

# TUNNEL VISION

## Another Lesson from a Mismanaged Case



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### Introduction

Case records documenting mismanaged illnesses often demonstrate an error reflecting a conceptual bias on the part of the attending physician. Such errors may appear either transparent or opaque to the reader, depending on one's knowledge and conceptual orientation. Case records such as these can free us from the shackles of our own biases and preconceptions regarding the practice of medicine.

We discussed a number of such records in previous issues of the Journal (Spring and Autumn 2011). What follows is a classic case record from the 1600s. It was written at a time prior to the most significant developments in warm disease theory, when cold damage theory was the still the dominant model for treating externally contracted disease. As such, this case may well have been published as a challenge to the prevailing thinking of its time. Although the erroneous administration of a warming strategy figures prominently in this case, we do not wish to suggest that any particular approach is superior to another. The case record literature contains an equal number of cases illustrating the incorrect use of cooling methods.

Perhaps, more importantly, the following case illustrates a flexible and innovative approach that is quite characteristic of master physicians of the Ming and Qing dynasties (1368-1912). Yu Chang 喻昌 (style name Jiayan 嘉言, 1585-1664), the original author of this case, was himself a significant and influential commentator on the *Discourse on Cold Damage* (*Shang han lun* 傷寒論) and *Essential Prescriptions from the Golden Cabinet* (*Jin gui yao lue* 金貴要略 both 2<sup>nd</sup> Century). Here we see him both encompassing and expanding the bounds of those conceptual frameworks, and for this reason it has appeared again and again in medical texts over the centuries. We believe that its message remains relevant today.

### The Case

[Patient] Ji Chang, a married woman, became sick in the early autumn with chills as after a soaking. The [sensation of] cold ceased and she [then

became] feverish. She gradually developed a cough, although [at this stage] the disease was not severe. She was given exterior scattering medicinals but these did not produce a cure. Her body became thinner and weaker every day and this lasted into early winter when she began drinking a tonifying formula containing Ginseng Radix (*ren shen*) and Atractylodis macrocephalae Rhizoma (*bai zhu*). Her condition shifted and she began to feel so sickly and listless that she was on the verge of expiry. She had no desire for food or drink, a cough without sound, and incessant diarrhea. [The patient] could have died at any time.

The physician prescribed Ginseng Radix (*ren shen*) 5 qian, and Aconiti Radix lateralis preparata (*zhi fu zi*) 3 qian, adding in medicinals such as Zingiberis Rhizoma recens (*sheng jiang*), Cinnamomi Ramulus (*gui zhi*) and Atractylodis macrocephalae Rhizoma (*bai zhu*). He made up a single packet and administered it to stop the diarrhea and tonify the deficiency [in the hopes of being] victorious in this life and death battle.

吉長乃室。新秋病洒漸惡寒。寒已發熱。漸生咳嗽。然病未甚也。服表散藥不愈。體日瘦羸。延至初冬。飲以參術補劑。轉覺厭厭欲絕。食飲不思。瀉利不止。危在旦暮。醫者議以人參五錢。附子三錢。加入姜桂白術之屬。作一劑服。以止瀉補虛。而收背水之捷

Ji Chang began pacing aimlessly and acting strangely, [at which point] I [Yu Chang] was called in for a diagnosis. However before we could speak, the previous doctor rushed in from the outside. Upon seeing me sitting, he commanded me to explain my formula. With an easy manner, I then departed. Because this doctor's opinions were so mistaken, it was nearly impossible to explain [my methods] to him.

吉長徬徨無措。延仆診畢。未及交語。前醫自外亟至。見仆在坐。即令疏方。仆飄然而出。蓋以渠見既訛。難與語耳。

At this point, Ji Chang dismissed the first physician and implored me to prescribe [a new] medication. I explained to her that this disease was certainly caused from the inappropriate treatment. In the beginning there was chills as after soaking felt at the location of the skin and hair (on the surface of the body) and feverishness. The Lung metal was

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damaged by the dryness of the season. The use of an exterior scattering [formula] was already the wrong method. Ultimately, the tonification of Ginseng Radix (*ren shen*) and Atractylodis macrocephalae Rhizoma (*bai zhu*) [was incorrect], which caused the Lung qi to become blocked like molten metal, leading to a cough that was difficult to make a sound, fullness and distention in the chest and abdomen, and no desire to eat. The heat in the Lung, lacking a place to be diffused, rapidly fled into the Large Intestine.

