in qi and yin deficiency patients, or in patients with full evils but emptiness of righteous qi. If drastic purgation (*jun xia*) is used in such patients, it may damage and injure their righteous qi. Therefore, one must use moistening medicinals to mildly purge (*run xia*) or a combination of both discharging and supplementing medicinals.

Fu zhong xi yi qu xie fa

Combined Chinese-Western attacking evil method

Method I

This protocol is used for the non-surgical treatment of various sorts of obstructions and intestinal adhesions.

Preparation

Lower the gastric pressure for 1-2 hours, promote vomiting, give fluids intravenously, and perform a biopsy if necessary.

7 AM Administer a decoction of the following herbs:

Cortex Magnoliae Officinalis (<i>Chuan Po</i>)	25-50	grams
Semen Raphani Sativi (<i>Lai Fu Zi</i>)	25-50	"
Radix Rubrus Paeoniae Lactiflorae (<i>Chi Shao</i>)	25	"
Radix Et Rhizoma Rhei (<i>Da Huang</i>)	25	"
Mirabilitum (<i>Mang Xiao</i>)	15-25	"

Give 200 cc of this decoction by stomach tube and then clamp the tube. Add or subtract medicinals from the above guiding formula depending upon the individual patient's presenting condition.

8 AM Administer electro-acupuncture. Needle *Zu San Li* (St 36) bilaterally and connect the positive pole to it. Needle *Tian Shu* (St 25) bilaterally and connect the negative pole to it.

8:30 AM Massage the abdomen for 10-15 minutes. Select a single direction, either clockwise or counterclockwise.

9 AM Give an enema with the same formula as used above but administer along with salt water.

Method II

This method is used for patients who are empty and deficient.

Preparation

Decrease the stomach pressure for 1/2 hour and give fluids intravenously.

7 AM Give 200-300 cc of bean oil through a stomach tube and then clamp the tube.

8 AM Administer the same herbal formula as used in Method I. Use 100 cc and administer by stomach tube.

9 AM Give an enema with the same prescription together with either salt or soapy water.

9:05 AM Administer acupuncture water needle (*shui zhen*) point injection. Inject 0.5 mg of neostigmine (a muscle stimulant) at *Zu San Li* (St 36).

70-80% of patients will experience relief of symptoms 12-24 hours after this course of treatment. In some patients, however, this regimen must be repeated 6-7 times.

Method III

This protocol is used for intestinal obstruction due to worms.

Preparation

Same as above

7 AM Inject 1500-2500 cc of oxygen through the gastric tube. In a child 1 year old, use only 100-150 cc. Administer the oxygen slowly so that the complete dose is given over a period of 1-2 hours. The patient must be positioned in a semi-reclining posture.

8 AM Give 200 cc of vegetable oil or soy bean oil by gastric tube.

8:15 AM Massage the abdomen as described above.

8:30 AM Administer electro-acupuncture. Needle *Da Heng* (Sp 15) bilaterally and attach to the negative pole. Needle *Zu San Li* (St 36) bilaterally and attach to the positive pole. Use regular waves for 30-45 minutes.

9 AM Give an enema consisting of a warm, 2% solution of saltwater. Use 500-800 cc of water heated to 40-45° C. Or, use 800 cc of sugar water. The patient's symptoms should be reduced in 12-24 hours. If this does not occur, surgery should be considered.

Lan Wei Yan

Appendicitis

Acute appendicitis is due to bacterial infection of the vermiform appendix. It is most commonly seen in adolescents and young adults between the ages of 15-24. Clinical signs and symptoms vary depending upon the cause and extent of peritonitis. Typically, onset is marked by severe localized or diffuse abdominal pain. There is usually moderate abdominal distention, nausea, vomiting, and occasionally diarrhea in the early stage. In addition, there is direct abdominal tenderness, rebound tenderness, and marked muscular spasm. As the condition progresses, bowel sounds cease. Fever, tachycardia, chills, rapid breathing, and leukocytosis are signs of sepsis. Early leukocytosis may give way to leukopenia in fulminant cases. Dehydration and acidosis develop if the disease is not treated.

