

same time, we must attend to the relationship of the root illness to the symptoms and their etiology, so as to deal with them in an appropriate manner. For instance, in a vacuity weakness situation it is obvious that nourishing the blood and supporting the yang is primary, as facilitated by *dān shēn* (salvia [root]) and *yù jīn* (curcuma [tuber]). In the case of frequent soreness and pain, quickening the blood is primary, facilitated by *shēng dì huáng* (fresh rehmannia [root]) and *ē jiāo* (ass hide glue). In the consolidation phase, crushed powders of *rén shēn* (ginseng) and *sān qī* (notoginseng [root]) are also commonly administered. When support of the heart yang with *guì zhī* (cinnamon twig) is primary, it is combined with *rén shēn* (ginseng). For instance, if there is recurrent cold, these [medicinals] may be combined with *xì xīn* (asarum) to warm the channels. Also, in cases of thoracic oppression connecting to the middle cavity, or in those [cases with a] tendency to postprandial cardiac pain, *xiè bái* (Chinese chive [bulb]) and *guā lóu zǐ* (trichosanthes seed) are indicated to harmonize the middle. For thoracic oppression and obstruction, with shortness of breath on the verge of expiry, *xuán fù huā* (inula flower) and *xiāng fù zǐ* (cyperus [root]) may also be added.

## FIVE CASES IN THE DISCRIMINATION OF PATTERNS, TREATMENT, AND CURE OF FEVER IN LEUKEMIA

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### Case 1. A female patient

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**Initial report:** [The patient suffered from] lymphocytic leukemia and had high fevers of 40° C. and above. She reported that in the last three months she had suffered from intermitent fever, as well as from taxation fatigue accompanied by a cold body, cough, visual dizziness, palpitations, retching and nausea, and dry lips.

**Diagnostic examination:** The pulse was thin and rapid and her perspiration was extremely copious.

**Discrimination of patterns:** The diagnosis was vacuity of yin with internal heat and that she was also harboring a recent [external] pathogen.

#### PRESCRIPTION

<i>dì huáng</i>	raw rehmannia [root]
<i>biē jiǎ</i>	turtle shell
<i>huáng qí</i>	astragalus [root]
<i>shēng má</i>	cimicifuga [root]
<i>qīng hāo</i>	sweet wormwood
<i>sāng yè</i>	mulberry leaf
<i>mǔ dān pí</i>	moutan [root bark]
<i>qián hú</i>	peucedanum [root]

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After administration of three doses of the medication, the fever diminished and then [entirely] cleared.

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### Case 2. A male patient

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**Initial report:** [The patient suffered from] chronic granulocytic leukemia. Every day towards nightfall a fever of 40° C. would arise and towards the second half of the evening he would break into a spontaneous

sweat and become chilled. This dramatic [symptom] had been recurring for six months. He would sometimes have a slight fever in the palms of his hands, yet both feet lacked warmth. His lower back was especially sore and painful and he would defecate [only] once every several days.

**Diagnostic examination:** The tongue coat was thick and slimy, while the pulse was deep, fine, and lacking in strength.

**Discrimination of patterns:** The diagnosis was dual vacuity of yin and yang in the lower burner, and devitalization of central qi.

**Treatment methods:** The [following] medicinals were used, as they are sweet and warm, and eliminate heat:

**PRESCRIPTION**

<i>huáng qí</i>	astragalus [root]
<i>shēng dì huáng</i>	fresh rehmannia [root]
<i>dāng guī</i>	tangkuei
<i>ròu cōng róng</i>	cistanche [stem]
<i>shēng má</i>	cimicifuga [root]
<i>bái zhú</i>	ovate atractylodes [root]
<i>zé xiè</i>	alisma [tuber]

By the next evening the fever had cleared.

**Case 3. A male patient**

**Initial report:** [The patient suffered from] an acute episode of chronic granulocytic leukemia. He had had a cough for a month and for the past week had developed a fever each night. The fever would be preceded by reddening of the eyes, thoracic oppression, and shivering. The body temperature would rise to 41° C., there would be spontaneous perspiration, and it would [then] resolve. This was accompanied by oral dryness and short voidings of scant urine.

