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Chinese Herbal Medicine: FORMULAS & STRATEGIES

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CHINESE
HERBAL
MEDICINE

Formulas & Strategies

PORTABLE 2nd EDITION

COMPILED AND TRANSLATED BY

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Preface to Second Edition

STUDYING CHINESE HERBAL medicine is an arduous task that is similar to learning a language. The first step, familiarizing yourself with the medicinal substances, corresponds to accumulating a sufficient vocabulary. But words alone are not enough. Before you can speak a language, you must understand the rules of syntax and grammar. And before you can ‘talk’ to the body with Chinese herbal medicine, you must understand the formulas and the strategies that underlie them. This is the syntax and grammar of Chinese herbal medicine. Just as individual words are rarely used outside of their context in a sentence, it is rare in Chinese herbal medicine to prescribe individual substances outside of their context in a formula.

This book is the companion volume to *Chinese Herbal Medicine: Materia Medica*, which provides basic information about the medicinal substances or ‘vocabulary’ of traditional Chinese herbal medicine. Our goal here is to provide a similar level of information about the formulas so that they can be used in a responsible and effective manner.

The impetus behind both of these works is the same: to contribute to a deeper understanding, utilization, and investigation of China’s medical tradition in the West. In this effort we have been motivated by several, sometimes conflicting, intentions:

- First, we wanted to create a textbook that closely reflects the understanding of contemporary Chinese practitioners. The usual way of doing this is to translate the textbooks that are used in Chinese medical colleges and universities. However, not only do these textbooks change over time

(the current 6th edition is significantly different from the experimental texts of the late 1950s), they are also complemented by an ever-increasing range of specialist books and articles by individuals who have their own idiosyncratic understandings.

- Second, we felt that the time had come to provide readers with a more in-depth understanding of Chinese medicine as a living tradition. By this we mean a tradition that continuously grows, develops, adapts, and changes and that is able to do so precisely because it is intrinsically diverse and heterogeneous. Tradition, as the philosopher Alasdair MacIntyre has so poignantly remarked, dies the moment it degenerates into traditionalism; and traditionalism is primarily recognized by an absence of disagreement and conflict. Facilitating the development of Chinese medicine in the West thus means enabling practitioners to join a two-thousand-year-old debate about formulas and strategies.
- Third, it is becoming increasingly obvious that the development of Chinese medicine in China, Asia, and the West cannot be detached from its development in Japan, Korea, and other countries. This means that, even as we focus on Chinese medicine, we must give some attention to non-Chinese, primarily Japanese, sources.
- Fourth, above all we wanted to write a book that is clinically useful. Here, although seasoned practitioners find that an ability to draw from a diversity of sources allows them to develop their own style, novices generally prefer the clear structure that textbooks provide and not the complex reality described in case studies.

Our attempt to reconcile the sometimes different directions in which we were pulled by these intentions is reflected in the content and composition of this book. In the writing of the main sections, we have drawn on some of the most important formula textbooks in contemporary China: *Formulas*, edited by Li Fei; *Contemporary Interpretations of Ancient Formulas* by Ding Xue-Ping; *Dictionary of Chinese Medicine Formulas Grouped in Categories*, edited by Duan Ku-Han; *Guide to Medical Formulas for Clinical Patterns* by Huang Rong-Zong, Chen Huan-Hong, and Wu Da-Zhen; *A New Edition of Formulas*, edited by Ni Cheng; *Chinese Medicine Treatment Strategies and Formulas* by Chen Chao-Zu; and *Elaboration of Medical Formulas*, edited by Fu Yan-Kui and You Rong-Ji.

By and large, our selection of formulas, the manner in which we have grouped them into chapters, and the sequence of chapters follow these works. The vast majority of the formulas included in this book were listed in most of our sources, although some can be found in only one or two. Where we had to choose among different formulas, our decision was governed by considerations of the utility of a certain formula in the clinic, or its value in illuminating an important aspect of traditional Chinese medicine.

Compared to the first edition of this book, we discuss a significantly larger number of principal formulas—340 compared to 254—along with around 460 variations and associated formulas, for a total of about 800 formulas. This moves the current edition closer to the best contemporary Chinese reference books and away from simple textbooks. However, we have maintained the original organization of grouping formulas into principal and secondary formulas to make the amount of information provided more manageable. Some formulas have been moved to different chapters in the current edition; for instance, Jade Windscreen Powder (*yù píng fēng sǎn*), which was previously listed as an astringent formula, is now included in the chapter on qi-tonifying formulas. This reflects changes in some contemporary Chinese textbooks, but also shows that there is more than one way of doing things. Finally, the sequence of chapters has also been rearranged from the first edition to bring it in line with our main source texts.

In writing the commentary sections for each formula, we have drawn on a far wider range of sources. These include the source texts, all of the major works in the commentarial tradition of formulas, and the contemporary literature. In order to avoid adding even more words to what is already a very large text, we have not provided individual references, as would be the practice in a strictly scholarly work. We have, however, attributed all ideas to their sources and it would not be too difficult for anyone wishing to do so to trace these in the originals. In addition to the list of cited sources

in Appendix III, and the bibliography of modern sources in Appendix IV, a bibliography of premodern texts that we consulted in writing the commentary sections can be found on the Resources page of the Eastland Press website (www.eastlandpress.com).

Another significant change from the first edition is the importance we have accorded to non-Chinese sources, specifically those from Japan. There are several reasons for this. First, Japanese and Korean interpretations of Chinese medicine are becoming increasingly popular in the West. Second, these interpretations often provide useful information regarding the use of specific formulas in clinical practice, so much so that it has become openly integrated once more into the practices of leading Chinese physicians. In fact, in compiling this information we have drawn on both primary sources and Chinese language secondary texts. Third, while only about a dozen of the formulas in our book originated outside of China, many of the remainder are currently not that popular in China but are very commonly used in Korea or Japan as well as in some Western countries.

We have attempted in this book to provide a clear, readable translation that is faithful both to the spirit of the medicine and the realities of the clinic. This goal is an elusive one, and the best that we can hope is that we have come closer to reaching it. In the meantime, we appreciate the reader's patience.

Technical terms have been translated literally in most cases, as this generally gives the best sense of the word. For example, we use 'sudden turmoil disorder' for 霍亂 *huò luàn*, instead of the 'cholera,' not only because it is more historically accurate, but also because it gives a better sense of what the disorder is about. On the other hand, for some disorders, there appears to us to be no alternative to translating them by reference to semi-equivalent biomedical diseases, for example, 'dysenteric disorder' for 痢疾 *lì jí*. The translation of symptoms and traditional disorders also requires a flexible approach that is both faithful to the original and accessible to the practitioner. We usually translate these literally, but have sometimes felt obliged to perhaps overtranslate in order to make the meaning as clear as possible. One example is 'frigid extremities' instead of 'four rebellions' for the term 四逆 *sì nì*. This is often a question of taste for which there is no one right approach. We have included the Chinese for most problematic technical terms in the text for the purpose of making cross reference easier. For readers who would like to find out more about our choices of terminology, the present Eastland Press draft glossary is available on the Resources page of our website at www.eastlandpress.com.

The only significant change in terminology between this book and the most recent edition of *Chinese Herbal Medicine: Materia Medica* is our translation of 六經 *liù jīng*

as ‘six warps’ rather than ‘six stages.’ In the context of the cold damage (傷寒 *shāng hán*) approach to medicine, the term 經 *jīng* refers to the six main categories of a disorder. Although rendering 經 *jīng* as ‘stage’ captures the temporal nature of cold damage disorders associated with the concept of transmission (傳 *chuán*), it simultaneously de-emphasizes the other meanings associated with the Chinese term. These include the location of the disorder in specific areas of the body, the association of these with the six main channel systems, and the idea of a constancy of reaction that may be related to a pathogen getting stuck somewhere, or even to a person’s constitution or type. We believe that these multiple connotations of 經 *jīng* are better captured by its original meaning in Chinese, which is that of a warp in a loom. The silk threads of the warp provide the basic structure around which a textile is woven, just as the 六經 *liù jīng* provide the basic framework for all cold damage disorders, as well as the organization of the healthy body.