Ba gang bian zheng

Eight principle pattern discrimination

Acute appendicitis is primarily an internal, full, hot, yang disease.

Zang fu bian zheng

***Zang fu* pattern discrimination**

Acute appendicitis is also called *chang yong* or intestinal abscess in Chinese. Therefore, this disease is categorized as a large intestine disease.

Bing yin bing ji

Disease causes, disease mechanisms

This disease is mostly due to qi stagnation leading to blood stasis. This stagnation transforms into heat and this heat may further transform into toxins. Adolescents typically experience a certain amount of frustration. At the same time, their *ming men zhi huo* or life gate fire is just maturing and is burning brightly. This then tends to enhance the transformation of stagnation into heat and especially in the lower burner. This condition is also often complicated by damp heat due to young adults' tendency to over-eat and also to eat typically spicy, greasy, fatty, and sweet foods.

Combined Chinese-Western staging of acute appendicitis

In the practice of combined Chinese-Western medicine, there are 3 major stages in the course of development of acute appendicitis. These are:

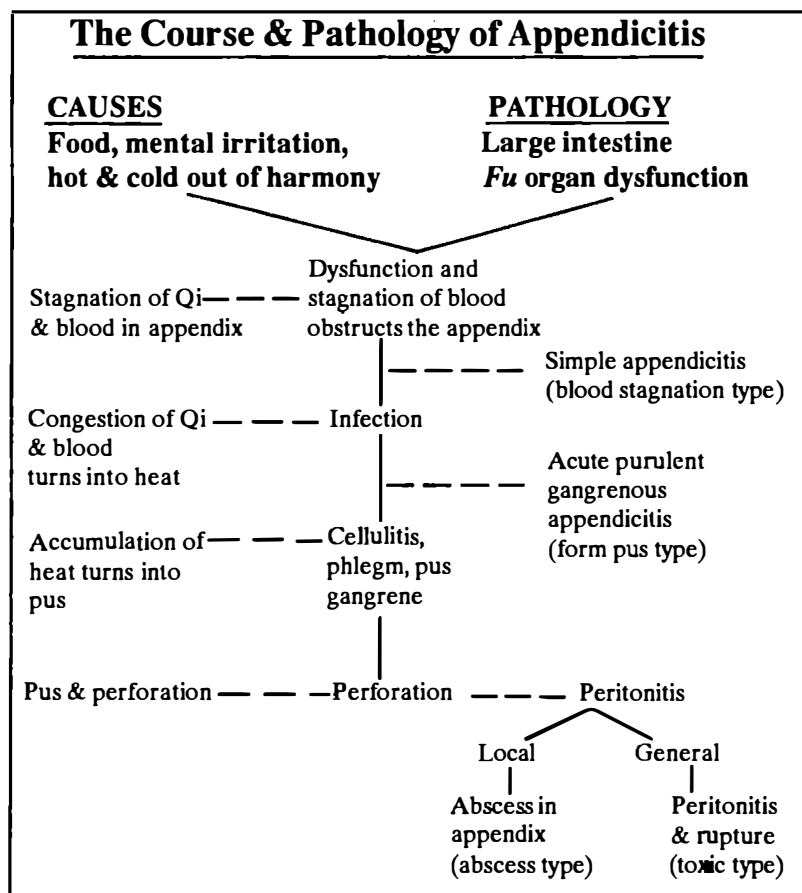
Stage I: Blood stasis and accumulation/blockage

Stage II: Initial formation of pus

Stage III: Toxic ulceration

Stage IIIA: Purulence & swelling

This course and the development of pathology in acute appendicitis can be seen in the following diagram:



Bian zheng lun zhi

Treatment based on pattern discrimination

Qi zhi xue xu

Qi stagnation, blood stasis

Pathognomic manifestations: There is abdominal pain around the umbilicus or localized pain in the right lower quadrant. The pain is not severe and there is only a small area of localized tenderness. There is no hardness of the abdominal wall. The tongue has a thin, white coating and the pulse is either wiry (*xian*) or relaxed (*huan*). If the pulse is wiry, this indicates stagnation. If the pulse is *huan* or relaxed, this indicates spleen emptiness complicating the patient's condition. In this case, the liver and spleen are not harmonious with liver wood being full and spleen earth being empty. The patient's temperature and WBC count are both normal.

