



HERBAL MEDICINE

Clinical Case Vignettes: Herbal Medicine in Action (Pt. 1)

THREE CASES: INFLAMMATORY POLYNEUROPATHY; MULTIPLE METASTASES; NON-HODGKINS LYMPHOMA

Scott Herbster, LAc, Dipl. OM; Lee Chen-Yu, BA, OMD; Marc Wasserman, PhD, LAc | DIGITAL EXCLUSIVE

Editor's Note: The following are excerpts from *Integrative Chinese Herbal Therapy*, a [three-volume series](#) that shares the extensive clinical experiences of Dr. Lee Chen-Yu. This series includes over 600 case studies, offering insights, instruction and inspiration for the application of Chinese medicine in the treatment of pathoconditions that range from common maladies to intractable diseases. Dr. Lee's therapeutic methodology provides a template for bridging the gap between the classics and our modern world. They have been modified only to conform to *Acupuncture Today's* editorial style guide.

Case #1: It's An Inflammatory Demyelinating Polyneuropathy (*From Volume III*)

Q: Today, a 24 y/o male diagnosed with Guillain-Barre syndrome (GBS) came for a clinical visit. The first episode occurred when he contracted a respiratory tract infection at the age of 10 y/o, which unexpectedly progressed into tingling sensations (paresthesia) that affected the distal extremities, prompting a stay in the hospital for treatment and a thorough examination. He was diagnosed with GBS, but the symptoms completely resolved without any problems.

Then, at the age of 15, he suddenly began having a similar type of paresthesia in the limbs, warranting a lengthier three-month hospital stay. This time treatment was *not* effective in resolving the symptoms, as the patient was discharged from the hospital with weakness (reduced muscle tone) of the arms and legs, bilateral atrophy of the muscles between the fingers (still capable of finger abduction and adduction though inhibited and weak), and bilateral leg weakness (he is able to walk with the assistance of a walker).

Over the years, his condition has seemed to stabilize for the most part, but I *did* notice bilateral

muscle atrophy of the extremities below the wrists and ankles. Do you think Chinese medicine medicinals could effectively treat his condition? Please offer your invaluable insights!

A: GBS and its subtypes and variants are postinfectious pathoconditions, resulting in inflammatory demyelinating polyneuropathy. This patient has apparently incurred a relapse, one of the merely 3% of GBS patients who do.

At the onset (acute stage), it can be identified as exterior pattern. In the post-acute stage (≤ 6 months) without administration of immunosuppressants (i.e., corticosteroids, intravenous immunoglobulins (IVIG)) and the *presence* of inflammation, it can be identified as *yin* vacuity fire pattern, requiring administration of *yin*-enriching fire-downbearing medicinals. In the post-acute stage, following the administration of immunosuppressants and the *absence* of inflammation. In the chronic stage, it can be identified as dual vacuity of *qi* and blood with kidney *yang* vacuity pattern or kidney *yang* vacuity pattern.

Your patient's condition can definitely be classified as in the chronic stage, requiring the administration of formula variants such as *Shi Quan Da Bu Tang*, *Ren Shen Yang Rong Tong*, *You Gui Yin*, *Shen Qi Wan*, *Bu Yang Huan Wu Tang*, or *Gui Qi Jian Zhong Tang*. Just make sure to include The Three Great *Yang* Supplementers,* *ma huang*, *di long*, and *ren shen / chuan qi* powder.

If tetany (periodic painful muscular spasms, tremors and hypertonicity) presents, then add The Three Insects; and if anal sphincter paralysis presents with constipation, consider prescribing either Paralysis Formula #2 (*Shi Quan Da Bu Tang* variant) or Paralysis Formula #3 (*You Gui Yin* variant).

Treatment of acute postinfectious demyelinating pathoconditions such as GBS during the "golden period" (acute stage ≤ 2 weeks) will inevitably provide the best outcome. For patients presenting with exterior pattern symptoms of fever, generalized malaise, and heaviness and painful distention of the limbs at the early onset of infection, you should prescribe heat-clearing exterior-effusing formulas such as *Yang Dan Tang*, *Da Qing Long Tang* and *Ge Gen Tang*. Just make sure to include The Three Yellows:** *sheng shi gao*, *ma huang* and *di long*. Chinese medicine can still offer effective treatment during the post-acute stage (≤ 6 months), but the results will take longer, with a less likely chance of complete recovery.

CM offers excellent therapeutic efficacy for the treatment of GBS. However, your patient has already entered the chronic stage. Intervention now will first involve preventing further deterioration and muscular atrophy, and then working toward progress in the future.

Let's put it this way: If it takes one month to stabilize the condition and two months to start showing signs of progress, then you could consider yourself well on the way to becoming a "master" physician.

Typically, for most patients like this, it will take anywhere from six months to one year to achieve significant improvement in symptoms. That's why it is important from the outset to clearly explain your therapeutic regimen and the likely time frame for progress - and by all means to have patience!

Remember! GBS may also cause cardiovascular autonomic dysfunction (arrhythmia) and even respiratory failure that leads to death. So stay vigilant and be prepared to respond!

