

TRACING THE DRAGON

MORE ON THE LESSONS OF MISMANAGED CASES



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What does it mean to subscribe to a specific Chinese medical tradition or a conceptual framework? The following case by Zhang Xichun (張錫純) (1860-1933) illuminates this question from the perspective of the Cold Damage current, one of Chinese medicine's oldest and most venerable traditions.

Zhao, suffered from warm disease. The [previous] physician prescribed Cinnamon Twig Decoction (*gui zhi tang*), which led to a subjective sensation of heat, thirst, and labored breathing. He then prescribed [Minor] Bupleurum Decoction (*xiao chai hu tang*) which made the heat especially worse and moreover increased the wheezing and cough. She repeatedly vomited up phlegm drool and for the past six or seven days she had been unable to lie down. Her physician then said that her disease had become very severe and that he lacked the skill to address it. When her family learned of this they were alarmed and flustered. Yi fang's younger brother was dispatched to send for a physician.

趙××，患溫病。醫者投以桂枝湯，覺熱渴氣促。又與柴胡湯，熱尤甚，且增喘嗽，頻吐痰涎，不得臥者六七日。醫者謂病甚重，不能為矣。舉家聞之，惶恐無措。伊芳弟××延為延醫。

When I arrived, I saw that the patient was experiencing hasty wheezing and shoulder breathing and spontaneous sweating from his head. This was heat in both the exterior and interior. His tongue coat was dark grey and his tongue was so contracted that he was unable to speak. I immediately took his pulse and found it floating, rapid, and strong, yet extremely empty upon stronger pressure. Thus it was actually a mistake to administer Cinnamon Twig Decoction (*gui zhi tang*) and Minor Bupleurum Decoction (*xiao chai hu tang*) because this was a pattern of extreme heat in the *yang ming* warp where the yin aspect was about to be exhausted.

既至，見病患喘促肩息，頭汗自出，表裡皆熱，舌苔深灰，縮不能言。急診其脈，浮數有力，重按甚空。因思此證陽明熱極，陰分將竭，實為誤服桂枝、柴胡之壞證

I immediately gave her White Tiger and Ginseng Decoction (*bai hu jia ren shen tang*), substituting Dioscorea Radix (*shan yao*) for the nonglutinous rice (*jing mi*) [1]. In addition, I substituted Scrophulariae Radix (*xuan shen*) for Anemarrhenae Rhizoma (*zhi mu*). She took two packets of the formula in succession and her thirst was relieved, and her wheezing stopped. Her pulse was no longer floating and rapid although it was still strong. Her tongue stretched out and she was able to speak. Her phlegmatic cough was no longer intense and appeared to be milder. He then continued with a modification of Follow the Dragon Decoction (*cong long tang*), omitting the Perillae Fructus (*su zi*) and adding 4 *qian* of Ginseng Radix (*ren shen*) and 8 *qian* of Ophiopogonis Radix (*mai men dong*).

After taking 7 packets she was completely cured.[2]

急投以白虎加人參以山藥代粳米湯，更以玄參代知母。連服兩劑，渴愈喘止，脈不浮數，仍然有力，舌伸能言，而痰嗽不甚見輕。繼投以從龍湯，去蘇子，加人參四錢，天冬八錢，服七劑全愈

Follow the Dragon Decoction (*cong long tang*) contains:

Fossilia Osis Mastodi (*long gu*) (not calcined, crushed) 30 grams
Ostreae Concha (*mu li*) (not calcined, crushed) 30 grams
Paeoniae Radix alba (*bai shao*) 15 grams
purified Pinelliae Rhizoma (*qing ban xia*) 12 grams
Dry-fried Perillae Fructus (*chao su zi*) (crushed) 12 grams
Dry-fried Arctii Fructus (*chao niu bang zi*) 9 grams.

Commentary:

The initial physician in this case appears to have made a rudimentary error. He treated an externally contracted pathogen using a methodology designed for cold pathogens. However some practitioners who specialize in classical formulas (*jing fang* 經方) believe that all externally contracted diseases can be effectively treated using Cold Damage

prescriptions. This trend was so influential that even Wu Jutong's (吳鞠通) landmark text, *Systematic Differentiation of Warm Pathogen Diseases* (*wen bing tiao bian* 溫病條辯 1798), recommended *gui zhi tang* for warm diseases. Most commentators though agree that this was obviously incorrect and written more out of respect for the tradition, demonstrating the link between the Cold Damage and Warm Disease currents.[3]

Nevertheless, Zhang's case record does not say whether the original physician simply misinterpreted the patient's symptoms as cold in nature, or whether he actually believed that the patient's pattern could be treated from a Cold Damage perspective. Regardless of whether *gui zhi tang* could in principle treat warm disease, it clearly failed here. Nonetheless, the physician persisted in utilizing a Cold Damage approach with *xiao chai hu tang*, which made the condition even worse.