**Diagnostic examination:** The tongue coat [was] thick, yellow, and slimy and the pulse was fine, slippery, and strong.

**Discrimination of patterns:** The diagnosis was a pathogenic contraction in a vacuity body, joint hindrance of phlegm dampness, and a failure to expel and drain [water].

**Treatment methods:** [These medicinals] were chosen as methods for harmonizing and resolution, clearing and transformation:

**PRESCRIPTION**

<i>chái hú</i>	bupleurum [root]
<i>huáng qín</i>	scutellaria [root]
<i>bàn xià</i>	pinellia [tuber]
<i>huáng lián</i>	coptis [root]
<i>hòu pò</i>	magnolia bark
<i>zhī mǔ</i>	anemarrhena [root]
<i>bèi mǔ</i>	fritillaria [bulb]
<i>jú hóng</i>	red tangerine peel

The medication was administered in the afternoon, and by that evening the chills and fever had ceased. It was then administered continuously each morning and the strength of the fever also abated to 38° C.

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**Case 4. A male patient**

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**Initial report:** [The patient suffered from] acute lymphocytic leukemia. He had a persistent generalized fever, cough with sticky phlegm, a gripping pain in the right costal region, and a sore throat [which was coated] with white curd.

**Diagnostic examination:** The tongue coat was coarse and slimy, while the pulse was fine, slippery, and rapid.

**Discrimination of patterns:** The diagnosis was deep-lying heat in the lung and dual injury to the qi and yin.

**Treatment methods:** The [following] medicinals were used:

**PRESCRIPTION**

<i>xuán shēn</i>	scrophularia [root]
<i>mài mén dōng</i>	ophiopogon [tuber]
<i>shí gāo</i>	gypsum
<i>zhī mǔ</i>	anemarrhena [root]
<i>bèi mǔ</i>	fritillaria [bulb]
<i>sāng bái pí</i>	mulberry root bark
<i>tíng lì zǐ</i>	tingli
<i>bái máo gēn</i>	imperata [root]
<i>lú gēn</i>	phragmites [root]

The fever abated and the cough ceased.

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**Case 5. A male patient**

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**Initial report:** [The patient suffered from] acute granulocytic leukemia. There was generalized fever, heat in the palms of the hands, a distending pain at the temples and forehead, glomus and fullness in the chest and abdomen, oral putrescence and halitosis, constipation, and darkened urination.

**Diagnostic examination:** The tongue was slimy, and the pulse was large, slippery, and rapid.

**Pattern identification:** The diagnosis was lung and kidney vacuity yin and accumulation of damp-heat in the intestines and stomach.

**Treatment methods:** The [following] medicinals were used:

**PRESCRIPTION**

<i>xī yáng shēn</i>	American ginseng
<i>běi shā shēn</i>	glehnia [root]
<i>zhī mǔ</i>	anemarrhena [root]
<i>pèi lán</i>	eupatorium
<i>shān zhī zǐ</i>	gardenia [fruit]
<i>lú huì</i>	aloe

[The aloe was] administered separately to clear heat and guide stasis [outward]. After administration of the medication, the stools became smooth, the chest and abdomen gradually relaxed, and the generalized fever normalized.

### **Commentary**

In these cases it is evident that the mechanisms at work in leukemic fevers are fairly complex. Therapy is based upon a Chinese medical pattern identification and, despite the predominantly poor prognosis in this

illness, a temporary amelioration of the patient's suffering can be achieved. In leukemia combined with external contractions such as pneumonia, medicinals such as *má huáng* (ephedra), *xìng rén* (apricot kernel), *shí gāo* (gypsum), *sāng bái pí* (mulberry root bark), *zhī mǔ* (anemarrhena [root]), *bèi mǔ* (fritillaria [bulb]), and *lú gēn* (phragmites [root]) may be used.

