

Classical Medicine for Treating Male Sexual Disorders

Abstract

There are six different recognised lineages explaining the teachings of Zhang Zhong Jing's classical text *Shang Han Za Bing Lun* (usually translated as the Canon on Cold Damage and Miscellaneous Diseases), which was written in the Han Dynasty. In the author's lineage, the teachings come from the Imperial doctor Wang Xiang Zheng (王祥徵, sometimes called Wang Xiang Wei, 王祥微), who passed down his knowledge to Professor Hu Xi Shu at the beginning of the 20th century, who later passed it down to Dr. Feng Shi Lun, who in turn passed it down to the author. In contrast to common belief, the classical system of the *Shang Han Za Bing Lun* can treat internal and external diseases, acute and chronic disorders as well as cold and hot afflictions. In this article, we review the treatment of stubborn and complex male disorders.

Introduction

The fifth edition of the TCM Internal Medicine text book used at the Beijing University of Chinese Medicine,¹ which represents a modern 'TCM' approach, presents the diagnosis and treatment of male sexual disorders according to the patterns of Heart and Kidney not communication with fire rising, damp-heat retention moving downward, Spleen and Heart qi depletion and Kidney essence depletion. Unfortunately, according to the author's clinical experience as well as the patients consulting at the male disorder department of the Japanese Chinese Friendship Hospital in Beijing, China, treatment based on such an approach is rarely effective and the symptoms frequently worsen. As practitioners of Chinese medicine we always want to achieve the quickest, most effective treatment using the most economical amount of herbs. As a Chinese medical practitioner in these modern times, researching the classics for an effective approach to treatment is appropriate.

In the Han Dynasty, Zhang Zhong Jing had already recorded effective formula patterns for male and female sexual disorders in the *Lun Guang Tang Ye Jing* (Canon of Brews and Decoctions), later renamed and compiled by Wang Shu He as the *Shang Han Za Bing Lun* (Canon on Cold Damage and Miscellaneous Diseases). As with every classical school of thought, understanding the medical system within the *Shang Han Za Bing Lun* is essential to be able to apply it correctly in clinic. It is important to clarify that this system does not advocate making a diagnosis according to the constitution of the patient, whether

they are young or old, thin or heavy-set. In addition, this system has no correlation to the acupuncture channels or their pathways, and does not integrate with TCM zang-fu diagnosis. This system is based on the presentation of the full spectrum of signs and symptoms, including the tongue and pulse. Analysing these symptoms tells us if pathogens are lodged within the external layers, internal layers, or the half-exterior half-interior layers of the body. According to the symptom presentation we are also able to diagnose if the syndrome in each layer is yang and/or yin in nature.

When we are treating acute or chronic cases of impotence, spermatorrhoea, premature ejaculation, lack of libido or any other male sexual disorder, we must record all of the presenting symptoms and identify which of the six syndromes are indicated in order to select the appropriate formula patterns. Since the analysis of symptoms according to syndrome is the basis of this system, this article will first present a short review of this material. As Dr. Feng Shi Lun often says: 'Being a true classical practitioner does not only involve using classical formulas, but also fully understanding the Six-Syndrome Diagnosis System that targets the appropriate formula pattern.' The key characteristics of the Six-Syndrome Diagnosis System² are:

- **Tai Yang Syndrome** (external yang syndrome): Fever, sweating or no sweating, aversion to cold and wind, pain and stiffness of the neck, severe pain of the joints and muscles, itchy skin disorders, floating pulse.

