



SUN TEN

March/April 2004

NEWSLETTER

Professor Zhu Liangchun's Experience in Differentiating and Treating Bi Syndrome (Impediment Syndrome)

Professor Zhu Liangchun is a specialist in the treatment of bi syndrome (also called impediment syndrome). The authors have had the good fortune to study with this master and learn his unique approach.

1. Persistent bi syndrome involves the kidneys – supplement vacuity and transform stasis

Our predecessors used to treat bi syndrome according to the principles "in acute conditions treat the tip" and "when there is free flow, there is no pain", but often this led to an excessive attempt to dispel evil and insufficient support of right qi, or a short-term success without lasting recovery. Professor Zhu comments: Persistent bi syndrome includes chronic rheumatic arthritis, rheumatoid arthritis, ankylosing spondylitis, sicca syndrome etc. These disorders all manifest as joint pain, swelling, hypertonicity and stiffness. Their cause and pathomechanism involves wind, cold, damp and/or heat evils assailing the exterior, and qi, blood and/or phlegm stagnating in the interior where they congeal and block the vessels so that the free flow of qi and blood in the vessels is obstructed. Phlegm stagnation congeals and penetrates deep into the channels, bones and joints. In this case one can certainly not see results by merely using medicinals that dispel wind and dissipate cold, dry damp and clear heat, free the network vessels and stop pain. It has to be emphasised that "long-term pain tends to entail vacuity and stagnation, entering the network vessels and involving the kidneys." Thus, one has to combine the basic treatment with medicinals that boost qi and supplement the kidneys, transform stasis and free the network vessels. For severe cases, Professor Zhu combines any base formula with *yi shen juan bi wan* [益腎蠲痺丸]. This kind of treatment simultaneously attacks and supplements, treating the tip and the root and the same time.

Case study 1: Mrs. Fan, 37 years old, first consultation 14th January 1999. Previous uroscopy Rt: Protein (+++), erythrocytes (+++). Hypertonicity, stiffness, swelling and pain in her finger joints for 3 months, stiffness worse in the mornings, restricted movement when trying to make a fist. ESR 50mm/h, RF (+), CIC (-). Lustreless complexion, lassitude of spirit, fatigue and thin body. Pain in both knees, elbows and shoulders that is relieved with application of warmth, dry mouth with desire to drink, urgent and frequent urination and normal stools. Thin white to slightly yellow coating on tongue crack in the middle, purple sides of the tongue, tooth marks and pulse is fine and wiry.

Prescription: Chuan shan jia [pangolin scales], huang qi [astragalus], ji xue teng [milletia], song jie [knotty pine wood], lu xian cao 30g each, sheng di huang [raw rehmannia], shu di huang [cooked rehmannia] 20g each, xian ling pi [epimedium] 15g, wu shao she [zaocys], feng fang [hornet nest], tu bie chong [wingless cockroach], di long [lumbricus], jiang can [silkworm], xu chang qing 10g each, zhi chuan wu [processed Sichuan aconite] 8g. 30 doses. Combined with *yi shen juan bi wan* [益腎蠲痺丸] (concentrated form) 4g/3x a day after eating.

Second Consultation: 11th February. After taking the prescriptions, the pain and stiffness in the morning are relieved, and her spirits are lifted. C-RP 11.3mg/L, ENA total antibody (+), blood sugar on empty stomach 9.7 mmol/L. 20g of gui jian yu was added to the first prescription and the patient took another 30 doses, combined with *yi shen juan bi wan* [益腎蠲痺丸] (concentrated form) 4g/3x a day after eating. Symptoms improved step-by-step. The prescription with alterations was continued for over one year (approx. 400 prescriptions were taken) after which the patient was completely free of symptoms.



