

Heart of the Matter

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In this column I would like to address a widespread and common complaint encountered in my clinic: recalcitrant hypertension. It is very important for the clinician to properly diagnose and address this condition via the diagnostic paradigm of pattern differentiation. At least 2-3 times of month I have a patient referral from another practitioner of Chinese medicine arrive at my office suffering from recalcitrant hypertension. They have typically been receiving weekly acupuncture sessions with minimal results and are seeking to achieve more consistent and complete relief from this potentially dangerous condition. In most cases, the patient arrives at my office with the patent medicine "*Du Zhong Pian*" in hand and minimal ideas of dietary modifications.

I would like to examine two case studies, which reveal the complex personality of recalcitrant hypertension and the concomitant need for the TCM clinician to properly evaluate the patient via pattern differentiation. This may seem like common sense, however I consistently see patients arrive at my office as referrals from other TCM practitioners who have not been properly diagnosed with the most basic TCM pattern presentations. It is my hope that this short article will inspire TCM practitioners to take the time to adequately diagnose patients suffering from this common condition.

Case #1

Patient was a 53-year-old Caucasian female suffering from recalcitrant hypertension. Patient had been on various allopathic medications for over five years and was unhappy with her experiences due to side effects of prescription medications. She was not overweight, exercised daily and was very interested in her nutritional habits. She was not consuming too much sodium or sugar and suffered from no food allergies. The only other chronic symptom which she complained about was "chronic cold hands and feet." Her blood pressure readings averaged 140-155/ 89. Reading at office visit was 138/82. She was currently on no medication and was taking fish oil, magnesium glycinate and a multi-vitamin daily. She was referred by an acupuncturist and was currently taking the patent medicine "*Du Zhong Pian*" dosed at 5 tabs, BID. After being on this patent for one month, the patient had not seen any improvements in blood pressure readings.

Her tongue was swollen with teeth marks and coating was wet and sticky; sublingual veins were swollen and engorged. Her pulse was deep, slippery and slow. Pattern differentiation was Kidney Yang Vacuity with Blood Stasis. The following herbal formula was used:

Yin Yang Huo 15gr, Tu Si Zi 15gr, , Ba Ji tian 10gr, Dan Shen 15gr, Chi Shao 10gr, Dang Gui 10gr, Chuan Xiong 10gr, Rou Gui 10gr, Chen Pi 5gr.

Tea was dosed one cup twice daily in powder form taken five days a week. Patient discontinued use of "*Du Zhong Pian*." I also encouraged patient to print out a list of potassium rich foods and make an effort to add more of these foods into her diet daily. After three weeks of above formula, patient returned to clinic for a follow-up. Blood pressure readings in the office were 128/81, her lowest reading in five years. Her tongue was visibly less swollen and coating was normal, sublingual veins

were still swollen and engorged. Due to positive changes in blood pressure reading, patient requested to stay on the tea and a follow-up was scheduled in two weeks.

At the two week follow-up, patient's blood pressure reading was 125/ 78 and was no longer complaining about cold hands and feet. Tongue was normal with no teeth marks and normal coating. Sublingual veins were less swollen and engorged. At this point, patient was instructed to discontinue herbal tea and continue on the potassium rich diet. I requested a two-week follow-up to monitor blood pressure and evaluate patient progress. At two-week follow-up, patient's blood pressure reading was 125/ 81. At this point, I instructed patient to take home blood pressure readings once a week and continue on the potassium rich diet. At a six-week follow-up, patient's blood pressure reading was 123/ 79. At this point, I instructed the patient to use acupuncture as needed and to visit her cardiologist twice a year to evaluate progress.

This is an interesting case of long standing treatment resistant hypertension resolved with simple TCM pattern differentiation. The patent medicine "*Du Zhong Pian*" did not address the Kidney Yang Vacuity with concomitant Blood Stasis and a simple granulated tea which targeted these TCM patterns caused a physiological shift to resolve the chronic presenting complaint.

Case #2

The patient was a 49-year-old Caucasian female presenting with chronic hypertension for the past three years. Patient was similar to aforementioned case study in that she was not willing to take allopathic medications because she was unhappy with side effects, which occurred upon taking the medication. Patient was suffering from no other health issues besides chronic dry mouth/ throat and was very proactive with her diet and had a daily exercise program. She was referred from another TCM practitioner and was currently taking magnesium citrate daily, fish oil, and the patent medicine "*Du Zhong Pian*" dosed at 5 tablets TID.

Her blood pressure readings averaged from 138/95 to 145/95. Her tongue body was scarlet red with cracks and no coating, sublingual veins were engorged and swollen. Her pulse was thin and rapid. Her TCM pattern differentiation was Kidney Yin Vacuity with concomitant Blood Stasis. The following herbal formula was used:

Nu Zhen Zi 15gr, Han Lian Cao 15gr, Xi Yang Shen 10gr, Dan Shen 15gr, Chi Shao 10gr, Dang Gui 10gr, Chen Pi 5gr.

Tea was dosed one cup twice daily, five days a week. Patient was instructed to discontinue "*Du Zhong Pian*." At the four-week follow-up, patient's in office blood pressure reading was 129/85. Patient's tongue was normal color, tongue body had cracks and sublingual veins were still swollen and engorged. Herbal formula was continued and follow-up appointment was scheduled in four weeks. At the four-week follow-up, patient's in-office blood pressure reading was 124/78. Her tongue was normal color, tongue body had cracks, and sublingual veins were no longer swollen and engorged. At this point, tea was discontinued and patient was referred back to previous TCM practitioner for acupuncture and scheduled for an eight-week follow-up.

At the eight-week followup, in office blood pressure reading was 122/ 78.

These two cases are interesting as they reveal how simple TCM pattern differentiation can shift a chronic hard to treat medical condition.

These cases also reveal how "allopathic herbalism" is not always the best method to treat recalcitrant issues. "*Du Zhong Pian*" is a simple patent medicine consisting of *Du Zhong*, *Gou Teng*, *Xia Ku Cao*, *Huang Qin*, and *Zhe Tang*. It is essentially a collection of herbs which have been

researched to lower blood pressure. It does not take into account specific pattern differentiation. Practitioners should always target the presenting TCM pattern first and then add herbs based upon contemporary research to achieve positive clinical outcomes. "*Du Zhong Pian*" is an excellent patent medicine to have on hand, but must always be combined with appropriate TCM pattern differentiation to achieve the most effective clinical outcomes.

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