Treatment principles: Course the liver and regulate the qi, activate the blood and transform stasis, harmonize wood and earth and stop pain.

Caulis Sargentodoxae (<i>Da Xue Teng</i>)	60-90	grams
Herba Violae Yedoensis (<i>Di Ding</i>)	30-45	"
Fructus Meliae Toosendanis (<i>Chuan Lian Zi</i>)	15-25	"

Qi xue yu hua re

Qi & blood stagnation transform into heat

Pathognomic manifestations: In this pattern, signs and symptoms of stagnant qi and blood persist but symptoms of evil heat

are more prominent. Abdominal pain is more severe, the abdomen is markedly tender, and the painful area is widespread. The tongue is red with yellow fur and the pulse is wiry (*xian*) and rapid (*shu*) or slippery (*hua*) and rapid (*shu*). The WBC count is slightly elevated at about 15,000.

Treatment principles: Move the qi and activate the blood, clear heat and purge the bowels

Caulis Sargentodoxae (<i>Ji Xue Teng</i>)	60-90	grams
Cortex Berberis Sargentianae (<i>San Ke Zhen</i>)	30-45	"
Radix Et Rhizoma Rhei (<i>Da Huang</i>)	15-25	"
Mirabilitum (<i>Mang Xiao</i>)	5-10	"

This formula may also be used for more severe cases of qi and blood stagnation as described in the previous pattern or for slight cases of the following pattern.

Lan wei kui yang chuang kong **Toxic ulceration**

Pathognomic manifestations: This condition develops from the preceding one. The abscess may rupture at this point. Abdominal pain becomes even more severe, the muscles are hard and rigid, and there is acute tenderness. The painful area is widespread. There is high fever, thirst, and the stool is hard and dry. Urine is scanty and dark. The tongue is red with yellow, dry fur. The pulse is flooding (*hong*) and rapid (*shu*) or slippery (*hua*) and rapid (*shu*). WBCs are markedly elevated. If the condition is extremely severe, it may exhaust both yin and yang.

The patient will then appear to be without spirit. There is sweating and the extremities are cold. The pulse then is minute.

Tx: These cases must always be treated surgically.

Re du jie he

Heat & toxins knot and bind

Pathognomic manifestations: This is an alternate scenario to the preceding pattern which can also develop from stagnation of qi and blood transforming into evil heat. In this case, patients are very strong and have very strong and abundant righteous qi. Therefore, heat and toxins knot and bind together and form a mass. The pain is localized in the right lower quadrant. There is tenderness of the abdominal wall and a mass may be palpable. However, other areas of the abdomen are soft. There is some fever and thirst. The urine is yellow. The tongue is dark purple with ecchymotic spots or patches and the fur is either thin, white or yellowish in hue. The pulse is slippery, wiry, or hidden (*fu*).

Treatment principles: Clear heat and resolve toxins, disperse swelling and scatter nodulation, stop pain

Caulis Sargentodoxae (<i>Da Xue Teng</i>)	60-90	grams
Cortex Radicis Moutan (<i>Dan Pi</i>)	10-15	"
Flos Lonicerae Japonicae (<i>Jin Yin Hua</i>)	15-25	"
Semen Pruni Persicae (<i>Tao Ren</i>)	10-15	"
Spina Gleditschiae (<i>Zao Jiao Ci</i>)	10-15	"

Flos Lonicerae Japonicae (<i>Shuang Hua</i>)	10-15	"
Squama Praeparata Manitis (<i>Duan Chuan Shan Jia</i>)	10-15	"
Fructus Meliae Toosendanis (<i>Chuan Lian Zi</i>)	10-15	"

For patients suffering from the first *zheng* or pattern, use 1 *ji* or *bao*, packet per day. Decoct in water and take in 2 divided doses. For patient's with the second and fourth *zheng* or patterns, use 2 *bao* per day, *i.e.*, double the dose and frequency of administration.

