



Diagnosing Pain Beyond Qi and Blood Stagnation A Look at Painful Obstruction (Bi Syndromes)

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The student clinic is a great place to get fresh perspectives as well as refine one's thinking on almost any topic. Students never cease to amaze me with their beginner's mind ingenious approaches to common problems. On the other hand, I have noticed many common errors in thinking that happen across the board. Precisely because such ideas are so entrenched, they lend a good opportunity for growth and exploration. Pain, one of the most common complaints treated by acupuncturists, can be quite elusive for the student and practitioner alike. Although on the surface pain seems simple, especially with Chinese medicine's adage "*where there pain there is stagnation*", in the real-life clinic it can be most perplexing. Even with acupuncture, herbs, western meds, or bio-feedback there are those that seem not to be able to escape the grips of this "simple" complaint.

In the student clinic that I supervise, there is the almost exclusive diagnosis of pain being equated with "*qi and blood stagnation (in X channel system)*". No matter if the condition is acute or chronic, hot or cold, deficient or excess, the diagnosis does not seem to change. In and of itself this is not an incorrect diagnosis. It is though, in the majority of cases, an incomplete and simplified answer to a problem that many times can benefit from a more sophisticated diagnostic approach. Essentially the diagnosis of *qi and blood stagnation* only tells you where the pain is located; it gives no guidance more than treat and open a given channel. More importantly one should ask "Why is there a problem?" Why is a given channel weak or affected and not another? How does my diagnosis help choose points, needle technique, herbal therapy, adjunct therapy, and dietary and lifestyle advice? Furthermore if the pain does not respond to the treatment, such a simplified diagnosis lends little aid to troubleshooting, "why?" There are many questions that such an effortless diagnosis does not touch upon. In my opinion it ignores a fundamental premise of Chinese medicine, treat the patient as a whole.

One disease heading that fits a large percentage of pain cases that is worth considering is that of painful obstruction (痺症)¹. Many only consider painful obstruction for complaints like joint pain or arthritis. As we will see, it can be applied for a large majority of musculoskeletal complaints. Some object, not seeing the

¹ Other names include: painful obstruction pattern, bi syndrome, and rheumatic pattern, impediment pattern / disease

utility in getting wrapped up in complicated theory, while sticking to the philosophy of “keeping it simple.” Keeping things simple is certainly appealing on multiple levels, but I am quite convinced that in this case more (or greater differentiation) is better. Therefore the question that exists, does expanding a diagnosis of *qi and blood stagnation* for simple shoulder pain or sciatica lead us to a more effective treatment or is it just theoretical mumbo jumbo? Some believe that such considerations only apply to herbal medicine; I could not disagree more. Nonetheless we need to ask, can the diagnosis of painful obstruction lend any utility to acupuncture? Or is it adequate to just stick in some points we know will eliminate pain?

Each individual ultimately must answer this question for himself. Applying some of the basic concepts discussed below is a start in that evaluation process.

A quick note on acupuncture in regard to pain: With so many “trick” acupuncture systems like auricular, Dr. Tong’s, or Richard Tan’s etc. that work so well, why does one need to complicate things? In my experience, these systems only work for a short period of time.² They temporarily reduce the pain, but I am unconvinced of their ability to address the underlying mechanism for the majority of cases. Some sort of root assessment / pattern differentiation is also needed. This is not necessarily easy, because there may be a whole host of mechanisms at play. Chinese medicine though, offers a decent system to start with in pursuing it. As mentioned above, one lens that many pain complaints (especially of the limbs) fall into is painful obstruction. A look at this disease category demonstrates how much differentiation can occur and how over simplifying things as well as incorrectly differentiating the pattern can result in an inefficacious treatment.

Below is a discussion of what painful obstruction is, how it comes about, clinical clues on how to diagnose it, as well as some common mistakes made in diagnosis and finally a few case studies that elucidate some of these points, especially mistakes that can be made. This is translated from Chinese sources.³

A look at painful obstruction

Essentially, painful obstruction disease has to do with an insufficiency of the body's right qi (zhèng qī, 正氣). This leads to an insecurity of the body’s exterior and defensive qi, allowing evil qi to take advantage of the deficiency and enter, resulting in the qi and blood congealing and stagnating with channel and network vessel obstruction. The general term of painful obstruction can relate to diseases that affect various systems in the body, from the most superficial to the deepest organs. Every aspect of the body can be involved. The most basic idea rests on the channels and network vessels being blocked by

² Many that employ such systems will prescribe 1 to 2 courses of treatment for back pain, for example, and each course will run 10 treatments. With insurance floating the bill, the patient will come in 3-4 treatments a week, one can see quite quickly that a sustained result is not needed, just enough to get to the next treatment will suffice.

³ 中医误诊误治原因及对策, 南京中医草大学, 人民卫生出版社 (2003) & 中医误诊学, 福建科学技术出版社 (2002)

a wind, cold, damp, or heat pathogen. This leads to a lack of free flow of qi and blood with channel and network vessel obstruction. There are multiple kinds of painful obstruction disease, some of which are: joint-running wind (历节风, lì jiè fēng), generalized painful obstruction, flesh / spleen painful obstruction, skin / lung painful obstruction, sinew / liver painful obstruction, bone / kidney painful obstruction and vessel / heart painful obstruction, wind / moving painful obstruction, painful/ cold painful obstruction, burning / hot painful obstruction, fixed / damp painful obstruction, inflexible / liver painful obstruction, multiple painful obstruction. Many of these disease titles come from different books / eras and many overlap, but essentially they offer different perspectives, leading to different treatment principles in the clinic. They all have distinguishing characteristics and each can usually be further differentiated depending on the patient's symptoms. But the general term of painful obstruction disease (bi syndrome) is what the following discussion refers to and it basically encompasses all of the others.