We have put much thought and work into making this book accessible and useful for both students and practitioners. This has involved making many choices, not only relating to presentation, but also to the selection and organization of content. Indeed, for us, one of the most important aspects of writing and editing this book has been to bring clarity about these choices and why they were made. As clinicians and scholars, we could not avoid, for instance, having opinions about some of the issues raised among commentators. Yet we decided to do our best not to add our own voices to the existing commentary. And yet even the manner in which the commentary section has been written and organized is, nevertheless, also a kind of commentary. There exists, in fact, no way in which one might avoid taking up some kind of position in the writing of a text such as this. Even the decision to translate a particular Chinese text implies a choice for disseminating the position taken by that text over another one that is not included. We thus do not claim to present to our readers the definitive understanding of Chinese medical knowledge on formulas and strategies. All we can claim to have done is to provide what we hope is a useful and interesting tool with which to gain a better understanding of this knowledge and its utilization in contemporary clinical practice.

We have profited enormously from the time and talents of many different people in completing this book. First and foremost are the many Chinese and other East Asian scholars and practitioners through the ages on whose works we draw and whose words we are privileged to translate for an English-speaking audience.

Several people contributed their technical expertise to this project. We would like to thank our colleagues Charles Chace, James Flowers, Craig Mitchell, and Wang

Kui for their helpful criticism of the manuscript. Michael Fitzgerald helped us with the alternate names of the formulas. Whenever we had a question about the materia medica, Erich Stöger graciously answered them. Anne Harper, with the assistance of Cyong Jong-Chol, contributed the majority of the background information for the section on Japanese herbal medicine in the introduction. Prof. Kenji Watanabe of Keio University, Tokyo, was always at hand when we needed to know something we could not find in our sources. Professor Makoto Mayanagi, Shinjiro Kanazawa, and David Engstrom graciously helped us with the *romanji* and other aspects of our work, and Nigel Dawes helped fill in some of the other lacunae in our knowledge of herbal medicine in Japan. Soyoung Suh was kind enough to write the section in the introduction on herbal medicine and formulas in Korea. All errors in this book are due to our own deficiencies and limitations.

We deeply appreciate the patience and enthusiasm of our students who helped us on this project, particularly Mary Beddoe, who contributed to this work in many ways. Engaged and interested students are the primary audience that makes our work in this area worthwhile. We would also like to acknowledge the editorial skill of John O’Connor at Eastland Press, who made this book as clear and understandable as possible, along with contributions from Louis Poncz. We also appreciate the proofreading by Lilian Bensky and James Flowers.

Volker would especially like to thank all of the students he has been privileged to teach over the years. They have provided him with the space to explore the often contradictory interpretations of many formulas, and through their patience and questioning, to develop his own understanding. He is indebted to both Dan Bensky and Andy Ellis for their scholarship, persistence, and team spirit despite the distances involved, and for keeping him on the straight and narrow throughout. Most of all he says thank you to Cinzia for her love and support.

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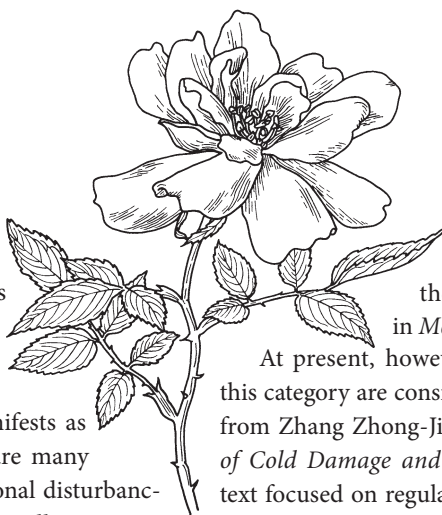
Andy would like to thank Dan and Volker for inviting him to participate in such a rewarding project and for their patience and camaraderie during the process. He would also like to acknowledge his family, Sheng-Jing, Sara, Rebeca, and Jesse, for allowing him to trade many of his family responsibilities for time spent on this book. Thanks also go to Barbara Seymour for entering all of Andy’s scribble into Word so many years ago.

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WHEN PATHOLOGICAL CHANGE occurs in any area, organ, or channel, it is usually the flow of qi that is affected first. Thus the adage, “In its initial stage, disease resides in the qi.” This statement refers to stagnation of qi: the local accumulation of nonfunctional qi that manifests as constraint, clumping, or rebellion. There are many causes for such stagnation, including emotional disturbances, irregular eating habits, trauma, and externally-contracted pathogenic influences. Long-term qi deficiency may also lead to qi stagnation. Conversely, qi stagnation over time will invariably lead to disorders of other bodily functions and systems. Blood stasis, phlegm obstruction, food stagnation, and deficiency disorders are typical sequelae of qi stagnation. This was noted in Chapter 39 of *Basic Questions*: “Myriad disorders are generated through qi.”

Qi stagnation causes the ascending and descending (or upward- and downward-directing) functions of the qi dynamic (氣機 *qi jī*) to break down. The primary clinical manifestations of such pathology are pain and distention. This is reflected in another adage: “Lack of free passage results in pain.” Facilitating the ascending and descending functions of the qi dynamic in order to unblock (通 *tōng*) the proper flow of qi is therefore the primary objective of the formulas in this chapter. They are said to regulate the qi (理氣 *lǐ qi*) by opening up areas of constraint and smooth the normal movement of the qi dynamic. This includes facilitating the ascent of the clear, directing the turbid downward, and reversing rebellion.



A specific category of formulas that regulate the qi was first introduced by the Qing-dynasty physician Wang Ang in *Medical Formulas Collected and Analyzed*.

At present, however, most of the formulas included in this category are considerably older. The largest group comes from Zhang Zhong-Jing's late-Han-dynasty work *Discussion of Cold Damage and Miscellaneous Diseases*. This seminal text focused on regulating the movement and diffusion of qi and essence throughout the body. Only much later, especially during the Jin and Yuan periods, did physicians begin to center their treatment strategies more specifically on the ascent and descent of qi. It is from this period that most of the other formulas in this chapter are taken.

Historically, commentators distinguish between two major types of formulas for regulating the qi. The first promotes the smooth movement of qi, unblocks stagnation, and is used for treating pain and distention. The second type directs rebellious or abnormal flow of qi downward and is used for treating such problems as vomiting, belching, hiccup, and some forms of coughing or wheezing. These are the strategies discussed in this chapter. There are other formulas that also open up constraint or clumping due to qi stagnation and treat pain, such as those that release the exterior (Chapter 1), harmonize the qi (Chapter 3), and warm the interior (Chapter 6). However, while these formulas treat patterns that include pain as a recurrent symptom, their main objective is to regulate the body's yang qi: by venting pathogens that constrain the diffusion of yang toward the exterior, causing fluids or heat to

accumulate, or by boosting the body's own internal fire to overcome an excess of yin.

By contrast, the formulas in this chapter focus on the dynamic and moving functions of the broader category of qi. Traditionally, these functions have been associated with the Lungs as the ruler of qi. Thus, Chapter 74 of *Basic Questions*, which discusses the nineteen basic pathodynamic processes that underlie all human disease, states: "All qi rushing and constraint can be attributed to the Lungs." The qi referred to in this passage accumulates in the chest, and its dispersal throughout the body is regulated and controlled through the rhythms bestowed upon it by the Lungs. This is different from the hot yang qi or ministerial fire that permeates the body from its source in the lower burner, whose bold nature is directed and governed by the Liver. It is with respect to pathologies of this particular qi that the same chapter of *Basic Questions* states: "All rebellion and [up-] flushing can be attributed to fire," and "All cold with contracture and tautness can be attributed to the Kidneys."