Index

- 4 diagnoses 39
- 4 stage pattern discrimination 23
- 5 phase pattern discrimination 22
- 6 stage pattern discrimination 22
- 8 principle pattern discrimination 22
- 8 principles 52

A

- abdominal distention 14, 15, 23, 25, 26, 29, 30, 33, 56, 72, 78, 86, 100, 113, 120, 121, 129, 130, 147
- abdominal muscles, hard 90, 113
- abdominal pain, crampy 14
- abdominal pain, moderate to severe 15
- abdominal rigidity 15
- abscesses in the abdominal cavity 42
- aching 8, 16
- acid eructation 100, 103
- acid/base balance 40
- acidosis 147
- acupuncture 19, 54-56, 60, 74, 78, 95, 97, 126, 143-145
- acute abdominal syndromes 1, 5, 7, 31, 32
- acute gastroenteritis 12
- adhesions, intestinal 7, 24, 51, 141, 142
- adhesions, peritoneal 141
- adnexal mass 16
- aggravation by anger 103
- allergic factors 11
- amylase levels 14
- amylnitrate 94

- aneurism 8, 10
- anorexia 12, 13
- antacids 16, 79
- antibodies 52
- anxiety 20, 67, 86, 101
- appendicitis 3, 7, 12, 14, 24, 28, 36, 42, 45, 61, 147-149
- appendicitis, acute 12, 36, 147-149
- appendicitis, mild toxic 36
- appendicitis, ulcerative 36
- appetite, loss of 71, 72, 86, 101, 103
- arthritis 11
- Ascaris lumbricoides* 107
- atonic conditions 2
- atropine 55
- attacking evil method 19, 22, 142

B

- ba gang* 22, 23, 52, 66, 84, 100, 107, 118, 130, 148
- ba gang bian zheng* 22, 23, 66, 84, 100, 107, 118, 130, 148
- Ba Zheng Tang* 45
- back pains, colicky 30
- bacterial contamination 10
- Bai Hu Tang* 44
- Bai Tou Weng Tang* 45
- Ban Xia Hou Bu Tang* 48
- Bao He Wan* 56, 125
- Bao He Wan Jia Wei* 56
- belching 25, 29, 72, 120
- benefit/risk analysis 40
- bian zheng lun zhi* 21, 86, 101, 108, 119, 122, 133, 150
- biliary ascariasis 7, 30, 107, 122

biliary disorder, past history of 17
biliary tract 10, 17, 36, 43, 84, 99,
100, 107, 117, 118
bing ji 32, 66, 85, 101, 108, 118, 131,
148
bing yin bian zheng 23, 25
biopsy 142
bitter taste in the mouth 101, 109,
111
BI 19 97, 98
BI 20 78
BI 21 78
BI 64 97
blood amylase 113
blood pressure 40, 113
bodily constitution 40
body fluids pattern discrimination 22
borborygmus 14
bowel habits, changes in 17
breathing, rapid 147
Bu Dai Wan 50
Bu Zhong Yi Qi Tang 49

C

cancer 3, 18, 36, 69
cancer, colon 18
cancer, pancreatic 18
cardiac output, low 57
causalgia 11
Chai Hu Shu Gan San 45
Chai Hu Tang 44, 75, 80, 86, 103, 111
chang yong 148
channel and connecting vessel pattern
discrimination 22
chemotherapy 3
cholecystitis 7, 13, 24, 36, 37, 45, 84,
90, 99-101, 104, 108
cholelithiasis 7, 14, 19, 36, 37, 83, 84,
90, 93, 101, 108, 114
cholesterol 84
chong 25, 29, 30, 36, 43, 49, 86, 107,