吉長辭去前醫。堅請用藥。仆因謂曰。是病總由誤治所致。始先皮毛間洒漸惡寒發熱。肺金為時令之燥所傷也。用表散已為非法。至用參術補之。則肺氣閉錮。而咳嗽之聲不揚。胸腹飽脹。不思食飲。肺中之熱無處可宣。急奔大腸。

When food was ingested, it would come straight out before it could be transported and transformed. Even when food was not ingested, the filth within the intestines also followed the qi fleeing [downward from the Lungs] outward, therefore causing incessant diarrhea. I then [told the family that] taking herbs to moisten the Lungs would simultaneously moisten the intestines, so that the source and [current] manifestation would clear, and the chills and fever, cough, and diarrhea would all cease.

Although I gave her only four packets, taking them would certainly pacify [her condition] and there was nothing to worry about.

食入則不待運化而直出。食不入。則腸中之垢污。亦隨氣奔而出。是以瀉利無休也。今以潤肺之藥兼潤其腸。則源流俱清。寒熱咳嗽泄瀉。一齊俱止矣。但取藥四劑。服之必安。不足慮也。

The formula I used contained:

Scutellariae Radix (*huang qin*)  
Lycii Cortex (*di gu pi*)  
Glycyrrhizae Radix (*gan cao*)  
Armeniacae Semen (*xing ren*)  
Asini Corii Colla (*e jiao*)

方用黃芩地骨皮甘草杏仁阿膠。

After one packet of herbs the diarrhea diminished. After four packets [the diarrhea] and fever and chills were all eliminated. After a few more packets the cough was completely healed. If I had discussed [my methods] with the people of that time, those who persisted in using Ginseng Radix (*ren shen*), and Aconiti Radix lateralis preparata (*zhi fu zi*), how could they understand and agree with me?

初進一劑。瀉即少止。四劑畢。而寒熱俱除。再數劑而咳嗽俱全愈矣。設當日與時輩商之。彼方執參附為是。能從我乎 [1]

In any situation there are different points of view, therefore there really is nothing much to brag about, so for the time being I stored this case.

凡此素有定見於中。故不為臨歧所炫也。姑存是案。治病者廣其識焉。



**Yu Chang**  
喻昌  
1585-1664

## Discussion

Our case begins with a key symptom, *sa xi wu han* 洒漸惡寒 which we have translated as chills as after soaking.

Many *Inner Classic* commentators define this symptom by trembling or shivering (Guo, p.593). However, a number of *Golden Cabinet* commentators specify that it is a problem of the interstices and the areas between the hairs on the skin 毛間 (basically the exterior of the body) with a feeling as if one has been sprinkled with cold water. [2] It is unclear which perspective Yu Chang and the first physician held.

Furthermore, historically, chills as after soaking has been linked to a wide range of pathodynamics that run the gamut from excess to deficiency, hot to cold and interior to exterior. Nowadays this symptom usually corresponds to internal cold, and yang deficiency even though it is the body's exterior that feels as if it is permeated with cold water (Wu & Blalock, p. 163). It is worth noting that in Yu Chang's other writings he attributes this symptom to both an insufficiency of either yang or yin. Thus we can conclude that he was flexible enough to see both heat and cold as a potential causes.

By the time Yu Chang saw the patient she no longer exhibited this key symptom and how he would have treated the patient in the beginning is a little unclear. However Yu Chang does say, "In the beginning there was chills as after soaking...and feverishness. The Lung metal was damaged by the dryness of the season." Therefore he tells us what he believes the main pathological process came from, external dryness.