The **main clinical manifestations** of painful obstruction disease are pain in the muscles, joints, sinews or bones, aching (distress), numbness and tingling, fixed heavy (sensation), scorching heat, inhibited flexibility, even joint swelling or deformity. Many will suffer more in damp or high-altitude cold places or when the climate changes.

[Disease cause and pathomechanisms]

1. Wind, cold, damp, heat evils invade

In the sù wèn Chapter 43 (painful obstruction) it says, "when the three qi of wind, cold, and damp combine (attacking at the same time), this becomes painful obstruction disease." Wind is a yang evil that opens the interstices. By means of force cold invades the interior, where wind, on the other hand, takes advantage of the accumulation of congealed cold, causing the disease to take hold. This results in damage to the person, leading to the foundation of the disease. Damp evil makes use of the free-coursing strength of the wind evil and the contractive function of cold evil. Wind and cold on the other hand make use of the stickiness of damp evil, whose nature is sturdy, strong and stubborn. This brings about channel and network vessel blockage, qi and blood inhibition, and lack of free flow, which causes pain. In addition, one should consider damp evil as primarily responsible.

Damp can further be differentiated into internal and external. External [dampness] is often related to the qi of fog and dew, or the evil of rain and humidity; internal [dampness] is mostly caused by deficiency-detriment of the spleen and stomach and water-damp collecting internally. Internal dampness attracts external dampness, and both of them intermingle which can damage the yang qi of the person. Damp, in addition, is a yin evil, which flows into the joints, vessels and networks, which causes a loss of nourishment and then manifests as hypertonicity and pain. When someone has a constitutional yang exuberance or yin deficiency internal heat pattern, then an external evil can easily transform into heat. In other words, there will be a transformation of heat because of enduring wind-cold-damp constraint of yang. This heat evil then contends with the

body's qi and blood, and there is red swollen joint pain, and fever. This development is called heat obstruction.

2. Congenital constitution insufficiency or enduring disease with body deficiency

If there is a congenital constitutional insufficiency coupled with exterior and defensive [level] insecurity then the exterior is unable to ward off the evil. Furthermore, the interior lacks the strength to resist disease, and wind, cold, damp, and heat evils are able to internally invade into the muscles, sinews and bones, and in-between the joints. This results in the evil qi lingering, vessel and network obstruction, and finally turning into painful obstruction. After a long time of painful obstruction there will be damage to the liver and kidney, and the sinews and bones will lose their nourishment. Furthermore, if there is inappropriate treatment or ongoing treatment where the patient does not get better, it will cause blood deficiency and fluid depletion and the rising up of internal wind, which becomes insensitive (stubborn) obstruction (顽痹).

3. Inappropriate medicinals causing damage

Treatment that is inappropriate or the use of long-term consumption of formulas that dispel wind, dry dampness, scatter cold, and clear heat will damage the centre. In addition, they will damage the fluids and consume the blood. In regard to pathology, the wrong treatment / medicine can cause the formation of phlegm-stasis that mutually binds and does not dissipate, causing channel and network vessel obstruction, sinew and bone losing luxuriance, channel and network vessel losing nourishment, and pain that is endless, which results in an intractable disease. Or the patient has enduring disease that enters the network vessels, causing static blood phlegm turbidity and blockage of the channel and network vessels, which manifests into a chronic deficiency painful obstruction disease. If there is a repeated contraction of evil, then evil qi can take up residence in the interior and produce symptoms of internal painful obstruction or *zàng-fǔ* painful obstruction. This type of painful obstruction is very hard to treat and the prognosis is poor.

Therefore, correct qi insufficiency and wind, cold, damp evils taking advantage of the deficiency and damaging the person are the internal / external factors that cause disease. Furthermore, channel and network vessel blockage, no free flow of qi and blood, vessels and network insufficiency and being in crisis⁴ are the pathomechanisms for limb joint painful obstruction disease.

Diagnosis

As seen above, depending on what system or what source one consults there will be different patterns that emerge. For example The Yellow Emperor's Inner Canon (*huáng dì nèi jīng*) has a whole chapter on painful obstruction and it's differentiations have been expanded upon over the centuries. The astute Chinese Medicine practitioner will be able

⁴ (绌急) – Not positive on the translation here.

to fit the diagnostic system that best fits the presenting patient. With so many systems and sub-categorizations to choose from, in the beginning it may be useful to start with the eight principles (i.e. hot-cold, excess-deficient, exterior-interior, etc), before one starts to ask, for example, is this an Essential Prescriptions of the Golden Coffers (*jīn guī yào lue*) problem? Modern zang-fu (TCM) does simplify things a bit, by taking the most common patterns from the past and presenting them in a systematic way for choosing a suitable pattern. For better or worse it makes for easy navigation, without having to understand all of the theory and history behind all the approaches. For example one can use an On Cold Damage (*shāng hán lùn*) approach without truly understanding what the method is really about. One just matches up the signs and symptoms, sometimes following a nice flow chart, and the appropriate formula is recommended. This method of course does not come without expense. Some clinical pearls (i.e. patterns / ideas) from the past surely slip through the cracks, as well as a deeper, more flexible understanding of the medicine.

