The Year of the Dog
Excerpts of *The Year of the Dog*, approved for republication
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Heat Entering the Blood Chamber
An Examination
Lorraine Wilcox, L.Ac. (CA)

A Mismanaged Case Corrected by Zhāng Jī
Dr. Eran Even, Dr. TCM (BC)

Western Herbs, Bioregionalism and Chinese Herbal Medicine
Janette Cormier, R.Ac, RH American Herbalist Guild (BC)

MRM's Best of 2017
A summary of the top posts of 2017 based on activity and engagement within the Medicinal Roots Magazine online community.

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The Year of the Dog, 2018, in the Hsia calendar, is symbolized by two Chinese characters – with Yang earth sitting on top of Dog which is also earth.

So it is a double earth year with Earthly branch supporting Heavenly stem on top. According to the cycle of birth and destruction, which governs the inter-relationship between the elements, if the two elements are in the destructive cycle and have fighting relationship, then the year will have more conflicts. This happened in the previous years of 2015 wood over earth, 2016 and 2017 fire over metal. However this year 2018 the two elements are earth supporting each other. Normally such configuration will mean more harmony and less conflict. But the nature of Earth over Dog is a pair of elements called “Fai Kong” in the 60 Heavenly stem and Earthly Branch cycle of the Chinese calendar system. A person born on a “Fai Kong” day is exceptionally tough in character and never surrender. Such person has strong determination to achieve his goal and will fight to the end. Hence the atmosphere is that people may choose to stick to principles and take a firm stand and hard to compromise. Under such atmosphere, there will be harsh confrontation and clashes in the international relationship and not easy to achieve harmony and peace.

In Four Pillars of Destiny system, the Dragon and Dog are said to be gate to “Heaven and Hell” which is twilight zone where no “Nobleman” or angel from Heaven will arrive. In other words, there will not be angels come to rescue when one is in grave danger. In particular the Dog is related to underground, spiritual and occult matters. Hence disasters occurred in Dog hour (7 to 9 pm) or Dragon hour (7 to 9 am) will have more horror and casualties. Take for example, the 911 terrorist
attack on New York happened in Dragon Hour, the South Asian Tsunami of 2004 occurred in Dragon Hour, both triggered massive casualties. On 23/8/2010, 9 Hong Kong hostages were shot in Manila in tourist bus in hour of Dog. Also the horrible Hong Kong MTR subway fire disaster happened in hour of Dog in 2017…….. So it will not be surprising that there will be international tensions and confrontations, religious conflicts and earth disasters with heavier casualties in 2018.

The Dog is a complicated earth element which is symbol of “grave of fire” “underground” “Gate to Hell” and so it is related to death, religious, spiritual and occult matters. Dog year often associate with excavation and archaeology discoveries from underground. Take for example, the tomb of King Tut was discovered in 1922 which is year of Dog.

As Dog refers to underground, it will also be more trouble related subway. It so happened the Chairman of the HK MTR Corporation Mr. Frederick Ma was born on 22/2/52, so he is born on an Earth Dog day in a Dragon year. The Dog and Dragon is under clash. So it is expected more subway traffic problem will happen in Hong Kong in 2018.

The Chinese calendar of Heavenly stems and Earthly Branches goes on 60 years cycle. This means that we had experienced the same yang earth Dog year 60 years ago in 1958 as well as 120 years ago in 1898. The year 1958 saw the Vietnam war escalating with serious insurgents by the Viet Cong against the Government under Ngo Dinh Diem. In 1898 China is under Qing Dynasty ruled by Empress Dowager Cixi and declining with aggressive invasion by Russia and other western countries. There is outcry for reform and the reform movement supported by the Emperor Guangxu lasted 100 days (11/6 to 21/9/1898) and was finally crushed on 21st Sept by the Empress Cixi. So the Dog year, being grave of fire, can also mean strong and stubborn stand of conservative elements against progress and change. 60 years ago in 1958 was also beginning of a great famine in China which lasted into around 1961. It is estimated over 20 million might have died of starvation.

In the five elements system, fire is happiness and optimism which prevailed in the previous years of fire monkey and fire rooster. However when the year of Dog arrives, the fire enters the grave hence it brings setback to optimism which in turn will cause setback in the economic atmosphere.

The Dog represents the month of October which is end of autumn and beginning of winter. The optimistic fire element is dying and the fearful water element is going to takeover. Hence in the history of Wall Street, there had been Black Octobers in the stock market crashes of 1929 and 1987. As such, the Dog year will bring decline in economic growth and activities leading to longer term setback of the stock market and more economic crisis will come up. As there will not be return of fire year until 2025, we expect a long lasting bearish market ahead.

The Dog is also a “Flower Hat” in Four Pillars of destiny. This means artistic academic quality and lonely feeling. As such both 1898 and 1958 were remarkable with cultural and scientific developments. In 1898, in December, Marie Curie announced the discovery of Radium and radioactivity. In 1958 The USA sent their first satellite Explorer 1 to orbit in Jan, followed by Vanguard 1 and Explorer 3 in March. Then continued with Explorer 4 in July. Also NASA was formally created by U.S. Congress in July 1958 and launched the first spacecraft Pioneer 1 in October. The U.S. also launched the first communication satellite called SCORE in December 1958. The Soviet Union also sent Sputnik 3 to orbit in May. Also the first video game “tennis for two” was introduced in Oct. 1958 . The MGM musical movie Gigi was big success and got 9 Academy award in 1958. Sleeping Beauty – the very popular Disney cartoon movie was also launched in Jan 1959 which is still Dog year in Chinese calendar.

It is interesting that the Earth Dog year in 1958 was also the International Geophysical Year and the Earth’s magnetosphere was discovered in that year.

The Dog is also considered as storage of fire so there is fire energy hidden inside. This energy once released can also bring about disastrous explosions. In 1945, the second atomic bomb was dropped onto Nagasaki on 9/8 which is a metal Dog day. Also radium the radio active substance was first discovered by Madam Curie in 1898, year of earth
So it is possible issues about nuclear weapon problem will continue to prevail.

Yang Earth is symbol of a mountain, Yang earth sitting on the dog is massive big mountain. So such a year indicates more chance of disasters related to mountain. So there is danger of landslide, avalanche and it is not so safe for mountaineering sports. The Titanic disaster happened in midnight hour of yang earth on 14/4/1912. This is yang earth hour when the Titanic collided with the mountain of iceberg. On 30/1/1959 a similar accident happened to a Danish cargo ship which also collided with an iceberg and sank off Greenland cost killing 95 people on board. This is still under the influence of the earth dog year.

In Chinese medicine, earth element is pancreas and stomach, it is also muscle and cells. So if earth element is out of balance, it can bring stomach and pancreas trouble.

Diabetes is also a sickness related to pancreas, so this will be more serious in 2018. The more dangerous aspect is that the Dog, Ox and Goat will create earth problem with the “Three Penalty”. Penalty is a negative configuration causing worries, hate, hidden dangers. In respect of health, as earth is muscle and cells, the imbalance of earth caused by Three Penalty will bring cancer. This will become more serious problem in 2018 and it is necessary to take heavy dosage of anti oxidant to minimize the chance of cancer. The Dog is also the “grave of fire”. This means fire element is into a very weak cycle. Fire element is heart and blood circulation. With weakening of fire, it is also necessary to pay attention to the heart. When fire energy is weak, there will also be indigestion problem as the stomach is earth which needs support from fire. So there will also be health problem related to stomach and digestion. To improve on the quality of fire, it is necessary to take COQ10 as supplement. This becomes more and more important as the fire element will not return until 2025.