108, 111, 113, 119, 120, 122, 123,
131, 139
chong ban 30
chong huo 36, 113
chong ji 30, 108, 120, 122, 123, 139
chronic diverticulitis 18
chronology of symptoms 33
Clonorchis sinensis 107
cold and raw foods 86
coma 11, 113, 117, 135
combatting infection stage 75
combined Chinese-Western medicine
2, 5, 21, 63, 69, 148
congestive heart failure 15
consciousness, loss of 27
constipation 12-14, 17, 18, 23, 33, 43,
57, 68, 74, 77, 101, 104, 112, 120,
139
constipation and diarrhea, alternating
18
coronary heart disease 8
coronary occlusion 11
"cover the ulcer" stage 70
cramps 12
CV 12 55, 74, 78, 97, 98
CV 22 55
CV 4 60
CV 5 60

D

Da Chai Hu Tang 75, 86, 103, 111
Da Chai Hu Tang Jia Wei 111
Da Cheng Qi Tang 44, 74, 76, 112
Da Chuan Po Tang 54, 56
Da Heng 145
Da Yuan Yin 44
Dan Shu 95, 97, 98
dehydration 147
delirium 23, 27, 113, 117, 135
diabetic coma 11
diagnosis, Western disease 21, 22, 39

diarrhea 12, 15, 18, 24, 26, 147
 diarrhea, bloody 15
 diarrhea, prolonged 24, 26
 dietary indiscretion 101
 differential diagnosis 2, 33, 42
 diffuse abdominal pain 12, 147
 disease cause pattern discrimination
 23, 25
 disease mechanisms 66, 101, 118,
 131, 148
 distention & shock 68
 distention of visceral surfaces 10
 dizziness 27
 drugs 117
du 42, 44, 52, 66, 67, 70, 86, 88, 119,
 152
 duodenal bulb 9

E

edema 96, 124
 electro-acupuncture 95, 97, 143, 145
 electrolyte balance 40
 embolisms 10
 enema 19, 74, 136, 143-145
 eructations 17
 esophagus 9
 evil qi 22, 23, 32, 42, 75, 131-133
 external applications 61
 extremities, warm 57

F

fainting 27
 fatigue 58, 71
 fatty food intolerance 13, 17
 feces, impacted 129
 fetal position 17
 fever 12, 13, 16, 23, 33, 40, 68, 88-90,
 95, 97, 100-102, 111, 113, 120, 135,
 147, 151, 152

fever and chills 16, 97, 101, 102, 111,
 120
 fever and chills, alternating 101, 102,
 111
 fever, high 23, 33, 88-90, 102, 113,
 151
 fever with no chills 101
 flatulence 13, 17
 flatus, inability to pass 17
 fluid retention 124
 food stagnation 25, 29, 119, 120, 124,
 125, 138
 frenulum, white spots on the 120
 frustration 67, 86, 101, 118, 148
Fu Fang Da Chai Hu Tang 75
Fu Fang Da Cheng Qi Tang 74, 76
fu zheng 22, 40
fu zhong xi yi 2, 21, 31, 131, 142

G

gallbladder 9, 13, 18, 25, 33, 45,
 83-86, 89, 94-96, 98, 100-102, 103,
 108, 109, 113, 114, 118, 121, 122
 gallstone 8, 90, 94
 Gallstone-expelling Formula 90, 94
gan ran 44
 gas, passing of 25
 gastric ulcer 7, 17
 GB 24 95, 98
 GB 34 97
Ge Xia Zhu Yu Tang 46, 87
Guan Yuan 60