Nonetheless, the TCM model contains a vast number of choices for a common presenting disease category like painful obstruction. For example, a modern Chinese source for painful obstruction lists 19 separate patterns.⁵ These are listed in *Appendix A*. Different (TCM) sources will have varying patterns, depending on how they view things. Essentially, the better one can diagnose, the more refined and effective one's treatment becomes. Spending time with the material is the only way to truly make use of the multitude of choices. Thankfully there is no shortage of English resources to illustrate how to diagnose and use the disease heading of painful obstruction.⁶ Instead of just recapitulating what is already available, I will focus on some common mistakes made in the clinic. One should keep in mind that such a theoretical approach is also by no means just reserved for herbal medicine. For example in the *The Yellow Emperor's Inner Canon* only acupuncture is recommended for treatments for different types of painful obstructions. *Appendix B* presents a modern approach to point prescriptions based on standard pattern differentiation. This is by no means exhaustive, but does demonstrate that one can tailor an acupuncture treatment based on patterns.

Fundamentally, painful obstruction is characterized by the pathomanifestations of *abrupt* or *slow* awareness of limb and body joint and muscle pain, as well as inhibited flexibility. The severity of the onset of disease and the patient's condition has a relationship with the cold, moisture, or fatigue as well as possibly with the weather and solar cycles.

Analysis of commonly seen misdiagnosis and further diagnostic clues:

1. Painful obstruction disease misdiagnosed as wilting disease

Both types have manifestations in the limbs and joints. Although when you have painful obstruction that endures with treatment and presents with joint pain, difficult activity, gradual atrophy and a thin [body], it is easy to mix up and not be able to differentiate

⁵ *Practical Chinese Medicine Internal Medicine Table Dictionary* (实用中医内科表典)

⁶ Check Appendix C for a Bibliography of English sources to learn more about Painful obstruction.

with wilting disease. The key to differentiating between wilting disease is the symptom of weak wilting limbs, marked emaciation without strength and difficult action or movement to the point of being weak and limp that one just sinks into the bed. The limb's joints, though, mostly do not have pain, where in painful obstruction the pain is prominent. In the clinic there are some that already have muscles and limb atrophy and loss of strength, accompanied with muscle and joint pain; this is wilting with simultaneous [obstruction] disease. One can differentiate and determine treatment by which one is more serious according to the disease cause and pathomechanism characteristics.

2. The disease's nature and type are determined incorrectly

Painful obstruction's nature can be divided into cold, heat, deficiency and excess. Furthermore, wind evil type is moving obstruction, it's pain is non-fixed and migrating, and there is aversion to wind-cold. Cold evil type is painful obstruction, it's pain is severe, and with exposure to cold is extreme, and there is relief with heat. Damp evil type is fixed obstruction, and it manifests as fixed, heavy, and painful, numbness and insensitivity that many times does not get better with activity / movement. Heat evil type is heat obstruction and manifests as limb joint pain, with possible scorching hot painful, red, or severely swollen joints, or hypertonicity of the sinews. Painful obstruction that is enduring and does not heal with treatment, has liver and kidney insufficiency, phlegm-wind obstructing the network vessels, and has severe pain accompanied with swollen joints that are deformed is called lame obstruction. If one is unable to grasp the disease evil type according to the main pathological conditions, then it is extremely easy to choose a pattern type that is incorrect.

3. Non-differentiation of signs in relation to excess and deficiency

Moving obstruction, painful obstruction, fixed obstruction and heat obstruction are mostly excess patterns with a short disease course. Furthermore, phlegm-stasis mutual bind and liver and kidney insufficiency patterns have a disease course that is relatively long and are mostly complex patterns of deficiency and excess. For example, one might overlook excess and deficiency differentiation if one just sees 'joint aching pain' or just notices that the disease follows weather changes, or pays no attention to length of the disease course, or if one simply equates the disease with "wind-damp." Likewise, error will result if one stubbornly holds onto what it says in the Sù wèn Chapter 43, Chapter on Painful Obstruction, "when the three qì of wind, cold, and damp combine (attacking at the same time), this becomes painful obstruction disease" Meaning that one blindly uses a formula that disperses wind, scatters cold, and dries dampness. Similarly, not paying attention to the patient's constitutional situation, for example, if the fluids and blood are depleted, and then applying long-term use of spicy warm fragrant drying [medicinals] that damage the fluids and consume the blood, is just like adding fuel to the fire, causing the patient's condition to worsen.

4. Prolonged painful obstruction not-differentiated from phlegm-stasis causing disease

If one has enduring painful obstruction with the chief signs of inhibited joint movement and deformity with other manifestations of pain that sometimes is mild and sometimes serious, joint swelling, inhibited flexibility, and when severe there is rigidity and deformity, a purple tongue with a slimy coating, a thin and choppy pulse, then this is phlegm-stasis obstruction. This is from stasis obstructing the vessels and network [vessels], fluids congealing into phlegm, or damp gathering into phlegm. These circumstances, more often than not, represent a disease that is serious. If you blindly diagnose and treat this as wind, cold, damp, and heat and do not grasp the pathomechanism and evolving patterns, then the pathology is difficult to understand and you will incur a mistake in the care of the patient's condition.