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Heat Entering the Blood Chamber

Lorraine Wilcox, L. Ac.

PHOTO: Michael Prohorov on Unsplash
In this paper, I will explore the condition called heat entering the blood chamber (熱入血室) through examination of the earliest extant references to it, found in Shāng Hán Lùn. Then I will follow the concept through time by focusing on case histories recorded by doctors of the Sòng through Qīng dynasties. All translations are my own.

THE BLOOD CHAMBER

The blood chamber or blood chambers (血室 xuè shì) seems to be an anatomical entity that includes the uterus, the liver, and/or the chōng vessel (沖脈). It was first mentioned at the end of the Hàn dynasty in Shāng Hán Zá Bing Lùn.¹ There is no mention of the blood chamber in 《素問》 Sù Wèn, 《靈樞》 Líng Shū, or 《難經》 Nán Jīng. Both received sections of Shāng Hán Zá Bing Lùn discuss this condition. Four lines of Shāng Hán Lùn mention the blood chamber. The same four lines are repeated, almost word for word in Jīn Guì Yào Lüè, in the section on 婦人雜病脈證並治 Miscellaneous Diseases, Pulses, Symptoms, and Treatments for Females.

A description or location of the blood chamber is never given. In three of the four lines in Shāng Hán Lùn, those regarding shàoyáng disease, the patient is specified as being a menstruating woman is mentioned, so this tends to lead us to equate the blood chamber with the uterus. In the one line associated with yángmíng disease, the gender of the patient is not stated. There is lower bleeding, but this could mean in the urine, stool, semen, or menstrual bleeding.

In Jīn Guì Yào Lüè, all four lines are grouped under a chapter on female diseases. They may have been arranged this way by a later editor, so their placement together is not a guarantee that Zhāng Zhòngjǐng regarded the uterus as the blood chamber.

One should also consider that uterine function is governed by other entities. Besides the uterus, two other candidates for the blood chamber are the liver and the chōng vessel. Historically, both have been viewed as having a close relationship with menstruation.

The liver stores blood according to Líng Shū, Chapter 8. Sù Wèn, Chapter 10 also tells us that when we lie down, blood returns to the liver. While books of this era did not explicitly give liver a role in regulating menstruation, it seems to be implied. In two of the four Shāng Hán Lùn lines, the treatment for heat entering the blood chamber is to prick Qī Mén (LV 14). This adds to the image of liver involvement.

The other possible identity for the blood chamber is the chōng vessel; 王冰 Wáng Bīng called it the sea of blood in his notes to Sù Wèn, Chapter 1. Both the liver and the chōng vessel are considered extremely important for proper menstrual function. Including them in the concept of the blood chamber does not change the diagnosis or treatment of heat.

¹張仲景《傷寒雜病論》漢 Shāng Hán Zá Bing Lùn (Discussion of Cold Damage and Miscellaneous Diseases) was written by Zhāng Zhòngjǐng. Later, Shāng Hán Zá Bing Lùn was divided into two parts: 《傷寒論》 Shāng Hán Lùn (Discussion of Cold Damage) and 《金匱要略》 Jīn Guì Yào Lüè (Essentials of the Golden Cabinet). This is the received version.
entering the blood chamber in women and allows for the possibility that this condition could occur in men. Besides this, since singular or plural do not need to be expressed in Chinese, it is possible to translate the term as blood chambers and include all three.

THE FOUR LINES IN SHĀNG HÁN LÙN ON HEAT ENTERING THE BLOOD CHAMBER

Let us examine the lines on this topic in Shāng Hán Lùn.

Line 143: 婦人中風，發熱惡寒，經水適來，得之七八日，熱除而脈遲、身涼、胸脅下滿，如結胸狀，譫語者，此為熱入血室也，當刺期門，隨其實而取之。

A woman who is struck by wind (zhòng fēng) with fever, aversion to cold, and the menstrual flow comes during this time: Once she has had this for seven or eight days, the heat is eliminated, the pulse is slow, and her body is cool, but she has fullness below the chest and rib-sides resembling a chest bind condition and delirious speech. This is heat entering the blood chamber. Qī Mén (LV 14) should be pricked, selected in compliance with the excess.

Line 144: 婦人中風，七八日續得寒熱，發作有時，經水適斷者，此為熱入血室，其血必結，故使如瘧狀發作有時，小柴胡湯主之。

A woman who is struck by wind (zhòng fēng) for seven or eight days has regular episodic [sensations of] cold and heat, and the menstrual flow ends during this time: This is heat entering the blood chamber; the blood will bind, so it makes a regular episodic nüè-malaria-like condition. Xiǎo Chái Hú Tāng governs it.

It is possible that some of the symptoms mentioned in Line 143 are also present in Line 144. It is also likely that other more generic symptoms of shāoyáng disease are present. In these two lines, there is either a blood bind or a condition resembling chest bind. This must be the menstrual blood that no longer flows properly due to the heat evil.

Here is the Shāng Hán Lùn recipe for Xiǎo Chái Hú Tāng. The measurements are not translated into grams as the weights and measures of the Hán dynasty are a controversial topic.

小柴胡湯 Xiǎo Chái Hú Tāng (Minor Chái Hú Decoction)

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>柴胡 cháihú</td>
<td>半斤 half a jīn</td>
</tr>
<tr>
<td>黃芩 huáng qín</td>
<td>三兩 three liǎng</td>
</tr>
<tr>
<td>人參 rén shēn</td>
<td>三兩 three liǎng</td>
</tr>
<tr>
<td>半夏 bànxià</td>
<td>洗 wash half a shēng</td>
</tr>
<tr>
<td>甘草 gāncǎo</td>
<td>三兩 three liǎng</td>
</tr>
<tr>
<td>生薑 shēng jiāng</td>
<td>切 slice three liǎng</td>
</tr>
<tr>
<td>大棗 dà zǎo</td>
<td>擘 broken open 十二枚 twelve pieces</td>
</tr>
</tbody>
</table>

上七味，以水一斗二升，煮取六升，去滓；再煎取三升，溫服一升，日三服。

Boil the above seven ingredients in twelve shēng of water; boil it down to six shēng. Remove the dregs. Continue boiling until it is three shēng. Drink one shēng while warm. Take it three times per day.
The previous two lines discussed wind strike. The final line in the shàoyáng section regards cold damage:

**Line 145:** 妇人傷寒，發熱，經水適來，晝日明了，暮則譫語，如見鬼狀者，此為熱入血室。無犯胃氣，及上二焦，必自愈。

A woman who is damaged by cold (shānghán) with fever, and the menstrual flow comes during that time: If [her consciousness is] clear in the daytime but she has delirious speech at sunset as if she were seeing ghosts, this is heat entering the blood chamber. Do not violate stomach qi or the upper two jiāo; she will recover without further intervention.

Delirious speech may also be caused by yángmíng heat. In the above line, the heat is not associated with yángmíng, hence the warning against harming stomach qi; this probably means one should not induce a bowel movement. The disease is not located in the upper two jiāo, so inducing vomiting or sweating will not help and will cause harm. While the text says that she will recover without further intervention, later doctors frequently prescribed Xiǎo Chái Hú Tāng or pricking Qī Mén (LV 14). For example, Volume 6 of Fù Rén Dà Quán Liáng Fāng (Great Completion of Good Formulas for Women) by Chén Zìmíng (1237, Southern Sòng). From http://www.theqi.com/cmed/oldbook/book111/index.html (viewed on 4/7/2017)

Delirious speech can be present in other yángmíng patterns. Here, the more unusual symptom is lower bleeding. Bleeding from below would refer to uterine bleeding if we are of the opinion that this is another female condition. If we consider that it could refer to a male or female, intestinal bleeding is most likely since yángmíng corresponds to the stomach and large intestine.