Pneumonia may also transform to pulmonary abscess, in which case medicinals such as *chì sháo yào* (red peony [root]), *bái sháo yào* (white peony [root]), *bài jiàng cǎo* (baijiang), *mǔ dān pí* (moutan [root bark]), *táo rén* (peach kernel), *yī rén coix* [seed], *dōng guā zǐ* (wax gourd seed), and *lú gēn* (phragmites [root]) may be used. Pathological changes such as open sores in the oral cavity, throat, or the sides of the upper palate are common appearances in leukemia and pertain to the categories of oral gan and oral putrescence. These are primarily due to injury to stomach yin, upflaming of vacuity fire, or vacuity of kidney yin with upfloating of vacuity fire. *Shí hú* (dendrobium [stem]), *dì huáng* (rehmannia [root]), *xuán shēn* (scrophularia [root]), and *mài mén dōng* (ophiopogon [tuber]) are used initially, [with treatment] progressing to incorporate *ròu guì* (cinnamon bark) to guide the fire back to the source, and the topical application of *Qīng Dài Sǎn* (Indigo Powder) to clear heat and resolve toxins.

The symptomology of leukemia is complex; its transformations are rapid and prone to relapse with dire consequences. I incorporate a combination of Chinese and Western medicine [in patients' treatment], giving consideration to the [patient's] constitution and basing treatment on the pattern, thereby realizing some success. However, continuous experience is still required.

## FOUR CASES IN THE DISCRIMINATION OF PATTERNS, TREATMENT, AND CURE OF WATER DISTURBANCE

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### Case 1: *Wang, a 28 year-old female*

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*One case on the use of tailored Fáng Jī Fú Líng Tāng (Fangji and Poria (Hoelen) Decoction) in the treatment and cure of skin water.*

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**Initial report:** For one year the patient had suffered from persistent edematous swelling which would sometimes be mild and sometimes severe. Western diuretic medications had been used as had Chinese medicinals employing methods to strengthen the spleen, warm the kidney, induce diaphoresis, and disinhibit urination; however, there was no obvious effect. [It was at this stage that] I was called for consultation.

**Diagnostic examination:** At that time it could be seen that there was edematous swelling in the entire body, the abdomen was bloated all over, the back was rough, and her urination was short and yellow. The pulse was wiry and slippery, while the tongue was tender and red, with a thin white coat. There were no signs of a vacuity of spleen and kidney yang. Further examination revealed that the enlarged abdomen was not hard upon palpation, there was no thoracic or diaphragmatic oppression,

she had an appetite, and there was no postprandial distension. She had one bowel movement per day and suffered from very little flatulence.

**Discrimination of patterns:** The explanation [for her condition] was that the water was not in the interior but in the flesh of the exterior. This was decidedly “skin water.”

**Treatment methods:** Tailored *Fáng Jǐ Fú Líng Tāng* (Fangji and Poria (Hoelen) Decoction), was used for treatment:

PRESCRIPTION		
<i>hàn fáng jǐ</i>	northern fangji [root]	15g.
<i>huáng qí</i>	astragalus [root]	15g.
<i>fú líng pí</i>	poria skin	15g.
<i>guì zhī</i>	cinnamon twig	6g.
<i>gān cǎo</i>	licorice [root]	3g.
<i>shēng jiāng</i>	fresh ginger	2pcs.
<i>dà zǎo</i>	jujube	3pcs.

After administration of two doses of the medication, the [patient's volume of] urine gradually increased. The source prescription was modified and in a fortnight the symptoms had completely disappeared.