The pathogen was most likely warm in nature but could have been a cold pathogen that transformed to heat. Nonetheless it damaged the qi and yin of the Lungs. This in turn impaired the Lung's capacity for clarifying and descending the qi, resulting in a cough.

At this point an "exterior scattering" method was used. In this context, exterior scattering most likely refers to the use of an acrid warming method for the treatment of an external wind cold pathogen. At this time in history, cool, acrid methods for resolving the exterior heat were not yet common place. No matter what the actual cause of the initial presentation was, it was not severe. However, the initial therapy was demonstrably incorrect and the erroneous promotion of sweat caused further damage to the fluids and specifically to the Lungs.

After this, the pathogen (most likely dry-heat) was retained in the body and caused the body to weaken. However, with the initial sign of chills, the ineffective external treatment (presumably for wind cold), as well as her body becoming weaker and weaker, it must have been quite easy to consider internal cold as the root. However the warming tonifying treatment considerably worsened the condition.

Yu explains that the tonification strategy further blocked the Lungs. That is, the Lungs were already blocked from the dryness and heat, impairing their normal functions of management and regulation. Tonification compounded this problem causing them to become so blocked that the patient could not even make a sound. In addition, there was fullness and distention in the chest and abdomen, and no desire to eat. The qi dynamic was so severely impaired that the condition became critical.

When Yu Chang was consulted, he probably had little difficulty determining that his patient actually was suffering from a heat condition, especially since the previous physician's warming tonifying strategy had been ineffective and his recognition of seasonal dryness as a contributing factor. Although Yu was by no means the first physician to address seasonal dryness in his prescribing, he was an important developer of the concept, as will be discussed below.

There are two important aspects to the case, one relating to its diagnosis and pathodynamic, and the other to the treatment strategy Yu employed. Yu's explanation of how a condition that appears to be cold from one perspective might actually be heat is a particularly useful insight. He also identifies seasonal dryness as a significant factor in the etiology of the illness. Yet, by and large, this was not an exterior condition despite the presence of chills and fever throughout the course of the illness.

Yu's case also illustrates a novel approach to a pathodynamic of Lung fire transferring into the Large Intestine producing diarrhea. Most significantly, Yu's method stays true to what he identifies as the core etiology of dryness and heat, even though these pathogenic factors most typically cause dry stools. Of course, moistening herbs commonly cause diarrhea, yet their use is crucial for this particular presentation. Beyond demonstrating that runny diarrhea due to heat and dryness can be successfully treated with moistening herbs, this case illustrates the value of treating the core pathodynamic regardless of the presence of apparently contradictory symptoms.

In addition, Yu's prescription is simple, elegant and to the point. In resisting the temptation to hedge his bets with the addition of astringing medicinals he demonstrates his commitment to the presenting pathodynamic. For example, even a moistening herb that stops diarrhea, such as *Schisandrae Fructus* (*wu wei zi*) may have further inhibited the qi dynamic and constrained the Lungs. Yu Chang is confident that the secondary signs would resolve. This attention to the pathodynamic is evident in the prescribing of many great herbalists of his time.

### Yu's Prescription

As already mentioned, Yu Chang was a pioneer in the treatment of pathogenic dryness. In his *Precepts for Physicians* (*Yi men fa lu* 醫門法律 1658) he asserts,

"Among the nineteen pathodynamics [discussed] in the *Inner Classic*, only dry qi is missing. I specifically want to correct this [omission]. The general principle is that in spring one is damaged by wind, in summer by heat, in late summer by dampness, in autumn by dryness, in winter by cold. ... The various [types of] roughness, withering, and desiccation, as well as progressive chapping and erosions, all pertain to dryness. (Scheid, p. 661)" [3]

Yu advocated the use of sweet, moistening, and slight cooling medicines to treat dryness, a strategy that influenced centuries of subsequent physicians. His flagship formula in this regard is Clear Dryness and Rescue the Lungs Decoction (*qing zao jiu fei tang*) which contains:

Mori Folium (*sang ye*) 9g  
Gypsum fibrosum (*shi gao*) 7.5g  
Ophiopogonis Radix (*mai men dong*) 3.6g  
Asini Corii Colla (*e jiao*) [dissolve in strained decoction] 2.4g  
dry-fried Sesami Semen nigrum (*chao hei zhi ma*) 3g  
Armeniacae Semen (*xing ren*) 2.1g  
honey-prepared Eriobotryae Folium (*mi zhi pi pa ye*) 3g  
Ginseng Radix (*ren shen*) 2.1g, and

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Glycyrrhizae Radix (*gan cao*) 3g.