H

hands and feet, cold 71
Hao Qin Qing Dan Tang 44
He Gu 97
 hematoma, intra-abdominal 129
 hemorrhaging 47

hepatic dullness, obliteration of 15
 hereditary factors 117
 herpes zoster 11
 hiccups 26, 55
 history of sexual exposure 16
Huang Lian Wen Dan Tang 48
 hunger 16, 72
Huo Xiang Zheng Qi San 48
 hydrochloric acid 65, 66, 95
 hyperbilirubinemia 13, 14
 hyperlipidemia 117
 hyperparathyroidism 117
 hyperperistalsis 14
 hypocalcemia 14
 hypokalemia 129
 hypotension 15

I

icterus index, elevated 100
 ileus, adynamic 129
 ileus, paralytic 129, 130, 132
 indigestion 26, 56, 100, 102
 infection, gonococcal 16
 infection of muscles 10
 infection, retroperitoneal 129
 infections 44, 52, 117
 inflammation 7, 10, 33, 46, 96, 107
 inflammation, parietal peritoneal 10
 intestinal abscess 148
 intestinal adhesions 7, 24, 51, 141, 142
 intestinal obstruction 3, 7, 14, 17-19, 24, 33, 35, 36, 42, 107, 129, 130, 131-133, 141, 144
 intestinal obstruction, early 24
 intestinal obstruction, mechanical 17
 intestinal sounds 40, 54
 intestinal tract, lower 33
 intestinal tract, upper 33
 intestinal tuberculosis 24
 irritation, chemical 70, 74

ischemia, mesenteric 129

J

jaundice 30, 85, 89, 90, 92, 94, 95, 97, 101, 104, 107, 111-113, 120, 121
 jaundice, severe 113
jin ye bian zheng 22
Jing Gu 97

K

kidney stones 30
 kidneys 10, 25, 26

L

laboratory tests 34, 39, 95, 97
 large intestine 9, 17, 59, 107, 108, 130, 134-137, 148
 leakage of fluids into the abdominal cavity 74
 leukocytosis 12, 13, 24, 100, 147
 leukopenia 147
 LI 11 97
 LI 4 97
Li Zhong Wan 48, 79
Liang Men 78, 95, 98
liu fen bian zheng 22
 Liv 3 95, 98
 liver 9, 10, 25, 26, 37, 41, 45, 46, 48, 66, 67, 72, 73, 79, 80, 85-87, 90, 96, 100-103, 113, 118, 121, 122, 150
 liver, lesions on the 100
 liver/gallbladder 9, 25, 45, 86, 101, 103, 118, 121
Long Dan Xie Gan Tang 45, 88
 loss of control of the urinary bladder 24

M

- M-LE-23 97
 magnesium sulphate 95
Mai Men Dong Tang 48
 massage 143, 144
 masses and nodulations 125
 masses, palpable 23, 27, 46, 47, 81, 133
 mechanical processes 7
 mental/emotional disturbance 26
 mesenteric ischemia 129
 mesenteric vascular infarction 15
 mesentery 7, 10
 morphine 94
 MS 2
 muscle guarding 13, 23
 muscular rigidity 118
 muscularis mucosa 65

N

- nausea 12-14, 17, 26, 29, 48, 54, 68, 74, 84, 86, 91, 97, 100-102, 103, 117, 119, 121, 122, 147
 necrosis 33, 131, 133
Nei Guan 55, 74, 97, 126
Nei Ting 56
 neostigmine 144
 nephrolithiasis 19
 neural segment 9
 neutrophilia 12
 New Medicine 2
 nonocclusive intestinal ischemia 10

O

- obesity 84
 obstruction 3, 7, 10, 14, 17-19, 24, 33, 35, 36, 41, 42, 69, 72, 99, 100, 101,

- 107, 129-133, 140, 141, 144
 organ/bowel pattern discrimination 22, 25, 66, 85
 oxygen 144