Beginning in the Ming dynasty, Chinese physicians began to associate all types of qi stagnation and constraint with the Liver. This was accompanied by a tendency to focus on internal (i.e., emotional) rather than external (i.e., environmental) factors as the cause of stagnation. The assimilation into Chinese medicine of the connection between emotional disorders and nervous function posited by late 19th- and early 20th-century Western medicine further reinforced these tendencies, as Chinese physicians interpreted the functions of the nervous system in Western medicine as matching those of the Liver in Chinese medicine. This has led to a tendency in modern times to conflate emotional problems with patterns of Liver qi stagnation and of defining the Liver as the most important organ involved in the regulation of qi. This can be seen as a narrowing of the more complex treatment strategies available in the Chinese medical literature. This issue comes up repeatedly in the COMMENTARY sections of individual formulas in this chapter.

In regulating the qi, it is important to distinguish deficiency from excess. Stagnation is regarded as a form of excess. It is the temporary accumulation of qi in a part of the body where it is not being properly disseminated. When this occurs, the appropriate strategy is to promote the movement of qi. If, instead, the qi is tonified, the stagnation will increase and the patient's condition will worsen. Conversely, promoting the movement of qi when it is deficient will only serve to aggravate the deficiency. When the qi is both stagnant and deficient (a relatively common occurrence), both aspects must be addressed.

Because qi stagnation readily leads to secondary pathologies such as blood stasis, phlegm obstruction, dampness, or food stagnation, it may be necessary to include herbs that address such problems in formulas that regulate the qi. This requires careful pattern differentiation, paying meticulous at-

tention to primary and secondary pathodynamics and their interrelationships.

The main ingredients of the formulas in this chapter are invariably acrid and bitter as well as warming or drying. When improperly used, they can readily injure the fluids and scatter the qi. They should therefore be prescribed only with the utmost caution in patients with both qi stagnation and depleted fluids; they must also be discontinued once the condition improves.

Section 1

FORMULAS THAT PROMOTE THE MOVEMENT OF QI

The formulas in this section are used for treating areas of blocked or stagnant qi, the primary symptom of which is usually pain and distention. The particular manifestations depend upon the location of the blockage or stagnation.

- In the chest, qi stagnation causes chest and back pain, coughing, and shortness of breath. This is treated with herbs such as Citri reticulatae Pericarpium (*chén pí*), Magnoliae officinalis Cortex (*hòu pò*), Pinelliae Rhizoma praeparatum (*zhì bàn xià*), or Allii fistulosi Bulbus (*cōng bái*).
- In the Spleen and Stomach, it causes epigastric and abdominal pain and distention, belching, acid reflux, and irregular bowel movements. This is treated with qi-moving herbs such as Citri reticulatae Pericarpium (*chén pí*), Magnoliae officinalis Cortex (*hòu pò*), Aucklandiae Radix (*mù xiāng*), or Amomi Fructus (*shā rén*).
- Constraint of the ascent of Liver qi manifests as pain and distention in the chest and hypochondria. This is treated with herbs such as Cyperi Rhizoma (*xiāng fù*), Citri reticulatae viride Pericarpium (*qīng pí*), Toosendan Fructus (*chuān liàn zǐ*), or Curcumae Radix (*yù jīn*).
- In the lower burner, qi stagnation can cause painful urinary dribbling, bulging disorders, irregular menstruation, or dysmenorrhea. Important herbs that promote the movement of qi in this area include Cyperi Rhizoma (*xiāng fù*), Toosendan Fructus (*chuān liàn zǐ*), Foeniculi Fructus (*xiǎo huí xiāng*), Linderae Radix (*wū yào*), and Aquilariae Lig-num resinatum (*chén xiāng*).

Clinically, herbs that promote the movement of qi are usually combined with one of more herbs from the following five categories:

1. Herbs that invigorate the blood such as Chuanxiong Rhizoma (*chuān xiōng*), Angelicae sinensis Radix (*dāng*

guī), Corydalis Rhizoma (*yán hú suǒ*), Curcumae Rhizoma (*é zhú*), or Sparganii Rhizoma (*sān léng*). These are necessary because of the close interaction between qi and blood in instigating and regulating their mutual flow.

- Herbs that warm the interior such as Cinnamomi Cortex (*ròu guì*), Zingiberis Rhizoma (*gān jiāng*), Alpiniae officinarum Rhizoma (*gāo liáng jiāng*), or Alpiniae katsumadai Semen (*cǎo dòu kòu*). These are useful where internal cold obstructs the qi dynamic, or where qi stagnation leads to dampness and phlegm, which in turn obstruct the rising of clear yang.
- Herbs that clear heat from constraint such as Gardeniae Fructus (*zhī zǐ*), Moutan Cortex (*mǔ dān pí*), or Prunellae Spica (*xià kū cǎo*). These are indicated where qi stagnation constrains the diffusion of yang qi or ministerial fire, leading to local symptoms of heat or inflammation.
- Herbs that transform phlegm such as Pinelliae Rhizoma praeparatum (*zhì bàn xià*), Arisaematis Rhizoma praeparatum (*zhì tiān nán xīng*), Trichosanthis Fructus (*guā lóu*), and Fritillariae Bulbus (*bèi mǔ*). These are useful where qi stagnation blocks the descent of turbid yin, leading to the accumulation of congealing fluids that become phlegm.
- Herbs that enrich the yin and nourish the blood such as Lycii Fructus (*gǒu qǐ zǐ*) and Paeoniae Radix alba (*bái sháo*). These are helpful where qi stagnation has damaged the yin blood, or where the drying action of the main qi-regulating herbs risks damaging the yin blood.

Based on a precise analysis of the disease dynamic in each case, many other types of herbs may be added to formulas that move the qi. Where obstruction of the middle or lower burner qi leads to the generation of dampness, herbs that strengthen the Spleen and expel dampness, such as Atractylodis Rhizoma (*cāng zhú*), Poria (*fú líng*), or Alismatis Rhizoma (*zé xiè*), may be used. Where chronic qi stagnation is complicated by blood stasis and phlegm obstruction, leading to clumping and the formation of lumps, substances that soften masses, such as Eckloniae Thallus (*kūn bù*), Sargassum (*hǎi zǎo*), or Laminariae Thallus (*hǎi dài*), may be used. If qi deficiency is a prominent aspect of the pattern, one may choose to include qi-tonifying herbs such as Ginseng Radix (*rén shēn*) or Atractylodis macrocephalae Rhizoma (*bái zhú*).

越鞠丸

Escape Restraint Pill

yuè jū wán

There are two explanations for the name of this formula. The first interprets the character 越 *yuè* to mean escape from or the surmounting of difficulties, and the character 鞠 *jū* to mean

something that is crooked or bent, a common term for qi that has become constrained and does not flow as it should. This formula resolves many types of stagnation or clumping caused by long-term constraint. It thereby allows the qi to escape the bonds that bend it out of shape, hence the name. A second explanation is based on Li Shi-Zhen's claim that these characters refer to the ancient names for Chuanxiong Rhizoma (*chuān xiōng*) and Gardeniae Fructus (*zhī zǐ*), respectively.

Source *Essential Teachings of [Zhu] Dan-Xi* (1481)

Atractylodis Rhizoma (*cāng zhú*)

Chuanxiong Rhizoma (*chuān xiōng*)

Cyperi Rhizoma (*xiāng fū*)

Gardeniae Fructus (*zhī zǐ*)

Massa medicata fermentata (*shén qū*)

Method of Preparation Grind equal amounts of the ingredients into a fine powder and form into pills with water. Take 6-9g with warm water. May also be prepared as a decoction with 6-12g of each ingredient.

Actions Promotes the movement of qi and releases constraint

Indications

Focal distention and a stifling sensation in the chest and abdomen, fixed pain in the hypochondria, belching, vomiting, acid reflux, mild coughing with copious sputum, reduced appetite, and indigestion.

According to Zhu Dan-Xi, the formula's author, this treats various types of constraint due to stagnant qi. In Chinese medicine, the term constraint (鬱 *yù*) has the meaning of something being pent-up and unable to move or change. It refers in particular to pathologies of the qi dynamic, as explained by Zhu Dan-Xi's disciple, Dai Yuan-Li: "Constraint is something clumped and fused (結聚 *jié jù*) and unable to escape [from this predicament]. It should ascend but cannot ascend. It should descend but cannot descend. It should transform but cannot transform." Irregular eating habits, exposure to excessive cold or heat, and inordinate joy, anger, or anxiety can disrupt the normal flow of qi and thereby give rise to this condition.