5. Failing to understand the urgency of treating the root and branch

The clinical manifestation of each type of disease has a differentiation of a root and tip. Joint, sinew, bone, and muscle pain are important branch symptoms of a root disease. One must though still differentiate clearly the disease's essence in relation to cold, heat, deficiency, and excess. If you take the incidental for the fundamental, this certainly will bring about clinical errors in treatment and diagnosis. If there is painful obstruction and one does not pay attention to the root and for example, rashly gives spicy, warm, dry and harsh medicinals that are strong and attacking the obstruction, one will succeed in causing a dry evil to consume and damage the lungs and fluids. If fluids are damaged and the wind and cold are not eliminated, this can incur depression and bring about heat. Damp, heat, and dry evil combine and then damage the sinews and vessels. Furthermore, if treated too lackadaisically one's treatment will not work and the disease will repeat over and over.

6. Confusing Chinese and Western medical concepts

Within Chinese medicine wind damp refers to wind or damp evil or the symptoms that are generated wind or damp evil. Laypeople (in China) consider the chief manifestation of wind-damp to be just joint pain. In Western medicine (in China) wind-damp refers to an allergy type disease that is generated from post hemolytic streptococcus infection. All three of these have meanings that are different. If the doctor does not differentiate, differentiates incorrectly, or gives precedence to one's beliefs, this frequently brings about misdiagnosis.

7. Because of desire for a speedy exam one neglects the side-effects of poisonous medicinals

If someone lacks true understanding and just seeks herbs with "the best" efficacy, for example, and chooses herbs according to a clinical report or pharmacology research, one may select toxic herbs like *wū tóu* (Aconiti Radix Wutou), *lěi gōng téng* (Tripterygii Wilfordii Radix) (etc). After administering these herbs the herb's efficacy is given no thought, or the doctor is unable to clearly evaluate the results, or there is no deliberation in the disease's pattern and diagnosis / careful pattern differentiation, then this can lead to

one-sided thinking that the herb dosage is not enough and so increases it, which can kill the patient.

Case Studies:

Mistaken differentiation between hot and cold painful obstruction.

Case 1: Cold damp painful obstruction mistakenly diagnosed as damp-heat painful obstruction.

Shi a 28 year old male motor vehicle driver was hospitalised on Sept 13. Two days previous, the patient did some heavy moving from one house to the next in the rain. That night he had very painful sciatica along his right leg. It gradually became worse and he went to the local hospital where he received an injection of a heavy painkiller and diazepam, which took about two hours.⁷

Presentation upon examination: cramping in the right lower leg, that was painful and difficult to bear. There was numbness and tingling on the posterior lateral thigh that occasionally felt like a fire burn, there was vexation and agitation, bitter taste in mouth, constipation, red urination, difficulty sleeping, with tossing and turning in bed that lasted the whole night. The tip of the tongue was red and the coating was thin yellow and slightly slimy. The pulse was slippery, rapid, and had strength. There was a positive sign for the straight leg raise, and *huántiào* (GB 30) and popliteal fossa were tender with palpation.

An x-ray of the lumbar vertebrae revealed no unusual findings. Therefore, treatment was given for sciatic damp-heat painful obstruction blocking the channels and network vessels. After the patient took 2 bags of herbs, the pain was unchanged. Therefore *rǔ xiāng* (Olibani, Resina) and *mò yào* (Myrrha, Resina) were added and again two bags were given, but the pain still did not decrease.

After meticulously sorting out the etiology and pathomechanism, it was realised that the lower limb hypertonicity and pain were actually the disease's root. This was related to the fact that after the move there was fatigue, he sweated, became wet whilst working in the rain, and then caught a cold. This caused cold-damp obstruction in the vessels and networks. His bitter taste and dryness in the mouth, constipation, red urine, red tip of the tongue with a yellow coat, slippery and fast pulse was because of the severe pain and vexation. Because of the vexation there was insomnia and stirring heart fire, and furthermore this led to a lack of food intake. All of this belonged to the branch, which was pain.

The first diagnosis did not grasp the disease root's essence and therefore gave a treatment that was ineffective. On the surface it looked like it was correct but it was really a

⁷ This most likely is interpreted to mean that the whole hospital stay lasted about two hours.

mistake. The correct treatment principle was to scatter the cold and free the network vessels, which assists in order to clear heat. The patient took this type of [medicine] and immediately his pain was greatly reduced. As the pain diminished, his bitter taste, vexation, insomnia, constipation, reddish urine, was also gradually eliminated. With some slight modifications, three more bags of herbs were given and the pain was essentially eliminated. Afterwards a formula that boosts the kidney and opens the network vessels was given to continue the healing.⁸

Comments

Various kinds of clinical manifestations of disease have differentiations of root and tip. The root is the essence of the disease; the branch is dependent on the root. If the root is not understood and one mistakes the incidental for the fundamental this will certainly bring about misdiagnosis and mistreatment.

In this case the doctor grasped the patient's main pathological condition of cold-damp painful obstruction blocking the channels and network vessels leading to lower limb hypertonicity pain, which was due to the patient catching a cold after being fatigued, sweating, and being out in the rain. At the same time there were the secondary symptoms of, bitter taste, vexation, constipation, reddish urine, red tip of tongue and yellow coating, slippery and rapid pulse that were all caused from the severe pain and vexation. The vexation caused insomnia and stirring of heart fire which further led to low food intake. Scattering cold and open the network vessels was the first priority in order to secondarily clear the heat. This is all that was needed to avoid clinical error. On the contrary, merely basing treatment on clinical manifestations and not meticulously inquiring into the pathomechanisms and cause of disease, and by treating the damp-heat painful obstruction, there was of course, no resolution.

Case 2 : Yīn and blood insufficiency mistakenly diagnosed as cold-damp painful obstruction pattern.