By the time that Zhang Xichun examined the patient, the pattern had clearly progressed to excess heat in the yang ming warp (or qi level) with fluid damage. Regardless of whether one is thinking in terms of a Cold Damage or a Warm Disease model, the treatment strategy at this point is similar.

Like many eclectic Qing dynasty physicians, Zhang Xichun had a firm grasp of the past ideas that he would flexibly apply. He commonly substituted the rice in *bai hu jia ren shen tang* with *shan yao* because of its ability to supplement both the qi and yin. Similarly, he commonly would use *xuan shen* instead of *zhi mu* because it is better at enriching yin, generating water, and tonifying the Kidneys, as well as being not as cold and better suited to address the upper burner.

Zhang Xichun followed this up with a unique and curious formula of his own, *cong long tang*. It is indicated for externally contracted phlegm wheezing where Minor Bluegreen Dragon Decoction (*xiao qing long tang*) has not cured the illness, or where the illness has initially been cured but returns.

Cong long tang is best understood in the context of *xiao qing long tang*. Both prescriptions address "water qi congealing in the chest and upwardly distressing the Lungs." [4] Yet *cong long tang* contains two important strategies that are not present in *xiao qing long tang*, those of descending and astringing.

Cong long tang removes Ephedrae Herba (*ma huang*), Cinnamomi Ramulus (*gui zhi*), and Asari Radix et Rhizoma (*xi xin*), the strong dispersing and surface resolving ingredients from *xiao qing long tang* and in turn adds Perillae Fructus (*zi su zi*) and Arctii Fructus (*niu bang zi*). Zhang often used

both of these medicinals for wheezing, even in cases of deficiency. They form an herbal pair that together clear phlegm, descend counterflow, and guide the other medicinals quickly to the lower areas [of the body]. The substance of *niu bang zi* is slippery and its qi is fragrant, it is able to moisten the Lungs, unhinder (利 *li*) the Lungs, and descend counterflow of Lung qi. However in the above case Zhang did not use *zi su zi* because it is too dispersing and warm for the amount of yin deficiency that was present.

One of the most interesting aspects of *cong long tang* is its use of heavy minerals. The formula can be used in the presence of an external pathogenic factor or even lingering pathogen. Zhang cites Xu Lingtai's (徐靈台) (1693-1771) opinion that "fossilia Osis Mastodi (*long gu*) and Ostreae Concha (*mu li*) are mostly sticky and astringent, but are able to gather in and preserve the correct qi... however they do not constrain the pathogenic qi... Thus these can be used in cold damage or warm disease, when there is excess heat, a deficient pulse, continuous palpitations, and an agitated essence-spirit..." Zhang used these medicinals often for wheezing to strongly direct qi downwards and transform phlegm, especially with *zi su zi*.

In addition, *cong long tang* also contains Paeoniae Radix alba (*bai shao*), which is bitter, slightly sour, cold, generates fluids, reduces heat, and eliminates irritability. It is also able to astringe the upper burner and direct floating and straying heat downward through the urine. Combined with Ophiopogonis Radix (*mai men dong*), these two medicinals also cool and nourish the yin in general and Spleen and Stomach yin in particular.

Zhang (and Xu Lingtai) believed that *mai men dong* is contradicted with cough [5], but combined with Pinelliae Rhizoma preparatum (*zhi ban xia*) it was effective in stopping cough. Thus the addition of *mai men dong* to Zhang's above formula, completes the core structure of Ophiopogonis Decoction (*mai men dong tang*), one of Zhang Zhongjing's fundamental cough and wheezing formulas. *Zhi ban xia* is able to descend surging counterflow of Stomach qi, which these physicians understood as contributing to the wheezing.

Ginseng Radix (*ren shen*) was added to tonify and augment the great qi (大气 *da qi*) within the chest. Combined with *mai men dong* these two ingredients address the Lung heat damaging the Lungs. With *zi su zi* they function to descend the counterflow of the Lung qi due to deficiency.[6]

The key principle of *cong long tang* is derived from Zhong Zhongjing's use of Bubleurum and Dragon Bone and Oyster Shell Decoction (*chai hu jia long gu mu li yang*), where it is used for a condition characterized by a pathogenic factor that has been

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incompletely expelled. In this, Zhang Xichun demonstrates an appreciation of Zhang Zhongjing's thought that went far beyond the rote application of classical formulas. Such an interpretation has enjoyed a venerable pedigree. Many physicians throughout Chinese history have adapted Zhang Zhongjing's understanding in one way or another.