Yu himself describes this prescription as addressing qi constraint and qi level Lung dryness, impairing the Lungs' capacity to regulate the qi dynamic. One question concerning the present case is what prompted Yu Chang to amend his prescription from this core idea. The fundamental difference in this case record is that the heat and dryness was no longer confined to the Lungs; it had seeped downward into the Large Intestine. This is probably why he substituted Scutellariae Radix (*huang qin*) for Gypsum fibrosum (*shi gao*) as one of the chief herbs in the prescription.

According to Yu, Gypsum fibrosum (*shi gao*) is acrid, sweet, slightly cold, and enters the qi aspect of the Lungs and Heart. It clears and clarifies the Lungs, descends counterflow of qi, clears Lungs, and calms wheezing. On the face of it, this seems like an appropriate choice.

However, Yu understood Scutellariae Radix (*huang qin*) as a bitter and cold herb that enters the *yang ming* channels, especially the Large Intestine (Yu pp.252, 279-280, 342). It is able to drain exuberant lurking summerheat (Yu p.342), treats Lung counterflow, and drains Lung Fire. Finally, Scutellariae Radix (*huang qin*) is in Zhang Zhongjing's Scutellaria Decoction (*huang qin tang*) in the treatment of dysenteric disorders and diarrhea in *Discussion On Cold Damage*, a usage that Yu would undoubtedly have been aware of.

In this case record he does not use herbs that vent outward such as Mori Folium (*sang ye*), although this became a popular technique for dealing with lurking pathogens, and is a component in his Clear Dryness and Rescue the Lungs Decoction (*qing zao jiu fei tang*). This may be because Yu thought that wind herbs would further damage the already compromised qi.[4] Another possibility is that he wanted to direct the formula downward to the Large Intestine, rather than up and out. Bitter descends, acrid ascends, such as Mori Folium (*sang ye*) and Gypsum fibrosum (*shi gao*).

In his other writings, Yu Chang describes other ingredients he used in this case record. For example, Armeniacae Semen (*xing ren*) is sweet and bitter, descends Lung Qi, stops wheezing counterflow, discharges (*xie* 泄) the Lungs and disinhibits qi (Yu, p.140). It is notable that Yu chose Armeniacae Semen (*xing ren*) even though it precipitates with moistness, which potentially could aggravate the diarrhea. Because the diarrhea here was actually due to dryness, this was not a concern.

Asini Corii Colla (*e jiao*) is cold, sweet, and yin. It moistens dryness. Yu mentions its combination with Scutellariae Radix (*huang qin*) to clear heat and moisten dryness in the Lungs (Yu, p.422).

## Not a Slave to his Own Ideas

Yu Chang was not generally an advocate of using of bitter cold medicinals for Lung problems, for fear of damaging the Stomach. For example, he says,

"Even more so did I avoid [the use] of bitter, cooling herbs that direct fire downward and that directly treat the pathogen. Lung metal naturally tends toward dryness, because the yin qi stored within it never [can] exceed [its physiological amount] by even a fraction. If [therefore] one were to purge its qi with bitter, cold [herbs or formulas] and [thereby] damage the Stomach, how could the person still manage to survive? (Scheid, p.688)"

Yu Chang's use of precisely such a strategy in the present case may seem to be something of an inconsistency. This is particularly so in light of the fact that his patient's stomach qi was already compromised. In that situation, however, he evidently believed that it was of prime importance to address the downpouring of fire into the Large Intestine and this apparently trumped his concerns regarding the stomach qi. Decisions of this sort are better understood as another expression of the flexibility of his thinking. Yu was not bound to any one set of therapeutic principles, even his own, and was evidently capable of adapting his strategy to a wide range of circumstances.