Zhu Dan-Xi differentiated six types of constraint based on the aspect of physiology that was most affected—qi, fire, blood, phlegm, dampness, and food—but viewed all of these as arising primarily from qi stagnation. When qi stagnates in the middle burner, which is the fulcrum of the qi dynamic and thus central to the pattern, this leads to focal distention and a stifling sensation in the chest and abdomen. Disrupting the transformative processes of middle burner physiology gives rise to dampness, phlegm, and food stagnation. Manifestations include bloating, indigestion, mild coughing with copious sputum, reduced appetite, nausea, and vomiting. Qi stagnation transforming into fire manifests as a bitter taste in the mouth and acid reflux. When qi stagnation leads to blood stasis, it manifests as a stabbing, fixed pain in the chest and hypochondria.

Analysis of Formula

Because the principal dysfunction is one of stagnant or constrained qi, this formula focuses on promoting the movement of qi, particularly on unblocking the ascending and descending functions of the qi dynamic in the middle burner. According to the source text, there are two chief herbs in this formula. The first is aromatic and acrid *Atractylodis Rhizoma* (*cāng zhú*), which promotes the ascending functions of the middle burner, dries dampness, and transforms phlegm. It is used to release the constraint of qi, dampness, and phlegm and addresses the symptoms of focal distention in the chest and copious sputum. The other chief ingredient is acrid and warming *Chuanxiong Rhizoma* (*chuān xiōng*), a blood-invigorating herb that releases constrained blood and thus resolves the fixed pain. It also reinforces the qi-moving action of the other chief herb. Both of these herbs direct the qi upward, underscoring the primary importance attributed to this function by Li Dong-Yuan, whose thinking strongly influenced Zhu Dan-Xi. In *Essential Teachings of [Zhu] Dan-Xi*, Zhu explains:

When qi and blood rush harmoniously, the myriad disorders do not arise. But should one of them become constrained, all kinds of disorders are generated. Thus, of all the disorders of the human body, a majority arise from constraint. *Atractylodis Rhizoma* (*cāng zhú*) and *Chuanxiong Rhizoma* (*chuān xiōng*) comprehensively resolve all [such] constraint. One adds other herbs [to this combination] according to the presenting symptoms. All constraint involves the middle burner. I use *Atractylodis Rhizoma* (*cāng zhú*) and *Chuanxiong Rhizoma* (*chuān xiōng*) to open and lift its [own] qi so it can direct the qi [dynamic] upward.

The two chief herbs are supported by a single deputy, *Cyperus Rhizoma* (*xiāng fū*). Extremely effective at resolving problems due to constrained qi, this herb is said to enter the blood aspect of the qi. This means that while, as an acrid and warming herb, *Cyperus Rhizoma* (*xiāng fū*) naturally directs the qi upward, it also directs it downward, being, in fact, a key herb in the treatment of gynecological disorders. It thereby complements the two chief herbs in unblocking the qi dynamic. This synergism is highlighted by Zhu Dan-Xi in his explanation of the principles that guide the formula's composition:

This formula and its herbs [thereby effectively] combine upward- and downward-directing. If one wishes to direct upward, one must first direct downward. If one wishes to direct downward, one must first direct upward. *Atractylodis Rhizoma* (*cāng zhú*) is strongly acrid and martial [in its action]. Securing the Stomach and strengthening the Spleen, it is able to enter into all channels, dredging and draining dampness in the yang brightness, unblocking the vessels [while also] securing them. *Cyperus Rhizoma* (*xiāng fū*) is an herb that accelerates the qi within the yin and that drives the qi downward most rapidly. One herb ascending, the other descending, they are able to disperse constraint and [thereby] balance [the qi dynamic]. As a terminal yin herb, *Chuanxiong Rhizoma* (*chuān xiōng*) truly reaches into

the three burners, moving upward into the head and eyes and downward into the sea of blood. It has the ability to unblock the qi and blood of the yin and yang.

The remaining herbs serve as assistants. *Gardeniae Fructus* (*zhī zǐ*) clears heat from all three burners and resolves the fire from constraint, and with it, the acid reflux. *Massa medicata fermentata* (*shén qū*) relieves constraint caused by food stagnation and harmonizes the Stomach. It is helpful in treating the nausea and vomiting, reduced appetite, and stifling sensation in the epigastrium.

Cautions and Contraindications

Although this formula can be modified in many ways, it is contraindicated in cases of stagnation due to deficiency. To treat such conditions, one should begin with a base formula such as Six-Gentlemen Decoction with *Aucklandia* and *Amomum* (*xiāng shā liù jūn zǐ tāng*).

Commentary

This is a very effective formula for treating qi stagnation (particularly of the middle burner) and its sequelae, including heat, blood stasis, phlegm, and food stagnation.

Location of the Disorder

Many modern textbooks define this disorder as being primarily Liver qi stagnation, based on the theory that the Liver is the most important organ in regulating the qi. Accordingly, *Cyperus Rhizoma* (*xiāng fū*) is designated as the chief herb, and the gastrointestinal symptoms that characterize the pattern are due to Liver wood overcoming Spleen earth. However, many classical and modern commentators believe that this interpretation is unnecessarily restrictive. As the well-known 20th-century physician Qin Bo-Wei explains in *Medical Lecture Notes of [Qin] Qian-Zhai*:

This formula belongs to those general formulas that master the moving of qi and the resolving of constraint. It is not principally a formula for Liver qi [stagnation]. ... When researching and using formulas, one must set out getting to know them via the doctrines and experience of previous generations. Zhu Dan-Xi clearly pointed out that, in respect to this formula [one must look to the statement in *Basic Questions*:] "All qi rushing and constraint can be attributed to the Lungs." He also reckoned that constraint disorders are generally located in the middle burner where the Spleen and Stomach have lost their ascending and descending [functions]. If one mistakenly believes that resolving constraint is [a matter] of soothing the Liver, then one has lost its original intention.

Brief History of Constraint in Chinese Medicine

Qin Bo-Wei's view of this issue is supported by an analysis of treatment strategies for constraint in Chinese medicine. Like many medical concepts, the term constraint (鬱 *yù*) appeared in very early nonmedical texts such as *Rites of Zhou*, where

its meaning is that of “a tone that does not carry.” The notion of something being hindered in its dynamic was applied to the body in the 3rd-century B.C. text *Annals of Master Lu*, which states that “[when] the essence does not flow, the qi [becomes] pent-up.” Chapter 71 of *Basic Questions* integrated this concept into its five-phase doctrine of qi transformation when it listed five types of constraint and their corresponding treatment strategies. These strategies—defined by way of simple mnemonics like “For wood constraint, thrust it out” or “For fire from constraint, discharge it”—were quickly integrated into herbal medicine, where they became guiding principles in the treatment of externally-contracted cold damage disorders. Formulas from *Discussion of Cold Damage*, such as Ephedra Decoction (*má huáng tāng*), Minor Bupleurum Decoction (*xiǎo chái hú tāng*), or Major Bluegreen Dragon Decoction (*dà qīng lóng tāng*), all treat constraint of yang qi due to external invasion of cold.

A second phase in the understanding of constraint disorders began in the Song dynasty, as physicians focused increasingly on internal causes of disease. Chen Yan was the first to specifically link constraint to emotional problems. Likewise, when the Yuan-dynasty writer Wang Lü noted in *Discourse on Tracing Back to the Medical Classics* that “[c]onstraint has the meaning of [something] stagnating and of [something] being blocked,” he was no longer thinking primarily of the body’s yang qi, but rather of the ascending and descending functions of the qi dynamic. Because Jin-Yuan era physicians paid increasing attention to this dynamic, regarding it as the fulcrum of all physiological and pathological processes, its constraint naturally became a topic of great concern. Thus, by the time *Essential Teachings of [Zhu] Dan-Xi* was published in 1481, its author was able to state that, “of all disorders of the human body, a majority arise from constraint.”