**Line 216:** 陽明病、下血、譫語者，此為熱入血室。但頭汗出者，刺期門，隨其實而瀉之，然汗出則愈。

Yángmíng disease with lower bleeding and delirious speech: This is heat entering the blood chamber. When only the head is sweating, prick Qī Mén (LV 14) and drain it in compliance with the excess. The patient will recover when sweat rushes out.

This line, unlike the others, does not specify that the patient is a woman. Various commentators believe this line refers to men only, women only, or both men and women.

Delirious speech can be present in other yángmíng patterns. Here, the more unusual symptom is lower bleeding. Bleeding from below would refer to uterine bleeding if we are of the opinion that this is another female condition. If we consider that it could refer to a male or female, intestinal bleeding is most likely since yángmíng corresponds to the stomach and large intestine.
The three shàoyáng types are the focus of this essay. They would likely include other typical symptoms of shàoyáng disease, even if not specifically mentioned: alternating fever and chills, bitter taste in the mouth, dry throat, dizzy vision, chest and rib-side pain or fullness, bowstring (wiry) pulse, and so forth.

Later books often conflate the various types. Below we will see examples in the translated cases. A Practical Dictionary of Chinese Medicine (on page 279) says that heat entering the blood chamber is “evil heat exploiting vacuity during menstruation or after childbirth to enter the blood chamber (thoroughfare (chōng) vessel and uterus) to contend with the blood. Heat entering the blood chamber is characterized by hard fullness in the lower abdomen or chest and rib-side, alternating heat [effusion] and [aversion to] cold, and nonsensical talk at night.” This combines the symptoms of the three shàoyáng types.
TWO CASES FROM DISCUSSION OF NINETY COLD DAMAGE CASES

Shāng Hán Jiǔ Shí Lùn (Discussion of Ninety Cold Damage Cases)³ was written by Xǔ Shūwēi (Southern Sòng). Xǔ was a strong follower of the works of Zhāng Zhòngjǐng and wrote a number of books in the Shāng Hán tradition. One of them was Discussion of Ninety Cold Damage Cases. Historically, this is the first extant Chinese book totally devoted to medical case histories. Below are the two cases Scholar Xǔ recorded in Ninety Cold Damage Cases on heat entering the blood chamber, supplemented with information from his Prescriptions for Common Benefit.

熱入血室證（十六）

Heat Entering the Blood Chamber Pattern (16)

辛亥二月，毗陵學官王仲景妹，始傷寒，七八日，寒，喉中涎響如鋸，目瞑不知人，病勢極矣。予診之，詢其未寒以前證。母在側曰：初病四五日，夜間譫語，如見鬼狀。予曰：得病之初，正值經候來否？答曰經水方來，因身熱病作而自止。予曰：此熱入血室也。

仲景云：婦人中風，發熱，經水適來，晝日明了，夜則譫語，發作有時。此為熱入血室；醫者不曉，例以熱藥補之，遂致胸膈不利，三焦不通，涎潮上脘，喘急息高。予曰：病熱極矣。先當化其涎，後當除其熱，無汗而自解矣。予急以一呷散投之。

In the second month of the xīn hài year, the younger sister of Pílíng school official Wáng Zhòngjǐng begin to have cold damage seven or eight days before [I saw her]. She was cold and had sounds of saliva⁴ like a saw in her throat. Her eyes were closed and she did not recognize people. The patient’s condition was serious. I examined her and inquired about her condition before she received the cold. Her mother, who was at her side, said: For the first four or five days of the disease, she had delirious speech at night, as if seeing ghosts. I said: Right when she first became ill, had her menstrual period come or not? She replied that her menstrual flow had just come but her menstrual flow spontaneously stopped because the febrile disease arrived. I said: This is heat entering the blood chamber.

³许叔微《伤寒九十论》 Shāng Hán Jiǔ Shí Lùn (Discussion of Ninety Cold Damage Cases) by Xǔ Shūwēi (Southern Sòng). Xǔ was also called 許學士 Scholar Xǔ. He lived from about 1075 to 1156. Xǔ Shūwēi also wrote 《普濟本事方》 Pǔ Jì Běn Shì Fāng (Prescriptions for Common Benefit), published in 1132.

⁴The concept of phlegm was not fully developed at this time. What Xǔ calls saliva would be called phlegm today.

⁵This is very close to the original Line 145, but Line 145 is for cold damage, not wind strike.

⁶上脘 shàng wǎn is in the epigastric region and refers the area of the upper opening of the stomach. It is also the name of Rèn 13.
一呷散 Yī Gā Sǎn (One Sip Powder) consists of 天南星 tiān nán xīng (a half liǎng), 白殭蠶 bái jiāng cán (half liǎng), and 全蠍 quán xiē (remove the toxins, 7 pieces). Make the above into a fine powder. Take one qián per dose, mixed with the juice of fresh ginger, and pour it into the patient. It disperses phlegm-saliva, and treats sudden stroke, unconsciousness, phlegm and qi obstructing the upper body, and sounds in the throat. It also treats throat bi-obstruction entwining the throat and all types of wind phlegm obstruction. From Volume 1 of 《魏氏家藏方》 Wèi Shì Jiā Cáng Fāng by Wèi Xiàn (Sòng). This formula is unlikely to be used today in the west.

In the space of two double-hours [after talking the medicine], the saliva stabilized and she was able to sleep. On that day, she became conscious of human matters. From the next day, I used Xiǎo Chái Hú Tāng with added shēng dì huáng. After she took it three times, the heat was eliminated, there was no sweating, and it resolved.

Pǔ Ji Běn Shì Fāng gives Scholar Xǔ’s version of Xiǎo Chái Hú Tāng to be used when heat enters the blood chamber:

<table>
<thead>
<tr>
<th>小柴胡加地黃湯 Xiǎo Chái Hú Jiā Dì Huáng Tāng (Minor Chái Hú Decoction with Added Dì Huáng)</th>
</tr>
</thead>
<tbody>
<tr>
<td>治婦人室女傷寒發熱, 或發寒熱, 經水適來, 或適斷, 晝則明了, 夜則譫語, 如見鬼狀。亦治產後惡露方來, 忽爾斷絶。</td>
</tr>
<tr>
<td>Treats women and unmarried girls with cold damage fevers or fever and chills, and the menstrual flow comes or ends during that time. She is clear in the daytime but has delirious speech at night as if seeing ghosts. It also treats postpartum lochia when it has just arrived and then suddenly stops.</td>
</tr>
<tr>
<td>柴胡 cháihu</td>
</tr>
<tr>
<td>人參 rénshēn</td>
</tr>
<tr>
<td>半夏 bànxià</td>
</tr>
<tr>
<td>黃芩 huángqín</td>
</tr>
<tr>
<td>甘草 gāncǎo</td>
</tr>
<tr>
<td>生乾地黃 shēng gān dì huáng</td>
</tr>
</tbody>
</table>

Make the above into coarse powder. Each dose is five qián, with two small-cups of water, five slices of shēng jiāng, and two zǎo-dates. Boil together until eighty percent. Remove the dregs and take while warm.

From: Volume 8 of 《普濟本事方》 Pǔ Jì Běn Shì Fāng (Prescriptions for Common Benefit) by Xǔ Shūwēi (Southern Sòng).