### Commentary

“Wind water” and “skin water” are two patterns [that are both] associated with water in the flesh. However, wind water is associated with an external contraction of wind-cold and skin water is not. Based on the particulars of this case it was without a doubt skin water. The [treatment] plan was therefore not to use *Má Huáng Jiā Zhú Tāng* (Ephedra Decoction Plus Ovate Atractylodes) and *Yuè Bì Jiā Zhú Tāng* (Spleen-Effusing Decoction Plus Ovate Atractylodes) to promote diaphoresis and disinhibit water, but to use *Fáng Jǐ Fú Líng Tāng* (Fangji and Poria (Hoelen) Decoction) to circulate the qi and disinhibit urination. Master Qin believed that although diaphoretic methods could be used in skin water [cases], the condition was already chronic and it was inappropriate to further injure the defense qi. In applying Fangji and Poria (Hoelen) Decoction, the *huáng qí* (astragalus [root]) was used to assist the *yī wén qián* (graciliflora [root]), and the *guì zhī* (cinnamon twig) to assist the *fú líng* (poria). *Gān cǎo* (licorice [root]), *shēng jiāng* (ginger), and *dà zǎo* (jujube [fruit]) regulated and harmonized the constructive and defensive [qi] and at the same time moved [the pathogen] to the surface, unblocking the yang to circulate water and induce urination, therefore rapidly dispersing the swelling.

### Case 2: A 24 year-old male

*One case of the use of modified Yuè Bì Tāng  
(Spleen-Effusing Decoction) in the treatment of wind water*

**Initial report:** The patient had been suffering from recurrent edematous swelling of the face, head, and extremities for more than a year. In the last year the use of prepared Chinese medicines for strengthening the spleen and enriching the kidney had failed to control his edematous swelling. As the swelling had recurred the patient consulted Master Qin for a diagnosis.

**Diagnostic examination:** Upon examination it was evident that the edematous swelling was most severe in the upper part of the body, particularly in the head, face, and chest. This was accompanied by thoracic oppression and vexation heat, cough, inability to lie flat, thirst, and no appetite. The flesh of both hands was dry and looked as if it had been soaked in alkaline water and the [patient's] urination was short and yellow. The pulse was deep, wiry, and rapid, while the tongue was clean with a pale body.

**Discrimination of patterns.** The pattern related to a failure of transportation and transformation within the spleen and a loss of clearing and depuration within the lung.

**Treatment methods:** Treatment was with modified *Yuè Bì Tāng* (Spleen-Effusing Decoction).

**PRESCRIPTION**

<i>má huáng</i>	ephedra	3g.
<i>xìng rén</i>	apricot kernel (peeled)	9g.
<i>zǐ sū yè</i>	perilla leaf	5g.
<i>shēng shí gāo</i>	crude gypsum	24g.
<i>fú líng</i>	poria	12g.
<i>tōng cǎo</i>	rice-paper plant pith	3g.

After administration of one dose of the medication there was a frightful cough with expectoration and vomiting of sticky phlegm. This indicated an improvement in the perfusion and free flow of lung qi. Following another two doses the cough became sparse and the chest became relaxed. After another two doses the vexation heat was eliminated and the volume of urine increased. Finally, *Wǔ Pí Sǎn Yīn* (Five-Peel Powder) combined with *Xiǎo Fēn Qīng Yīn* (Minor Seams-Clearing Beverage) was administered to regulate and rectify.

**PRESCRIPTION**

<i>sāng bái pí</i>	mulberry root bark
<i>chén pí</i>	tangerine peel
<i>fú líng</i>	poria
<i>dà fù pí</i>	areca husk
<i>zhǐ ké</i>	bitter orange
<i>yì yǐ rén</i>	coix [seed]
<i>xìng rén</i>	apricot kernel

The patient was [thus] cured.

**Commentary**

According to the *Nèi Jīng*, “swelling above is called wind, while swelling in the legs and shins is called water.” In examining the particulars of this case, they are similar to “wind water,” although there were no symptoms indicative of an external pathogen, nor was the pulse floating. On the contrary, it was sinking. However, according to the patient, during each episode of the illness, he would first become aware of fullness and oppression in the middle cavity, gradually followed by thoracic pi, shortness of breath, and cough, [all of] which were indicative of “all damp swelling and fullness pertains to the spleen,” and [thus] indicated that the root of the illness was in the middle burner.

The upward counterflow of water qi obstructs the lung qi, which becomes depressed and generates heat. Clearing and depurative functions fail to circulate and the fluids cannot be distributed. For this illness, agents were indicated to dry dampness and disinhibit urination, and as there was an upward counterflow, these had to be combined with substances for perfusing the lung and normalizing the qi; thus *Yuè Bì Tāng* (Spleen-Effusing Decoction) was indicated.

