



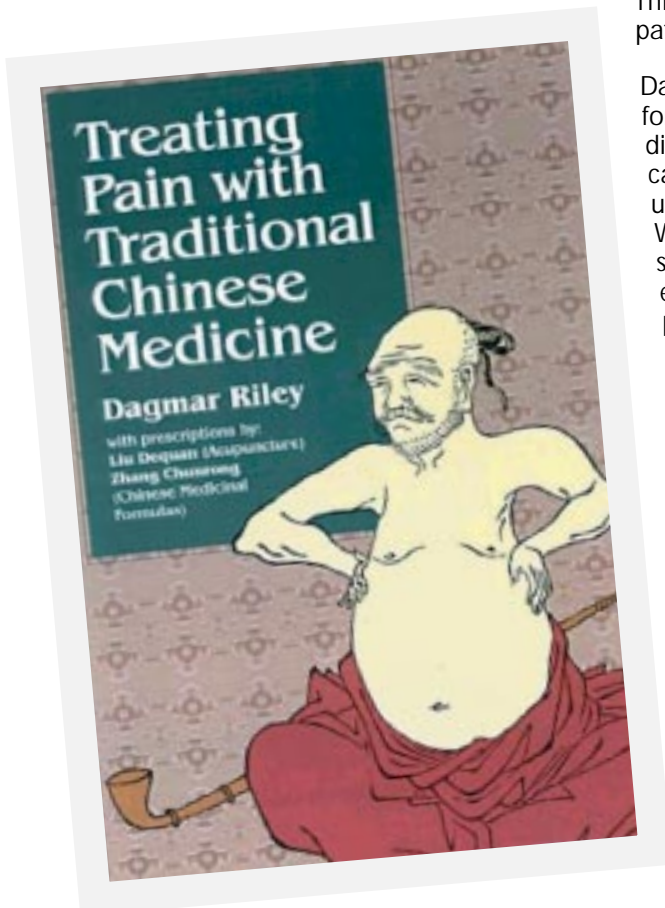
SUN TEN

September/October 2003

NEWSLETTER

研究 重 安全

New TCM Publication, Industry News



This book examines the causes of pain according to TCM pathomechanism and pattern differentiation.

Dagmar Riley's work casts light on the causes of pain as the basis for choosing the right treatment method (several patients may display the identical pain symptom brought about by different causes). This concept of "unlike treatment of like disease" is universal in TCM, but is given little consideration in the current Western biomedical model. Causes, pathomechanism and symptom diagnosis are broadly discussed, then given focus in ensuing chapters on specific conditions which include full prescriptions for both Chinese medicinal and acupuncture therapy.

The Chinese medicinal formulas in this book have been written by Professor Zhang Chunrong, who divides his time between researching, writing, teaching and seeing patients at the Beijing University of Chinese Medicine. The acupuncture prescriptions were written by Dr. Liu Dequan, vice-chief doctor of the Beijing Xuanwu TCM Hospital, who has seen patients all day, six days a week, for over 40 years, averaging more than 80 patients on a normal day.

New TCM Publication: Treating Pain with Traditional Chinese Medicine by Dagmar Riley. ISBN: 0912111712, Paradigm Publications, Paperback, 272 pages.

Available at Amazon.com and soon at China Books (Melbourne), 2nd Floor, 234 Swanston Street, Melbourne, Victoria 3000. Phone (03) 9663 8822 Free Call 1800 44 88 55, and China Books (Sydney), Shop F7, Level 1, Citymark Building, 683 George Street, Sydney, NSW 2000. Phone (02) 9280 1885, Fax (02) 9280 1887.



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Use of Wen Jing Tang (Dang Gui & Evodia Combination) in Gynaecology



Zhang Zhong Jing

Wen Jing Tang (Dang Gui & Evodia Combination) in the classic "Essential Prescriptions of the Golden Coffer" (Jin Gui Yao Lue) by Zhang Zhong Jing.

One of the earliest treatises on gynaecology can be found in Zhang Zhong Jing's "Essential Prescriptions of the Golden Coffer". This classic, written some 1700 years ago, covers gynaecology in three chapters, discussing pregnancy related disorders, postpartum disorders and women's miscellaneous

diseases. Wen Jing Tang (Dang Gui & Evodia Combination) is mentioned in the latter chapter.

Other gynaecological formulas discussed in these three chapters and still extremely popular today include Gui Zhi Fu Ling Wan (Cinnamon and Hoelen Formula), Dang Gui Shao Yao San (Dang Gui and Peony Formula), Ban Xia Hou Po Tang (Pinellia and Magnolia Combination), and Gan Mai Da Zao Tang (Licorice and Jujube Combination).