Liao was a 62 year old man who was hospitalised because of left buttock and left lower limb pain that had been going on for 3 months. In the hospital his condition was: left buttock and posterior left thigh muscular pain, fatigued spirit and lack of strength, poor food intake, bland and dull lack of taste in the mouth, mouth was slightly dry, dry stools, facial colour being dark and stagnant, with a pale purple tongue body and a thin yellow coating and a wiry pulse. He was given a formula to scatter cold, dry damp, boost qi and quicken the blood.

After taking 30 bags of herbs, the pain did not decrease. On the contrary there was an increase in distending pain as well as numbness and tingling in both lower legs, occasional hypertonicity of the foot, mouth slightly dry, yellow urine, dry bowel movements. His tongue was pale purple, and he had a thin yellow coat and wiry pulse. The formula was changed to enriching yīn, nourishing blood, and quickening the blood...

⁸ [侯恒太•临证求真琐谈•江西中医药, 1988,(2):54]

after 15 packets both lower leg muscle symptoms of distending pain, numbness and tingling etc. were gone.⁹

Comments

This case does not have clear cold signs. The doctor stubbornly latched on the words of *sù wèn* (painful obstruction chapter), that says "when the three qì of wind, cold, and damp combine (attacking at the same time), this becomes painful obstruction disease" Therefore his mistaken differentiation was a cold-damp painful obstruction pattern, and the formula given scattered cold and dried damp. Although the patient was venerable, his body was blood deficient and fluids were depleted, which prevented him from lubricating his intestines below, and enrich his mouth. Therefore his stools were dry and his mouth was slightly dry. His limb's sinews (and vessels) lost moisture, therefore there was pain, numbness and tingling. Because of the fluid and blood body depletion and the ongoing use of spicy, warm, fragrant, and dry medicinals, which further damaged the fluid and consumed the blood, the disease was aggravated. It was like adding fuel to the fire.

Case 3: Qì and Blood Depletion – Liver and Kidney insufficiency mistaken for wind-cold-damp painful obstruction.

Xu was a 59 year old woman that came into contact with water-damp for a long time while working. After many years she developed joint-bone limp aching pain that sometimes was mild and sometimes was serious. After retirement it progressively worsened year after year. She sought out many treatments from the hospital, but with no results. Someone recommended her an empirical formula of *chuān cǎo wū* (Aconiti Kusnezoffii Radix Lateralis) 50g, *fū piàn* (Aconiti Radix Lateralis Praeparata) 50g, *guì zhī* (Cinnamomi Ramulus 30g, *qiāng huó* (Notopterygii Rhizoma seu Radix) 30, *chuān xiōng* (Chuanxiong Rhizoma) 30g, *má huáng* (Ephedrae Herba) 15g, *xì xīn* (Asari Herba) 15g, *gān sōng* (Nardostachydis Radix seu Rhizoma) 30g, *táo rén* (Persicae Semen) 15, *hóng huā* (Carthami Flos) 15, *chì sháo* (Paeoniae Radix rubra) 15, *rǔ xiāng* (Olibanum) 15g, *mò yào* (Myrrha) 15g, and *qiān nián jiàn* (Homalomenae Rhizoma) 30g. One packet of this formula was taken and the pain did not decrease but instead there was great sweating, incessant flusterdness, and palpitations. At nightfall her extremities would alternately expand and contract, quiver, shake, tremor, and when serious they would jerk, cramp and produce pain that was difficult to endure. Although she went through emergency western medicine treatment to resolve the spasms and stop the pain, there still was no long-term relief. She therefore sought out Chinese medicine.

When she came in she was observed to have a bright white facial complexion. The tip of her nose, lips, mouth, and yin tang all were green-blue purplish. Her extremities were jerking and occasionally her muscles were stiff. They felt good with rubbing, although she incessantly moaned. In her retelling of the past, she reported that after taking the medicine, mentioned above, she had shortness of breath, lack of strength, incessant sweating, aversion to wind, fear of cold, whole body stiffness, and increasing pain. Her

⁹ [繆以星•临证随笔 2 则]•湖南中医学院学报, 1986,(1):33]

tongue body was dark and crimson, fur was thin with little fluid, the centre of the tongue had fissures, pulse was thin, weak, and slightly rapid.

Differential Diagnosis: This was a vacuity painful obstruction with a misuse of a big formula that effuses, dissipates, and attacks painful obstruction [disease] further damaging the qi, blood, and fluids, loss of nourishment of her sinews (and vessels), which lead to convulsions. The treatment method was to boost qi and nourish blood, supplement and boost the liver and kidneys in order to treat the root, as well as to dispel wind, eliminate dampness, and stop painful obstruction pain, simultaneously treating the tip. The formula given was Eight Treasure Remove Painful Obstruction Decoction (modified) *bā zhēn juān bì tāng jiā jiǎn*. After 2 packets the convulsions were reduced, pain was clearly relieved, and afterwards the method of supporting the right and dispelling evil was applied to bring about recuperative care and healing.

Commentary: This is a pattern of deficiency painful obstruction. The patient was close to 60 years old, and had painful obstruction disease for a long time. Qi, blood, yīn and yàng all were deficient, right [qi] deficiency was the root, lodged evil was the tip, and the treatment method should support the right as well as eliminate the evil.

