

HERBAL MEDICINE

Leukemia Or Deficient *Qi* and Blood?

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The treatment of life-threatening diseases is the distinguishing feature of modern scientific medicine. Pinpoint accuracy of a diagnosis using laboratory testing has led to significant advances. In order for treatment to be successful a diagnosis must be correct. Scientific differential diagnosis as well as fundamental TCM principles are critical in approaching difficult cases.

Once while lecturing in Manila, my assistant asked me if there was any way to treat leukemia with TCM. My response was to tell her that although leukemia is a very serious disease; all conditions are possible to treat. The key factors are the constitution of the patient and the progress of the disease. I then asked her why she had an interest in leukemia.

She told me she had a good friend who had been diagnosed with leukemia. Her doctor had advised her to leave her job in Manila and return to her home in the provincial islands. There she could enjoy the rest of her life with her family's home cooking. She would die within six months.

I asked my assistant if I could see her friend's "labs." I was especially interested in the complete blood count results. She told me that she knew her friend had been bleeding under the skin and that her arms always had purple splotches and bruises.

After a few days my assistant contacted her friend on my behalf. She was able to get her lab results and after a week or so she arranged to see me for an examination and interview. The patient showed no signs of abdominal tenderness. She exhibited noticeable forearm bruises and purplish splotching. Her lips, tongue and gingiva were very pale, the tongue showing tooth marks. Her pulses were faint and thready.

I was puzzled because of the lab results. Her CBC showed anemia including a very low white count. Leukemia is defined as acute or chronic. Significant factors in determining which type of disease is present include age, laboratory findings, and prognosis of life expectancy. Acute leukemia has the shortest life expectancy, and from his recommendation it would appear that this was her diagnosis.

Acute leukemia is either lymphoblastic or non-lymphoblastic. This patient was not under the age of 10 nor had she previously undergone radiation therapy. With either of these instances in the history, the CBC would be correct, but for an adult with idiopathic onset the disease could not be acute leukemia. A six-month life span is not an appropriate prognosis.

Furthermore in order to verify chronic leukemia, signs of spleen enlargement or tenderness should be accompanied by a high WBC, anemia, and absence of purpura or bruising. That would indicate chronic myelocytic leukemia which is more likely than chronic lymphocytic leukemia in patients under the age of 60.

The patient didn't fit the profile of any common leukemia case. Aside from observable signs, she reported fatigue and insomnia. My conclusion was that this patient had a deficiency of heart and spleen blood and qi. Since I had no way to dispense raw herbs and make her a specific formula, I gave her the name of the most appropriate patent medicine I could think of and explained to her how to get to an herb pharmacy in Manila Chinatown. After a week my assistant told me that her friend had purchased the patent medicine I had recommended - Gui Pi Wan pills to restore the spleen.

The *Gui Pi Wan/Tang* formula (see chart) originated in 1253. It is found in "*Formulas to Aid the Living*" written by *Yan Hong-He*. It is used to replenish *qi* and blood and to strengthen the spleen and nourish the heart. It is indicated in cases with pale complexion, forgetfulness, fatigue and insomnia presenting thready, weak pulses and a pale tongue. It is used to treat anemia and thrombocytopenic purpura.

In this formula ginseng (6-9 g) is the chief. It is sweet slightly bitter and neutral. It activates the spleen and lung and in this case it is used to powerfully tonify the original *qi*. The deputy herbs are *huang qi*, *dang gui*, and *long yan rou*. *Huang qi* (9-12g) is slightly warm and sweet and activates the spleen and lung.

GUI PI WAN/TANG:			
Ren Shen	Bai Zhu	Mu Xiang	
Huang QI	Fu Ling	Sheng Jiang	
Dang Gui	Yuan Zhi	Da Zao	
Long Yan Rou	Suan Zao Ren	Gan Cao	

In this case it combines with ginseng to form the *shen qi da bu tang* formula which tonifies *qi*. It also forms *dang gui bu xue* combination with *dang gui*. This tonifies the blood. *Long Yan Rou* (9-12g) is sweet and slightly warm and activates the heart and spleen. In this formula it nourishes the heart and spleen and tonifies blood. *Bai Zhu, Fu Ling, Yuan Zhi* and *Suan Zao Ren* are assistant herbs. *Bai Zhu* (6-9g) is sweet, bitter and warm. It activates the spleen and stomach and in this formula it tonifies *qi*. *Fu Ling* (9-12g) is sweet, bland and neutral. It activates the heart, lung, spleen and urinary bladder and in this formula it strengthens the spleen and heart. *Yuan Zhi* (6-9g) is spicy, bitter, and warm. It activates the heart, lungs and kidneys and in this formula it strengthens the heart. *Suan Zao Ren* (9-12g) is sweet, sour, and neutral. It activates the heart and liver and in this case it nourishes the heart. *Mu xiang* (1-3g) is spicy, bitter and warm. It activates the spleen, stomach, gallbladder and liver. In this case it is an envoy and promotes digestion of the formula. *Sheng jiang* is spicy and warm. It activates the lung and spleen, and in this case as an envoy it harmonizes the formula. *Gan cao* (3-6g) is sweet and neutral. It uniquely activates all 12 meridians. It is an important envoy herb. *Da zao* (3-5g) is sweet and warm. It activates the spleen and stomach assisting the tonify *qi* herbs and harmonizing the formula.

My assistant waited for a week or so and contacted the patient. Although it was in an unfamiliar part of Manila, she found the pharmacy in Chinatown and acquired a bottle of patent formula *gui pi wan*. After finishing less than half the bottle she reported improved sleep and less severe fatigue. After a month passing there were no further reports so I had my assistant contact her friend.

The patient had finished the bottle of pills and assumed the treatment was finished. She was having less bruising and was much more energetic and sleeping better. We explained to her that she wasn't finished yet and instructed her to purchase four more bottles of pills and to report back to us once a

month.

After one month our patient felt further increase in energy, better appetite and improved sleep. She continued to take the medication for the duration of the remaining three bottles. At the end of this treatment there was no apparent reason to continue the treatment for leukemia, purpura, anemia, fatigue or insomnia.

Subsequent reports came from her for the next few months and we decided to consider the case finished. I left Manila shortly afterwards and maintained correspondence with my assistant. After two years my assistant informed me that her friend had gotten married and given birth since i had left.

It is critical to pay attention to detail when diagnosing and treating difficult cases. Some patterns will be similar among distinctly different diseases. It is up to the clinician to be alert to the small differences in order to direct treatment appropriately.

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