

## Blood Stasis and Cardiovascular Health, Part 2

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In my last article, I discussed the use of *Xue Fu Zhu Yu Tang* and *Guan Xin Er Hao Feng* in cardiovascular disease. In this article, I would like to continue this discussion by presenting two case studies. Both cases involve non-threatening cardiovascular disease presentations which were not resolved by standard allopathic medical interventions.

Patient #1 was a 45-year-old Caucasian male with mild hypertension which was not responding to standard medications. The patient wished to try TCM before increasing the dose of Western medications. The patient's average blood pressure readings ranged from 135/95 to 140/95. There were no other presenting symptoms besides fatigue and a feeling of frustration due to the chronic nature of his condition. Tongue was pale and fat with normal coat, pulse was wiry. The TCM pattern differentiation was liver/spleen disharmony. The following formula was used to course the liver and boost the spleen.

Modified *Guan Xin Er Hao Feng*: *huang qi* 15 g, *dan shen* 30 g, *chuan xiong* 10 g, *hong hua* 10 g, *yu jin* 15 g, *jiang huang* 15 g. Dose was 2 cups daily. I also had patient eat servings of celery, beets and bananas at least every other day. After two weeks, patient's average daily blood pressure readings ranged from 128/95 to 135/95. Patient's fatigue was improving as well. After four weeks, patient's average blood pressure readings ranged from 122/90 to 130/95. Patient commented that the fatigue had resolved and that he felt more at ease in general. This was the first time in two years of therapy in which the patient had experienced a drop in his chronic hypertension. At six weeks, the patient's average blood pressure readings ranged from 118/90 to 125/95. At this point the patient was instructed to use a freeze-dried powder mix of celery and beet root/leaf extract and to eat a vegetarian-based diet high in fiber. At one year follow-up, patient's blood pressure reading ranged from 118/85 to 122/90.

Patient #2 was a 39-year-old African-American woman presenting with elevated LDL cholesterol and mild hypertension. Her LDL reading was 225, HDL was 53 and her blood pressure readings ranged from 135/75 to 145/90. Patient had recently adopted a vegetarian diet in an effort to lower cholesterol and hypertension. She had no other presenting symptoms. Tongue body was thin and red with swollen sublingual veins and a geographic coating, pulse was thready and rapid. The TCM pattern differentiation was kidney *yin* vacuity with blood stasis. The following formula was used to supplement the kidney and invigorate blood.

Modified *Guan Xin Er Hao Feng*: *huang qi* 10 g, *dan shen* 30 g, *dang gui* 10 g, *dang gui wei* 5 g, *chuan xiong* 10 g, *nu zhen zi* 15 g, *han lian cao* 15 g, *jiang huang* 15 g, *sang ji sheng* 15 g. Dose was two cups daily. Patient was instructed to continue on vegetarian-based diet and to consume at least 30 g of fiber daily. After six weeks of above formula, patient's LDL cholesterol reading was 175, HDL was 55 and blood pressure readings ranged from 128/80 to 132/85. Patient compliance with diet was very high

and her cardiologist encouraged her to continue protocol, based on positive bloodwork. After 12 weeks of protocol, patient's LDL cholesterol was 159, HDL was 58, and blood pressure readings ranged from 127/79 to 132/85. At this point, I instructed patient to continue dietary therapies and administered the following formula in pill form: *dan shen* 500 mg, *shan zha* 200 mg, *arjuna* 500 mg. The dosage was three pills TID between meals. After eight weeks on pill formula, patient's LDL cholesterol was 139, HDL was 58 and blood pressure readings ranged from 122/82 to 130/85. Patient's cardiologist prescribed the medication Niaspan in an effort to continue downward trend in LDL readings, with minimal side effects. At this point, patient discontinued herbal medicines and continued to follow high-fiber vegetarian based diet.

While both of these cases were simple presentations, the results were nothing less than life-changing for the patients. Also note how dietary therapy and herbal therapy were combined to provide more effective clinical outcomes. In cardiovascular disease presentations, dietary therapy is critical regardless of how many TCM modalities are administered. As stated in my past article, cardiovascular disease is a dangerous health issue. All practitioners treating patients with cardiovascular issues with TCM should encourage patients to keep the cardiologist abreast of all TCM medicinals to avoid herb drug interactions and keep open avenues of professional communication.

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