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- **Shao Yin Syndrome** (external yin syndrome): Spontaneous sweating, aversion to wind and cold, joint and body pain, skin disorders, floating or deep pulse. Please note that since this is the yin syndrome of the external layer it includes no signs of heat sensation or fever.
- **Yang Ming Syndrome** (internal yang syndrome): Fever, heat sensation, day or night sweating, excessive sweating during the day, aversion to heat, vexation, insomnia, depression, restlessness (excessive and deficient type), fullness in the epigastrium, chest oppression, diarrhoea or constipation, swollen red and painful joints, rapid and slippery pulse.
- **Tai Yin Syndrome** (internal yin syndrome): Cold sensation, fatigue, bloating or vomiting after eating or drinking, diarrhoea or constipation, signs of internal rheum, insomnia, restlessness, joint and body pain, deep and slow pulse. Note that this syndrome manifests with a lack of any heat sensation since it is an internal deficient syndrome.³ It is also important to note that a combination of external and internal syndromes is frequently seen in clinic: for instance an external Tai Yang or Shao Yin syndrome combined with an internal Tai Yin syndrome, which commonly presents as an upsurging of qi bringing internal rheum upward, manifesting as symptoms of dizziness, vertigo, vomiting and heaviness of the head.

The syndromes of the half-exterior half-interior layers mainly involve heat in the upper body with cold in the middle or lower body, bitter taste and pain in the rib sides:

- **Shao Yang Syndrome** (half exterior - half interior yang syndrome): Fever, heat sensation, sore throat, restlessness, irritability, introversion, tension, glomus and tension under the heart, wiry pulse.
- **Jue Yin Syndrome** (half exterior - half interior yin syndrome): Acne, hot flushes, cold-sores, cold sensation in the lower body, fatigue, weakness, bloating after eating or drinking, diarrhoea or constipation, restlessness, joint and body pain, deep and slow pulse. This is the only yin-type syndrome with deficient-heat signs due to blood and body fluid depletion, such as dry mouth, dry eyes, and scanty or no menses.

To illustrate the correct application of this system in the field of male sexual disorders, the author has collected a few meaningful clinical cases from Dr. Feng Shi Lun and Professor Hu Xi Shu. In-depth analysis has been added to shed some light on the medical legacy given to us by Zhang Zhong Jing.

Case studies

Case 1: Chronic prostatitis with urgent urination

Mr. Yu was 25 years old when he came for his first consultation on March 3rd, 2011. He had been suffering from prostatitis for about eight months, and had been treated with Western medicine for half a year, followed by microwave therapy and self-administration of the Chinese patent medicine *Ba Zheng San* (Eight-Herb Powder for Rectification). These treatments not only proved to be ineffective, but actually aggravated his symptoms. They were also expensive, and the patient complained of spending over 30,000 yuan (approximately 5,000 US dollars) during the last six months of treatment. The presenting symptoms included extremely frequent urination (roughly once every hour), a damp sensation in the scrotal area, a pulling sensation in the lower abdomen and perineum, and urination two or three times a night. The patient passed formed stools once every two or three days, experienced occasional night sweats, had a neutral taste in his mouth and a normal appetite. His tongue was pale with a white and greasy coating, and his pulse was wiry and rapid, with the left cun pulse slightly floating and thin.

Analysis: The symptoms of severe frequent urination, pulling sensation in the lower abdomen and scrotum and frequent night urination all belong to the Tai Yin internal depletion syndrome. This internal depletion had created internal rheum, seen in the symptoms of dampness in the scrotum area, nocturnal urination and greasy tongue coating. In addition, this patient presented symptoms of occasional night sweats and a rapid pulse, demonstrating that internal rheum had slightly transformed into heat, causing a slight Yang Ming syndrome. The full differentiation was therefore a Tai Yin Yang Ming syndrome.

The prescription given was *Shen Zhuo Tang* (Kidney Fixity Decoction) plus *Chi Xiao Dou Dang Gui San* (Adzuki Bean and Chinese Angelica Powder) plus *Sheng Yi Ren* for seven days, as follows:

Cang Zhu (Atractylodis Rhizoma)	15g
Gan Jiang (Zingiberis Rhizoma)	15g
Fu Ling (Poria)	15g
Zhi Gan Cao (Glycyrrhizae Radix preparata)	6g
Chi Xiao Dou (Phaseoli Semen)	15g
Dang Gui (Angelicae sinensis Radix)	10g
Sheng Yi Ren (Coicis Semen)	18g