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8/663 Kingsford Smith Drive, Eagle Farm, Queensland, Australia 4009
P.O. Box 830, Hamilton, Queensland 4007
Telephone: (07) 3260 3300 Facsimile: (07) 3260 3399
Country and Interstate: 1800 777 648
www.metagenics.com.au orders@healthworld.com.au
hworld@healthworld.com.au

and **JM Marketing Limited**
P.O. Box 35383, Browns Bay, Auckland, New Zealand
Telephone: (09) 478 2540 or 0508 227 744
Facsimile: (09) 478 2740 or 0508 227 733
jmm@ihug.co.nz

Professor Zhu Liangchun's Experience in Differentiating and Treating Bi Syndrome (Impediment Syndrome) continued

2. The key points of diagnosis and treatment – pain, swelling, stiffness, and hypertonicity

Although bi syndrome manifests in quite a complicated array of symptoms and signs - pain, swelling, stiffness and hypertonicity of the extremities cause the most patient suffering. If these four major symptoms are under control, other accompanying symptoms will be relieved accordingly. Professor Zhu differentiates pain into wind, cold, damp, heat, and stagnation-type pain. Treatment should lay emphasis on one type of pain, while giving consideration to other types of pain. Regarding swelling, Professor Zhu advises that "in the early stage, dispel dampness. In the middle stage, transform phlegm. In the late stage phlegm stagnates and obstructs, thus the damp dispelling formula must include assistant medicinals that transform phlegm and stagnation. Only then will swelling subside." During the above three stages, one must also stress correct differentiation of yin/yang, qi/blood, cold/heat, vacuity/repletion.

In the cases of severe redness and swelling with restricted bending and stretching, the focus should be on clearing heat and resolving toxicity, with assistant medicinals transforming phlegm and breaking stagnation. In cases of wind-damp impediment pain and hypertonic joints, one should emphasise the use of kuan jin teng [Chinese tinospora stem] in quantities of 30-45g. Combination of kuan jin teng [Chinese tinospora stem] with hai feng teng [kadsura stem], qing feng teng [stem of orientvine], ren dong teng [lonicera stem], ji xue teng [milletia] increases the function of soothing the sinews and quickening blood, thereby relieving stiffness and hypertonicity. Once the redness, swelling, heat and pain show signs of abating, medicinals that benefit the kidneys and bank up the root should be added without delay to treat the tip and the root simultaneously, otherwise the treatment will not show lasting results.

Case study 2: Mr. Xiu, 56 years old, first consultation 12th November 1999. Long-standing joint pain. One month before his wife had stayed in hospital for a while and he stayed with her day and night, lying down and sleeping a lot, and not being cautious against the cold. His two wrists, elbows, and knees started to swell and were severely painful. The wrists were restricted in movement, and he experienced difficulty in walking due to the state of his knees. Erythrocyte sedimentation 70mm/h, ASO < 500U, leucocyte $4.2 \times 10^9/L$. Thin white tongue coating, slimy at the root. Thin and soggy pulse. Diagnosis: Wind-damp-bi pain. Because of the patient's long history of joint pain, the present disorder will prove stubborn to treat. Treatment consisted of warming the channels and dissipating cold, expelling dampness and freeing the network vessels.

Prescription 1: Lu xian cao, ji xue teng [milletia] 30g each, dang gui [angelica sinensis], tu bie chong [wingless cockroach], feng fang [hornet nest], wu shao she [zaocys], jiang can [silkworm], zhi chuan wu [processed Sichuan aconite], zhi cao wu [processed wild aconite] 10g each, wu gong [centipede] 2, liu zhou zi [fruit of Chinese azalea] 2g. 5 doses, decocted, one dose per day.

Second Consultation: 20th November. Joint pain relieved, but swelling tongue and pulse unchanged. Since the 5 doses already yielded

a result, the treatment was continued and bai jie zi [white mustard seed] 10g was added to the first prescription. The patient took another 5 doses, decocted, one dose per day.

Third Consultation: 27th November. The patient is able to walk, the swelling has gone down slightly, but the pain has not stopped yet and is exacerbated towards the evening. Thus, treatment will include supplementing the kidneys and reinforcing yang, warming the channels and dispersing cold, and alleviating impediment and freeing the network vessels.