Zhu’s Six Types of Constraint

Zhu Dan-Xi’s doctrine of the six types of constraint (六鬱 *liù yù*) was explained by his disciple Dai Yuan-Li:

Qi constraint [is characterized by] chest and flank pain, and a submerged, rough pulse. Dampness constraint [is characterized] by pain that moves throughout the entire body, or by joint pain that gets worse when the weather is cold or dank, and a submerged and thin pulse. Phlegm constraint [is characterized] by a cough that occurs with activity, and a submerged, slippery pulse in the distal position. Heat constraint [is characterized] by an indistinct stifling sensation in the chest, red urine, and a submerged and rapid pulse. Blood constraint [is characterized] by a lack of power in the four limbs, no inability to eat, but red stools, and a submerged pulse. Food constraint [is characterized] by acid reflux, a twisted abdomen with an inability to eat, a balanced pulse at ST-9 (*rén yīng*), and an exuberant pulse at the wrist.

In this six-fold classification, qi constraint can be viewed as reflecting stagnation of the gathering qi, governed by the

Lungs. Fire arises from constraint of the yang qi whose ascent is directed by the Liver. Dampness and phlegm are pathologies caused by stagnation of the nutritive qi produced in and associated with the middle burner. Food stagnation, too, reflects a breakdown of middle burner function, while blood constraint, as defined by Zhu Dan-Xi, is not so much the impairment of its movement leading to pain, but rather a failure in its generation and in its function of nourishing the muscles and sinews. Viewed from this perspective, this formula effectively addresses various types of qi stagnation and relieves secondary pathologies.

Later Understandings of Constraint

Zhu Dan-Xi’s understanding of constraint moved in a new direction from the Ming dynasty onward. Taking up Chen Yan’s proposed linkage of constraint and the emotions, physicians now defined constraint itself as a condition where a person was unable to express his feelings, leading to stagnation and the manifestation of physical symptoms. The difference between the old and new understandings of constraint was expressed by Zhang Jie-Bin in *Collected Treatises of [Zhang] Jing-Yue*:

Regarding constraint of the five qi [elaborated in the *Inner Classic*], this can occur in all types of disorders. In such a case, constraint is caused by a disorder [i.e., something causing stagnation of qi]. However, with respect to emotional constraint, these all arise from within the Heart-mind. In such a case, [a person] becomes ill because of constraint.

Around the same time, the Ming-dynasty writer Zhao Xian-Ke suggested that Rambling Powder (*xiāo yáo sǎn*), a formula for treating Liver qi stagnation (discussed in Chapter 3), could be substituted for all other formulas and treatment strategies used for constraint by previous generations of physicians. Although a close reading of Zhao’s argument in *Thread through Medicine* shows that he was actually concerned with the release of external pathogens, his argument was quickly assimilated into the more powerful discourse on emotional constraint. In *Case Records as a Guide to Clinical Practice*, the influential Qing-dynasty physician Ye Tian-Shi attempted to reconcile the different views:

Whatever causes constraint leads to qi stagnation. Qi stagnating for a long time invariably transforms into heat. This heat from constraint consumes the body fluids, which then no longer flow [properly]. The mechanism of ascending and descending deviates from its norm. In the initial stages, damage occurs in the qi aspect. In chronic conditions, it extends to the blood aspect. If protracted, this results in exhaustion from constraint, [which is] a severe illness. ... [Vulgar physicians] do not know that constraint is due to hidden emotions that bend one’s intentions rather than [allowing them to be] expressed directly. As a result, the upward- and downward-directing of qi, its opening and closing, and [therefore the entire] qi dynamic no longer function freely.

While Ye Tian-Shi himself emphasized that using Escape Restraint Pill (*yuè jū wán*) requires a careful and precise pattern differentiation that does not accept the simple equation between constraint and Liver disharmonies, the association between constraint and emotional disorders became ever more entrenched. Even today, constraint is almost invariably interpreted as having at least some emotional aspect, and the term is rarely used in connection with the resolution of external pathogens.

Controversy over the Chief Ingredient

Because this formula treats constraint whether or not due to emotional causes, it focuses on the middle burner (Spleen and Stomach) but also involves failure of the clear to ascend (Liver) and of the turbid to descend (Lungs), and this, in turn, can manifest in a myriad of patterns all of which have qi stagnation as their root, it is wise to be flexible about the use of this formula in the clinic. This is underscored by the late-Qing-dynasty physician Fei Bo-Xiong in *Discussion of Medical Formulas*:

All constraint disorders must first of all be qi disorders. For when the qi flows freely, how could there be constraint? The commentaries on this formula say that it rules treatment of the six types of constraint. But how could these six types of constraint all be present at once? One needs to understand that when the ancients set down a formula, they did so only to outline a general strategy. In the case of qi constraint, Cyperi Rhizoma (*xiāng fú*) is the chief ingredient. In the case of dampness constraint, Atractylodis Rhizoma (*cāng zhú*) is the chief ingredient. In the case of blood constraint, Chuanxiong Rhizoma (*chuān xiōng*) is the chief ingredient. In the case of food constraint, Massa medicata fermentata (*shén qū*) is the chief ingredient. In the case of fire constraint, Gardeniae Fructus (*zhī zǐ*) is the chief ingredient. Furthermore, one adjusts the dosages and makes substitutions in accordance with the location of the disorder. Any formula [that one composes should always] take up the intentions of the ancients without getting stuck in [precisely how they wrote down] the formula. One should study any formula book with this perspective in mind.

In contemporary clinical practice, this formula is used for treating all types of disorders whose origins can be traced to constraint of the qi dynamic; this gives it a very wide scope of application. In addition to emotional constraint (often identified today with depression) associated with the physical symptoms outlined above, these include insomnia, plum-pit qi (梅核氣 *méi hé qì*), and restless organ (臟躁 *zàng zào*) disorder. The formula is also used to treat angina and pain associated with inflammatory disorders of the digestive tract and for gynecological conditions such as irregular or painful menstruation, and infertility in overweight women with accumulation of dampness and phlegm.

Comparisons

➤ VS. RAMBLING POWDER (*xiāo yáo sǎn*); see PAGE 123

➤ VS. PINELLIA AND MAGNOLIA BARK DECOCTION (*bàn xià hòu pò tāng*); see PAGE 518

➤ VS. GALANGAL AND CYPERUS PILL (*liáng fū wán*); see PAGE 522

Biomedical Indications

With the appropriate presentation, this formula may be used to treat a wide variety of biomedically-defined disorders. These can be divided into the following groups:

- Digestive disorders including peptic ulcer, irritable bowel syndrome, chronic gastritis, biliary tract infections, gallstones, and chronic hepatitis
- Neuropsychiatric disorders such as intercostal neuralgia, migraine, globus hystericus, epilepsy, cerebral thrombosis, and some types of neuroses, including depression.

It has also been used in the treatment of dysmenorrhea, hypocalcemia, coronary artery disease, and pelvic inflammatory disease.

Alternate names

Ligusticum and Atractylodes Pill (*xióng zhú wán*) in *Teachings of [Zhu] Dan-Xi*; Chuanxiong and Atractylodes Pill (*xiōng cāng wán*) in *Essential Teachings of [Zhu] Dan-Xi*; Escape Crookedness Pill (*yuè qū wán*) in *Medicine Path of Song-Ya*

Modifications

- If stagnant qi predominates, add Curcumae Radix (*yù jīn*), Aucklandiae Radix (*mù xiāng*), and Linderae Radix (*wú yào*).
- If Liver fire predominates, remove Atractylodis Rhizoma (*cāng zhú*) and add Paeoniae Radix alba (*bái sháo*) and Moutan Cortex (*mǔ dān pí*).
- If blood stasis predominates, add Persicae Semen (*táo rén*) and Carthami Flos (*hóng huā*).
- If phlegm predominates, add Pinelliae Rhizoma praeparatum (*zhì bàn xià*) and Arisaematis Rhizoma praeparatum (*zhì tiān nán xīng*).
- If dampness predominates, add Magnoliae officinalis Cortex (*hòu pò*) and Poria (*fú líng*).
- If food stagnation predominates, add Crataegi Fructus (*shān zhā*) and Hordei Fructus germinatus (*mài yá*).
- For concurrent cold in the middle burner, remove Gardeniae Fructus (*zhī zǐ*) and add Evodiae Fructus (*wú zhū yú*) and Zingiberis Rhizoma (*gān jiāng*).
- For severe bloating and distention, add Citri reticulatae viride Pericarpium (*qīng pí*), Citri reticulatae Pericarpium (*chén pí*), Aurantii Fructus immaturus (*zhì shí*), and Arecae Semen (*bīng láng*).