P

- pain, abdominal 25, 100
 pain, crampy 129
 pain, hypochondriac 102, 103
 pain, lower abdominal 13, 16
 pain, migrating 25, 119
 pain, moderate to severe abdominal 15
 pain, paroxysmal 30, 109
 pain, paroxysmal, with a drilling sensation 109
 pain, recurring abdominal 16
 pain, severe colicky 30
 pain, sharp, due to ecchymosis 119
 pain, somatic 8
 pain, visceral 8
 palpable masses 23, 27, 46, 47, 81, 133
 palpitations 27
 pancreas 9
 pancreatic cancer 18
 pancreatitis 3, 7, 14, 24, 36, 42, 45, 117-123
 parasitosis 30, 50
 parietal peritoneal inflammation 10
 pelvic inflammatory disease 10
 pelvic organs 7
 pepsin 65
 peptic ulcer perforation 3, 19, 36, 68
 peptic ulcers 7, 65, 66
 Per 6 55, 74, 97, 126
 perforation, complex 68
 perforation, simple 68
 peristalsis 19, 53, 129
 peritoneal adhesions 141

peritoneum 7, 8, 19, 69, 70
peritonitis 7, 18, 24, 42, 61, 69-71, 74,
75, 77, 78, 130, 132, 133, 147
periumbilical pain 12
perspiration, spontaneous 26
petechiae on the tongue 27
physical examination 34
physical signs 34
Pi Shu 78
Ping Wei San 54, 125
poisoning 11, 18, 74
poisoning, lead 18
porphyria 11, 18
postprandial fullness 13, 17
poultices 61
prostration 14
purgation 42, 43, 59, 127, 142
purgation, cold 42, 43
purgatives, moistening 43
pyloric obstruction 36
pylorus, obstruction of the 69

Q

qi & blood pattern discrimination 22
qi xue bian zheng 22
Qu Chi 97
qu xie 19, 22, 36, 40, 142

R

RA 2
radiation 3
rebound tenderness 12, 70, 100, 113,
147
recovery period 47
rectum 9
recuperation 47, 48, 51, 125
regurgitation 72
respiratory diaphragm 8
restlessness 23, 29, 139
Ri Yue 95, 98

rupture of abdominal aneurism 10

S

san jiao bian zheng 23
San Ren Tang 126
San Yin Jiao 54, 56, 60
scar tissue 71
sclera, yellowing of the 30, 118
septic shock 36, 113
Shanghai Medical College 98
shao yang fen disease 100
Shen Yu Tang 49
Sheng Mai San Jia Wei 57
Shi Men 60
shock 14, 15, 24, 27, 28, 32, 36, 57,
68, 69, 90, 113, 118, 133
shock, prevention of 57
shortness of breath 26
Si Jun Zi Tang 50, 125
Si Ni Tang Jia Wei 58
si zhen 39
sickle cell anemia 10
sigmoid colon 18
skin, dry 27, 57
SLE 2
small intestine 9, 17, 129, 130
Sp 6 54, 56, 60
Sp 9 60
spasmolytics 79
spastic contraction 7
sphincter of Oddi 96
spine 11
spleen 9, 25, 29, 42, 45-48, 50, 52, 53,
66, 67, 71, 72, 79, 85, 86, 90, 94,
100, 101, 104, 106, 108, 118,
121-123, 125, 127, 130, 150
spleen/stomach 25, 29, 42, 45, 47, 66,
67, 71, 79, 85, 100, 101, 108, 118
St 21 78, 95, 98
St 25 55, 56, 143
St 36 54-56, 74, 78, 97, 126, 143-145