Part nine of chapter 22, women's miscellaneous diseases, describes the pattern for Wen Jing Tang as flooding and spotting¹ with vacuity cold in the Chong and Ren vessels and concurrent blood stasis. The Chong vessel is considered the sea of blood because of its main function to regulate menstruation; the Ren vessel is the sea of the yin channels, regulating menstruation and nurturing the foetus. Vacuity cold in the Chong and Ren vessel inhibits the flow of qi and blood. This causes blood stasis to collect internally and inhibits the correct flow of nourishing substances to the uterus, manifesting as flooding and spotting,

cold pain in the lesser abdomen², menstrual block (amenorrhea), or infertility.

The key factor in the above pathomechanism is vacuity cold in the Chong and Ren vessels with blood stasis collecting internally, thus the main treatment principle is to warm the channels. Furthermore, because the body is not able to dispel stagnant blood, new blood is not engendered and the body fluids lose their ability to moisten properly. Thus the secondary treatment principle is to moisten and nourish.

Blood stasis can cause bleeding when static blood obstructs the vessels and forces blood out of its normal course. Bleeding due to blood stasis manifests as dark, purple, clotted blood.

Wen Jing Tang warms the channels and dispels cold; it also enriches and nourishes yin blood, thus warming the cold and moistening the dry, quickening stasis and stopping bleeding.

Wen Jing Tang is indicated in cases of vacuity cold of the Chong and Ren vessels with blood stasis collecting internally, manifesting as:

- acute pain in the lesser abdomen due to blood stasis
- heat vexation in the palms and dry mouth and lips
- pain and coldness of the lower abdomen and lower back as well as abdominal distention
- pale or bluish purple tongue with purple spots, as well as deep and rough pulse.

All the above is combined with gynaecological disorders such as irregular menstruation, abnormal uterine bleeding, painful menstruation, menstrual block, miscarriage, or infertility.

¹ Flooding and spotting: abnormal uterine bleeding, "flooding" denoting heavy blood flow and "spotting" a slight continual bleeding.

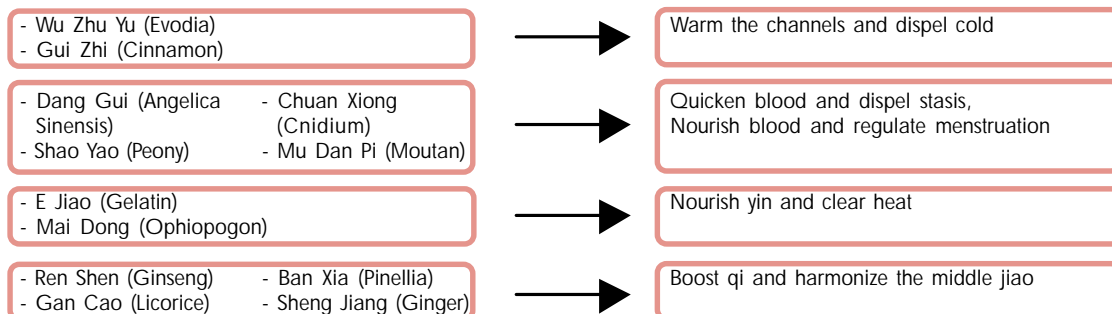
² Lesser abdomen: The sides of the smaller abdomen.

³ Hot palms and soles, and subjective feeling of heat in the chest

⁴ Codonopsis is often substituted for Ginseng

FORMULA ANALYSIS: WEN JING TANG

[warms the channels and dispels cold, removes stasis and nourishes blood]



Additions:

- *Severe blood stasis with menstrual pain and dark menstrual flow:* Hong Hua (Carthamus), Tao Ren (Persica), Yuan Hu (Corydalis), and Chi Shao (Red Peony).
- Dui Yao (dual-medicinal combinations): Tao Ren (Persica) & Hong Hua (Carthamus). Tao Ren breaks blood, moves stasis, moistens dryness and lubricates the intestines; Hong Hua quickens blood, frees menstruation, dispels stasis and alleviates pain. Both medicinals used together are highly effective in quickening blood, freeing menstruation, dispelling stasis, engendering blood, and relieving pain.
- *Severe lower jiao deficiency cold:* Rou Gui (Cinnamon Bark), Gan Jiang (Dried Ginger) and Xiao Hui Xiang (Fennel).
- *Qi stasis with abdominal distention:* Xiang Fu (Cyperus).