Associated Formulas

排氣飲 (排氣飲)

Discharge Gas Drink

pái qì yǐn

SOURCE *Practical Established Formulas* (1761)

Citri reticulatae Pericarpium (<i>chén pí</i>)	4.5g
Cyperi Rhizoma (<i>xiāng fū</i>)	6g
Linderae Radix (<i>wū yào</i>)	6g
Magnoliae officinalis Cortex (<i>hòu pò</i>)	3g
Aucklandiae Radix (<i>mù xiāng</i>)	3g
Aurantii Fructus (<i>zhǐ ké</i>)	4.5g
Pogostemonis/Agastaches Herba (<i>huò xiāng</i>)	4.5g
Alismatis Rhizoma (<i>zé xiè</i>)	3g

Regulates the qi, dries dampness, and resolves food stagnation. For epigastric and abdominal bloating and distention resulting from disruption in the flow of qi from obstruction due to dampness, rebellious qi, and food stagnation. In contrast to the principal formula, this focuses more on the bloating and gas by promoting the movement of qi and resolving food stagnation in the middle burner.

達鬱湯 (達郁湯)

Thrust Out Constraint Decoction

dá yù tāng

SOURCE *Wondrous Lantern for Peering into the Origin and Development of Miscellaneous Diseases* (1773)

Bupleuri Radix (<i>chái hú</i>)
Cimicifugae Rhizoma (<i>shēng má</i>)
Cyperi Rhizoma (<i>xiāng fū</i>)
Chuanxiong Rhizoma (<i>chuān xiōng</i>)
Tribuli Fructus (<i>cì jí lí</i>)
Mori Cortex (<i>sāng bái pí</i>)
Perillae Caulis (<i>zǐ sū gěng</i>)

Decoction. The source text does not specify dosages. For emotional constraint manifesting with nausea and vomiting and a submerged pulse. This is an example of modifying Escape Restraint Pill (*yuè jū wán*) to treat emotional disorders according to the adage, “For wood constraint, thrust it out,” from the *Inner Classic*. Like the principal formula, emphasis is placed on regulating the ascending and descending functions. The root cause, however, is defined here as failure of Liver wood to ascend due to emotional causes. This requires an out-thrusting strategy, represented here by the inclusion of Bupleuri Radix (*chái hú*) and Cimicifugae Rhizoma (*shēng má*), both of which open the qi dynamic to allow pathogenic qi to be thrust out toward the exterior. The formula is indicated where Liver wood becomes constrained by excessive sadness, melancholy, or pensiveness.

通氣散 (通氣散)

Unblock the Qi Powder

tōng qì sǎn

SOURCE *Correction of Errors among Physicians* (1830)

Bupleuri Radix (<i>chái hú</i>)	30g
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Cyperi Rhizoma (<i>xiāng fū</i>)	30g
Chuanxiong Rhizoma (<i>chuān xiōng</i>)	15g

Grind the ingredients into a powder and take in 9g doses followed by warm water twice a day. Spreads and regulates the Liver qi and opens up the sensory orifices. For acute, severely diminished hearing where the patient “cannot even hear thunder” due to emotional upset or an externally-contracted condition.

女神散

Goddess Powder

nǚ shén sǎn

SOURCE *Formulary and Mnemonics from ‘No Mistake’ Pharmacy* (1956)

Angelicae sinensis Radix (<i>dāng guī</i>)	3-4g
Chuanxiong Rhizoma (<i>chuān xiōng</i>)	3g
Atractylodis macrocephalae Rhizoma (<i>bái zhú</i>)	3g
Cyperi Rhizoma (<i>xiāng fū</i>)	3-4g
Cinnamomi Ramulus (<i>guì zhī</i>)	2-3g
Scutellariae Radix (<i>huáng qín</i>)	2-4g
Ginseng Radix (<i>rén shēn</i>)	1.5-2g
Arecae Semen (<i>bīng láng</i>)	2-4g
Coptidis Rhizoma (<i>huáng lián</i>)	1-2g
Aucklandiae Radix (<i>mù xiāng</i>)	1-2g
Caryophylli Flos (<i>dīng xiāng</i>)	0.5-1g
Glycyrrhizae Radix (<i>gān cǎo</i>)	1-1.5g
Rhei Radix et Rhizoma (<i>dà huáng</i>)	0.5-1g

Decoction. This is a Japanese formula transmitted within the family of the 19th-century Kampo physician Asada Sōhaku who made it available to a wider public. According to some sources, it was originally created to treat stress in soldiers fighting at the front, although in contemporary practice, it is used primarily as a woman’s remedy to treat what is known in Kampo as disorders of the ‘blood pathways’ (血の道 *chi no michi*). The term describes presentations characterized by the presence of psychosomatic symptoms that trouble the patient but cannot be attributed to organic illness. Although such presentations are claimed to be more frequent in women, the original usage of this formula indicates that they are, in fact, not gender specific. Common symptoms include depression, anxiety, and nervous tension accompanied by hot flushes, dizziness, heavy-headedness, palpitations, abdominal distention, nausea, fatigue, and insomnia. The tongue may have a white coating with a red tip, and the pulse is excessive and floating. In women, one may also observe menstrual irregularity, or an association of symptoms with the menstrual cycle. In modern Chinese medical terms, the formula treats qi stagnation with heat constraint and clumping that occurs in the context of qi and blood deficiency.

In contrast to the principal formula, Goddess Powder (*nǚ shén sǎn*) focuses more strongly on draining heat by unblocking the Stomach and Intestines. In the clinic, the presence of strong internal heat from constraint is experienced as hot flushes, but also as a burning-hot sensation along the spine and back. Constipation, irritability, and insomnia, too, are common presenting symptoms. As a result, the formula is frequently used in the treatment of menopausal syndrome, premenstrual tension, pre- and postpartum neuroses or depression,

and similar psychosomatic disorders. In Japan, the formula is often given for several months. During pregnancy, and if constipation is not a major part of the presentation, Rhei Radix et Rhizoma (*dà huáng*) should be omitted.

Note: This formula is also known as Calm the Nutritive Decoction (安營湯 *ān yíng tāng*).

柴胡疏肝散

Bupleurum Powder to Dredge the Liver

chái hú shū gān sǎn

Source *Indispensable Tools for Pattern Treatment* (1602)

vinegar-fried Citri reticulatae Pericarpium (<i>cù chǎo chén pí</i>)	6g
Bupleuri Radix (<i>chái hú</i>)	6g
Chuanxiong Rhizoma (<i>chuān xiōng</i>)	4.5g
dry-fried Aurantii Fructus (<i>chǎo zhì ké</i>)	4.5g
Paeoniae Radix (<i>sháo yào</i>)	4.5g
Glycyrrhizae Radix praeparata (<i>zhì gān cǎo</i>)	1.5g
Cyperi Rhizoma (<i>xiāng fū</i>)	4.5g

Method of Preparation Administer before meals in one dose with 2 cups of water boiled down to eight-tenths of a cup.

Actions Spreads the Liver qi, harmonizes the blood, and alleviates pain

Indications

Flank pain, a stifling sensation in the chest causing one to heave deep sighs, suppressed emotions and feelings of frustration that easily give rise to anger, belching, abdominal distention and fullness, alternating fever and chills, and a wiry pulse.