However, the first doctor thought the disease was a excess painful obstruction (disease), and stubbornly dispelled wind and eliminated dampness. Furthermore he used a large formula w/ *chuān cǎo wū* (Aconiti et Aconiti Kusnezoffii Radix Lateralis), *fù piàn* (Aconiti Radix Lateralis Praeparata), *má huáng* (Ephedrae Herba), *xì xīn* (Asari Herba), *guì zhī* (Cinnamomi Ramulus, and *qiāng huó* (Notopterygii Rhizoma seu Radix) to effuse, dissipate, and attack the painful obstruction which consumed and damaged the qi, blood and fluids. This resulted in the channels (and vessels) losing nourishment and leading to convulsion. From the second examination the patient was seen to have flusteredness and palpitations at night fall, her extremities alternately expanded and contracted, quivering and tremors, bright white facial complexion, shortness of breath, lack of strength, dark crimson and red tongue with fissures and fur that was shiny with little fluids, and a weak slightly rapid pulse. This was a pattern of qi and blood deficiency and liver and kidney insufficiency. This is a fine example.

Clinging stubbornly to convention, differential diagnosis not precise

Case 4: Phlegm obstructing the channels and network vessels mistaken for wind-damp painful obstruction.

Wang was a 30 year old woman peasant. She complained of fatigue, aching, numbness, and tingling in both her lower limbs. She had a diagnosis of "rheumatism" which resulted in her being given Phenyl Butazone and antibiotics, which had no effect. Afterwards she received treatment in a TCM hospital in Wu Han for more than a month. Consequently though, when exposed to wind she would sweat and her pain would increase.

For half a year there was pain that was sometimes mild and sometimes serious. She walked with a limp which required her to lean on a staff and needed people to support her.

Both lower limbs had numbness and tingling, as well as severe pain in her knee joint, her knee was cold with palpation, cold aggravated the pain and heat soothed it. These were accompanied with chest oppression, torpid intake, occasional nausea, menstrual flow that was like yellow water, a large amount of white sticky slimy vaginal discharge with a fishy smell, facial color lacked luster, disquieted sleep at night, essences-spirit melancholic, both knee joints had diffuse swelling but were not red. The pulse was wiry, thin, and slippery, whilst the tongue was pale with a white and slimy coat. She was diagnosed with painful obstruction pattern (cold-damp type) and the treatment was to warm the channels, scatter the cold, and disinhibit dampness.

After taking the medicinals her symptoms did not decrease. On the contrary she became agitated and vexed, but her tongue and pulse were the same as before. The patient's condition was considered cold-damp which was intermingled and difficult to heal, therefore the formula was not changed and three additional bags were given. After taking these she reported that the cold in her legs was more severe, and at night there was very severe pain which resulted in an incessant crying out in distress. It was considered that the amount of scattering cold medicinals was too small and the warming [medicinals] were not doing their job of moving. Consequently *zhì chuān wū* (Aconiti Radix Praeparata) 10 g and *fū zǐ* (Aconiti Radix lateralis preparata) 15g were added to the original formula and three more packets were given. After taking the medicinals her symptoms still did not lessen. On the contrary, a cough with copious phlegm emerged. Furthermore, the previous symptoms of chest oppression, poor food intake, nausea and vomiting, and the tongue and pulse still did not change.

There was a careful review of her symptoms. Although both her lower limbs were painful, and had numbness and tingling, taking medicals that warm the channels, scatter the cold, and disinhibit dampness were ineffective. Her accompanying symptoms of chest oppression, poor food intake, nausea and vomiting, large amount of white vaginal discharge, and menstrual colour like yellow water, as well as the new emergence of cough with copious phlegm, made one think, is there a relationship here (with these symptoms) with the leg pain? Furthermore, previous experts have used phlegm in such cases of painful obstruction, therefore a dispel phlegm formula was used. Augmented Two-Cured Decoction (*Jiǎ wèi èr chén tāng*)¹⁰ was given. After 10 days there was another examination. The pain was greatly reduced, although she still had short periods of numbness and tingling from time to time, the cough's phlegm was reduced. The formula was not changed due to the success, five more packets were given. After taking the herbs, her legs began to warm, knee swelling disappeared, there was no pain or numbness and tingling, the oppression in the chest disappeared, and the appetite increased. To the previous formulas, 15 grams of *dì lóng* (Pheretima) was added, *bái jiè zǐ* (Sinapis Semen) increased to 20, and *fáng jǐ* (Stephaniae tetrandrae Radix) to 10. Ten

¹⁰ Rhizoma Pinelliae Ternatae (*ban xia*) Pericarpium Citri Reticulatae (*chen pi*) Sclerotium Poriae Cocos (*fu ling*) Radix Glycyrrhizae Uralensis (*gan cao*) Radix Scutellariae (*huang qin*) Rhizoma Coptidis (*huang lian*) Herba Menthae Haplocalycis (*bo he*)

more bags were given in succession. All symptoms disappeared, and a follow-up with the patient two years later revealed there had been no flare-ups.¹¹

Comments

This case is one of severe pain with a like and dislike of cold and heat. A diagnosis of cold-damp was reasonable with the clinical manifestations. But the treatment was ineffective and the patient's condition gradually worsened. Consequently, there was a prompt decision for a fresh evaluation, which resulted in considering the patient as having phlegm, although there were no typical phlegm signs and symptoms. There was though vaginal discharge, poor food intake, chest oppression, cough with copious phlegm, which ended up pointing to the road of treatment.