Note that in this formula, Xǔ expanded the pre-existing conditions for heat entering the blood chamber to include postpartum discharge of lochia. Below we will see a case from Huá Bórén involving a postpartum woman.
Here is Scholar Xū’s second case on heat entering the blood chamber.

血結胸證（八十九）

Blood Bind in the Chest Pattern (Case 89)

丁未歲, 一婦患傷寒, 寒熱, 夜則譫語, 目中見鬼, 狂躁不寧。其夫訪予詢其治法。予曰: 若經水適來適斷, 恐是熱入血室也。

In a dīng wèi year a woman suffered cold damage with [sensations of] cold and heat. At night, she had delirious speech. She was seeing ghosts within her eyes.⁷ She was manic and agitated and not peaceful. Her husband called on me and I inquired about her treatment. I said: If the menstrual flow has come or ends during that time, I fear this is heat entering the blood chamber.

We can surmise from the next paragraph that the husband did not take Scholar Xū’s advice. He hired a different doctor that evening who misdiagnosed her and therefore prescribed the wrong medicine.

越日亟告曰: 已作結胸之狀矣。予為診之曰: 若相委信, 急行小柴胡湯等必愈。前醫不識涵養至此。遂成結胸證; 藥不可及也。無已, 則有一法, 刺期門穴, 或庶幾愈, 如教而得愈。

The following day he urgently asked for me saying, “It has already become the condition of chest bind.” I examined her and said, “If we had really trusted each other, and she was quickly given Xiǎo Chái Hú Tāng and so forth, she would have recovered. But the previous doctor failed to recognize it and instead preserved and nourished her until it arrived at this and became a chest bind pattern. Herbs can no longer reach it. We must reluctantly use another method: Prick Qī Mén (LV 14) and perhaps she can recover. If you follow my instructions she will recover.”

論曰: 或問: 熱入血室, 何為而成結胸? 予曰: 邪入經絡, 務正氣相搏, 上下流行, 或遇經水適來適斷。邪氣乘虛而入血室, 血與邪迫, 上入肝經。肝既受邪, 則譫語如見鬼, 肝病則見鬼。目昏則見鬼, 復入膻中, 則血結於胸也, 何以言之? 蓋婦人平居, 經水常養於目, 血常養肝也。方未孕, 則下行之以為月水; 既妊娠, 則中蓄之以養胎; 及已產, 則上壅, 得金化之以為乳。

The discussion: Someone asked: How can heat entering the blood chamber become chest bind? I said: Evils enter the channels and luò-networks and wrestle with right qi. They flow up and down [through the channel system]. Some encounter the menstrual water which has come or ended during that time. Evil qi takes advantage of deficiency [due to loss of menstrual blood] and enters the blood chamber. Blood is compelled upward by evils to enter the liver channel. When the liver receives the evils, there is delirious speech as if seeing ghosts. When there is liver disease or dim vision, one sees ghosts. When [the evils] return to enter dàn zhōng,⁹ blood binds in the chest. How can I say this? It must be because on ordinary days [when not menstruating], a woman’s menstrual water usually gives nourishment to the eyes; this blood usually nourishes the eyes.

Line 143 of Shāng Hán Lùn prescribes pricking Qī Mén (LV 14) for heat entering the blood chamber with chest bind.

If the husband had acted the day before and given her Xiào Chái Hú Tāng, she would have recovered already. Because the situation had worsened, the herbal formula was no longer an option. In Pǔ Ji Běn Shì Fāng, the author wrote that he himself could not perform acupuncture so they should hire a good acupuncturist. The husband did as he asked and she recovered.

7I take this to mean that the ghosts were not out in the world, they were only in her eyes: hallucinations.

⁶Pǔ Ji Běn Shì Fāng says that the other doctor used medicine to supplement blood and regulate qi.

⁹臍中 dàn zhōng is the region inside the center of the chest. It is also the name of Rèn 17.
the liver. Thus, when she is not pregnant, the blood is moved downward to be used as monthly water. When pregnant, the interior stores up the blood to nourish the fetus. And after giving birth, it is mounded upward and transformed into milk by metal.

The text says, “When there is liver disease or dim vision, one sees ghosts.” The liver opens in the eyes, so when it is diseased, the eyes cannot function properly. In this case, the result is hallucinations.

今邪逐之並歸肝經，聚於膻中，壅於乳下。非刺期門以瀉，不可也。期門者肝之膜原，使其未聚於乳，則小柴胡尚可行之；既聚於乳，小柴胡不可用也。

In the current case, evil pursues the blood when it returns to the liver channel. It gathers in the dàn zhōng and mounds up below the breasts. If we do not prick Qī Mén (LV 14) to drain [the evil accumulation of blood], it cannot [be drained]. Qī Mén (LV 14) is the membrane source (mó yuán) of the liver. If [blood mixed with evils] has not gathered in the breast, Xiǎo Chái Hú Tāng still can move it. Once it has already gathered in the breast, Xiǎo Chái Hú Tāng cannot be used.

譬如兇盜行於閭里，為巡邏所迫，寡婦處女適啟其門，突入其室，婦女為盜所迫，直入隱奧，以避之，盜躡其踪，必不肯出。乃啟孔道以行誘焉。庶幾其可去也，血結於胸，而刺期門，何以異此？

By analogy, if a violent robber walks through the village gate, the patrol will try to take him by force. If a widow or young virgin open her door during that time, the robber suddenly breaks into her house and takes her by force. He goes right into a hidden corner of the house to evade the patrol. The robber walks around quietly in the house and is not willing to go back out. So, they open a narrow passage to lure him out and hope that he will leave. How is pricking Qī Mén (LV 14) for blood bind in the chest different than this?
Xǔ Shūwēi described Qī Mén (LV 14) in Volume 8 of 《普濟本事方》 Pǔ Jì Běn Shì Fāng (Prescriptions for Common Benefit):

Qī Mén (LV 14) bilateral point: In the second intercostal space, directly below both breasts. This point is the meeting of the liver channel, the spleen channel, and the yīn wéi vessel. In menstruating women with unresolved cold damage, one should needle Qī Mén (LV 14) to prevent transmission through the channels. One can needle four fēn deep. It also treats vexation heat in the chest, running piglet moving up and down, sudden turmoil (cholera) with diarrhea, hardness of the abdomen, panting with inability to lie down, accumulation of qì below the rib-sides, postpartum diseases, not eating or drinking, propping fullness of the chest and rib-sides, and cutting pain in the heart. Five cones of moxibustion may be applied.

In Pǔ Jì Běn Shì Fāng, Xǔ Shūwēi admitted he was not an acupuncturist, so the above text does not discuss technique in detail. However, Chén Zìmíng did about a hundred years later, in a section of text on the same topic in Volume 6 of Fù Rén Dà Quán Liáng Fāng:

江應宿治西村金氏婦，年二十一嵗，五月中患熱病，發熱頭痛，渴欲飲冷，六脈數，經行譫語。用小柴胡湯，病家疑病人素強健，藥有人參，未敢服。過二日，病轉劇，腹痛急脹，已經八九日不更衣，仍以小柴胡加大黃四錢，利去黑糞，熱退身凉而愈。

Jiāng Yīngxiū¹⁰ treated the wife of Mister Jīn from Xicūn. She was twenty-one years old. In the fifth month, she suffered a heat disease, with fever, headache, and thirst with desire to drink cold liquids. Her six pulses were tight and rapid. She was menstruating and had delirious speech. He used Xiǎo Chái Hú Tāng. The patient’s family had doubts because the patient was usually strong and healthy. This medicine has rén shēn, so they did not dare to let her take it. Two days passed, and the disease intensified. She had abdominal pain with acute distention, and already eight or nine days had passed since she had had a bowel movement. He still used Xiǎo Chái Hú Tāng adding four qián (15 grams) of dà huáng. This disinhibited out black stool. The heat receded, her body cooled, and she recovered. from Volume 11 of Míng Yī Lèi Àn (Categorized Cases from Famous Doctors)

¹⁰ Jiāng Yīngxiū was the son of Jiāng Guàn, the author and editor of this collection of case studies.
Key symptoms for the diagnosis: fever while menstruating and delirious speech.