**Zhang Xichun 張錫純
(1860-1933)**

Zhang Xichun's case illustrates two crucial principles in herbal prescribing. First, it is essential to fit the treatment strategy to the patient rather than attempting to make the patient fit a particular conceptual model. The Cold Damage tool kit will not be the optimal choice for every disease presentation, nor will the Warm disease model. Specialization in a single conceptual framework is often accompanied by a kind of tunnel vision; one easily finds oneself viewing all presentations through the lens of Cold Damage, Warm Disease, Lurking Pathogens, Yin Fire or what have you. When working in a Cold Damage framework, it is certainly possible to read a rapid pulse or a red tongue as signs of false heat and true cold and there are case records illustrating the effective use of Aconiti Radix lateralis preparata (*zhi fu zi*) in such instances. Most often though, these are indeed signs of heat and they should be interpreted as such.

Then too, we must adapt the principles of whatever model we are using to conform to the needs of a given situation. Zhang Xichun was not an adherent to any one mode of Chinese medical thinking but drew from the widest range of perspectives, including Western medicine. Yet he had completely internalized the rationale behind each ingredient in Zhang Zhongjing's formulas. Where the initial physician slavishly and rather ineptly adhered to the letter of the Cold Damage methodology, Zhang Xichun demonstrated a much deeper understanding of its underlying principles and intentions.

The above narrative demonstrates another aspect

of the case literature that is equally important in the study of medicine. The best case records are imbued with multiple layers of information and their authors often assume that their readers have much more background knowledge than many Western readers possess. We often need to do some homework to really understand the full implications of these cases. This narrative is a brilliant example of how much the case record literature has to offer when we take the time to consider each facet of the account a little more deeply. Here we are rewarded with much more than a lesson in erroneous treatment due to rigid thinking. We discover an innovative method of treating respiratory disease. Tracing this thread back through Zhang Xichun's own *Essays on Medicine Esteeming the Chinese and Respecting the Western* (*医学衷中参西录 yixue zhongzhong canxi lu*), we find a detailed explanation of his thought process for Follow the Dragon Decoction (*cong long tang*), some of which is provided above, and multiple case records to illustrate his points.

For example, Zhang presents a case where the patient had externally contracted phlegm wheezing and was unable to lie down for ten days. He was given Minor Bluegreen Dragon (*xiao qing long tang*), which aggravated his situation to the extent that the condition was actually considered life threatening. The physician then re-prescribed *xiao qing long tang*, omitting Ephedrae Herba (*ma huang*), but adding wild Codonopsis Radix (*ye dang shen*), unprocessed Fossilia Ostrae Mastodi (*sheng long gu*) and unprocessed Ostreae Concha (*sheng mu li*) each 5 qian, and unprocessed Gypsum fibrosum (*sheng shi gao*) 1.5 liang. After one packet he was around 50% better. After one more packet he was cured.[7] He comments that "combining *xiao qing long tang* with medicinals to astringe the qi might seem to border on the juvenile, crude, and rash... yet this method was able to salvage a serious condition, [demonstrating] the method of flexibly using *xiao qing long tang*." [8] Here, the formula merely needed to be modified to succeed, illustrating how effective *long gu* and *mu li* can be in treating respiratory conditions.

Zhang Xichun named his prescription Follow the Dragon Decoction (*cong long tang*) because it is what should be prescribed when Minor Bluegreen Dragon (*xiao qing long tang*) has proven ineffective. It is, in effect, a "follow up" formula to *xiao qing long tang*. The phrase *cong long* (從龍) originally alluded to an attendant following the monarch, always referred to as the dragon. Writers throughout history have played with variations on this theme. We can't know whether Zhang Xichun himself intended this shade of literary allusion. Yet there is no question that in masterfully emulating Zhang Zhongjing's ideas, Zhang Xichun's Dragon prescription follows the traces of one of the premier medical traditions.

Notes

[1] Line 26 of *Discussion of Cold Damage* discusses giving White Tiger and Ginseng Decoction (*bai hu jia ren shen tang*) when Cinnamon Twig Decoction (*gui zhi tang*) is inappropriately given.

[2] Zhang Xichun (张锡纯) (1974). *Essays on Medicine Esteeming the Chinese and Respecting the Western* (*yixue zhongzhong canxi lu* 医学衷中参西录). Hebei: Hebei renmin chubanshe 河北人民出版社 .

[3] Liu, Guohui (2005), *Warm Pathogen Diseases: A Clinical Guide*. Eastland Press, Seattle.

[4] Zhang, *ibid.* p. 406

[5] One might extrapolate wheezing, because it is essentially the same pathodynamic.

[6] All of the herbal attributes are from Zhang.

[7] Zhang Xichun does not identify the author of this case.

[8] Zhang Xichun (张锡纯) (2002). *Essays on Medicine Esteeming the Chinese and Respecting the Western* (医学衷中参西录 *yixue zhongzhong canxi lu*). Hebei: Hebei kexuejizhu chubanshe 河北科学技术出版社 .

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