

The Clinical Application of Gui Pi Tang (Restore the Spleen Decoction) in the Treatment of Skin Conditions

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Abstract

Gui Pi Tang 歸脾湯 (Restore the Spleen Decoction) is a well-known herbal formula for strengthening Spleen qi, nourishing Heart blood and calming the shen. It is frequently used to treat shen 神 (spirit)-type disorders such as insomnia, anxiety, palpitations and depression, as well as fatigue, menstrual disorders and digestive issues. However, if the appropriate signs and symptoms are present, *Gui Pi Tang* can be effective for a wide variety of other conditions. This article documents the clinical application of *Gui Pi Tang* to dermatological conditions by presenting three clinical cases of eczema, alopecia and herpes simplex.

Introduction

Gui Pi Tang 歸脾湯 (Restore the Spleen Decoction), also called *Ren Shen Gui Pi Tang* 人參歸脾湯 (Ginseng Restore the Spleen Decoction), is one of the most commonly used herbal prescriptions for qi and blood deficiency. It invigorates Spleen qi and nourishes Heart blood. It also has been made in a pill form, called *Gui Pi Wan* 歸脾丸 (Restore the Spleen Pill), which is on the shelves of most Chinese pharmacies. The ingredients of *Gui Pi Tang* are Ren Shen (Ginseng Radix - often replaced with Dang Shen [Codonopsis Radix]), Gan Cao (Glycyrrhizae Radix), Huang Qi (Astragali Radix), Dang Gui (Angelicae sinensis Radix), Long Yan Rou (Longan Arillus), Bai Zhu (Atractylodis macrocephalae Rhizoma), Fu Ling (Poria), Suan Zao Ren (Ziziphi spinosae Semen), Mu Xiang (Aucklandiae Radix) and Yuan Zhi (Polygalae Radix). Ren Shen, Huang Qi, Bai Zhu and Gan Cao strengthen the Spleen and benefit qi; Dang Gui and Long Yan Rou not only nourish the Heart blood and benefit the Spleen but also calm the shen 神 (spirit); Fu Ling (often replaced with Fu Shen for its calming effect), Suan Zao Ren and Yuan Zhi nourish Heart blood, benefit Heart qi and calm the shen. Mu Xiang regulates qi, invigorates the Spleen and helps to make the prescription nourishing without causing stagnation. The whole formula is designed to strengthen Spleen qi, nourish Heart blood, and calm the shen.

Gui Pi Tang was based on an original prescription created by a famous physician of the Song Dynasty, Yan Yong He 嚴用和, called *Ji Sheng Fang* 濟生方 (Formulas for Benefitting Life). The original prescription did not include Dang Gui or Yuan Zhi. Another famous doctor of the Ming Dynasty, Xue Li Zai 薛立齋, added these

ingredients in his book *Jiao Zhu Fu Ren Liang Fang* 教注婦人良方 (Notation of Fine Prescriptions for Women). This formula was used for overthinking and worrying causing damage to the Spleen and Heart qi and blood, with palpitations and poor memory or forgetfulness. During the Yuan Dynasty a practitioner called Wei Yi Lin 危亦林 wrote *Shi Yi De Xiao Fang* 世醫得效方 (Effective Formulas of Doctors through Generations), in which he widened the clinical applications of *Gui Pi Tang* to treat vomiting of blood and metrorrhagia caused by the failure of Spleen qi to control the blood.

Nowadays, *Gui Pi Tang* (including *Gui Pi Wan*) is the most commonly used prescription for treating shen disorders such as insomnia, anxiety, palpitations and depression; they are also used for chronic fatigue, irregular menstruation, prolonged menstrual bleeding with profuse pale blood or continuous bloody discharge, poor appetite, sallow complexion and lethargy. The three cases presented below show how *Gui Pi Tang* can also be used to treat skin complaints.

Case 1: eczema

The patient was female and aged 42. She had a small frame and was slightly larger around her middle regions. Her cheeks were red and covered with a rash of small red fluid-filled blisters. She appeared tense and anxious, and talked very fast. She was single and did shift work that involved sitting at a desk for long hours. She lived with her elderly parents and looked after them.

The skin rash had started a few years previously with a few red pimples on her face that came and went intermittently. They tended to clear if she increased her water intake. Over the last six months the rash had

got a lot worse and spread all over her cheeks. Some of the red-based pimples had yellow heads, which exuded watery discharge if they burst. The rash was very itchy and the area was warm to the touch. The patient had been referred to a skin specialist, who diagnosed eczema. Steroid cream was prescribed and helped, but she did not like the idea of putting steroid creams on her face. The rash also responded well to the application of aloe vera gel, but the gel tended to make her skin very dry.