Case #2: Lung, Liver and Lymphatic Metastases (*From Volume I*)

Q: The patient is a 62 y/o female who was diagnosed with left-sided breast cancer and had a

lumpectomy performed three years ago. This year she began having shortness of breath and heaviness in the chest, so she went to have it checked out. Examination confirmed the cancer had spread to the lungs, liver and lymphatics. At this stage, what is the best treatment approach?

A: If the patient *has* already started chemotherapy, then I would prescribe a heat-clearing, phlegm-damp-transforming and water-disinhibiting formula such as *Chai Ling Tang* (large doses of *fu ling* and *ze xie*), adding *ting li zi*, *fang ji*, *ma huang*, *xing ren*, *da huang*, and *ren shen / chuan qi* powder. And if hematopoietic dysfunction presents, then add The Three Great *Yang* Supplementers and *Xi Lu Rong*.***

If the patient has *not* received chemotherapy, then you can still prescribe the above prescription, subtracting The Three Great *Yang* Supplementers and adding *Tong Jing Fang* (breaks blood and frees the channels) instead. If there is metastasis to the lymphatics presenting with swollen lymph nodes and tidal fever, then add *qing hao*, *zhi mu*, and *di gu pi*.

Shortness of breath suggests pleural effusion, for which *Chai Ling Tang* variant can be prescribed to relieve symptoms and allow the patient to live in harmony with this condition.

Remember! If chemotherapy and/or corticosteroids have *not* been administered, then this condition can be identified as stasis heat pattern, and thus, you should *not* add The Three Great *Yang* Supplementers!

Case #3: Non-Hodgkin's Lymphoma (*From Volume I*)

Q: A 70 y/o female patient was diagnosed with non-Hodgkin's lymphoma (NHL) and she presented with swelling on the left side of her nose. She is currently receiving chemotherapy and her WBC count is slightly low, but she has a good appetite. Is it necessary for NHL patients to receive chemotherapy?

A: If the diagnosis of non-Hodgkin's lymphoma is indeed accurate, then you can follow the *shao yang* heat pattern therapeutic approach. You can prescribe *shao yang*-harmonizing / resolving and blood-nourishing, *yin*-enriching formulas such as *Xiao Chai Hu Tang*, *Di Gu Pi Yin*, or *Shui Niu Jiao Di Huang Tang*. Just make sure to include *qing hao*, *zhi mu*, *di gu pi*, *huang qin* (and/or *huang lian* and *huang bo*), *chuan qi*, *yu sheng wan*, and *wan ling dan*.

If soft, diffuse swelling of lymph nodes present, then add The Four Lings**** (disinhibit water by bland percolation and fortify the spleen and disinhibit dampness) or change the formula to *Wu Ling San*, adding *huang qin* (large doses), *qing hao*, *mu dan pi* and *di gu pi*.

If chemotherapy induces leukopenia, then you should add *ren shen / chuan qi* powder to promote an increase in the WBC count. If the WBC count does still *not* increase, then add The Three Great *Yang* Supplementers.

Remember! Once chemotherapy has been discontinued, you must *subtract* The Three Great *Yang* Supplementers; otherwise, lymph node enlargement may return.

Notes

**Gan jiang*, *fu zi* and *rou gui*.

***Huang qin*, *huang lian* and *huang bo*.

****Xi lu rong* (fine-haired deer antler) is a premium-quality *lu rong* that has reached 60% to 70%

growth (thus at peak hormone levels), which Dr. Lee identifies as *xi lu rong*, with the “fine” velvet sheen of the antler describing its texture and appearance.

****Fu ling, zhu ling, ze xie, bai zhu, and cang zhu.*

Formulas

- *Chai Ling Tang = chai hu, dan shen, ban xia, huang qin, fu ling, zhu ling, ze xie, cang zhu, yan hu suo, mu xiang, gui zhi, gan cao, sheng jiang, da zao.*
- *Di Gu Pi Yin = di gu pi, mu dan pi, dang gui, chuan xiong, chi shao, sheng di huang, huang qin, cang zhu, gan cao.*
- *Paralysis Formula #2 (Shi Quan Da Bu Tang variant) = dang gui, huang qi, ma huang, di long, da huang, gan jiang, fu zi, rou gui, dan shen, niu xi, sheng di huang, chuan xiong, chi shao, chao bai zhu, fu ling, huang qin, gan cao.*
- *Paralysis Formula #3 (You Gui Yin variant) = du zhong, niu xi, shan zhu yu, sheng di huang, tu si zi, gou qi zi, shan yao, dang gui, ma huang, di long, da huang, gan jiang, fu zi, rou gui, fu ling, huang bo.*
- *Wan Ling Dan (aka Bao An Wan Ling Dan) = tian ma, chuan xiong, chuan wu, wu cao, fang feng, jing jie, ma huang, xi xin, qiang huo, he shou wu, dang gui, shi hu, quan xie, gan cao, cang zhu, xiong huang.*
- *Xiao Chai Hu Tang = chai hu, dan shen, ban xia, huang qin, gan cao, sheng jiang, da zao.*
- *Yu Sheng Wan = jin yin hua, shan yao, feng mi (honey).*

JULY 2023