This is constraint and clumping of the Liver qi. The Liver likes to thrust outward and resists being curbed or constrained. Its channel spreads through the flanks and chest above and the lower abdomen and groin below. When the dredging and discharging functions of the Liver are constrained, which can easily happen in situations where one cannot 'speak one's mind,' or where one is forced to do things against one's will, the Liver qi stagnates and clumps. This manifests as hypochondriac and flank pain, a stifling sensation in the chest, causing one to heave deep sighs and a tendency to vent one's frustration through anger. When the Liver qi stagnates and does not ascend as it should, it starts to flow horizontally (instead of vertically upward) to invade the Stomach and Spleen. This causes distention and fullness of the abdomen. When Liver qi constraint blocks the circulation of yang qi, the person often begins to feel cold. As the constraint is suddenly released, the pent-up heat floods the Triple Burner, leading to sensations of fever or heat. A wiry pulse reflects the stagnation of Liver qi.

Analysis of Formula

This formula is a modification of Frigid Extremities Powder

(*sì nì sǎn*) to which Cyperi Rhizoma (*xiāng fū*), Citri reticulatae Pericarpium (*chén pí*), and Chuanxiong Rhizoma (*chuān xiōng*) have been added. The chief herb is acrid, bitter, and slightly cooling Bupleuri Radix (*chái hú*). It enters the Liver and Gallbladder channels to facilitate the Liver's out-thrusting functions by dredging constraint and clumping. It is supported by two deputies: bitter, acrid, and balanced Cyperi Rhizoma (*xiāng fū*), which enters the Liver channel to regulate its qi, and the acrid Chuanxiong Rhizoma (*chuān xiōng*), whose powerful qi enters the qi and blood aspects of the Liver to open constraint and stop pain. Together, these two deputies support the chief herbs in resolving constraint and stagnation in the Liver channel, move its qi, and stop pain. There are two groups of assistants. Citri reticulatae Pericarpium (*chén pí*) and Aurantii Fructus (*zhì ké*) regulate the qi of the Stomach and Intestines. Directing qi downward, they facilitate the discharge of the buildup of qi excess from the chest and middle burner that manifests in sensations of fullness and distention. They also balance any excessive ascending that might result form a sudden release of Liver qi. The other group of assistants is comprised of the sweet herbs Paeoniae Radix (*sháo yào*) and Glycyrrhizae Radix (*gān cǎo*). Together, they nourish the blood to soften the Liver, relaxing hyperactivity to stop the pain. Their sweetness and moisture also balance the drying action of the chief and deputy herbs. Glycyrrhizae Radix (*gān cǎo*) serves the additional role of envoy to harmonize the various actions of the seven ingredients in this formula.

Cautions and Contraindications

This formula is aromatic, acrid, and drying. It readily injures the qi and yin, and is therefore contraindicated for long-term use or in patients with Liver qi stagnation-type pain due to qi or yin deficiency.

Commentary

Through the direct and straightforward manner in which it focuses on Liver qi stagnation, this formula has become the key script for treating this disorder. Its range of application has been expanded to cover all patterns due to Liver qi stagnation. This includes various types of abdominal pain, premenstrual syndrome or dysmenorrhea, and back pain. A key marker for its use is the nature of the pain, which tends to come and go, depending on the patient's emotional state and level of energy. This indicates that the pain is not due to external causes. The pain is generally relieved by activity and therefore may be worse at night than during the day. This distinguishes it from conditions of deficiency. Finally, the wiry pulse, location, and muscle-hypertonicity mark the condition as one of Liver excess.

The source text does not indicate which type of Paeoniae Radix (*sháo yào*) should be used. Most commentators think that Paeoniae Radix alba (*bái sháo*) is more appropriate, given

ONE OF THE prominent features of traditional Chinese medicine is its focus on treating the cause of disease, instead of the symptom or disorder. For this reason, any symptom or disorder can have a multitude of possible treatments, depending on the nature of the underlying pathodynamics. In this appendix we present, in tabular form, some of the mechanisms involved in producing different symptoms and traditionally-defined disorders, together with the appropriate formulas for treatment from the book.

This list is by no means exhaustive, nor is it intended as a substitute for a firm grounding in internal medicine. Rather, it is hoped that it will spur the reader on to more in-depth study. We have omitted those disorders which are essentially covered in one of the chapters of the book. For example, because all of the exterior disorders are basically discussed in Chapter 1 (see page 1) colds are not included here. Similarly, as abscesses and sores are covered in detail in Chapter 20 (see page 857), they are not presented in these tables.

Abdominal and/or Epigastric Pain		
Food stagnation producing damp-heat	Fullness and pain in the epigastrium and abdomen accompanied by constipation, a yellow, greasy tongue coating, and an excessive pulse	Aucklandia ad Betel Nut Pill (<i>mù xiāng bīng láng wán</i>), 831
Heat in the Stomach and cold in the Intestines	Intermittent attacks of abdominal pain, a stifling sensation, irritability, and warmth in the chest and epigastrium accompanied by vomiting after eating, and cold hands and feet	Mume Pill (<i>wū méi wán</i>), 847
Liver qi stagnation with cold in the Stomach	Epigastric pain that responds favorably to warmth, a stifling sensation in the chest, hypochondriac pain, painful menstruation, and a white tongue coating	Galangal and Cyperus Pill (<i>liáng fū wán</i>), 521
Blood stasis and qi stagnation in the middle burner	Abdominal or epigastric pain which may radiate upward accompanied by signs and symptoms of blood stasis and qi stagnation	Salvia Drink (<i>dān shēn yǐn</i>), 594
Blood buildup in the lower burner	Acute lower abdominal pain, smooth urination, night fevers, delirious speech, irritability, restlessness and thirst, and a sub-merged, full, or choppy pulse	Peach Pit Decoction to Order the Qi (<i>táo hé chéng qì tāng</i>), 559
Cold from deficiency with qi stagnation and blood stasis	Spasmodic pain that occurs when the stomach is empty, a moist tongue with a white coating, and a large, frail pulse	Calm the Middle Powder (<i>ān zhōng sǎn</i>), 268

Consumptive deficiency	Intermittent, spasmodic pain that responds favorably to warmth and pressure, a lusterless complexion, reduced appetite, a pale tongue with a white coating, and a thin, wiry, and moderate pulse	Minor Construct the Middle Decoction (<i>xiǎo jiàn zhōng tāng</i>), 264
Stomach yin deficiency	Faint or indistinct pain or burning in the epigastric region, hunger but no desire to actually eat, a dry mouth and throat, constipation, retching, hiccup, a dry, red tongue with scanty coating, and a thin, rapid pulse	Benefit the Stomach Decoction (<i>yì wèi tāng</i>), 393
Middle burner yang deficiency with internal cold	Excruciating epigastric and abdominal pain, a strong sensation of cold in the epigastrium, vomiting to the point of being unable to eat, a white, slippery tongue coating, and a thin, tight or slow, wiry pulse	Major Construct the Middle Decoction (<i>dà jiàn zhōng tāng</i>), 268
Bulging Disorders		
Cold causing stagnation in the Liver channel	Lower abdominal pain radiating to the testicles, a pale tongue with a white coating, and either a submerged and slow or a wiry pulse	Top-Quality Lindera Powder (<i>tiān tái wū yào sǎn</i>), 527
Deficient yang with wind-cold	Abdominal pain, cold extremities, numb hands and feet, generalized body aches	Aconite and Cinnamon Twig Decoction (<i>wū tóu guì zhī tāng</i>), 19
Cold from deficiency	Lower abdominal pain that is sharp, localized, and is aggravated by the local application of cold, a pale tongue, and a submerged, tight pulse	Warm the Liver Decoction (<i>nuǎn nuǎn gān jiān</i>), 531
Damp-cold invading the Liver channel	Unilateral testicular swelling with colicky pain reaching to the umbilicus, or a rock-like hardness and swelling of the scrotum, or oozing of a yellow fluid from the scrotum	Tangerine Seed Pill (<i>jú hé wán</i>), 529
Chest Pain		
Lack of arousal of the chest yang	Deep aching in the chest, wheezing, cough with copious sputum, shortness of breath, a thick, greasy tongue coating, and a tight or submerged, wiry pulse	Trichosanthes Fruit, Chinese Garlic, and Wine Decoction (<i>guā lǒu xiè bái bái jǐu tāng</i>), 515
Congeaing due to cold and turbid phlegm	Fullness, pain, and a sensation of cold in the chest and abdomen	Liquid Styrax Pill (<i>sū hé xiāng wán</i>), 498
Clumping of phlegm in the chest	Pain in the chest and diaphragm such that the patient is unable to rotate the trunk, sputum that is difficult to expectorate, a stifling sensation and fullness in the chest, fever and chills, and labored breathing	Trichosanthes Fruit and Unripe Bitter Orange Decoction (<i>guā lóu zhī shí tāng</i>), 792
Blood stasis in the chest	Chronic pain in the chest, hypochondria, and head, incessant hiccup, palpitations, insomnia, a dark-red tongue, dark spots on the sides of the tongue, and a choppy or wiry, tight pulse	Drive out Stasis from the Mansion of Blood Decoction (<i>xuè fū zhú yū tāng</i>), 564