The patient's general health was poor. She frequently experienced indigestion, with discomfort in the epigastric area. She often had a sense of fullness in her stomach, accompanied by constant nausea, for which she had been taking anti-sickness tablets on a regular basis. She reported having a poor appetite. Her abdomen felt generally bloated and she often suffered from constipation, although her stools were not hard, but sticky. She never felt thirsty and did not sweat easily. She often had a bad taste in her mouth and reported bad breath. She also had a chronic sinus problem, with a constant blocked nose and copious phlegm running down the back of her throat. To address this, she had her sinuses drained three times and had taken many courses of antibiotics. In the morning she woke up with a dull headache in the frontal and temple areas that was accompanied by a sensation of pressure. However, this did not manifest when she worked late shifts and had less sleep.

She confessed having been a 'worrier' since childhood, but more recently this tendency had got worse. She worried about almost everything, especially her parents' health, and found it hard to relax. She reported feeling anxious, and suffered from palpitations in the evening and when she trying to go to sleep. Without sleeping pills, she was not at all able to fall to sleep. She constantly felt tired. She did not do any exercise. Her hair looked lifeless and in recent times had been falling out a lot. She also caught colds easily.

Two years previously, a routine cervical smear test revealed cancer cells and she tested positive for the human papilloma virus (HPV). She underwent a number of treatments for this and was given the all-clear. Her periods were regular, with light menstrual bleeding for two to three days, and slight pain when the bleeding started. The blood was pale and mixed with mucous. She did not report any premenstrual symptoms.

Her tongue was large, pale and swollen, with large teeth-marks and a creamy white coating, which was thicker at the back of the tongue. There were distended pale purple veins under her tongue. The pulse was thin and rapid, weaker on the right, with a deep and weak Spleen pulse.

Analysis

In TCM terms, the aetiology of this problem was in the functions of the Spleen and Stomach. Judging by the fact that she had been a 'worrier' since childhood, the patient seemed to have had a weak Spleen for most of her life. There were three main consequences arising from the Spleen qi deficiency:

- Firstly, the dampness/phlegm accumulation was severe and was having effects all over her body. The most affected organ was the Lung, which encumbered by dampness and phlegm as evidenced by the chronic sinus problems and headache. The accumulation affected the Stomach too, causing the Stomach qi to rebel, leading to nausea and lack of appetite. Dampness and phlegm had also accumulated in her skin, particularly along the Stomach channel in her cheeks, where it had combined with the heat from stagnation and turned into damp-heat. The other part of the body affected by dampness was her lower jiao, where it caused constipation, abdominal bloating and HPV infection.
- When Spleen qi is weak, the production of blood is adversely affected. Here blood deficiency showed as lifeless hair, hair loss, sleeping problems, palpitations, anxiety and light and pale menstrual blood.
- Finally, there was wei (defensive) qi deficiency: When the Spleen qi is weak, Lung qi is affected. The dampness and phlegm accumulated in the Lung had affected the circulation of wei qi, which manifested in frequent colds and perhaps also the HPV infection. The clinical history revealed that she had taken many antibiotics. Most antibiotics are cold in nature and weaken the Spleen qi; this would have further weakened the wei qi.

The patient also showed signs of qi and blood stagnation, manifesting with pain at the beginning of her period and distended sublingual veins. This stagnation may have been due to the severity and duration of her damp/phlegm accumulation, or simply due to her lifestyle, lacking as it was in exercise or movement.

Over the last six months the rash had got a lot worse and spread all over her cheeks ...

Diagnosis

Her pattern diagnosis was as follows:

- Damp-heat/heat-toxin in the Stomach channel on her face: shown by the location of the skin rashes and their presentation as red, itchy pimples that felt warm to the touch, with yellow heads and watery discharge, as well as the response of the rash to aloe vera gel (which has a bitter, cold nature). Damp-heat also showed in the bad taste she experienced in her mouth and her bad breath, as well as the cervical cancer cells she had developed, the HPV infection and her rapid pulse.
- Underlying Spleen qi deficiency with dampness/phlegm accumulation: this was shown in her tendency to worry, poor digestion, tiredness, deep and weak Spleen pulse, and pale and swollen tongue with teeth

marks. The dampness/phlegm accumulation in different parts of the body presented as follows:

- In the Lung: blocked sinus, runny nose, production of phlegm and sputum, all of which was worse in the morning;
- In the head: dull headache, waking up with a headache; this was supported by the fact that she suffered less from headache when she had less sleep (lying flat allowed the damp-phlegm to flow up to her head).
- In the Stomach: nausea, fullness and discomfort in the epigastric area, poor appetite, lack of thirst and a swollen tongue with creamy white fur.
- In the lower jiao: constipation, sticky stools, menstrual blood mixed with mucus, and a thick coating at the back of the tongue.
- Wei qi deficiency: tendency to catch colds easily, coughing for three months and being unable to recover, the presence of cancer cells, and the fact that she has succumbed to HPV infection.
- Blood deficiency: sleeping problems, anxiety, difficulty relaxing, palpitations in the evening, lifeless hair, hair loss, pale and light menstrual bleeding, thin pulse and pale tongue.

