

Managing a Patient with Multiple Complaints

Jake Paul Fratkin, OMD, LAc

A situation common to American herbalist/acupuncturists is the arrival of a new patient reporting multiple complaints. Although a single chief complaint might be written on their intake form, when one gets to interviewing them, there could be a lot of concurrent complaints: digestive problems (discomfort or irregular stool), menstrual problems (irregular, cramps), pain (headache, joint or muscle pain), sleep disturbance, poor focus, emotional stress and fatigue. From the classical *zang-fu* perspective, where does one begin?

When I studied in China 20 years ago, what struck me, especially in the in-patient geriatric ward, was how focused complaints were in the TCM sense. Patients were admitted based on traditional TCM diagnosis, such as chest pain, epi-gastric pain, palpitations and so on. For each patient, it seemed relatively easy to discern the particular *zang-fu* differentiation. This certainly was not the case in America. When I first studied Chinese herbal medicine in Chicago, I asked my teacher, Dr. Zhengang Guo, how he thought American patients might be different than Chinese patients. He thought for a moment, then replied, "Much more complicated here; many, many layers."

I've thought about this difference - American patients from Chinese patients - and explain it to myself this way: The elderly I saw in China had never been on a Western medicine. Whenever they were sick, they were given Chinese herbs and acupuncture based on differential diagnosis. Problems cleared up in a natural way and not allowed to progress further, either into the interior or laterally to other *zang-fu* organs. This, plus the uniquely Chinese habits of diet and physical exercises, kept their health centered and robust, so when they did exhibit a problem, it fit textbook-like to a single diagnosis and differentiation.

This certainly is not the case for American patients, who usually come in having never experienced TCM. All prior problems were either untreated, or suppressed through a series of prescription or over-the-counter pharmaceuticals. This creates a layered pattern of multiple *zang-fu* problems, making it quite difficult for even an experienced practitioner to decide which pattern is predominant. Thus, the new patient in your clinic presents with five or even 10 seemingly unrelated complaints. In deciding the *zang-fu* syndrome, it's difficult even deciding which organ is key: is it their spleen, their kidney or their liver? Assuming one is good at taking a clinical history, as well as diagnosing tongue and pulse, how does one organize such data? I think this is the key question for most herbal practitioners.

Prioritize Excess Over Deficiency

The first step is to determine if there is a dominant pattern of excess or deficiency. In almost every case, patterns of excess and deficiency will coexist. This is most easily discernible from the pulse. Any case of wiriness in the middle or superficial aspect of the pulse should be taken as a sign of excess. This always represents stagnation, usually of *qi* and blood simultaneously, and explains how untreated problems can have a cascade effect on many organs and pathways in the body. When a patient with multiple complaints comes in, my clinical experience is that it's best to start by treating stagnation of liver *qi* and blood.

The liver is the key to moving *qi* and blood, and if there is stasis, it affects healthy functioning of the body in numerous ways. First, when the liver becomes stagnant, it reduces the spleen's ability to absorb *qi* and fluids, and inhibits its natural upward movement of *qi* and fluids to the upper *jiao*, where it becomes *qi* and blood. In this very real application of the liver over-acting on the spleen, one finds that liver stagnation affects the body's vitality, both by restricting movement of *qi* and blood through their channels, as well as inhibiting production of *zhong qi* by inhibiting spleen function. The consequence of this creates one of the most common clinical symptoms - fatigue. Many inexperienced practitioners assume fatigue always is related to deficiency and proceed to give various tonic formulas. This not only is ineffective, but will aggravate signs of excess or stagnation such as abdominal bloating, nausea or headache. Tonic formulas should be given only in the later stages of managing a chronic problem. The early stage invariably involves moving *qi* and blood.

If spleen *qi* fails to move upwards, there also might be the consequential effect of the stomach failing to move *qi* downward. These cases will show abdominal distension or discomfort. It's a common scenario to have liver *qi* stagnation with spleen *qi* deficiency and stagnation of stomach *qi*, with signs of irritable bowel syndrome, esophageal reflux and abdominal pain.

Stagnation of liver *qi* can affect the body in other ways besides gastrointestinal disorders. Free-flowing blood and liver *qi* allows flow to the uterus for the menstrual cycle. When blood is constrained, it becomes the root of many chronic menstrual disorders, including premenstrual syndrome, irregular periods, dysmenorrhea and certain cases of infertility. Constrained liver *qi* also can affect the lungs, causing chronic cough. Other disorders due to stagnation of liver *qi* and blood include chronic fatigue, migraine or chronic headache, fibromyalgia, depression, anxiety, certain sleep disorders, and poor circulation to the limbs.