## Conclusions

Success with difficult cases often requires us to adopt a viewpoint that may lie outside the bounds of our "tradition". Immersion in a single conceptual framework may in some instances yield impressive results, however there is no single model of practice in Chinese medicine that is effective for everything. A fluency in a wide range of therapeutic strategies is essential to avoiding clinical errors. Moreover, a broad familiarity with different schools of thought can actually help to inform our understanding of the primary tradition in which we practice. For example, a thorough understanding warm disease theory is invaluable to a comprehensive mastery of cold damage principles and vice versa. Many famous physicians throughout history including Ye Tianshi (叶天士) and Qin Bowei (秦伯未) have argued that the lines separating these traditions are entirely artificial. Regardless of one's orientation, a broad gaze in clinical practice will more often be productive than a narrow one.

## Notes

[1] Yu's case record also contains a kind of addendum report:

There was another person in the village, the wife of Mister Wang, who in the autumn months also suffered from feverishness and chills, and after

being given Ginseng Radix (*ren shen*) and Atractylodis macrocephalae Rhizoma (*bai zhu*), she too, was a breath away from death. Although there was no cough, she could not eat for more than ten days, nor did she have any bowel movements. She would frequently swoon and become delirious. Her husband came to my residence and explained the details of her condition and he asked me to write a tonifying formula to take back to her and administer. I gave him four ingredients including Rhei Radix et Rhizoma (*da huang*), Natrii Sulfas (*mang xiao*), Gypsum fibrosum (*shi gao*), and Glycyrrhizae Radix (*gan cao*) which were a coarsely ground up such that he was unable to identify them. He returned [to his wife], cooked and administered them. His wife said "these herbs are very salty." Her husband very happily replied, "They are salty because they are tonifying herbs, and so we will give you another two packets to take one after the other." Shortly thereafter she experienced a strong pain in her abdomen and she passed many hard clumped pieces of stool. Having been on the verge of expiring, she was [immediately] revived, and then ate 2 cups of rice porridge as if the previous disease was already vanquished. The villagers extended their thanks and gratitude and began to understand [my methods].

又鄉中王氏婦。秋月亦病寒熱。服參術後。亦厭厭一息。但無咳嗽。十餘日不進粒米。亦無大便。時時暈去。不省人事。其夫來寓中。詳述其癥。求發補劑歸服。餘以大黃芒硝石膏甘草四味。為粗末與之。彼不能辨。歸而煎服。其妻云。此藥甚咸。夫喜曰。成果補藥。遂將二劑連服。頃之腹中努痛。下結糞數塊。絕而復蘇。進粥二盞。前病已如失矣。鄉人致謝忱始知之。

[2] For example, In *Essential Prescriptions from the Golden Cabinet*, line 20:8, it is mentioned in a water swelling pattern where the stagnation of the water creates the symptoms and a welling abscess pattern, line 18:1, most likely corresponding to heat in the exterior.

[3] Yu is surely not claiming that the notion of pathogenic dryness was entirely absent from *Inner Classic*. He would have been aware that it is discussed as one of the six excesses (*liu yin* 六淫) in *Basic Questions*, chapter 5, The Comprehensive Discourse on Phenomena Corresponding to Yin and Yang, (*Su Wen, Yin yang ying xiang da lun* 素問・陰陽應象大論) (Unschuld and Tessenow Vol.1 pp. 106-110). Moreover, he clearly bases his own treatment strategy for dryness on the methods discussed in *Basic Questions*, chapter 74, The Comprehensive Discourse on the Essentials of the Most Reliable (*Su Wen, Zhi zhen yao da lun* 素問・至真要大論) (Unschuld and Tessenow Vol.2 p.559).

[4] Yu discusses this idea in the *Precepts for Physicians* in relation to the formula White Atractylodes and Aconite Accessory Root Decoction (*bai zhu fu zi tang*) (Scheid, p.273)

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