Constipation		
Yang brightness organ warp	Frequent passing of gas, general feeling of fullness and tension in the abdomen, abdominal pain that increases with pressure, a dry, yellow or black, prickled tongue coating, and a deep, excessive pulse	Major Order the Qi Decoction (<i>dà chéng qì tāng</i>), 63
Yang brightness organ-warp pattern with severe depletion of body fluids	Dry stools that do not respond to purgatives, distention and fullness of the epigastrium and abdomen, dry mouth and lips, a dry tongue with a thin, yellow or burnt yellow coating, and a rapid, thin pulse	Increase the Fluids and Order the Qi Decoction (<i>zēng yè chéng qì tāng</i>), 88
Cold accumulation in the interior	Abdominal and hypochondriac pain, chills, low-grade feverishness, cold hands and feet, a white, greasy tongue coating, and a submerged, tight, and wiry pulsecoating, and a submerged, tight, and wiry pulse	Rhubarb and Aconite Accessory Root Decoction (<i>dà huáng fū zǐ tāng</i>), 71
Heat drying the Stomach and Intestines	Hard stool that is difficult to expel, urinary frequency, a dry, yellow tongue coating, and a submerged and rapid or floating and choppy pulse	Hemp Seed Pill (<i>má zǐ rén wán</i>), 81
Constraint and clumping of the Liver qi	Constipation, belching, and abdominal distention and pain	Six Milled-Herb Decoction (<i>liù mò tāng</i>), 526
Desiccated Intestines	Lusterless skin and nails, parched mouth with an unquenchable thirst, a dry tongue, and a thin pulse	Moisten the Intestines Pill from Master Shen's Book (<i>rùn cháng wán</i>), 80
Dry Intestines from injured fluids	Thirst, a dry, red tongue, and a thin and slightly rapid pulse, or one that is weak and without strength	Increase the Fluids Decoction (<i>zēng yè tāng</i>), 677
Deficient Kidney yang and qi	Clear and copious urination, lower backache, and a cold sensation in the back	Benefit the River [Flow] Decoction (<i>jì chuān jiān</i>), 84
Cough		
Wind-cold attacking the Lungs	Cough with copious sputum and a constricted sensation in the chest	Canopy Powder (<i>huá gài sǎn</i>) or Three-Unbinding Decoction (<i>sān ǎo tāng</i>), 10
Wind-heat	Slight fever and thirst, and a rapid, floating pulse	Mulberry Leaf and Chrysanthemum Drink (<i>sāng jú yǐn</i>), 35
Wind-cold with thin mucus (weak constitution)	Fever and chills, headache, nasal congestion, a stifling sensation in the chest, a white tongue coating, and a weak pulse	Ginseng and Perilla Leaf Drink (<i>shēn sū yǐn</i>), 50
Cold and thin mucus lingering in the chest	Marked coughing and wheezing with a rattling sound	Belamcanda and Ephedra Decoction (<i>shè gān má huáng tāng</i>), 24
Cool-dryness	Watery sputum, slight headache, chills without sweating, a dry throat, a dry, white tongue coating, and a wiry pulse	Apricot Kernel and Perilla Leaf Powder (<i>xìng sū sǎn</i>), 663

Warm-dryness	Scanty, sticky sputum or a dry, hacking cough, moderate fever, headache, thirst, a red tongue with a dry, white coating, and a floating, rapid pulse	Mulberry Leaf and Apricot Kernel Decoction (<i>sāng xìng tāng</i>), 665
Wind attacking the Lungs with remnants of an exterior disorder	Slight chills and fever, an itchy throat, a thin, white tongue coating, and a moderate, floating pulse	Stop Coughing Powder (<i>zhǐ sòu sǎn</i>), 815
Dryness attacking the Lungs	Hacking cough, fever, wheezing, parched throat, dry nasal passages, a sensation of fullness in the chest, hypochondriac pain, irritability, a dry tongue with no coating, and a deficient, large, rapid pulse	Clear Dryness and Rescue the Lungs Decoction (<i>qīng zào jiù fèi tāng</i>), 667
Internal dryness of the Lungs (Lung and Kidney yin deficiency)	Blood-streaked sputum, wheezing, dry and hot palms and soles, night sweats, a red tongue with little coating, and a thin, rapid pulse	Lily Bulb Decoction to Preserve the Metal (<i>bǎi hé gù jīn tāng</i>), 384
Heat lodged in the Lungs	Viscous and difficult-to-expectorate sputum, fever with or without sweating, thirst, wheezing, labored breathing, nasal flaring and pain, a yellow tongue coating, and a slippery, rapid pulse	Ephedra, Apricot Kernel, Gypsum, and Licorice Decoction (<i>má xìng shí gān tāng</i>), 183
Lurking heat in the Lungs	High, clear-sounding cough that is nonproductive, fever, skin that feels hot to the touch, dry mouth, a thin, rapid pulse, and a red tongue with a yellow coating	Drain the White Powder (<i>xiè bái sǎn</i>), 186
Liver fire scorching the Lungs	Coughing that causes pain in the chest and flanks, an inability to rotate or bend the trunk, and in severe cases, blood-streaked sputum	Mulberry Leaf and Moutan Decoction to Drain the White (<i>sāng dān xiè bái tāng</i>), 188
Damp-phlegm from Spleen deficiency	Copious, white sputum that is easy to expectorate, a stifling sensation in the chest and diaphragm, nausea or vomiting, dizziness, a swollen tongue with a white, thick, greasy coating, and a slippery pulse	Two Aged Herb Decoction (<i>èr chén tāng</i>), 775
Lung qi deficiency	Shortness of breath, spontaneous sweating, occasional chills and feverishness, coughing, wheezing, a pale tongue, and a frail or deficient and large pulse	Tonify the Lungs Decoction (<i>bǔ fèi tāng</i>), 331
Lung qi deficiency with heat in the Lungs	Thick, yellow sputum often with pus and blood, a sensation of heat and irritability in the chest, facial edema, gradual emaciation, a purple tongue with a thin coating, and a floating, deficient pulse	Ginseng and Gecko Powder (<i>rén shēn gé jiè sǎn</i>), 331
Lung qi and yin deficiency	Sparse sputum that is difficult to expectorate, shortness of breath, spontaneous sweating, dry mouth and tongue, a pale red tongue with a dry, thin coating, and a deficient pulse that is rapid or thin	Generate the Pulse Powder (<i>shēng mài sǎn</i>), 328
Lung and Kidney yin deficiency	Dry cough (may have blood-streaked sputum), tidal fever, heat in the five centers, emaciation, dry throat, reduced appetite, shortness of breath, scanty urine, a red, dry tongue, and a thin, rapid pulse	Moonlight Pill (<i>yuè huá wán</i>), 387