St 44 56
 stages of disease 2, 24, 31, 32
 staging 148
 stomach 7, 9, 10, 19, 25, 26, 29, 42,
 45, 47-49, 52, 53, 55, 59, 66, 67, 68,
 69, 71-75, 78-80, 85, 94, 100, 101,
 106, 108, 109, 112, 118, 121-123,
 125, 127, 130, 136, 138, 139, 143,
 144
 stones 20, 25, 30, 36, 86, 93, 96, 98,
 101, 108, 119, 131
 stools, loose 71, 91
 stools, white 30, 120
 strangulation 36, 130, 133
 stress 67, 72, 86, 101, 118
 structural abnormalities 117
 supporting the righteous 22
 suprapubic region 9
 surgery 1, 3, 35, 36, 40, 41, 45, 53, 54,
 69, 73, 81, 95, 113, 133, 145
 surgical iatrogenesis 117, 129
 sweat, cold 58, 68
 sweating 14, 27, 57, 109, 117, 152
 sweating, spontaneous 27
 systemic diseases 18

T

tabes dorsalis 12
 tachycardia 147
Tai Chong 95, 98
 testicles, torsion of 11
 thirst 57, 72, 88, 89, 92, 135, 151, 152
 thorax 11
 thromboses 10
Tian Shu 55, 56, 143
Tian Tu 55
 tiredness 26
 torsion 7, 11, 36
 toxins 11, 19, 32, 42, 44, 52, 66, 67,
 70, 71, 75, 86, 88, 119, 124, 148,

152

traction of mesentery 10
 trauma 10, 117
 treatment based on pattern
 discrimination 21, 108, 119, 122,
 133, 150
 treatment methods 21, 39, 41, 74
 treatment principles 21, 39, 41, 44,
 47, 51, 70-72, 74, 75, 79, 80, 86,
 87-90, 101-103, 109, 111, 114, 122,
 141, 150, 151, 152
 trichomoniasis 18
 triple heater pattern discrimination
 23
 tubercular peritonitis 18
 tumors 18, 129
 tumors, metastatic 129

U

"ulcer-repairing stage" 71
 ulceration 7, 65, 78, 149, 151
 uremia 11
 ureters 10, 30
 urinary bladder 24, 25, 45
 urinary retention 60
 uterus 26

V

valium 55
 vascular disease 117
 vascular disorders 7
 vermiform appendix 147
 viscera 7
 vital signs 40
 voice, faint or feeble 26
 volvulus 36, 129, 133
 vomiting 12-15, 17, 26, 29, 33, 41, 48,
 54, 59, 68, 74, 76, 84, 86, 92, 97,

100-102, 104, 112, 117, 119, 121,
122, 124, 126, 129, 138, 139, 142,
147

vomiting, mild 13

vomit containing worms 109

W

WBC count 34, 111, 113, 150, 151

weakness 24

wei qi ying xue bian zheng 23

Wei Shu 78

wei zheng 2

white spots on the face 120

worm fire 36, 113

worm spots 30

worm stagnation/accumulation 30,
108, 120, 122, 123, 139

worms 25, 29, 30, 36, 43, 49, 86,
107-110, 113, 119, 122, 129, 131,
139, 144

worry 67, 86, 101

Wu Mei Wan 50, 109

wu xing bian zheng 22

X

Xi Jiao Di Huang Tang 44

Xiang Sha Liu Jun Zi Tang 48

Xiao Chai Hu Tang 44

Xiao Li Zhong Wan jia Wei 79

xie fa 42, 142

xie qi 22, 23

xie yin 25

xin yi 2

Xuan Fu Dai Zhe Shi Tang 55

Xue Yu San 80

Y

yan 44, 46, 69, 70, 77, 81, 88, 91, 99,

105, 110, 117, 123, 147

Yang Ling Quan 97

Yang Wei Tang 80

Yi Guan Jian 49

Yin Chen Hao Tang 45, 89, 102

Yin Chen Zhu Fu Tang 90

Yin Ling Quan 60

yuan qi 52

Z

zang fu bian zheng 22, 25, 66, 85, 100,
108, 118, 130, 148

zhi fa 21, 39

zhi yuan 21, 39, 41, 122

Zhong Wan 48, 55, 74, 78, 79, 97, 98

Zu San Li 54-56, 74, 78, 97, 126,
143-145

Zuo Jin Wan 48

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