Case Studies Wen Jing Tang

FLOODING & SPOTTING (DYSFUNCTIONAL UTERINE BLEEDING)

Case history recorded by Dr. Yue Mei Zhong, Beijing Zhongyi Zazhi Magazine 1985: 1:7.

Mrs. Zhou, 51 years old, Hebei Province resident. No menstruation for 3 years; 6 months ago she experienced occasional heavy uterine bleeding but did not seek any treatment at the time. After one month the condition worsened with constant uterine bleeding, light red blood with blood clots, and occasional pain in the lesser abdomen. The hospital in her home town diagnosed the condition as dysfunctional uterine bleeding and administered Chinese blood stanching medicinals that stopped the bleeding for a number of days, but did not alleviate the abdominal pain. Moreover, as soon as the medication was stopped the continuous uterine bleeding resumed. Another Chinese herbal medicine course was administered over 10 days with unsatisfactory results. The patient became more and more emaciated and came to see me in my practice.

The patient showed the following symptoms and signs: Bright white facial complexion, vexing heat in the five hearts³, postmeridian tidal heat effusion, dry mouth and throat, constipation. Miscarriage 7 years ago. Pale red tongue with thin white coating, fine and rough pulse. Pattern diagnosis: Vacuity cold of the Chong and Ren vessels, and blood stasis collecting internally. Treatment strategy: Warm and supplement the Chong and Ren vessels, nourish blood and dispel stasis with Wen Jing Tang:

Wu Zhu Yu (Evodia) 9g; Dang Gui (Angelica Sinensis) 9g; Chuan Xiong (Cnidium) 6g; Shao Yao (Peony) 12g; Dang Shen (Codonopsis)⁴ 9g; Gui Zhi (Cinnamon) 6g; E Jiao (Gelatin) 9g; Mu Dan Pi (Moutan) 6g; Ban Xia (Pinellia) 6g; Sheng Jiang (Ginger) 6g; Gan Cao (Licorice) 6g; Mai Dong (Ophiopogon) 9g.

After 7 doses of the above prescription, there was less uterine bleeding and postmeridian tidal heat effusion. Thus the above prescription was continued with minor alterations according to the change in pattern of the patient.

After 20 doses the patient suddenly experienced increased uterine bleeding with dark purple clots, sometimes light and sometimes dark colored blood, and abdominal fullness of varying severity. The patient was understandably concerned. However, the pulse had changed to deep and moderate, the patient experienced much less vexing heat in the five hearts³, and the mouth and throat were less dry. Dr. Yue told the patient that both the pulse and the accompanying symptoms had improved and the sudden increase in uterine bleeding could be considered part of a healing crisis due to the fact that after taking the medicine, right qi became stronger and was able to fulfill its function to move blood and dispel stasis ("qi is the commander of blood", qi engenders, moves and contains blood). The blood stasis needed to be dispelled, otherwise new blood could not be engendered. Thus, six more doses of the original prescription were given, one every other day. The patient reported continuous discharge of blood clots for five days; afterwards the volume of bleeding decreased and the blood clots disappeared. There was only minute distending abdominal pain. The patient took another 5 doses of the original formula, one every other day. The bleeding stopped completely. There has been no relapse for 10 years.

Notes: This patient suffered from uterine bleeding after menstruation had stopped for 3 years. This was considered to be due to her previous miscarriage, blood stasis collecting internally and vacuity cold of the Chong and Ren vessels. Continuous bleeding consumed the body fluids, causing dryness of the mouth and throat, and constipation. Yin-blood depletion gave rise to postmeridian tidal heat effusion. Because of the qi and blood vacuity that accompanied the blood stasis collecting internally, blood breaking medicinals were not advisable. Blood stanching medicinals were not suitable either, since the use of these would cause blood stasis to further collect internally. The stasis had to be dispelled mildly with warming medicinals, quickening blood by warming.

DYSMENORRHEA

Case history recorded by Dr. Zhou in his book "Liu Du Chuan's selected case histories" 1996:162.