Prescription 2: Lu xian cao, ji xue teng [milletia], qing feng teng [stem of orientvine] 30g each, yan hu suo [corydalis] 20g, xian ling pi [epimedium], shu di huang [cooked rehmannia] 15g each, wu shao she [zaocys], tu bie chong [wingless cockroach], chuan xu duan [dipsacus], gui sui bu [drynaria], bu gu zhi [psoralea], dang gui [angelica sinensis], feng fang [hornet nest] 10g each, gan cao [licorice] 5g. 5 doses.

Fourth Consultation: The pain in the wrist is distinctly relieved, and the swelling has gone down. The extremities have gradually become less stiff and more relaxed, and body movement has become lighter and freer. Treatment is continued with *yi shen juan bi wan* [益腎轉痺丸] (concentrated form), 4g each time, twice a day, continuously for three months. No recurrence in over a year.



3. Heat impediment should be treated with cooling medicinals, however heating medicinals should be used as assistant medicinals

"Heat is treated with cold" is the general principle of treating heat impediment. However, in addition to external evil assailing the exterior of the body (external cause), the patient may often have had a yang qi vacuity leading to an impaired function of defence qi (internal cause), thus permitting the external evils to assail the exterior. Because the internal cause of yang qi vacuity often proves to be the precursor for the external cause, Professor Zhu stresses the use of heating medicinals as assistant medicinals in treatment. According to Professor Zhu, in the early stages of the disorder this kind of treatment method has the functions of opening obstructions, freeing depression, and promoting the swift retreat of heat evil. In the middle stages this method regulates yin and yang and prevents the cold medicinals from damaging the stomach. In the late stages it stimulates yang qi and draws evil out of the body. When using cold medicinals in the treatment of heat impediment, one should focus on cold sweet medicinals. Medicinals often used in treating impediment pattern such as long dan cao [gentiana], huang qin [scute], huang bai [phellodendron] and mu tong [mutong] easily damage yang and impair the stomach, thus their use should be restricted to short-term. When repeatedly using cold medicinals, another danger is heat evil not having left the body while cold evil is arising, causing the disorder to change from acute to chronic. For example, Professor Zhu uses medicinals such as chuan wu [Sichuan aconite], cao wu [wild aconite], gui zhi [cinnamon twigs] combined with sheng di huang [raw rehmannia], zhi mu [anemarrhena], and han shui shi [calcium] to treat heat impediment due to long-term depression transforming into heat. The ratio of hot medicinals versus cold medicinals should be chosen as follows: If the patient displays scorching hot joints but at the same time has a like for warmth, one would classify this patient as strong cold and light heat, and use chuan wu [Sichuan aconite], cao wu [wild aconite] and gui zhi [cinnamon twigs] 15g each, and merely zhi mu [anemarrhena] 10g with fu ling [hoelen] 15g to clear heat. If cold and heat are equally strong, the quantities of warming medicinals is the same as before, and





the heat clearing action is reinforced by adding di long [lumbricus] 10g, han shui shi [calcium] 15g, ren dong teng [lonicera stem] 30g. In cases of light cold and strong heat, chuan wu [Sichuan aconite], cao wu [wild aconite], gui zhi [cinnamon twigs] are reduced to 6g each; added to the previously mentioned cold medicinals are long dan cao [Gentiana] and da huang [Rhubarb] (both bitter and cold). At the same time, medicinals that can both clear vacuity heat, percolate dampness and disperse swelling such as lu cao [all-grass of Japanese hop] and xi xian cao [siegesbeckia] should be used, permitting a quick reduction of joint swelling and pain.