Shen Zhuo Tang (Kidney Fixity Decoction) - also commonly referred to as *Gan Jiang Ling Zhu Tang* (Licorice, Ginger, Poria and Atractylodes Decoction) - is recorded in line 16 of the *Jin Gui Yao Lue*, 'On Visceral Wind and Cold, Accumulation and Gathering Disorders' as follows:

'Patients with Kidney disease will feel diffused body heaviness and coldness in the lower back, as if sitting in water, presenting with symptoms similar to rheumatic conditions, but without thirst or inhibited urination; thirst and hunger will be normal. This disease belongs to the lower jiao with symptoms of sweating on exertion and a sensation of damp-coldness of the skin under the clothes. Over time, there will be cold soreness below the waist and abdominal heaviness which will feel as if one is carrying five thousand coins, Gan Jiang Ling Zhu Tang governs.'

Shen Zhuo Tang consists of Zhi Gan Cao, Gan Jiang, Fu Ling and Bai Zhu, which fortify and warm the middle to treat Tai Yin Syndrome, and promote urination to drain the stagnation of internal rheum. In this case, the chronic retention of internal rheum had intermingled with blood to create blood stasis, seen in the extremely frequent urination and the pulling sensation in the scrotum and perineum. Chronic retention of dampness will always eventually create blood stasis, which causes pain. In this case the patient did not report severe pain but instead the stasis manifested as local irritation due to the frequent urination. *Chi Xiao Dou Dang Gui San* was therefore added to move stasis and drain internal rheum. Sheng Yi Ren was added to treat the slight Yang Ming syndrome and expel dampness, since it is cool and bland in nature and drains dampness by promoting urination.

Second consultation, March 10th, 2011: After a week of the above formula, the urinary frequency and scrotal dampness had reduced, the pulling pain in the scrotum had resolved and the nocturia had reduced to once per night. The patient was now passing formed stools once or twice a day, had occasional borborygmus, a normal appetite and a normal taste in the mouth. In addition, the patient's night sweating had resolved. His tongue was pale with a white and slightly greasy coating. His right pulse was wiry, rapid and forceful, the left guan pulse was slightly slippery, and both cun positions were floating.

At this time, although the symptoms had improved, the basic syndrome diagnosis remained the same. However, the night sweating had disappeared, showing that the Yang Ming Syndrome had resolved. Since the other symptoms were still present, the same prescription was therefore given, without Sheng Yi Ren. However, there was still slight urinary frequency and nocturia, so the medicinals Sang Piao Xiao (*Mantis Ootheca*) 10g and Yi Zhi Ren (*Alpinia oxyphyllae Fructus*) 10g were added to astringe fluid and consolidate essence. After taking this formula for seven more days, the urinary frequency and scrotal dampness were no longer evident and the borborygmus had resolved.

Chronic prostatitis can be the cause of many sexual disorders in men such as spermatorrhoea, impotence and premature ejaculation. By treating the prostatitis, we can

also successfully treat the disorders that stem from it. In this case, six months of costly Western and TCM treatment had not only brought no relief, but had actually aggravated the symptoms. However, two simple classical formulas, applied according to the Six-Syndrome Diagnosis System, were able to bring relief within two weeks. The primary focus of the treatment was to fortify the middle to treat the Tai yin syndrome and promote the body's natural function of expelling internal rheum via urination.

Case 2: Premature ejaculation

Mr. Yang, 31 years old, had his first consultation on July 12th, 2011. The patient had suffered from premature ejaculation for over half a year, accompanied by depression, anxiety and cold limbs. He had taken antidepressants and a TCM patent medicine to fortify Kidney yang and soothe Liver qi for six months, with no curative effect.

The patient experienced ejaculation after less than one minute of intercourse, followed by local spasmodic twitches. He also reported nervousness, anxiety attacks, a cold sensation in the lower limbs, sighing, irritability, dry mouth, profuse sweating and sloppy stools once a day. He had a dark tongue with a white coating, and a wiry and rapid pulse.