Treating Liver as the First Step

When faced with a patient having multiple complaints, my recommendation is that the first step should be to move liver *qi* and blood for at least one month. Having done so, one finds many of the secondary complaints will be improved or gone by the next monthly evaluation. Moving liver *qi* and blood is not difficult. In fact, two herbs can accomplish this when used together: *chai hu* and *bai shao yao*.¹ *Chai hu* moves *qi*, and *bai shao* moves blood. My favorite formula for doing this is *Chai Hu Shu Gan Tang*.² This formula actually is a variation of *Si Ni San* ("Four Counter-Flow Powder").³ The original *Si Ni San* contains *chai hu*, *bai shao*, *zhi ke* and *gan cao*. To reinforce the formula's ability to move *qi*, *xiang fu* is added, as is *chen pi* which helps descend stomach *qi*. To reinforce *bai shao* in moving liver blood, the herb *chuan xiong* is added.⁴

Chai hu shu gan tang effectively accomplishes opening the liver. If one is custom formulating, I would recommend adding *huang qin* to reduce liver heat.⁵ A formula like *Xiao Chai Hu Tang*⁶ addresses liver stagnation with heat, containing both *chai hu* and *huang qin*, but would benefit by the inclusion of *bai shao*. *Jia Wei Xiao Yao San*⁷ opens liver *qi* and clears heat, with *zhi zi* and *mu dan pi* acting further to tonify blood with *dang gui*.⁸ It's more appropriate to gynecological conditions, especially premenstrual syndrome. All of these formulas commonly are used to move liver *qi* and blood, and any of them would be a good first treatment.

After a month or so, either continue with liver regulation or look at predominant symptoms to see if the orientation should change. Insomnia and anxiety might need to be addressed with heart *shen* formulas, while ongoing digestive disturbances can be addressed with spleen or stomach formulas. Even at this stage, it might be too early to offer spleen *qi* tonics alone. Instead, look for formulas

that descend stomach *qi* while boosting spleen *qi*. An appropriate formula would be *Xiang Sha Yang Wei Wan*.⁹ Only in later management should one address frank deficiencies of kidney *yang*, *yin* or *qi*.

This is my proposal for chronic cases with multiple layers. Start with liver stagnation, move into stagnation of stomach *qi* with spleen *qi* deficiency, and later address the heart or the kidney. I would recommend this approach over symptomatic treatment for cases involving menstrual disorder, headache, fibromyalgia and insomnia. There are times, however, when acute symptoms can be treated first in isolation, or in combination with liver regulation. These include cases such as acute skin itching or constipation. At any point in managing chronic cases, when the patient presents with acute viral cold or cough, one should suspend all other treatment and concentrate on this area.¹⁰

All told, this approach is how I manage these sorts of cases after 30 years of clinical practice. I believe it to be effective and I hope my experience can help guide practitioners facing these situations so as to minimize the frustration of trial and error.

References

1. *Chai hu* (Radix bupleurum); *Bai shao yao* (Radix paeonia lactiflora).
2. *Chai Hu Shu Gan Tang*. "Bupleurum Dredge Liver Decoction." Recorded by Zhang Jie-Bing in *Jing Yue Quan Shu* (Zhang Jing-Yue's Collected Books), 1624.
3. *Si Ni San*. "Four Counter-Flow Powder." Recorded by Zhang Zhong-Jing in *Shang Han Lun* (On Cold Damage), 220.
4. *Zhi ke* (Fructus citrus aurantium); *Gan cao* (Radix glycyrrhizae uralensis); *Xiang fu* (Rhizoma cyperi rotundi); *Chen pi* (Pericarpium citrus reticulata); *Chuan xiong* (Rhizoma ligustici wallichii).
5. *Huang qin* (Radix scutellariae baicalenses).
6. *Xiao Chai Hu Tang*. "Minor Bupleurum Decoction." Recorded by Zhang Zhong-Jing in *Jin Gui Yao Lue* (Golden Cabinet's Essential Prescriptions), 220.
7. *Jia Wei Xiao Yao San*, "Added Ingredients Free-and-Relaxed Powder." Recorded by Wang Ken-Tang in *Zheng Zhi Zhun Sheng*, (Guidelines for Pattern Identification and Treatment), 1602.
8. *Zhi zi* (Fructus gardenia jasminoides); *Mu dan pi* (Radix cortex moutan); *Dang gui* (Radix angelica sinensis).
9. *Xiang Sha Yang Wei Wan*. "Aucklandia, Amomum Nourish Stomach Pill." Recorded by Gong Ting-Xian in *Wan Bing Hui Chun* (Thousand Diseases Return to Spring), 1587.
10. See my articles: "Modern Applications for Antiviral Therapy," *Acupuncture Today* (March 2005, Vol. 06, Issue 03); and "[Plotting Acute Cough](#)," *Acupuncture Today*, May 2007 (Vol. 8, Issue 5).

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