Conclusion

The above case studies help demonstrate the importance of proper diagnosis as well as being flexible in one's thinking. Furthermore, even though all of the above cases utilize herbal treatment strategies, many of the basic concepts can be successfully applied to acupuncture. For example, merely grasping the proper diagnosis in regard to excess and deficiency can lead to more refined needling techniques. In the end though, one should do a complete differential diagnosis to give the best care possible to the patients. Just diagnosing qi and blood stagnation and then sticking needles in where there is pain misses the essence of Chinese medicine. Finally, the above mentioned approaches to diagnosis are by no means exhaustive. There are many other ways to diagnose and treat painful obstruction. For that matter, there are many other ways to diagnose and treat pain. Nonetheless, consulting the books & articles contained in the reference section below will help broaden one's perspective on the subject.

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Biography

Jason Blalack, foremost a clinician, has written and published many articles that integrate material he has translated with his own clinical and theoretical understanding. He graduated from PCOM in San Diego, and since has pursued advanced training in Asia. He has held teaching and clinical supervisor positions at SWAC (Boulder Campus) and CSTCM (Denver) and currently maintains a private practice in Boulder, Colorado.

Appendix A:

¹¹ [朱光宗笱•临症失误救治 2 则•中医研究, 1991,4(1):34]

From the (实用中医内科表典)

Obstruction syndrome patterns (19 in all):

Heat type:

- Heat obstruction exterior excess
- Heat obstruction exterior deficiency
- Heat obstruction
- Heat obstruction transforming into fire
- Damp-heat damaging the yin
- Phlegm-damp with congealed blood
- Downpour of damp-heat (damp predominant)
- Downpour of damp-heat (heat predominant)

Wind obstruction (moving obstruction)

Cold obstruction (painful obstruction)

Damp obstruction (fixed obstruction)

Wind-cold-damp obstruction

- Wind-cold-damp obstruction
- Blood deficiency
- Qi and blood dual deficiency
- Liver and Kidney dual deficiency
- Spleen and kidney yang deficiency

Phlegm-stasis obstruction sickness

- Blood stasis
- Flowing phlegm into the network vessels
- Phlegm-stasis obstruction sickness

Appendix B:

Acupuncture points based on pattern discrimination for painful obstruction syndrome:

Note: There are many other systems (various channel systems) and hence points (i.e. Barrier Points or roots and nodes) that may be valuable in treatment. The approach below is essentially an underlying pattern based perspective.

Point prescriptions from Maciocia's Practice of Chinese Medicine:

1. Wind Painful Obstruction Syndrome:

Fengmen (UB 12), Fengshi (GB-31), Xuanzhong (GB 39), Dazhui (DU 14), Zhigou SJ 6), Geshu (UB 17), Ganshu (UB 18) all of these points expel wind and the last two also nourish blood. These last two are useful for the idea of "nourishing blood in order to extinguish wind".

Note: Pattern discrimination is especially important in this pattern, because pain usually moves from joint to joint and chasing the pain without treating the pattern can lead to an unsuccessful treatment.

From the Compendium of Acupuncture (1601), Wind Painful Obstruction Syndrome is treated with Chize (LU 5) and Yangjiao (GB 35).

2. Cold Painful Obstruction Syndrome

Zusanli (ST 36), Qihai (RN 6), Yanggu (SI 5), Tianzhu (UB 10), Dazhui (DU 14), Yaoyangguan (DU 3), Shenshu (UB 23), Guanyuan (RN 4). Moxa is also suggested. The Compendium of Acupuncture (1601) recommends, Quchi (LI 11), Wenliu (LU 7), Huantiao (GB-30), Fengshi (GB-31), Weizhong (UB 40), Shangqiu (SP 5), Zhongfeng (LV 4), Zulingqi (GB 41).

3. Damp Painful Obstruction Syndrome

Yinlingquan (SP 9), Sanyinjiao (SP 6), Yanglingquan (GB 34), Zusanli (ST 36), Pishu (UB 20). The Compendium of Acupuncture (1601) recommends Geshu (UB 17).

4. Heat Painful Obstruction Syndrome

Xiang (ST 43), Hegu (LI 4), Quchi (LI 11), Dazhui (DU 14).

5. Bone Painful Obstruction Syndrome

Dazhu (UB 11), Xuanzhong (GB 39)

6. Chronic Painful Obstruction Syndrome - Qi and Blood Deficiency

Zusanli (ST 36), Sanyinjiao (SP 6), Guanyuan (RN 4), Ququan (LV 8), Pishu (UB 20), Shenshu (UB 23) (All = +)

7. Chronic Painful Obstruction Syndrome - Phlegm in the Joints

Fenglong (ST 40)(-), Yinlingquan (SP 9)(-), Sanyinjiao (Sp-6)(-), Zhongwan (RN 12)(+), Shuifen (RN 9)(-), Pishu (UB 20)(+)

8. Chronic Painful Obstruction Syndrome - Stasis of the Blood

Xuehai (SP 10), Geshu (UB 17), Ganshu (UB 18), Chengshan (UB 57), Neiguan (PC 6), Sanyinjiao (SP 6), Quchi (LI 11), (-, or even).

-Or Geshu (UB 17), Ganshu (UB 18), Chengshan (UB 57), Xuehai (SP 10), Dijie (SP 8), Quchi (LI 11), Hegu (LI 4), Jianyu (LI 15), Qinglengyuan (SJ 11), Zulingqi (GB 41) w/ deficiency Sanyinjiao (SP 6), Shenshu (UB 23), Pishu (UB 20), Mingmen (DU 4), Shanzhong (RN 17).