Treatment principles

For this patient, four treatment principles were selected:

- Eliminate dampness and clear heat-toxin from the Stomach channel;
- Strengthen the Spleen and support Spleen qi;
- Promote qi and blood circulation to eliminate stagnation;
- Nourish blood to support the shen.

On her first visit, acupuncture treatment alone was given, as requested by the patient. A total of eight body acupuncture points were used:

- SP-9 Yinlingquan: the he-sea point of the Spleen; eliminates dampness; needled with reducing method.
- ST-3 Juliao: a local point used for the skin rashes; needled with even method.
- L.I.-11 Quchi: clears heat from the Yangming channel; needled with reducing method.
- L.I.-4 Hegu: a distal point of hand Yangming to clear heat from the patient's face; needled with even method.
- REN-12 Zhongwan: promotes the function of the Spleen and Stomach, eliminates dampness; included to stimulate the appetite and counter nausea; needled with even method.

- P-6 Neiguan: calms the shen to help with sleep problems, and counters nausea; needled with even method.
- ST-36 Zusanli and SP-6 Sanyinjiao: used together to strengthen her deficient Spleen and Stomach qi; needled with reinforcing method.
- SP-10 Xuehai: nourishes blood and promotes blood flow; needled with reinforcing method.

Because of her anxiety and insomnia, auricular acupuncture was also used to help her to relax. The points used were Shenmen, Subcortex, Sympathetic, Heart and Spleen.

The patient was advised to come back every week for two months.

Second visit

The patient came back two weeks later (she was unable to come after one week due to work commitments) and reported an immediate improvement in her energy levels. She had also slept very well for two days after treatment. However, she had not noticed any change in the condition of her skin. She could not commit to weekly acupuncture treatment and wanted to take Chinese herbs because she had read on the internet that eczema responds to herbal medicine very well.

Because her main presenting condition was eczema with damp-heat and heat-toxin signs, my initial intention was to drain damp-heat from the Stomach channel and the skin. Dried herbs were prescribed based on *Bi Xie Sheng Shi Tang* 萆薢胜湿汤 (Tokoro Decoction to Drain Dampness), with modifications:

Bi Xie (Dioscoreae hypoglaucae Rhizoma) 12g
 Yi Yi Ren (Coicis Semen) 30g
 Fu Ling (Poria) 9g
 Huang Lian (Coptidis Rhizoma) 3g
 Mu Dan Pi (Moutan Cortex) 12g
 Ze Xie (Alismatis Rhizoma) 9g
 Tong Cao (Tetrapanacis Medulla) 6g
 Ku Shen (Sophorae flavescentis Radix) 6g
 Cang Zhu (Atractylodis Rhizoma) 9g
 Bai Xian Pi (Dictamni Cortex) 12g
 Huang Qin (Scutellariae Radix) 9g
 Gan Cao (Glycyrrhizae Radix) 6g

Fourteen bags of herbs were given. The patient was advised on how to prepare them and told that she should take one bag of herbs per day.

Third visit

Two weeks later, the patient came back and complained that the herbs had 'demolished her appetite'. She was unable to finish all the herbs and reported constant stomach discomfort and nausea, and had even vomited a few times after taking the herbs. The skin on her face was less red but still inflamed. Her tongue looked even more swollen, with thick whitish/creamy fur and very prominent teeth-marks.

In general, this patient showed mostly cold signs and symptoms, with a pale and swollen tongue and several symptoms due to accumulation of dampness. However, she also had some signs of heat: her rapid pulse, red skin rashes, the bad taste in her mouth and bad breath. Her insomnia and anxiety could have been caused by heat disturbing her shen, or simply by blood deficiency being unable to house the shen. However, the diagnosis of heat was supported by her pulse. I reflected on where the heat might be coming from. She showed signs of stagnation that could have been the cause of the heat. I speculated that because her qi deficiency and dampness were so extreme, the heat signs were being masked. Her damp-heat skin lesions were only the biao (branch) presentation. The ben (root) of this case was Spleen qi deficiency with dampness. The first prescription, which aimed to clear damp and heat from her face, was too cold for her weakened Spleen and Stomach. Therefore it aggravated her stomach discomfort and adversely affected her appetite.

