

Blood Stasis and Cardiovascular Health

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In several of my previous columns, I have discussed the clinical implications of blood stasis and its impact on the progression of joint disease. In this column, I would like to examine the role of blood stasis in cardiovascular disease and explore ways to integrate two key TCM formulas with an important Ayurvedic medicinal in order to maximize positive clinical outcomes and reduce common risk factors in cardiovascular disease.

This is an extremely broad topic and I will not have room in this short article to explore all areas of cardiovascular disease risk factors nor discuss comprehensive treatment protocols within TCM and or Ayurveda. I assume practitioners reading this article will have adequate professional resources and training before treating the diverse array of cardiovascular disease presentations. Cardiovascular disease is an extremely serious condition. Practitioners must have professional referral systems in place prior to treating patients and must be vigilant at monitoring all signs and systems and refer out immediately in all questionable cases. This is also an area where herb/drug interactions can have serious implications. Therefore, it is incumbent upon the practitioner to not blindly administer herbal medicines to patients on cardiovascular medications. It is imperative to establish clear lines of communication between the cardiologist and the herbal practitioner prior to establishing any type of integrative protocol.

I would like to discuss two key TCM formulas with which every practitioner should be familiar and introduce a key Ayurvedic medicinal that can easily be added to TCM formulas when addressing cardiovascular disease. The two main TCM formulas are *Xue Fu Zhu Tang* (Anti-Stasis Chest Decoction) and *Guan Xin Er Hao Fang* (Coronary Decoction No. 2). The former is a very famous traditional formula, and the latter is a contemporary formula created in 1978. Both formulas target blood stasis in the chest area and can be easily modified to address the unique pattern presentations of the patient.

Both formulas use the medicinals *chuan xiong*, *qi shao* and *hong hua*. *Xue Fu Zhu Yu Tang* is a more complex formula, while *Guan Xin Er Hao Fang* is a more streamlined formula that can easily be adjusted and modified as per the patient's changing disease presentations. I often recommend practitioners use *Xue Fu Zhu Tang* in pill form and keep *Guan Xin Er Hao Fang* on hand in granule or loose herb form. Since most practitioners have standard TCM materia medicas to consult concerning the ingredients in *Xue Fu Zhu Yu Tang*, I will only list the medicinals in *Guan Xin Er Fang*. These are as follows: *chuan xiong* 15 g, *qi shao* 15 g, *dan shen* 30 g, *hong hua* 15 g, and *jiang huang* 15 g. Practitioners should note the large dose of the key medicinal *dan shen*, as this is very important to the efficacy of the respective formula.

Both formulas can be used to address a diverse array of cardiovascular disease presentations. Research has been pursued in China on using these formulas for issues such as angina, coronary heart

disease, thrombotic stroke, palpitations and arteriosclerotic heart disease. All of these Western disease conditions have blood stasis as an etiological factor, particularly in diseases of a chronic nature. Two statements by the famous TCM physician Ye Tian-shi reflect this idea and are as follows: "New diseases are in the channels; enduring diseases enter the network vessels," and "If enduring disease is not cured, damage reaches the blood network vessels, the blood vessels do not flow smoothly, and this results in blood stasis." Wang Qing-Ren, another legendary TCM practitioner later stated succinctly "In enduring disease, there must be stasis."

These TCM statements reflect the idea that cardiovascular disease develops slowly over time and that disease mechanisms have been in motion long before the presentation of acute symptoms. Another TCM statement: "If warm *qi* is not moved, congealed blood brews and is not scattered, the movement of fluids and humors is rough and they seep downward; if these adhere and are not removed, various accumulations will be produced." This statement reflects the etiology of arteriosclerotic heart disease resulting from dampness and phlegm accumulating and damaging the cardiovascular system. This in turn causes more blood stasis due to blood viscosity and arterial occlusion with concomitant *qi* stagnation.

With these ideas in mind it can be easy to see how *Xue Fu Zhu Yu Tang* and *Guan Xin Er Hao Fang* can be used when patterns of blood stasis and *qi* stagnation are present in cardiovascular disease or when patients present with chronic cardiovascular disease symptoms. Both formulas address the reciprocal relationship between blood stasis and *qi* stagnation by combining medicinals which invigorate the blood with medicinals to move the *qi*.

Xue Fu Zhu Yu Tang uses *chai hu* and *zhi ke* to move the *qi* and *Guan Xin Er Hao Fang* uses *jiang huang* in a similar fashion. These two formulas can be easily combined in tea and pill form to address a diverse array of cardiovascular symptoms. The dose of the medicinals in *Guan Xin Er Hao Fang* can be easily adjusted as needed to address the unique needs of the patient, while the dose of *Xue Fu Zhu Yu Tang* in pill or patent form can also be adjusted as needed as per patient presentation.

The key Ayurvedic medicinal that can easily be combined with the aforementioned TCM formulas is *Arjuna* (*Terminalia arjuna*). This herb is perhaps the most important and most famous Ayurvedic medicinal for addressing any type of cardiovascular risk factor. *Arjuna* has a cooling temperature and an astringent and pungent taste. In Ayurvedic medicine, *Arjuna* is used to increase blood circulation, lower heat signs and inflammation, and clear and drain accumulation and metabolic waste materials (in TCM verbiage would be considered damp and phlegm).

Modern research in India has shown that *Arjuna* can be of benefit in cases of coronary artery disease, high cholesterol and hypertension. From a TCM perspective, *Arjuna* invigorates blood, clears heat, and drains/transforms damp and phlegm. With these actions in mind, it is easy to see how *Arjuna* can easily be added to the aforementioned TCM formulas when targeting cardiovascular disease. *Arjuna* can be used in a pill or tea form in 30 g doses, much like the TCM medicinal *dan shen* in *Guan Xin Er Hao Fang*.

I encourage all practitioners and herbalists to explore the use of these TCM formulas and the Ayurvedic medicinal *Arjuna* when treating cardiovascular diseases. Always remember that pattern differentiation and herbal energetics must be taken into consideration when using herbal medicines, as herb/drug interactions can be particularly dangerous in cardiovascular presentations. Patients suffering from chronic cases of cardiovascular disease often have been on long-term medications and

practitioners must never suggest that the patient stop taking prescribed medications or blindly combine herbal medicine with strong allopathic drugs. Always work closely with the cardiologist when handling these difficult presentations.

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