Master Qin was extremely skilled in the utilization of medicinals in prescription, and in this case [he] used *má huáng* (ephedra) to open the lung, yet as he didn't want to induce diaphoresis he used a relatively light dose, only three grams. This was assisted by the acrid, fragrant *zǐ sū yè* (perilla leaf), which enters both the lung and spleen channels to diffuse and free the upper burner, as well as dispelling damp turbidity from the middle burner. Again, *shí gāo* (gypsum) and *xìng rén* (apricot kernel) were combined with *má huáng* (ephedra) to diffuse and downbear the lung qi, clear heat, and eliminate vexation. *Fú líng* (poria) and *tōng cǎo* (rice-paper plant pith) blandly percolated and disinhibited the urine.

The prescription was small with only a few carefully considered medicinals yet [it] achieved the result. In this case, the course of the illness was relatively extended. However, there were no obvious symptoms of kidney vacuity and it had not yet involved the lower burner. Therefore, the use of medicinals for enriching the kidney would have been premature and excessive, as well as [having] hindered the circulation of qi and blood.

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### Case 3. Wang, a 26 year-old female

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*One case of the use of Zhēn Wǔ Tāng (True Warrior Decoction) with additions in the treatment and cure of water swelling and palpitations*

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**Initial report:** The patient reported that she had suffered from palpitations and thoracic oppression for more than five years and had most recently experienced edematous swelling in the lower limbs. She consulted Master Qin for a diagnosis.

**Diagnostic examination:** There was intense edematous swelling in her lumbar region extending to her feet and back, distension and fullness in her abdominal area, nausea and vomiting, palpitations, rough respiration, insomnia, extremely scanty urination, and pasty thin stools. Particularly evident was the cyanosis of the lips and the red-purple tinge to both hands, as well as cheeks [that were so] flushed [that it looked] as if she were wearing makeup. The tip of the tongue was red and the coat was white and slimy, the pulse was fine, rapid, and wiry.

**Discrimination of patterns:** This pertained to a floating of water due to a vacuity of yang, with a stasis of qi and blood.

**Treatment methods:** *Zhēn Wǔ Tāng* (True Warrior Decoction) with additions was selected.

**PRESCRIPTION**

<i>fù zǐ</i>	aconite [accessory tuber], sliced	6g.
<i>shēng jiāng</i>	ginger	6g.
<i>bái zhú</i>	ovate atractylodes [root], fried	9g.
<i>bái sháo yào</i>	white peony [root]	9g.
<i>fú líng</i>	poria	15g.
<i>shā rén</i>	amomum [fruit]	2g.
<i>mù xiāng</i>	saussurea [root]	2g.

The condition calmed down after administration of the medication. After four consecutive administrations of the medication there was an increase in the volume of urine, and the edematous swelling in the lower extremities essentially disappeared, remaining only in the feet and spine. The abdominal distension and vomiting and the nausea also changed for the better, although the flushed cheeks remained along with episodes of irritability. For a time the patient would cough and there would be blood mixed with the phlegm. The pulse was fine and rapid, and not quiet<sup>3</sup> and wiry. The longstanding illness was that of urgent vexation, an unrestrained floating of yang, an upward surge of liver fire attacking the lung. Therefore, there was a bloody cough. The previous prescription was adhered to [but] with the deletion of *mù xiāng* (saussurea [root]) and the addition of five grams of *Dài Gé Sǎn* (Indigo and Clamshell Powder). After two doses, the bloody cough was arrested and the condition gradually stabilized.

**Commentary**

In considering this case, the source [of the illness] was a weakness of heart yang and a failure to warm and transport water dampness from the middle burner. However, the symptoms of the flushed cheeks amply revealed the congestion of qi and water and upward floating of vacuity yang. It was not only a weakness and defeat of stomach qi, there was also a dangerous weakness of heart and kidney yang tending toward vacuity desertion at any [given] time. Therefore, *Zhēn Wǔ Tāng* (True Warrior Decoction) with additions was chosen for therapy. Support of the yang and warming and transforming were primary, assisted by restraint of the yin and strengthening the spleen. [This succeeded] so that following four doses an obvious effect was realized.