Mister Zhū’s wife menstruated for a month without stopping. Every night at sunset, she was first cold and then hot. Her whole body was painful. Her chest and diaphragm were so distended and oppressed that she had to shout and loudly cry out. If she used her hand to make herself vomit up phlegm-drool, she could relax. Beyond this, she was very thirsty. This was phlegm-rheum nüè-malarial disease. Currently she was not eating or drinking and at night it seemed like she was seeing ghosts. This was heat entering the blood chamber. He [Miào Xīyōng] used two doses of Xiǎo Chái Hú Tāng adding shēng dì, dān pí, and táo rén. Later, he used three qián (11 grams) of bái zhú, one qián (3.73 grams) each of chén pí and mài yá, one piece of wū méi, and three slices of ginger. This was boiled in water and taken. The [sensations of] cold and heat stopped and all symptoms quieted.

from Volume 23 of Xù Míng Yī Lèi Án (Additional Categorized Cases from Famous Doctors)

11 江瓘《名醫類案》 Míng Yī Lèi Án (Categorized Cases from Famous Doctors) was written by Jiāng Guàn during the Míng dynasty, published in 1552. It is a collection of case histories from various time periods, organized by disease.

12 缪希雍 Miào Xīyōng (c. 1546-1627, Míng) wrote 《先醒齋醫學廣筆記》 Xiān Xǐng Zhāi Yī Xué Guǎng Bǐ Jì (Extensive Notes on Medicine from the First Awakening Studio), 《神農本草經疏》 Shén Nóng Běn Cǎo Jīng Shū (Point by Point Explanation of Shén Nóng’s Classic of Materia Medica), and 《書篋圖解》 Shū Qiè Tú Jiě (A Bookcase of Diagrams and Explanations).

13 魏之琇《續名醫類案》 Xù Míng Yī Lèi Án (Additional Categorized Cases from Famous Doctors) was written by Wèi Zhīxiù (1722-1772) and was published in 1770 (Qīng).

14 滑伯仁 Huá Bórén (circa 1304 - 1386) was also known as 滑壽 Huá Shòu. He is usually assigned to the Yuán dynasty although he continued to be active in the early Míng period.
will first clear heat, downbear fire, treat wind, and cool the blood.” In two doses, she was somewhat refreshed. He continued with hú pò, níu huáng, and so forth, and she began to understand human affairs again. He followed up with Zhāng Cóngzhèng’s Sān Hé Sǎn¹⁵ to move blood and break stasis. After three or four doses, lochia strongly descended like before. By ten days after giving birth, all diseases completely calmed down.

from Volume 9 of Gǔ Jīn Yī ÂN Ân (Ancient and Modern Medical Cases with Annotations)¹⁶

Key symptoms for the diagnosis: lack of postpartum lochia, fever and chills that became high fever, abdominal pain, and delirious speech.

The actual name of the formula is 三和湯 Sān Hé Tāng (Triple Harmony Decoction), not 三和散 Sān Hé Sǎn (Triple Harmony Powder). The recipe is described in Volume 12 of Rú Mén Shì Qīn. It consists of 四物湯 Sì Wù Tāng combined with 涼膈散 Liáng Gé Sǎn. The ingredients are boiled in water and taken. Sān Hé Tāng is used to treat amenorrhea in Volume 5 of Rú Mén Shì Qīn and to treat blood in the stool of a pregnant woman in Volume 7.

While this is only a small sample of cases, we can see that by the Míng dynasty, for a diagnosis of heat entering the blood chamber, the key symptoms included:

1. a female during menstruation, uterine bleeding, or postpartum discharge of lochia, often with some sort of abnormal flow or timing. (Necessary for diagnosis)
2. fever, with or without chills. The chills may have been at the initial stage and be gone at the time of diagnosis, or there may be malaria-like alternations of fever and chills. (Necessary for diagnosis)
3. delirious speech, hallucinations, or other type of altered consciousness (Necessary for diagnosis)
4. abdominal or chest pain that does not like being pressed. (Usual but not explicitly mentioned in every case)
5. symptoms are worse at sunset or into the night. (Usual but not explicitly mentioned in every case)
6. the symptoms occur after external contraction. (Usual but not explicitly mentioned in every case)
7. presence of phlegm or ‘saliva.’ (In two of the above five cases)

¹⁵ 張從正 Zhāng Cóngzhèng (1156-1228) was one of the four great masters of the Jīn-Yuán period. His most well-known book is 《儒門事親》 Rú Mén Shì Qīn (The Duties of a Confucians Toward their Parents).

¹⁶ 俞震纂《古今醫案按》清 Gǔ Jīn Yī ÂN Ân (Ancient and Modern Medical Cases with Annotations) by Yú Zhèncuàn (1778, Qīng)
A MÍNG DYNASTY WARM SUPPLEMENTATION DOCTOR’S TREATMENT OF HEAT ENTERING THE BLOOD CHAMBER

In Volume 1 of Nǚ Kē Cuò Yào (Outline of Female Medicine),¹⁷ Xuē Jǐ discussed heat entering the blood chamber. Xuē pushed the limits in a number of areas, earning him the scorn of doctors who favored the classics. This does not mean that Xuē ignored or was ignorant of the foundation texts, but he was not afraid to think differently. We can see how he pushed the envelope in the following passage:

婦人傷寒;或勞役;或怒氣發熱,適遇經行,以致熱入血室;或血不行;或血不止。

If women have fever from cold damage, or taxation, or anger during their menstrual period, the result is that heat can enter the blood chamber. Sometimes [the menstrual] blood does not move and sometimes bleeding does not stop.

Note that here, heat entering the blood chamber is also attributed to taxation or anger during the menstrual period, something not mentioned by Zhāng Zhòngjǐng. Also, instead of just mentioning the natural beginning or end of the menstrual period, Xuē considers that it could cause menstruation to cease or excessive bleeding. In some of the cases above, it seems menstruation stopped before its proper time or there was abnormal uterine bleeding. But this was not explicitly discussed in the original lines from Shāng Hán Lùn. He goes on to give a differentiation and propose formulas to be used.

Xuē favored later formulas and did not focus on classical prescriptions. He is also considered by many to be the founder of the school of warm supplementation. The choice of formulas reflects his philosophy. In his differentiation of five conditions with heat entering the blood chamber, only one suggested Xiǎo Chái Hú Tāng (adding shēng dì huáng). Xuē never mentioned Qī Mén (LV 14), but he did not discuss acupuncture anywhere in this book.