-Or Dazhui (DU 14), Shenzhu (DU 12), Shendao (DU 11) and two extra points 4-finger breadths lateral to Shenzhu (GV 12), and two extra points 4-finger breadths lateral to Shendao (DU 11). Bleed and cup at Gaohuangshu (UB 43).

9. Chronic Painful Obstruction Syndrome - Deficiency of the Liver and Kidneys

Ququan (LV 8), Taixi (KI 3), Sanyinjiao (SP 6), Xuanzhong (GB 39), Ganshu (UB 18), Shenshu (UB 23), Guanyuan (RN 4), Dazhu (UB 11), Yanglingquan (GB 34), Zusanli (ST 36) (all = +).

Point prescriptions from Marcus's Foundations for Integrative Musculoskeletal Medicine. These are only some of the patterns and points listed.

10. Wind-Dampness Painful Obstruction Syndrome

Quchi (LI 11), Xialian (LI 8), Hegu (LI 4), Waiguan (SJ 5), Tianjing (SJ 10), Fengmen (UB 12), Feishu (UB 13), Dazhui (DU 14), Fengfu (DU 16), Fengchi (GB 20), Fengshi (GB 31), Leique (LU 7), Zusanli (ST 36) (+). Preponderance of dampness Yinlingquan (SP 9),

Shuifen (RN 9), Leique (LU 7), Yanglingquan (GB 34), Fenglong (ST 40) (all = -) and Pishu (UB 20) (+).

11. Wind-Damp-Cold Painful Obstruction Syndrome

Hegu (LI 4), Waiguan (SJ 5), Fengmen (UB 12), Feishu (UB 13), Huantiao (GB 30), Fengshi (GB 31), Yangjiao (GB 35), Liangqiu (ST 34) (all = -). Moxa at Zusanli (ST 36), Mingmen (DU 4), Guanyuan (RN 4), Pishu (UB 20), and Dazhui (DU 14).

12. Wind-Damp-Cold (w/ Interior Heat) Painful Obstruction Syndrome

Dazhui (DU 14), Quchi (LI 11), Hegu (LI 4), Tianshu (ST 25), Fengmen (UB 12), Waiguan (SJ 5), Yanglingquan (GB 34), Yinlingquan (SP 9), Xuehai (10) (all = -) and Zusanli (ST 36), Sanyinjiao (SP 6), Pishu (UB 20) (all = +).

13. Wind-Phlegm-Obstruction

Fenglong (ST 40), Zusanli (ST 36), Feishu (UB 13), Gaohuangshu (UB 43), Pishu (UB 20), Fuyang (UB 59), Zhongwan (RN 12), Zhongji (RN 3) (- and Moxa) Fengchi (GB 20), Fengshi (GB 31), Xiyangguan (GB 33), Yangfu (GB 38), Leique (LU 7), Hegu (LI 4), Quchi (LI 11), Waiguan (SJ 5) (-). Zusanli (ST 36), Pishu (UB 20) (+).

14. Wind-Damp-Heat

Dazhui (DU 14), Lingtai (DU 10), Ganshu (UB 18), Xuehai (SP 10), Yinlingquan (SP 9), Quchi (LI 11), Hegu (LI 4), Neiting (ST 44), Well points (- and bleeding). Point prescriptions from the The Yellow Emperor's Inner Canon (huang di nei jing) with modern additions (see note 12):

Lung Painful Obstruction: Taiyuan (LU 9), Feishu (UB 13), Zhongfu (LU 1)

Heart Painful Obstruction: Shenmen (HT 7), Ximen (PC 4), Neiguan (PC 6)

Liver Painful Obstruction: Taichong (LV 3), Ganshu (UB 18), Qimen (LV 14)

Kidney Painful Obstruction: Taixi (KI 3), Shenshu (UB 23), Jingmen (GB 25)
Spleen Painful Obstruction: Taibai (SP 3), Pishu (UB 20), Zhangmen (LV 13)

Intestines Painful Obstruction: Quchi (LI 11), Xiaohai (SI 8), Dachangshu (UB 25), Tianshu (ST 25), Xiaochangshu (UB 27), Guanyuan (RN 4).

Bladder (Gestation Membrane) Painful Obstruction: Weizhong (UB 40), Pangguanshu (UB 28), Zhongji (CV 3).

Appendix C:

Some English references that discuss painful obstruction syndrome:

Bensky, D. (1990). Chinese Herbal Medicine: Formulas and Strategies. Eastland Press, Seattle, Wa.

Guillaume, G. (1996). Rheumatology in Chinese Medicine. Eastland Press. Press, Seattle, Wa.

Maciocia, G. (1994) Practice of Chinese Medicine – The Treatment of Diseases with Acupuncture and Chinese Herbs. Churchill Livingstone.

Marcus, A. (2004). Foundations for Integrative Musculoskeletal Medicine. North Atlantic Books. Berkeley, Ca.

Vangermeersch, L. (1994). Bi-Syndromes or Rheumatic Disorders Treated by Traditional Chinese Medicine. Blue Poppy Press.

Wu, Nelson Liansheng (1999). Yellow Empero's [sic] Canon Internal Medicine. China Science & Technology Press, Bei Jing.

Xuemeii Li and Jingyi Zhao (1998) Patterns & Practice in Chinese Medicine & Acupuncture Patterns and Practice. Eastland Press, Seattle, Wa.

Zhang Qi, (translated by: Bensky, D.) (1997) Treating Painful Obstruction (bi):Ten Methods, Ten Formulas (From the April 1, 1997 Issue of the ACMERC Newsletter) http://www.siom.edu/resources/acmerc/Zhang_qi.