Mrs. Li, 45 years old, suffers from painful menstruation since abortion was performed 10 years ago. Acute abdominal pain that feels cold; use of pain killer tablets provide no relief. Prolonged menstruation, scanty dark colored menstrual flow with blood clots. The patient had started menstruation the day before I examined her and presented with the following additional signs and symptoms: Dry mouth and lips, dizziness, painful lower back and limp legs, as well as weak limbs. Dark tongue body, deep pulse. Pattern diagnosis: Vacuity cold and blood stasis collecting internally. Treatment strategy:

Dissipate cold, dispel stasis and nourish blood with Wen Jing Tang:

Wu Zhu Yu (Evodia) 8g; Gui Zhi (Cinnamon) 10g; Sheng Jiang (Ginger) 10g; Dang Gui (Angelica Sinensis) 12g; Shao Yao (Peony) 12g; Chuan Xiong (Cnidium) 12g; Dang Shen (Codonopsis) 10g; Gan Cao (Licorice) 10g; Mu Dan Pi (Moutan) 10g; E Jiao (Gelatin) 10g; Ban Xia (Pinellia) 15g; Mai Dong (Ophiopogon) 30g.

After taking 5 doses, the cold pain was alleviated significantly. Another 5 doses were taken and from then on menstruation was regular and pain free.

MENOPAUSE

Case history recorded by Dr. Qin De Ping in the magazine Jiang Xi Zhong Yi Yao 1980: 4:67.

Mrs. Li, 48 years old, irregular menstrual cycle for 3 months. Dizziness, dizzy vision, insomnia with profuse dreaming, low fever in the afternoons, vexation and agitation, irascibility, bitter taste in the mouth, tinnitus, dry mouth and lips, hot palms and soles, hot flushes. Sometimes profuse and sometimes scanty menstrual flow, pale tongue with stasis speckles, deep and rough pulse. Diagnosis: Vacuity cold in the Chong and Ren vessel, blood stasis collecting internally, yin vacuity internal heat. The low fever, vexation, dry lips, hot palms and soles, and insomnia with profuse dreaming are signs of blood stasis collecting internally; this statement rests on the fact that the tongue has stasis speckles and the pulse is deep and rough. If blood stasis does not move, new blood is not engendered, hence the heart and liver lose their nourishment and give rise to the other symptoms and signs in this case.

Wen Jing Tang with alterations is used to warm the channels and nourish blood, dispel stasis and enrich yin.

Wu Zhu Yu (Evodia) 9g; Gui Zhi (Cinnamon) 9g; Dang Gui (Angelica Sinensis) 9g; Shao Yao (Peony) 9g; Chi Shao (Red Peony) 9g; Mu Dan Pi (Moutan) 9g; Mai Dong (Ophiopogon) 9g; Sheng Di Huang (Raw Rehmannia) 9g; Chuan Xiong (Cnidium) 4.5g; Yue Ji Hua (Rosa Chinensis) 4.5g; Gan Cao (Licorice) 4.5g; E Jiao (Gelatin) 12g; Sheng Bie Jia (Carapax) 20g.

After 10 doses the dizziness is markedly alleviated, and sleep quality is better. Decrease in heat vexation and flushing. Seeing that the prescription yields results, the patient was told to take another 7 doses after which all symptoms disappeared.

INFERTILITY

Case history recorded by Dr. Yan in Guo Yi Lun Tan 1992: 3:23.

Mrs. Dong, 30 years old, history of dysmenorrhoea, married for 3 years, no pregnancies. The dysmenorrhoea aggravates with age, breast distention prior to menstruation, scanty menstrual flow of dark purple color, abdominal pain and nausea during menstruation. When pain is severe the face is somber white and the patient experiences counterflow cold of the limbs. Dark around the eyes, sloppy stool, purple tongue with thin slimy tongue coating, deep slow pulse. Pattern diagnosis: Cold congealing blood stasis. Wen Jing Tang with alterations is prescribed to transform stasis:

Shao Yao (Peony) 9g; Chi Shao (Red Peony) 9g; Sheng Jiang (Ginger) 3 slices; Chuan Xiong (Cnidium) 6g; E Jiao (Gelatin) 7g; Wu Zhu Yu (Evodia) 9g;

Dang Gui (Angelica Sinensis) 9g; Zi Shi Ying (Fluoritum) 30g; Gui Zhi (Cinnamon) 6g; Xiao Hui Xiang (Foeniculi Vulgaris) 3g; Yan Hu Suo (Corydalis Yanhusuo) 9g; Dang Shen (Codonopsis)* 9g. Add Shi Xiao San (Pteropus and Bulrush Formula).

After 7 doses the signs and symptoms were alleviated. After 4 months the patient was pregnant. After the pregnancy the menstrual pains disappeared completely.

Note: Ren Shen (Ginseng) was eliminated from above formula due to the use of Wu Ling Zhi (Pteropus).