¹⁷ 薛己《女科撮要•卷上•熱入血室》明 Nǚ Kē Cuò Yào (Outline of Female Medicine) was published in 1548 (Míng). Xuē Jǐ was also known as 薛立齋 Xuē Lìzhāi.
After this, Xuē included three of his own cases:

A woman had external contraction of wind and cold while menstruating. She was peaceful in the daytime but spoke deliriously when night arrived. I treated her with Xiǎo Chái Hú Tāng adding shēng dì huáng and she was immediately peaceful. Only internal heat and dizziness remained. I used Bǔ Zhōng Yì Qì Tāng adding màn jīng zǐ and she recovered. Later due to anger, she had [sensations of] cold and heat, delirious speech, distention and pain of the chest and rib-sides, frequent urination, and early menstruation. This was liver fire with reckless movement of hot blood. I used Jiā Wèi Xiāo Yáo Sǎn adding shēng dì huáng and she recovered.

In this case, there is no cold damage or wind strike. Like the relapse in the previous case, the condition was caused by anger, and Xuē again prescribed Jiā Wèi Xiāo Yáo Sǎn plus shēng dì. For this patient, the disease came first and menstruation or uterine bleeding arrived later.

A woman held on to her usual constraint. She suffered external contraction during menstruation and had delirious speech. She took a prescription to disperse it but did not respond. She used cold and cooling herbs to descend fire, but her previous symptoms increased a lot. Furthermore, her menstruation did not stop, and she had belly ache and vomiting. She did not eat and spontaneously drooled phlegm. This was deficient cold spleen and stomach. I used Xiāng Shā Liù Jūn Zǐ Tāng. Her spleen and stomach gradually strengthened and all the symptoms gradually receded. Later I used Guī Pí Tāng and she was completely cured.
In summary, heat entering the blood chamber was first described in four lines in Shāng Hán Lùn. These four lines gave criteria for four different sub-types, although the one yāngmíng line seems to be less used in later times. As the dynasties passed, it appears that practitioners conflated the symptoms of the three shàoyáng lines and expanded the circumstances under which this diagnosis could be made. In other words, the ability to make this diagnosis loosened or expanded.

While the treatment prescribed in Shāng Hán Lùn was either Xiǎo Chái Hú Tāng or needling Qī Mén (LV 14), later doctors often modified Xiǎo Chái Hú Tāng or used other formulas. In the cases provided, the differentiation between the use of Xiǎo Chái Hú Tāng and needling Qī Mén (LV 14) is not always clear. It may be influenced by whether or not the doctor was comfortable with performing acupuncture. In Xū Shūwēi’s cases, he used Qī Mén (LV 14) when there was chest bind/blood bind and Xiǎo Chái Hú Tāng when there was not. None of the cases from other doctors used Qī Mén (LV 14).

While patients today who have fever accompanied by altered states of consciousness are more likely to be seen in the hospital than a clinic of Chinese medicine, the study of these cases once again show us how powerful our medicine can be.

- Lorraine Wilcox

ABOUT THE AUTHOR

Lorraine Wilcox is a licensed acupuncturist in the Los Angeles area. She translates ancient texts and experiments with making old formulas the traditional way.

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Appendix

OTHER WRITINGS BY XŪ SHŪWĒI ON HEAT ENTERING THE BLOOD CHAMBER

Below are the same two cases from Xū Shūwēi's Shāng Hán Jiǔ Shí Lùn (Discussion of Ninety Cold Damage Cases) as told in Volume 8 of 《普濟本事方》 Pǔ Jì Běn Shì Fāng (Prescriptions for Common Benefit). There are some additional details or minor differences in these passages.

This is the same case as in Heat Entering the Blood Chamber Pattern (16) from Shāng Hán Jiǔ Shí Lùn:

辛亥中寓居毗陵，學官王仲禮，其妹病傷寒發寒熱，遇夜則如有物所憑，六七日忽昏塞，涎響如引鋸，牙關緊急，瞑目不知人，疾勢極危，召予視。予曰︰得病之初，曾值月經來否? 其家云︰月經方來，病作而經遂止，得一二日，發寒熱，晝雖靜，夜則有鬼祟。從昨日來，涎生不省人事。予曰: 此熱入血室証也。仲景云: 妇人中風，發熱惡寒，經水適來，晝則明了，暮則譫語，如見鬼狀，發作有時。此名熱入血室; 醫者不曉，以剛劑與之，遂致胸膈不利，涎潮上脘，喘急息高，昏冒不知人。當先化其涎，後除其熱。予急以一呷散投之，兩時頃，涎下得睡，省人事，次授以小柴胡加地黃湯，三服而熱除，不汗而自解矣。

In the xīn hài year I was living in Pílíng. The younger sister of school official Wáng Zhòngjǐng became ill with cold damage fever and chills. When evening came, it was as if she were being leaned on by ghosts. After six or seven days, she suddenly swooned with obstruction and had sounds of saliva like a saw. Her jaw was tightly clenched. Her eyes were closed and she did not recognize people. The disease condition was extremely dangerous. They summoned me to see her. I said: Right when she first became ill, had her menstrual period come or not? Her family said: Her menstrual period had just come; the disease arose
and then her menstrual flow subsequently stopped. When the fever and chills had lasted one or two days, although she was quiet in the daytime, there were ghosts and evil spirits at night. Beginning yesterday, saliva was engendered and she no longer recognized human affairs. I said: This is the condition of heat entering the blood chamber. Zhāng Zhòngjǐng said that in women who are struck by wind (zhòng fēng) with fever and aversion to cold, when the menstrual flow comes during that time, they are clear in the daytime but have regular episodes of delirious speech as if seeing ghosts at night. This is heat entering the blood chamber. If a doctor does not know this and, gives her hard prescriptions, the result will be that the chest and diaphragm become inhibited, saliva will flood shàng wǎn [the region of the upper opening of the stomach and the name of Rèn 13], there will be rapid panting and loud breathing, swooning, and not recognizing people. We should first should transform the saliva and later eliminate the heat. I quickly gave her Yī Gā Sǎn (One Sip Powder). In just two double-hours, the saliva descended and she was able to sleep. She regained consciousness. I next instructed them to use Xiǎo Chái Hú Jiā Dì Huáng Tāng. The heat was eliminated after three doses, she did not sweat, and it resolved on without further intervention.

This is the same case as in Blood Bind in the Chest Pattern (Case 89) from Shāng Hán Jiǔ Shí Lùn:

又記一婦人患熱入血室証，醫者不識，用補血調氣藥，涵養數日，遂成血結胸。或勸用前藥。予曰：小柴胡用已遲，不可行也。無已，則有一焉。刺期門穴斯可矣。予不能針，請善針者治之，如言而得愈。或問曰：熱入血室，何為而成結胸？予曰：邪氣傳入經絡，與正氣相搏，上下流行，或遇經水適來適斷。邪氣乘虛而入血室，血為邪迫，上入肝經。肝受邪，則譫語而見鬼。復入膻中，則血結於胸也，何以言之？婦人平居，水當養於木，血當養於肝也。方未孕，則下行之以為月水；既妊娠，則中蓄之以養胎；及已產，則上壅以為乳，皆血也。今邪逐血並歸肝經，聚於膻中，結於乳下，故手觸之則痛，非湯劑可及，故當刺期門也。《活人書》海蛤散治血結胸。
Another record: A woman suffered the disease of heat entering the blood chamber, but the doctor did not recognize it. He used medicine to supplement blood and regulate qi, nourishing her for several days. It subsequently became blood bind in the chest. Someone advised her to use the above medicine. I said, “It is already too late to use Xiǎo Chái Hú Tāng; it cannot move it [the blood bind]. We must reluctantly use another method: Prick Qī Mén (LV 14) and then it can [move the blood bind]. I am unable to needle her; invite a good acupuncturist to treat her. If you do as I say, she can achieve recovery.”