Analysis: The symptom presentation according to the Six-Syndrome Diagnosis System was as follows: The cold limbs and sloppy stools belong to the Tai Yin syndrome. The symptoms of spontaneous sweating, anxiety attacks and nervousness (caused by qirushing upwards) indicated that there was an unresolved exterior Shao Yin syndrome. The symptoms of dry mouth, restlessness, depression, sighing, irritability, excessive sweating and rapid pulse indicated a Yang Ming syndrome. Hence, the complete differentiation in this case was a Shao Yin Tai Yin Yang Ming concurrent syndrome. The prescription given was *Er Jia Long Gu Mu Li Tang* (Two Additions Dragon Bone and Oyster Shell Decoction) plus Cang Zhu, Fu Ling and Sheng Yi Ren, as follows:

Gui Zhi (<i>Cinnamomi Ramulus</i>)	10g
Bai Shao (<i>Paeoniae Radix alba</i>)	10g
Bai Wei (<i>Radix Cynanchi</i>)	10g
Sheng Long Gu (<i>Fossilia Osis Mastodi</i>)	15g
Sheng Mu Li (<i>Ostreae Concha</i>)	15g
Cang Zhu (<i>Atractylodis Rhizoma</i>)	15g
Chuan Fu Zi (<i>Aconitum</i>)	15g
Sheng Jiang (<i>Zingiberis Rhizoma recens</i>)	15g
Da Zao (<i>Jujubae Fructus</i>)	20g
Zhi Gan Cao (<i>Glycyrrhizae Radix preparata</i>)	6g
Fu Ling (<i>Poria</i>)	12g
Sheng Yi Ren (<i>Coicis Semen</i>)	18g

Since the patient suffered from spontaneous sweating, the exterior *wei*-defensive qi and interior *ying*-nutritive

qi were not consolidated and the pores remained open, leaving the body vulnerable for external pathogens to invade. If not treated properly, depletion of body fluids from excessive sweating leads to yang deficiency in the lower body, and subsequent yang hyperactivity in the upper body. Therefore treatment aimed to harmonise the *ying-wei* and expel external pathogens, while using Chuan Fu Zi to warm and tonify the deficient cold in the lower, and Bai Wei, Sheng Long Gu and Sheng Mu Li to astringe the floating yang.

After taking this formula for one week, the patient reported that his sexual endurance had improved.

Er Jia Long Gu Mu Li Tang comes from the formula *Gui Zhi Long Gu Mu Li Tang* (Cinnamon Twig Decoction plus Dragon Bone and Oyster Shell Decoction), which was recorded in the *Jin Gui Yao Lue* chapter 'On Blood Impediment and Taxation Disorders', line 8:

'If a man loses his essence, his lower abdomen will be urgently tense, his glans penis will be cold, his vision will be blurry and he will lose his hair, his pulse will be extremely deficient, hollow and slow, indicating clear food [diarrhoea], blood collapse and seminal loss. Hollow, stirred, faint or tight pulses with seminal essence loss in men and dreaming of intercourse in women, Gui Zhi Long Gu Mu Li Tang governs.'

Pathological seminal loss and dreaming of intercourse are both lustful in nature and in some people can occupy the mind incessantly, causing worry and anxiety. Restlessness of the mind is often due to sweating or excessive fluid loss leading to lack of body fluids, which causes heat to move upward, and thus *ying-wei* disharmony. Not only do Long Gu and Mu Li astringe the essence, they also calm the mind, clear internal Yang Ming heat and reduce nervousness. With the addition of Long Gu and Mu Li *Gui Zhi Tang*, not only harmonises the *ying-wei*, but also astringes seminal loss and calms the mind. In the *Xiao Pin* (Essay Quotations) it was recorded: 'In case of weakness, floating heat and sweating, remove Gui Zhi and add Bai Wei and Fu Zi, which [formula] is known as *Er Jia Long Gu Tang*.' However, in clinic Prof. Hu Xi Shu and Dr. Feng Shi Lun often include Gui Zhi in this formula to strengthen the harmonising effect on the *ying-wei*. In the first consultation, the Tai Yin Syndrome was pronounced, hence we added the medicinals Fu Ling and Cang Zhu to further address the internal retention of rheum by draining and warming the middle.