The second prescription was based on *Shen Ling Bai Zhu San* 參苓白朮散 (Ginseng, Poria and White Atractylodes Powder), with modifications:

Dang Shen (Codonopsis Radix) 9g
 Bai Zhu (Atractylodis macrocephalae Rhizoma) 9g
 Yi Yi Ren (Coicis Semen) 30g
 Sha Ren (Amomi Fructus) 6g
 Fu Ling (Poria) 12g
 Shan Yao (Dioscoreae Rhizoma) 15g
 Lian Zi (Nelumbinis Semen) 9g
 Jie Geng (Platycodi Radix) 6g
 Chi Shao (Paeoniae Radix rubra) 12g
 Zhi Ban Xia (Pinelliae Rhizoma preparatum) 9g
 Chen Pi (Citri reticulatae Pericarpium) 6g
 Zhi Gan Cao (Glycyrrhizae Radix preparata) 6g

Shen Ling Bai Zhu San strengthens Spleen qi and eliminates dampness. Chi Shao was added to clear heat and to nourish the blood. Ban Xia was added to form *Er Chen Tang* 二陳湯 (Two Aged [Herb] Decoction), which resolves dampness and phlegm. This time seven bags of herbs were given, and the patient was advised to come back one week later.

Fourth visit

The patient did not come back when agreed, but three weeks later. However, this time she had a smile on her face and had taken all seven bags of herbs. She reported they had 'agreed' with her stomach. In the previous two weeks she had experienced no nausea and her appetite had increased. The skin lesions on her face looked less red but were dry and flaky. The only problem she mentioned was that she still found it difficult to sleep and was still feeling anxious. Her tongue still looked pale, with tooth marks. Her pulses were still weak and thin in all positions. Reflecting on the previous prescription, I realised that blood-nourishing and

shen-calming herbs were missing. So this time I changed the prescription to *Gui Pi Tang*, with modifications:

Huang Qi (Astragali Radix) 9g
 Dang Shen (Codonopsis Radix) 12g
 Dang Gui (Angelicae sinensis Radix) 9g
 Fu Shen (Poriae Sclerotium paradicis) 12g
 Yuan Zhi (Polygalae Radix) 6g
 Suan Zao Ren (Ziziphi spinosae Semen) 12g
 Mu Xiang (Aucklandiae Radix) 6g
 Long Yan Rou (Longan Arillus) 9g
 Sheng Jiang (Zingiberis Rhizoma recens) 9g
 Huang Qin (Scutellariae Radix) 6g
 Zhi Gan Cao (Glycyrrhizae Radix preparata) 6g

Huang Qin was added to clear heat from her upper jiao. This time, seven bags of herbs were given and the patient called after two weeks to say she had felt good after taking this prescription, and that the eczema on her face had cleared. She also reported her energy had improved and she was able to sleep a bit longer. She wanted a repeat prescription. I gave her another seven bags and subsequently put her on powered herbs.

Although this patient presented with many symptoms, most of her problems originated from Spleen qi deficiency. This was the deep-rooted and chronic root of her condition. Even though her eczema cleared up relatively quickly, it would still take some time for her to get fully better. In general, when the branch is of an acute nature, it should be treated first, or at least at the same time as the ben. However, in this case, the patient's Stomach was too weak to take bitter and cold heat-clearing herbs. Treating first the root of the acute problem worked well in this case.

Case 2: alopecia

The patient was female, aged 29 years, and worked in a hospital as a trainee doctor. At the time she came to my clinic she was on maternity leave. She had three children aged three, two and eight months. She was of medium height, with slim limbs and a large, round abdomen. She appeared tired, with a pale face, dark rings under her eyes and dry, lustreless hair.

The patient presented with alopecia areata. The hair loss had started five months previously and had been gradually getting worse. Two months before her first visit, she had noticed a bald patch about the size of a 50 pence coin near her left ear, which had since grown three times the size, and she had developed three other patches on different areas of her scalp. She was very anxious about the condition. The patches appeared shiny and slightly greasy.

The patient had suffered from polycystic ovary syndrome before her first pregnancy. Her menstrual cycle used to be very irregular, occurring every two to four months, and she was unable to conceive for three years. However, a few months of acupuncture treatments

had regulated her cycle and helped her to conceive. She did not have any difficulty in conceiving the second and third times. She was still breastfeeding her third child and her menstrual bleeding had not yet started again. She had breastfed her first child for one year and her second child for eight months.