Someone asked: How can heat entering the blood chamber become chest bind? I said: Evil qi spreads into the channels and luò-networks and wrestles with right qi. It flows up and down [through the channel system]. Some [of the evil] encounters the menstrual water which has come or ended during that time. Evil qi takes advantage of deficiency [due to loss of menstrual blood] and enters the blood chamber. Blood is compelled upward by evils to enter the liver channel. When the liver receives the evils, there is delirious speech as if seeing ghosts. When [the evils] then enter dàn zhōng [the region of the chest inside Rèn 17], blood binds in the chest. Why do I speak of it? On ordinary days [when not menstruating], water should nourish wood; blood should nourish the liver. Thus, when she is not pregnant, the blood moves downward to be used as monthly water. When pregnant, the interior stores up the blood to nourish the fetus. And after giving birth, it is mounded upward to be used as milk. This is all blood. In the current case, the evils pursue the blood while it returns to the liver channel. It gathers in dàn zhōng binding below the breasts so it is painful when touched. This is not a case where decoctions can reach it, so we should prick Qī Mén (LV 14). Hǎi Gé Sǎn¹ from Huó Rén Shū treads blood bind in the chest.

Xǔ Shūwēi also wrote 《傷寒百證歌》 Shāng Hán Bāi Zhēng Gē (Song of One Hundred Cold Damage Diseases). In Volume 5, he included 婦人熱入血室 歌 Song of Women with Heat Entering the Blood Chamber:

```
婦人中風七八日。身熱續續發寒栗。
經水適來或適斷。熱隨陰血居其室。
晝則明了暮譫語。狀如見鬼如痁疾。
無犯胃氣及二焦。小柴胡證尤為的。
更刺期門以瀉肝。邪去自然保安吉。
切須急療莫遲遲。變證來時恐無及。
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Women with wind strike for seven or eight days,
Body heat with continuous shivering chills,
Menstrual flow comes or ends during that time,
Heat follows yīn blood to dwell in her chamber.
Clear in the daytime, delirious speech at sunset,
It appears as if she sees ghosts or like she has chronic malarial disease.
Do not violate stomach qi and the [upper] two jiāo,
Xiǎo Chái Hú pattern is the special target.
Furthermore prick Qī Mén (LV 14) to drain the liver.
Evil goes naturally, auspiciously ensuring safety.
It is urgent to treat this quickly, do not be tardy;
When a transmuted pattern comes, one fears it is too late.

¹ 海蛤散 Hǎi Gé Sǎn consists of 海蛤 hǎi gé (clamshell), 滑石 huá shí, 甘草 gān cǎo (two liǎng of each); and 芒硝 máng xiāo (one liǎng). Make the above into a fine powder, each dose is qián mixed with egg white and swallowed.
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A Mismanaged Case Corrected by Zhāng Jī

INTRODUCTION

The following is a case presentation for a woman that was treated at my clinic in the spring of 2009. Although it is quite old now, the relevance is still significant. It starts as what seems like a simple case but proves to be quite the challenge until I delved a little deeper into the classics, specifically the seminal and possibly the oldest medical text Treatise on Cold Damage (Shāng Hán Lùn), with further elucidations by the late great Běijīng physician Hú Xī-Shù (胡希恕, 1898-1984).
CASE:
A 29-year-old female presented at my clinic with abdominal pain she had been suffering with for four years. Most of her pain was felt in the lower abdomen and occasionally in the peri-umbilical area. Pain was occasionally alleviated with warm compresses and with mild abdominal massage. When asked, she was not sure whether warm or cool drinks affected the pain but was sure to be more mindful after our first meeting. The pain was very unpredictable, appearing one day before meals, the next after without one distinct pattern. She mentioned that she first remembers her pain starting a couple months after a difficult break up from her fiancé and several months of instability at her job. This initial stress had first affected her sleep, which is basically now under control with the occasional use of sleep medication. Her appetite fluctuated with her moods, as did her overall energy levels. Bowel movements were not too affected but had a tendency to be soft. Urination was unaffected. Mild nausea was noted but she felt it was insignificant since she has always felt slightly nauseous since her break-up. Her tongue was slightly pale with a thin coating and her pulse was slightly wiry on deep palpation, otherwise they were both unremarkable. Aside from the above the symptoms, she was a healthy, active woman, who was at her wits end with this nagging pain. Various western medications were tried all to no avail.

I had diagnosed the pattern as a simple Liver-Spleen disharmony and assumed I could treat this with a basic Qi moving, Spleen boosting formula such as the Free and Easy Wanderer powder (Xiāo Yāo Sǎn) from the Imperial Grace Formulary of the Tai Ping Era (He Ji Ju Fang), with the addition of Fructus Amomi (Shā Rén) and Radix Aucklandiae (Mù Xiāng). I prescribed one weeks worth of 5:1 concentrated powders.

The following week she returned to the clinic and reported that after taking the first dose of herbs there was some rumbling in her abdomen and within an hour the pain returned slightly worse than before she came to see me. For the next couple of days after taking the herbs she felt tired and her abdominal pain was slightly more pronounced. All other symptoms remained the same including her tongue and pulse presentations.

In the past when presented with similar cases of digestive problems due to a Liver-Spleen disharmony when herbal formulas were prescribed correctly, at least some alleviation of symptoms would be noted after a few days. Now in this particular case, with the slight exacerbation of her symptoms and the fact that she felt weaker, it was clear that I was missing something. Scouring through the pages of the ‘Treatise on Cold Damage’ I came upon clause 100 where it states;

“In Cold damage, when the Yáng pulse is choppy and the Yīn pulse is wiry, there should be acute abdominal pain. First administer Xiǎo jiàn zhōng tāng. If there is no reduction (of symptoms), Xiǎo chái hú tāng governs”.

The use of Minor centre fortifying decoction (Xiǎo jiàn zhōng tāng) was definitely justifiable, as her abdominal pain liked the occasional use of warm compresses and abdominal massage. These two symptoms will usually warrant a diagnosis of deficiency cold and this is what the above formula treats. With my initial diagnosis, too much stock was put into her Qi stagnation and the other symptoms were overlooked. In addition she had a deep wiry pulse, which is included in the above clause (‘Yīn
pulse is wiry’). In the original clause it states that patients experiencing nausea or vomiting should not take this formula and although she did experience some nausea, I felt it was fine and was merely a manifestation of the Qi depression more than anything else. A week’s worth of Minor centre fortifying decoction granules were prescribed with no additions.

A week later she returned to report that there had been a significant reduction of pain and there were even a couple days where she would forget about her stomach and go about her day pain-free. Her energy was slightly improved but she still felt quite tired most days. Another two weeks of the same formula were prescribed.

Two weeks later she returned feeling great. There was an even greater reduction in the pain (about 80%) and her energy levels were “not a hundred percent, but getting better”. Another two weeks worth of formula with the addition of Radix Astragali (Huang Qi) were prescribed in hopes that the condition would resolve.

Another two weeks past and she returned feeling essentially the same as before. Most of the abdominal pain was alleviated except for a few occasions and her energy levels were slowly improving.

xiǎo chái hú tāng was prescribed for ten days according to the rule of Clause 100, in the Treatise on Cold Damage where it states;

“If there is no reduction in symptoms, xiǎo chái hú tāng governs”.

Hú Xī-Shù offers his interpretation of this passage in his ‘Discussion and Elucidation on Cold Damage’ (越辩越明释伤寒)¹;

“No reduction of symptoms namely means that after taking xiǎo jiàn zhōng tāng the abdominal pain is not completely resolved. Now because both xiǎo jiàn zhōng tāng and xiǎo chái hú tāng symptoms exist, we must first treat the interior and afterwards the exterior. Since xiǎo jiàn zhōng tāng only treated half the condition, we must follow up with xiǎo chái hú tāng to affect a complete resolution of symptoms”.