Case study 3: Mr. Wang, 14 years old, first consultation 3rd of May 2000. Fever since nine days, dry painful throat, general discomfort. At hospital entry the body temperature was between 39 - 40 °C. The western diagnosis was acute suppurative angina. However, after anti-infective and antiviral treatment, the fever still persisted. Seeing that the treatment yielded no results the patient left the hospital. At his first consultation with Professor Zhu, he presented with the following symptoms and signs: Fatigue, poor appetite, painful throat, aching pain in all joints, aching pain particularly severe in the knees. However, the joints showed no signs of redness or swelling. Thin, white, slightly greasy tongue coating and floating slippery pulse. Body temperature: 39°C, RF (+); ESR 60mm/h, blood Rt (-). TCM diagnosis: Heat impediment. Pathomechanism: Wind-damp evil assailing the body exterior and entering into the channels and collaterals, where the evil gets depressed and transforms into heat. Treatment method: Clear heat and outthrust evil, transform dampness and harmonise the collaterals, in combination with a small quantity of assistant medicinals that are warming and freeing.

Prescription: He ye [lotus leaf], yi yi ren [coix], jin qiao mai 30g each, qing hao [artemisia annua], huang qin [scute], chai hu [bupleurum], jiang can [silkworm], niu bang zi [arctium], she gan [belamcanda rhizome],

si gua luo [luffa cylindrical] 10g each, fu zi [aconite] 8g, chan tui [cicada moulting], bai dou kou [round cardamon fruit] (add at end) 5g each. 5 doses.

Second Consultation: 10th May. After taking the prescriptions the fever receded, and the aching pain was greatly relieved. However, the knee pain had not stopped, which was deemed due to yang qi vacuity and wind damp intruding into the network vessels. Slightly greasy tongue coating, pulse wiry and slippery. Body temperature between 36.5°C ~ 37.4°C, ESR 54 mm/h.

Prescription: Chuan shan jia [pangolin scales], qing feng teng [stem of orientvine], lu cao [all-grass of Japanese hop], tu fu ling [smilax], xi xian cao [siegesbeckia], yi yi ren [coix], ren dong teng [lonicera stem], qin jiao [gentiana macroph] 30g each, jiang can [silkworm], she gan [belamcanda rhizome], chuan wu [Sichuan aconite], dang gui [angelica sinensis], gui zhi [cinnamon twigs], 10g each. 7 doses.

Third Consultation: 18th May. Body temperature stabilised at 36.5°C, ESR 25 mm/h. To consolidate the result, the prescription was continued in easy-to-take pill form.

Professor Zhu considers bi syndrome to be a stubborn disorder that is hard to cure and has the tendency to relapse. Once the disorder occurs, it is hard to treat the root effectively. Treating bi syndrome, one has to control it immediately with strong prescriptions as soon as it breaks out. When the symptoms are alleviated, one must not stop but continue treatment for a while to consolidate the result.

By Ye Yiyuan, The Second Hospital of Jianyang City, Fujian; Jiang Yi, Liangchun TCM Clinical Institute of Nantong City, Jiangsu; Ma Xuanqing, Wuhu School of Traditional Chinese Medicine, Anhui.



Other effective traditional formulas for bi syndrome (impediment syndrome) in clinical trial

Fang Ji Huang Qi Tang [Stephania & Astragalus Combination]

Fang Ji Huang Qi Tang with alterations according to the pattern of the patient was used in the treatment of 200 cases of rheumatic arthritis. 55 cases experienced marked results, defined as the complete disappearance of any joint swelling and pain, full functional recovery, normal erythrocyte sedimentation. 57 cases experienced good results, defined as joint swelling and pain having disappeared to a large degree, satisfactory

functional recovery, and normal erythrocyte sedimentation. 70 cases experienced relief, defined as decreased joint swelling and pain. 18 cases felt no results. Thus, the overall success rate was 91%. *Fang Ji Huang Qi Tang [Stephania & Astragalus Combination] with alterations treats 200 cases of rheumatoid arthritis.* By Zhao Sheng Fu, *浙江中医杂志 Magazine, 1989, (2):59.*