Although she was not working, she described her life as 'total chaos', with three young children and an elderly mother to look after. She ate irregularly, did not get hungry, and often forgot to eat. She often felt nauseous. Although she felt no thirst, she suffered from a dry mouth. She had been constipated since the birth of the third baby, with dry stools that were hard to pass. Her sleep was often disturbed by the breastfeeding, or else she would lie awake worrying about everything. She admitted she was an anxious person and remembered that she used to worry a lot as child; now she felt this way even more than she used to. She was aware of having palpitations, mainly at night.

She reported feeling very tired, both mentally and physically. Her head felt fuzzy, with a dull headache across the forehead and occipital area that was present all day and was worse in the morning. She reported poor concentration and poor memory. Her nails were pitted and ridged. Her knee joints had recently started making cracking noises, and she saw floaters all the time. She also reported constant lower back pain, which was worse when tired. She had always had a greasy scalp, which had worsened recently. Her tongue was pale with slight toothmarks and a thick and slightly greasy fur. Her pulse was deep and thin on the left and slightly slippery on the right. The Kidney pulse was deep and weak on both sides.

Analysis

Judging from the fact that she worried a lot as a child, her round belly and history of PCOS with a long cycle, this patient likely had a Spleen qi deficient constitution with damp/phlegm accumulation in the Chong (Penetrating) and Ren (Conception) Mai (Vessels) that seemed to resolve itself with the first childbirth. Childbirth can sometimes clear blockages in the Chong and Ren Mai, whether they are caused by qi and blood stagnation or damp/phlegm accumulation. However, the root of the problem was still present: her weakened Spleen was still producing dampness, which manifested in her big belly, nausea, lack of thirst, greasy scalp, fuzzy head, headache, greasy tongue fur, and slippery pulse.

Although she was still young, multiple childbirths during a short period of time, prolonged breastfeeding, and having to look after three young children and an elderly mother had consumed qi and blood, which had finally made her ill. Breast milk is considered another form of blood according to Chinese medical theory; as Xue Li-Zai 薛立斋, a Ming Dynasty doctor, pointed out: 'Blood comes from the essence of water and grains; it harmonises the five zang organs and spreads to the six fu organs. In women, it goes up to

produce milk and down to produce the menses.' In her case, prolonged breastfeeding had caused blood deficiency, and her constitutionally weak Spleen and irregular eating habits had made the situation worse. This had been further aggravated by her inability to sleep and constant worrying (sleep being key to replenishing qi, blood and yin).

Alopecia areata is known as 'spot baldness'. It is thought to be an autoimmune condition and is often triggered by psychological stress. It usually begins when clumps of hair fall out, resulting in smooth, round or irregular shaped patches on the scalp or other parts of the body. Alopecia areata is called 'ban tu' (斑秃, 'patchy baldness') in TCM; it is typically related to blood deficiency, with the blood being unable to nourish the scalp and hair, resulting in hair loss. If rapid hair loss happens overnight this is usually due to blood deficiency generating wind (some texts describe this as *gui ti tou* 鬼剃头 'ghost-shaved hair'). The patient's alopecia developed a few months after the birth of her third child, whilst she was breastfeeding. This suggests that her alopecia was due to blood deficiency.

Her poor concentration and poor memory could have been caused by blood deficiency or by dampness accumulating in the head. However, her dry and hard stools, constipation, cracking joints, floaters, anxiety, palpitations and weak pulse pointed towards blood deficiency as a predominant pattern.

Although hair growth and loss can stem from deficiency of Kidney jing (essence) and Kidney qi, she did not have enough signs and symptoms to support such a diagnosis. She did not encounter any problems in conceiving her second and third children - she was still young. Although multiple childbirths, a weak Kidney pulse, hair-loss and sore lower back could be taken as an indication of Kidney weakness, these were not enough to make a definite diagnosis. The back pain could have been caused by blood deficiency not nourishing the muscles, or perhaps by birth trauma or strain due to picking up and holding a baby. Equally the hair loss could have been caused by dampness blocking qi and blood circulation to the head and scalp.

Diagnosis

Following the analysis above, I decided on the following diagnosis:

- Blood deficiency: hair loss after childbirth, dry and lustreless hair, poor memory and poor concentration, poor sleep, anxiety, palpitations, pitting and ridged fingernails, constipation with hard stools that were difficult to pass, dry mouth without thirst, pale face, pale tongue and thin pulse.
- Spleen qi deficiency with accumulation of dampness: poor appetite, lack of thirst, nausea, round abdomen, fuzzy head, dull headache that is worse in the morning, poor memory and poor concentration, feeling mentally and physically tired, worrying a lot, greasy scalp,

history of PCOS with a prolonged menstrual cycle and difficulty in conceiving, pale tongue with tooth marks, white greasy fur and slippery pulse.