In a patient with excessive floating of vacuity yang such as in the case of an effulgence of liver fire, protection against blood patterns is indicated. In this case there was also a bloody cough due to liver fire attacking the lung, so fragrant drying substances were deleted and those in the class of clearing the liver and settling cough were added. As expected there was a rapid turnaround of the pathomechanism.

**Case 4. Patient Qiu, a 54 year old female**

*One case of benefitting the stomach and engendering fluids as the primary treatment and cure of water swelling from vacuity of spleen and stomach*

**Initial report:** As a result of going bathing and then contracting a chill, edematous swelling appeared in the lower limbs. The condition gradually increased in intensity as a result of her attention to her daily household duties. [When] the illness had persisted for nine months, she consulted Master Qin for a diagnosis.

<sup>3</sup>Trans: "Not quiet," *bù qīng ān*, refers to a sense of reverberation in addition to the wiriness.

**Diagnostic examination:** Edematous swelling with pitting upon palpation was evident over the entire body, with numbness of the hands, a frightened and confused mental state, a dry mouth, and desire for fluids. [She experienced] a sense of hunger [in her abdomen] and ate more than usual. [Her] urine was copious and clear; [her] bowel movements were normal. The pulse was wiry, large, and rapid, while the tongue was glossy red and cracked. The facial complexion was withered yellow and lusterless.

**Discrimination of patterns and treatment methods:** The root was the insufficiency of fluids in the spleen and stomach and so the treatment focused on methods for benefitting the stomach and engendering fluids.

#### PRESCRIPTION

<i>shí hú</i>	dendrobium [stem]	12g.
<i>běi shā shēn</i>	glehnia [root]	12g.
<i>tiān huā fēn</i>	trichosanthes root	12g.
<i>bái sháo yào</i>	white peony [root]	12g.
<i>shān yào</i>	dioscorea [root]	24g.
<i>huáng qí</i>	astragalus [root]	10g.
<i>bái zhú</i>	ovate atractylodes [root]	10g.
<i>mài mén dōng</i>	ophiopogon [tuber]	10g.
<i>yì yǐ rén</i>	raw coix [seed]	15g.
<i>chì xiǎo dòu</i>	rice bean	30g.

After administration of three doses of the medication, the swelling gradually abated. After six doses, the redness in the tongue also paled and a thin coat developed.

#### Commentary

This case of edematous swelling of more than nine months duration is [an example of a] mixed vacuity and repletion. Master Qin captured the primary pattern within the many complexities of the symptoms and established the principal pathomechanism. Of chief consideration was the vacuity of the spleen which failed to transform dampness. The *Nèi Jīng* states: “all damp swelling and fullness pertains to the spleen.” However, other than the manifestations of spleen vacuity and an insufficiency of generation and transformation such as [evidenced by] the withered yellow facial complexion, [symptoms such as] the numb hands and palpitations, the symptoms of thirst and capacity for drinking, hunger and increased appetite, and long clear urination failed to tally with a pathomechanism of damp hindrance. On the contrary, the tongue and pulse were expressions of an extreme vacuity of fluids within the spleen and stomach. Therefore, he relied upon the statement of Huà Xiùyún:

*In an insufficiency of spleen yang, with damp cold in the stomach, where warming, drying, upbearing, and transporting are indicated for viscera and bowels alike, then naturally abide scrupulously by Dōngyuán's [treatment] methods. But if the spleen yang is not depleted, and there is a dry fire within the stomach, then naturally we abide by Master Chī's methods for nourishing the stomach.*

Therefore this case is an example of water swelling that is primarily due to a relatively unusual vacuity of yin in the spleen and stomach. The primary treatment was toward benefitting the stomach and generating fluids, and so a satisfactory result as achieved.

(The above was arranged by Dú Huáitáng [a disciple of Qin].)