At the second consultation, after taking this formula for one week, the patient reported that his sexual endurance had improved and he could remain erect for

two to three minutes during intercourse. In addition, his nervousness had reduced and he had not experienced any anxiety attacks that week. However, the patient had experienced spermatorrhoea twice, as well as profuse sweating (especially at night), epigastric fullness, aversion to cold and a bland taste in the mouth. The symptoms of spermatorrhoea, aversion to cold and profuse sweating demonstrated that the exterior Shao Yin Syndrome was still present and therefore the dosage of Chuan Fu Zi was increased to 20g, and 10g of Jin Ying Zi (*Rosae laevigatae Fructus*) were added to consolidate the exterior and astringe the body fluids.

After one week of the second formula, the symptoms of nervousness and depression had completely resolved and the patient's spirit was calmer. The patient could now remain erect without ejaculating for five to six minutes during intercourse, and all his other symptoms had resolved. He continued to take the same formula for another week to consolidate the treatment.

As practitioners of classical Chinese medicine, we often see that conventional TCM treatments are ineffective. In this case the patient's previous treatment did not address the full syndrome. When there is a lingering pathogen of the excess type in the exterior layer (namely Tai Yang Syndrome) - or of the deficiency type (namely Shao Yin Syndrome) combined with an interior syndrome of either Yang Ming and/or Tai Yin, we need to address both the exterior and the interior syndromes simultaneously. This treatment protocol will involve either promoting sweating to resolve the pathogen in the exterior layer, while clearing internal Yang Ming Syndrome as well as warming the internal deficiency of the Tai Yin Syndrome.

Case 3: Impotence

Mr. Cang was 30 years old when he came for his first consultation on February 28th, 1963 (he was treated by Professor Hu Xi Shu and the treatment was recorded by Dr. Feng Shi Lun). He had suffered from impotence and premature ejaculation for four years. During this time he had taken both TCM and conventional medicines, which had no effect. An examination revealed he was suffering from chronic prostatitis, for which he had been prescribed *Gui Fu Di Huang Wan* (Cinnamon Twig and Poria Pill) by his TCM practitioner, without any curative effect. His signs and symptoms included inability to maintain a full erection, premature ejaculation, excretion of a white mucus-like substance from the penis before and after defecation, lower back pain, tinnitus, a white tongue coating, and a wiry and thin pulse.

Analysis: The symptoms of impotence and premature ejaculation, inability to maintain a full erection, white tongue coating, lower back pain, wiry and thin pulse pointed to an external and internal concurrent Shao Yin Tai Yin Syndrome. The excretion of urethral white mucus-like

substance before and after defecation and tinnitus showed internal rheum retention turning into heat creating a Yang Ming Syndrome. The full Six-Syndrome diagnosis was therefore a Shao Yin Tai Yin Yang Ming Concurrent Syndrome, which corresponded to an *Er Jia Long Gu Mu Li Tang* (Two Additions Dragon Bone and Oyster Shell Decoction) pattern.

Gui Zhi (Cinnamomi Ramulus)	3 qian (9g)
Bai Shao (Paeoniae Radix alba)	3 qian (9g)
Bai Wei (Radix Cynanchi)	3 qian (9g)
Long Gu (Fossilia Ovis Mastodi)	8 qian (24g)
Mu Li (Ostreae Concha)	8 qian (24g)
Zhi Gan Cao (Glycyrrhizae Radix preparata)	2 qian (6g)
Chuan Fu Zi (Aconite)	3 qian (9g)
Sheng Jiang (Zingiberis Rhizoma recens)	3 qian (9g)
Da Zao (Jujubae Fructus)	4pcs (20g)

After taking three packs of this medicine, the patient's tinnitus reduced and the amount of urethral fluid-excretion after defecation was markedly less. However, he occasionally still suffered from tinnitus and lower back pain, so he was given *Si Ni San* (Frigid Extremities Powder) to target the slight Shao Yang Syndrome causing the tinnitus. *Dang Gui Shao Yao San* (Chinese Angelica and Peony Powder) was added to the original prescription to further treat the Tai Yin Syndrome causing the lower back pain. After six further packs of this formula all symptoms had improved greatly and his impotence had resolved.