Ten days later my patient returned pain free. She had not had any abdominal discomfort in over eight days. Her energy has improved and she reported an overall greater sense of wellbeing. This was followed with another two weeks of Minor Buplureum decoction (xiǎo chái hú tāng) to consolidate her condition by resolving Qi stagnation and further supplementing her Spleen and she was discharged. On follow up almost one year later, she has not had any major problems with her stomach and the only time she has any discomfort is following days of overindulgence in foods that are known triggers for her.

AFTERTHOUGHTS:

In retrospect I believe that my initial diagnosis of a Liver-Spleen disharmony was correct, it was my focus and choice of medicinals that failed to offer a quick resolution of symptoms. As we can see from clause 100 and from the perspective of Hú Xī-Shù, it is clear that the deficiency (of the central burner) must be addressed first and afterwards the stagnation. As Xú Líng-Tāi says in his Categorization of Formulas from the Discussion of Cold Damage (伤寒论类方) regarding Minor Centre Fortifying Decoction²;

1 胡希恕越辩越明释伤寒，冯世纶，中国中医药出版社，2009

2 伤寒论类方，徐灵胎，清，公元1759年.
“The Yáng Qì of the office of the centre (burner) is deficient, thereby allowing wood to overwhelm earth”

What this means to me is that Minor Centre Fortifying Decoction would in fact address a Liver-Spleen disharmony with emphasis on supplementation. Once we are able to bank up and entrench earth, wood would no longer be able to exploit, and as per the original clause, we follow up with a formula to harmonize Liver and Spleen, resolve Qi stagnation and supplement the Spleen such as Minor Bupleurum decoction (Xiǎo chái hú tāng).

According to Kē Qín (a Qing dynasty Shang Han expert), Minor Centre Fortifying decoction is a great centre harmonizing pain-relieving formula³ and proved to be just that in this case.

I believe this case to be a bit of an anomaly as it fit almost too perfect with Zhāng Zhòng Jǐng’s original line and even responded to his predictions. I used to believe that practicing the classics in this day and age was far too difficult and that pre-modern conditions had nothing to do with the complex, modern maladies our patients present with today. As I continue to study the classics and apply them in my day to day practice, I find that when we truly begin to look at our cases from a different lens we find these patterns that Zhāng Jī and the great physicians after his time spoke about and are offered numerous opportunities to utilize them and bring them to life.

- Eran Even

³ 伤寒论翼，柯琴，清
Before I studied Chinese medicine I spent several years immersed in the world of bioregional medicinal plants. After relocating to the West coast I found teachers with a focus on growing, wild harvesting, and medicine making.

At the time there were not many options for western herbal programs that met my requirements of hands on practices and clinical study; I had to piece together my own training over many years. In 2005, I began studying Chinese medicine and naturally started fusing my two realities together.

There are other practitioners who have been creating a body of knowledge of western (European and North American) herbs within the context of Chinese medicine, with several books worth mentioning on the subject. I highly recommend the works of Thomas Avery Garran and Jeremy Ross. Peter Holmes’ books are worth referencing, but I often find myself disagreeing with his perspective.

Why should we discuss western herbs in the context of Chinese medicine? The most obvious reason is that many of our patients are already taking these herbs and we need to be able to understand them...
from our own paradigm. This knowledge allows us to help them select the most appropriate options. It is important to know when a herb may not be helpful, or even potentially harmful for a patient. While practices are definitely shifting, many western herbalists and companies do not take the ‘energetics’ of a herb in to consideration when suggesting remedies for people (ex: recommending cayenne for circulation support in people with obvious heat signs).

This integrative work helps to support an important and ongoing shift in the western herbal community; which is to support, revive, explore and preserve an energetic model of understanding herbs. While these practices loom large in the roots of European herbal traditions, they are often forgotten or undervalued. Many western herbalists study, to some degree, Chinese herbs and herbal practices; so there is already some level of knowledge sharing.

Encouraging bioregionalism and sustainability is another valuable aspect of this work. While studying Chinese herbal medicine in school I was very surprised that we didn’t taste or work with the plants more. Having hands on relationships to our surroundings and our medicines can really change our perspective on the medicines, strengthening relationships between practitioners and the medicines. Additionally, having more regional control over medicines can also allow us to more thoroughly understand the potential ecological impacts of our medicine, which is something I feel strongly about.

So how do we continue this work as practitioners? How do we assess herbs and their functions and indications within a Chinese medicine context? In his book Western Herbs in Chinese Medicine, Thomas Avery Garran discusses this process.

“When medicinals are added to the material medica in Chinese medicine there appears to be no discussion of a methodology used in the incorporation process; it just happens.”

Garran goes on to describe an observed process of multiple practitioners providing commentary and insight until

“over time, the differences about most of the critical data become fewer and fewer and it is easier and easier for people to add any particular medicinal in to their repertoire based on available literature.”

If there is no set methodology for adding herbs to the materia medica; we must create our own processes, which Garran also discusses. While I am sure there are variations amongst practitioners, my own methods are as follows:

TASTE:
I am a firm believer in experimental use as a method of understanding, tasting all herbs that I use. Additionally I find it useful to hear others perspectives of taste and what a herb feels like in their body. By crowd sourcing information in this manner you get a varied response, which you should. If someone with Spleen Qi Deficiency and Dampness tastes Devil’s Club (Opplopanax horridus) they will have a different perspective than someone with Stomach Yin Deficiency and Heat because the herb is hot in nature.

Organoleptic (using our sense organs) assessment of herbal medicines is extremely useful. However, it is important to understand its limitations, which I highlighted above. I have observed that people have a tendency to take their own personal experience of a herb as the last word, but their experience is their own and it can vary between people.

HISTORICAL INDICATIONS:
What was the herb used for in the distant and recent past? There is a long history of herbal medicine in Europe and North America. Jeremy Ross does an excellent job of summarizing some of the older texts, such as Culpepper, Felter and Lloyd, Ellingwood, Gerard, Etc.
MODERN RESEARCH & USE: 
Reviewing scientific studies and chemical analysis. 
Considering current use by clinicians.

COMPARATIVE ANALYSIS: 
Is there a plant family relative that is already in the Chinese materia medica? Is it comparable? What are the actual herbs like? Taste comparison and traditional use comparison is useful as even when an herb is related they may be quite different in nature.

PULSE: 
This is a much smaller component of my process, but one I hope to employ more of in the future. While taking the radial wrist pulse you use a drop dose (tinctures) of an herb and assess any impact on the pulse. This is something I have done occasionally over the years and there are other herbalists who use it as well.

For those wanting more understanding of this subject I recommend the above-mentioned authors, additionally I look forward to contributing more of my own knowledge and understanding on the subject and hope to encourage others to as well.

- Janette Cormier

ABOUT THE AUTHOR

Janette Cormier, RAc, RH, graduated in 2008 from the Canadian College of Acupuncture and Oriental Medicine in Victoria, BC. Prior to her studies in Chinese medicine, Janette spent years studying bioregional herbal medicine with herbalists in BC. She runs a clinic in Port Alberni on Vancouver Island where she blends Western herbs in to a Chinese medicine paradigm.

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Above: TCM Flow Chart, October, 2017