Du Huo Ji Sheng Tang [Tu Huo & Loranthus (Vaeicum) Combination]

Arthritis (including rheumatic arthritis and rheumatoid arthritis): Du Huo Ji Sheng Tang with alterations according to the pattern of the patient was used in treating 41 cases of arthritis. Amongst the treated cases, the shortest course of disease was 3 months, the longest 21 years. 7 cases (17%) were cured, with "cured" defined as disappearance of all symptoms and signs, full functional recovery of the joints, normal erythrocyte sedimentation, normal RF. 21 cases (51%) experienced significant results defined as disappearance of the major symptoms, satisfactory functional

recovery of the joints, normal erythrocyte sedimentation, normal RF. 10 cases (24%) felt relief, defined as relief of the major symptoms, and progress in the functional recovery of the joints. 3 cases (8%) reported no results. *Observation of clinical results of Du Huo Ji Sheng Tang [Tu Huo & Loranthus (Vaeicum) Combination] with alterations treating 41 cases of bi syndrome (impediment syndrome).* By Li He Lin, *哈尔滨中药 Magazine, 1994, 14 (4):55.*

Sun Ten Seminar

Ping Xin Tang Chinese Medicine Specialist Clinic

Where Professor Ji and other famous Chinese Medicine Specialists hold consultations

Cui Yue-li Traditional Medical Research Centre, Beijing, is a privately-owned entity. Its scope of interest includes research on Traditional Chinese Medicine (TCM), TCM academic exchange both at home and abroad, technical consultancy and training.

Ping Xin Tang, its affiliated Chinese Medicine Specialist Clinic, is proud of its outstanding achievements managing unclear, difficult to diagnose, terminate and stubborn diseases.

Professor Ji Liang Chen has written a number of medical works, including "Record of Dialectical Clinical Experiences", and has published a few dozen TCM theses. He has lectured in Japan, USA, Thailand, the Philippines, and Hong Kong.

He is now a member several government committees and a research fellow of Cui Yue-li Traditional Medical Research Center, Beijing.

SUN TEN is extremely honoured to welcome Professor Ji Liang Chen as the March-April 2004 SUN TEN Seminar presenter.



Spacious waiting room



*Ping Xin Tang
Clinic Entrance*

The Chinese Medicine Specialists associated with Ping Xin Tang are all outstanding clinicians with their unique area of expertise. Many specialists clinical experience spans more than half a century, and names include such famous TCM doctors such as Professor Jiao Shu De, creator of a new methodology for treating bi syndrome that led to numerous patent medicines and national awards for excellence, and author of numerous books, of which his famous "Ten Lectures on the Use of Medicinals" is translated into English.

Another famous name is Professor Ji Liang Chen, Chief Physician (retired) at Beijing Traditional Chinese Medicine Hospital. It has been over 50 years since Professor Ji Liang Chen started his medical career in 1949. Having studied the Chinese Medicine Classics since childhood, he combined his well-founded classical knowledge with teachings from his master and a TCM family tradition to form his own unique style.



Dates and Venues

Sydney - Saturday, 27th March 2004

All Seasons Premier Menzies Hotel,
14 Carrington St, Sydney 2000

Brisbane - Sunday, 28th March 2004

Sheraton Brisbane, 249 Turbot St, Brisbane 4000

Adelaide - Tuesday, 30th March 2004

Stamford Plaza Adelaide, 150 North Tce, Adelaide 5000

Perth - Thursday, 1st April 2004

Hyatt Regency Perth, 99 Adelaide Tce, Perth 6000

Melbourne - Saturday, 3rd April 2004

Novotel Melbourne on Collins,
270 Collins St, Melbourne 3000

Session Times:

Registration 1:30 - 2:00pm

Seminars run from 2:00 - 7:00pm

Dinner will be served from 7:00 - 8:00pm



Entrance hallway



The founder, Mr. Cui Yue-li (left)