Treatment principles

This patient presented with signs and symptoms of both deficiency and excess. In order to eliminate the excess (accumulation of dampness), it was mandatory to strengthen the function of the Spleen. Nourishing the blood was also key. Supplementing the Spleen would promote the production of qi and blood. Therefore, the main strategy was as follows:

- Nourish blood in order to promote hair growth;
- Strengthen the Spleen to resolve dampness and promote the generation of blood.

At her first visit, the following acupuncture points were used:

- GB-20 Fengchi – to promote qi and blood circulation to the head, and alleviate the headache.
- SP-10 Xuehai – to nourish and promote the circulation of blood.
- SP-4 Gongsun, P-6 Neiguan – to open the Chong Mai and nourish Blood.
- REN-12 Zhongwan – to benefit Stomach and Spleen qi, and help digestion.
- ST-36 Zusanli and SP-6 Sanyinjiao – to strengthen the Stomach and Spleen.
- SP-3 Taibai – to strengthen the Spleen and resolve Dampness.

‘Starfish’ needling technique was used for the bald patches (needling around them toward the centre). The patient was advised to rub freshly cut ginger on the patches every day, in order to promote the circulation and therefore growth of hair. To support the Spleen and nourish her Blood, *Gui Pi Tang* with modifications was given in powder form:

Huang Qi (Astragali Radix) 15g
 Dang Shen (Codonopsis Radix) 12g
 Dang Gui (Angelicae sinensis Radix) 12g
 Fu Shen (Poriae Sclerotium paradicis) 12g
 Yuan Zhi (Polygalae Radix) 9g
 Suan Zao Ren (Ziziphi spinosae Semen) 15g
 Mu Xiang (Aucklandiae Radix) 6g
 Long Yan Rou (Longan Arillus) 9g
 Sheng Jiang (Zingiberis Rhizoma recens) 6g
 Da Zao (Jujubae Fructus) 9g
 Chuan Xiong (Chuanxiong Rhizoma) 9g
 He Shou Wu (Polygoni multiflori Radix) 12g

Chuan Xiong was added to promote qi and blood flow to the head, and He Shou Wu to nourish Blood and promote hair growth. The patient was advised to dissolve six

grams of the powder in boiling water and drink it twice daily. The patient was also advised to make an effort to eat warm, easy-to-digest, blood-nourishing food regularly. I explained to her the links between blood deficiency and alopecia, anxiety, sleeping problems, multiple childbirths and prolonged breastfeeding.

The patient came back one week later and reported having more energy and sleeping. She also said she felt the herbs suited her digestion and her body liked having them. I gave her a repeat prescription. She attended weekly acupuncture treatment for six weeks, during which time we noticed short, soft, fluffy hair appearing on the bald patches. We then reduced the frequency of acupuncture to every two weeks. She carried on taking the same herbs. Three months later, all her bald patches were covered with new hair.

Case 3: herpes simplex

The patient was female and aged 40. She was tall and slim; her voice was quiet and she spoke slowly. Her complexion was sallow, with swollen eyelids and slight puffiness under her eyes. Her hair looked thin and lifeless.

She presented with frequent flares of herpes simplex (cold sores) in her nostrils and on and around her lips. The lesions were red, with small blisters and some ulceration with exudation and yellow crusting. She reported burning pain and a pulsating sensation in the affected areas. She said the pain was so strong it often made her eyes water. The cold sores had started when she was working in France. She did not have any family or friends there and became terribly home-sick. She caught a very bad cold with sore throat, aching muscles and raging temperature. A painful, red-based blister had developed on her upper lips, which remained for many weeks until her doctor gave her antiviral cream. She was prescribed antiviral tablets (acyclovir) when the cream no longer worked. When she presented at my clinic she had been taking the drug for two years, during which time she had been mainly free of cold sores. When she had tried to stop taking it, she ended up with a bad attack of cold sores within a week. Her doctor in France suggested she would need to take it continuously for rest of her life. The patient had recently been transferred from France to England. Since coming to UK, she had been unable to get a prescription for acyclovir from her GP due to an NHS funding issue. She had ran out of medication for one week when the lesions came back with a vengeance.