Discussion

The key to successfully using classical formulas in clinic is to fully understand the classical system from which they stem. Every modification of a particular formula becomes another formula pattern, which is able to treat a different syndrome combination. As the symptoms change during treatment, the Six-Syndrome Diagnosis also needs to change accordingly, and so does the formula.

A particular care needs to be taken when adding or removing medicinals, since every formula pattern represents a key to unlock a specific syndrome. For example, *Gui Zhi Tang* (Cinnamon Twig Decoction) fits a Tai Yang Zhong Feng ('struck by wind') Syndrome. However, if we add Fu Zi to make *Gui Zhi Jia Fu Zi Tang* (Cinnamon Twig plus Aconite Accessory Root Decoction) the formula pattern now fits a Shao Yin Zhong Feng Syndrome. Furthermore, if we add Fu Ling and Cang Zhu to make *Gui Zhi Jia Ling Zhu Tang* (Cinnamon Twig plus Poria and Atractylodis Rhizoma), we are now treating a Tai Yang Tai Yin Concurrent Syndrome. Every change of symptoms might indicate a different syndrome fitting a new formula pattern.

Chinese medicine treatment is not a rigid system of prescriptions given for specific diseases, as is commonly seen in modern TCM and conventional medicine. The

essence of Chinese medicine resembles nature, with multiple changes in treatment reflecting the inevitable changes in the symptoms. Constant change and appropriate adaptation of treatment are integral parts of the true nature of health and healing in classical Chinese medicine.

By reviewing these cases, we can see that neither conventional biomedicine nor TCM treatment relieved these patients' symptoms, and in some cases actually worsened their condition. However, the correct syndrome diagnosis with the appropriate formula pattern brought about satisfactory results in a timely and cost-effective manner. As Dr. Feng often repeats: '有是证，有是方：有是证，有是药' ('For each syndrome, there is a formula; for each syndrome, there are medicinals'). This lineage of the understanding of Zhang Zhong Jing's text does not link classical formulas to acupuncture channels, zang-fu diagnosis, body constitutions or disease names. Instead, each prescription is based solely on syndrome diagnosis according to symptom presentation.

The author hopes that this long-standing lineage and understanding of this classical Han Dynasty text as handed down to us by empirical doctors and dedicated teachers such as Professor Hu Xi Shu and Dr. Feng Shi Lun will survive the test of time, and that we can continue to keep the system pure and clinically effective.

Dr. Suzanne Robidoux is an international speaker with a focus on neurological disorders and pain management. She is presently completing a post doctorate clinical research at the Beijing University of Chinese Medicine on the clinical application of the Shang Han Za Bing Lun approach. After living in China for 15 years, Dr. Robidoux offers the opportunity to study classical medicine online or in China – see www.ChineseMedicineTraveller.com

Endnotes

- 1 Wang T. Y. (2006). *Zhong Yi Nei Ke Xue* (中医内科学), People's Medical Publishing House: Beijing, pp.339-340
- 2 The foundation of this lineage involves identifying the appropriate syndrome based on the patient's full symptom presentation and according to the eight guiding principles, in order to target the correct formula patterns.
- 3 Note that clause seven of the *Shang Han Lun* (On Cold Damage) specifies the symptoms that point to a

diagnose of yang syndrome and yin syndrome: 'If a disease manifests with hot sensations and an aversion to cold, it belongs to yang; If there are no hot sensations and aversion to cold, it belongs to yin.' This means that a yin-type syndrome (such as Shao Yin or Tai Yin) displays deficiency signs with no manifestations or sensations of heat. These internal deficient yin syndromes should not be confused with yin deficiency of the internal organs as understood in modern TCM.