Clinical Trials Wen Jing Tang

Flooding and spotting (dysfunctional uterine bleeding)

A decoction of Wen Jing Tang with alterations was used to treat 104 cases of dysfunctional uterine bleeding due to vacuity cold of the Chong and Ren vessels with blood stasis collecting internally. The decoction was administered one dose a day for a period of 2-6 menstrual cycles. 38 cases were completely cured, 40 cases experienced significant improvement, 22 cases experienced improvement and 4 cases did not experience any improvement. Thus the overall rate of improvement was 96.2%. Reported in the magazine Zhe Jiang Zhong Yi Za Zhi, 1993, 28 (7):299.

Irregular Menstruation

26 cases of amenorrhea due to vacuity cold of the Chong and Ren vessels with blood stasis collecting internally were treated with Wen Jing Tang, all of whom recovered. 9 cases of menorrhagia were treated with Wen Jing Tang one dose a day, split up in ½ dose taken twice daily. 7 cases were cured, 2 cases experienced improvement. Reported in the magazine Xin Zhong Yi Yao, 1957, 8 (2):19.

The effect of Wen Jing Tang on pituitary gonadotropin secretion and ovulation in anovulatory cycles of young women.

Am J Chin Med. 1995;23(3-4):223-30.

Ushiroyama T, Tsubokura S, Ikeda A, Ueki M.

Dept of Obstetrics and Gynecology, Osaka Medical College, Japan.

Wen Jing Tang induced significant increases of plasma follicle stimulating hormone level in amenorrhea ($P < 0.01$) in eight weeks of treatment. Plasma estradiol level significantly increased 1.8 times in 4 week treatment with Wen Jing Tang in amenorrhea ($P < 0.01$).

The patterns of pulsatile secretion of follicle stimulating hormone and luteinizing hormone remarkably improved by the treatment with Wen Jing Tang. Ovulation occurred in 62.2% (23/37) of the patients with amenorrhea by the treatment with Wen Jing Tang.

These results indicate that Wen Jing Tang is effective on improvement of gonadotropin pulsatile secretion in the treatment of anovulatory women. This suggests that Wen Jing Tang may enhance the pituitary response to Gn-RH or improvement of the pulsatile secretion of Gn-RH, inducing normalization of diencephalon-pituitary-ovarian endocrine system in the anovulatory patients.

Comment: The Wen Jing Tang pattern of vacuity cold of the Chong and Ren vessels with blood stasis collecting internally seems to be associated with changes in Gn-RH induced FSH (follicle stimulating hormone) and LH (luteinizing hormone) levels which alter ovarian production of oestrogen and progesterone, leading to menstrual disorders and ultimately anovulatory amenorrhea. Correction of this pattern by Wen Jing Tang leads to restoration of Gn-RH function and normalisation of menstruation.

Conferences & Seminars

EXCITING OPPORTUNITY TO LEARN HOW TO USE TRADITIONAL CHINESE PATENT MEDICINES

Early in 2004, Health World Limited in conjunction with Sun Ten will be offering a correspondence course in Traditional Chinese Patent Medicine. Providing practitioners and students with a working knowledge of commonly used Chinese patent herbal formulas. This correspondence course aims to develop practical skills in diagnosis and treatment using around 100 Chinese herbal formulas.

By the end of the course participants will have developed an understanding of the basic principles of prescribing common Chinese patent formulae and the dynamics of Chinese phytotherapy, mastering basic diagnostic techniques, individual herb characteristics, formulae construction and simple modification.

Dagmar Riley, Health World Limited's Technical Support Officer will be going to Taiwan in early October to finalise the new Sun Ten Correspondence Course.

Full details of the Traditional Chinese Patent Medicines course will be available soon.

FIRST WORLD CONGRESS ON CHINESE MEDICINE FOR EDUCATION, RESEARCH AND PRACTICE

21 – 24 November, 2003 Melbourne, Australia

The Department of Complementary Medicine at RMIT is holding the First World Congress on Chinese Medicine for Education, Research and Practice in Melbourne from Friday 21 November to Monday 24 November, 2003 (4 days).

This conference is jointly organized by RMIT University, Melbourne Australia, and Nanjing University of Traditional Chinese Medicine, Nanjing China to:

- address issues related to Chinese Medicine education
- discuss Chinese Medicine basics and clinical research
- identify strategies for Chinese Medicine clinical practice

For further congress information or to register please visit the <http://www.wccm2003.com/> or e-mail sm@asnevents.net.au