She felt tired and exhausted all the time. Her appetite fluctuated, and was particularly poor when she was stressed or anxious. She described her digestive system as being very sensitive; there were lots of foods that she did not tolerate at all, and when she ate the ‘wrong’ food she developed abdominal pain, bloating and diarrhoea. Stress would also cause frequent bowel movements with loose, watery stools, and weight loss. She experienced palpitations and found it difficult to relax. Sleep was also

a problem when she felt stressed.

She caught colds easily and the symptoms would last for a long time. She sweated easily, even with slight exertion. She did not feel thirsty. She did not exercise much because she always felt exhausted afterwards.

Her tongue was slightly pale with mild tooth-marks, a bright red tip and a thin white coating. Her pulse was deep and soft.

The damp-heat signs had been dealt with by the acyclovir, which had suppressed the pathogen inside the body ...

Analysis

Cold sores are caused by the herpes simplex virus, which is highly contagious and can be passed on by contact. The virus typically remains dormant most of time but can be activated by specific triggers including emotional stress. This patient had a severe form of the disease. It started when she was working abroad and felt lonely and homesick. Home-sickness is a form of sadness, the emotion of the Lung. Excessive sadness weakens the Lung qi and wei qi. The weakened wei qi allowed external pathogens to invade her body, manifesting as susceptibility to catching colds and developing cold sores. The blistered, ulcerated, weepy and crusty appearance of the cold sores indicated damp-heat and fire-toxin. The burning and pulsating pain was likely caused by severe damp-heat leading to local qi and blood stagnation. The weakened wei qi meant that the body was unable to get rid of the external damp-heat pathogen, which became trapped in the area around her nose and mouth where the Yangming channel is located. The hand Yangming channel is the Large Intestine channel, which is internally related to the Lung.

It is hard to explain what the antiviral medication does to the body in Chinese medicine terms. Judging by the fact that the cold sores disappeared completely while she was taking the drug and flared up as soon as she stopped it, we might deduce that it is cold in nature and suppresses damp-heat inside the body instead of eliminating it. This could be the reason the patient was unable to stop the medication without suffering a flare-up of the disease.

This patient's constant tiredness, exhaustion after exercise, sensitive digestive system, tendency to loose or watery stools, sallow complexion and slight puffiness under the eyes all suggested weak Spleen qi. Her quiet voice and slow speech suggested that her Lung qi was also weak.

Her sensitivity to stress, propensity to insomnia, anxiety, palpitations and bright red tongue tip suggested Heart pathology with shen disturbance.

Diagnosis

Based on the above analysis I made the following diagnosis:

- Localised damp-heat pathogens in the portion of the Yangming channel around the mouth and nose: this was supported by the appearance of her cold sores. Her pulse was not fast and her tongue coating was not yellow, indicating that the damp-heat pathogens were localised rather than systemic. The red tongue tip was either due to heat pathogens in the upper part of her body or heat generated by her anxiety.
- Spleen qi deficiency with dampness and blood deficiency: sensitive digestive system, tiredness, fatigue after exercise, palpitations, lifeless hair, sallow complexion and swollen and puffy eyelids.
- Heart blood deficiency and shen disturbance: anxiety, sleeping problem and palpitations.
- Wei qi and Lung qi deficiency: catching colds easily, sweating easily on slight exertion, quiet voice and slow talking and cold sores not resolving for more than two years.

Treatment principles

The treatment principles were as follows:

- Eliminate damp-heat pathogen from the channels
- Strengthen wei qi, Lung qi and Spleen qi
- Nourish blood to calm the shen

This patient attended the herbal clinic. Because she presented with an acute form of cold sores with severe pain, the primary treatment principle was to clear damp-heat and alleviate pain. The first prescription was based on *Yin Qiao San* 银翘散 (Honeysuckle and Forsythia Powder) with modifications:

Jin Yin Hua (Lonicerae Flos) 9g
Lian Qiao (Forsythiae Fructus) 12g
Jie Geng (Platycodi Radix) 12g
Bo He (Menthae haplocalycis Herba) 6g
Dan Zhu Ye (Lophateri Herba) 9g
Niu Bang Zi (Arctii Fructus) 9g
Ban Lan Gen (Isatidis/Baphicacanthis Radix) 12g
Da Qing Ye (Isatidis Folium) 12g
Yan Hu Suo (Corydalis Rhizoma) 9g
Gan Cao (Glycyrrhizae Radix) 6g

Seven bags of the herbs were given and the patient was asked to come back in one week.

Second visit

Two weeks later, the patient's cold sores had cleared completely. However, she told me that her GP, realising the severity of her condition, had given her a

prescription of acyclovir, which she had taken for over one week. She still complained about her tiredness, poor sleep, anxiety and episodes of palpitations. The damp-heat signs had been dealt with by the acyclovir, which had suppressed the pathogen inside the body, however her Spleen qi and Heart blood deficiency signs were still present. Therefore her second prescription was changed to *Gui Pi Tang* with some modifications:

Huang Qi (Astragali Radix) 24g
 Dang Shen (Codonopsis Radix) 15g
 Dang Gui (Angelica sinensis Radix) 12g
 Fu Shen (Poriae Sclerotium paradidicis) 12g
 Yuan Zhi (Polygalae Radix) 9g
 Suan Zao Ren (Ziziphi spinosae Semen) 15g
 Mu Xiang (Aucklandiae Radix) 6g
 Bai Zhu (Atractylodis macrocephalae Rhizoma) 9g
 Ye Jiao Teng (Polygoni multiflori Caulis) 15g
 Ban Lan Gen (Isatidis/Baphicacanthis Radix) 15g
 Fang Feng (Saposhnikoviae Radix) 9g
 Gan Cao (Glycyrrhizae Radix) 6g

Ban Lan Gen was added to the prescription due to its heat- and toxin-clearing nature and its pharmacological action of being anti-viral and anti-inflammatory. Bai Zhu and Fang Feng were added to strengthen the patient's wei qi and, together with Huang Qi (already in the original prescription) formed *Yu Ping Feng San* 玉屏風散 (Jade Screen Powder), to strengthen her wei qi, Spleen qi and Lung qi. Ye Jiao Teng is the vine of He Shou Wu and not only nourishes blood but also calms the shen and assists sleep. Fourteen bags of the herbs were given and the patient was advised to take one bag of the herbs for two days. The patient took this prescription for one month.

Third visit

The patient came back and reported that she had better energy levels and was sleeping better. She wanted to keep taking the same herbal prescription, which I re-prescribed to her. After taking *Gui Pi Tang* for three months, the patient asked if she could try stopping the acyclovir. We agreed to try. Her cold sores did not come back. She took another month of herbal decoctions and then continued the same herbs in powder form.

This case shows how emotional stress can affect the physical body. Although emotion was not the only causative factor of her cold sores, it was an important contributing factor to her condition.

Conclusion

In modern society, we all face many pressure in many forms, from work, study, family life, relationships and financial problems. As therapists, we see patients suffering from symptoms that are caused by their emotional response to pressure, which often affects the shen first before affecting

the physical body. Liu Zi commented on this in chapter one of his *Bai Zi Quan Shu* 百子全書 (Complete Collection of Works by One Hundred Masters, 1875):

'If the shen is at peace, the Heart is in harmony; when the Heart is in harmony, the body is intact. When the shen is restless, the heart is shaken, when the Heart is shaken, the body is damaged. If one seeks to heal the physical body, one first needs to regulate the shen.'

Gui Pi Tang is a prescription that works at the level of the shen as well as on the physical body. It deals with a group of symptoms involving shen and qi, two of the three treasures. The symptoms related to shen include palpitations, anxiety, insomnia, being easily startled, restlessness, dream disturbed sleep, forgetfulness, delirium and irregular pulse. The symptoms related to qi include abdominal bloating, poor appetite, loose stools, weak limbs, weak muscles, and tiredness, prolapse of uterus or anus and abnormal bleeding. *Gui Pi Tang* thus covers a large but specific group of signs and symptoms. In clinical practice, when we see patients with this presentation, we can diagnose them with a '*Gui Pi Tang Syndrome*'. It does not matter if patients present with emotional problems, digestive issues, fatigue, abnormal bleeding or skin conditions - as long as we can identify the distinctive signs and symptoms mentioned above, we can consider using *Gui Pi Tang*.

Yizhen Jia studied both Western and Chinese Medicine for five years and graduated with a BSc degree from the Gansu College of TCM in 1984. She then studied in the gynaecology department of the university teaching hospital for three years, and gained her MSc degree on infertility treatment from the Tianjing College of TCM in 1988. After coming to the UK, she worked for six years as a lecturer and clinical supervisor in acupuncture and Chinese herbal medicine at the British College of Acupuncture. During this time she taught GPs, nurses, physiotherapists, anaesthetists and veterinarians to practise acupuncture and herbal medicine. Since 1998 she has been a part-time lecturer and clinical supervisor in acupuncture and Chinese herbal medicine at the University of Westminster in London. Yizhen practises from her private clinic at Health clinic of Acupuncture and Chinese Herbal Medicine in Hillingdon (Uxbridge).

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