

Chinese Medicine and Biomedicine: Looking at the Patient in Different Ways

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I. Introduction

How would Chinese medicine and biomedicine compare in the way they approach, formulate and manage the medical problems of a particular 75-year-old woman? Let us examine the differences. A presentation of the patient's complaints and her history come first, regardless of whether Chinese medicine or biomedicine is used. Where a Western physician may ask the patient to fill out a form and give a brief oral history of her complaint, a Chinese medicine "Asking" is much lengthier and goes into much greater detail. This is accompanied by observing the appearance of the patient, listening to her breath sounds and smelling her odors, and is followed by pulse and tongue diagnosis. Based on these findings, the Chinese medicine practitioner weaves together the information that is gathered about all aspects of the patient's health and life and designs a multifaceted approach to treatment. Finally, a skilled Chinese medicine practitioner explains the situation to the patient from the perspective of Chinese medicine in language the patient can understand.

[The object of this article is to illustrate, for a patient and practitioner the Chinese medical and the biomedical approach to a problem presented by a seventy five year old woman, how they approach, formulate and manage differently and where each can help the other.]

II. First Asking

The process for the Asking diagnosis is to initially request a simple unembellished list of the reasons for coming. That gives me an overview of the patient's problems that by itself lends to a reasonably correct sense of the central thread that lay beneath the myriad of facts that follow.

Secondly I explore each problem in two ways. The first is to record the current symptoms. The second is to record the history. In this way I know exactly what is happening now as distinguished from the development of the problem.

When the interview is not structured this way by the therapist, more often than not the narrative crosses back and forth from one to other creating confusion about what is past and what is present.

The final Asking step is to review all of the other systems, for example, neurology, ophthalmology, ENT, mouth, chest, cardiovascular etc. in the same fashion. In the following account I am combining the current symptoms with the history in one place.

III. Patient Problems and History of Problems

Mrs. X is a 75 year old woman whose initial statement of her reason for coming was 1)."My eyes", and 2). "My general health and especially my energy."

A. On further questioning we found her current eye symptoms included:

1. Principal concern: [*Sx* & *Hx*]- field of vision diminishing for three years

- 2). *Sx* - Blurred vision when tired, after reading a great deal, especially late at night and when hungry. *Hx* - this has occurred for six months during the day and for ten years at night.
3. *Sx* - Light sensitivity: it takes me a long time to adjust to changes in light. *Hx* - Increasing for fifteen years
4. *Sx* - Night vision diminished. *Hx* - Increasing for fifteen years
5. Color vision: diminished since she developed glaucoma
6. *Sx* - Glaucoma: currently controlled with eye drops after two operations, the first with a laser [20 years ago] and the second with surgery [8 years ago].
7. *Sx* - Cataracts: None currently. *Hx*- Surgically removed 2 years ago and follow up laser treatment one year ago for `fibers' remaining from the first operation.
8. *Sx*: Macular degeneration in one eye.
9. *Sx*: near sighted

B. My second complaint of decreased energy occurs significantly after lunch.

1. After a routinely very light lunch I feel as if I have to push myself, and my back [scoliosis] hurts
2. If I sit and read at that time I fall asleep. Rest helps.
3. My mind is alert
4. I feel "more animated" later in the day
5. After a heavier supper there is a slight decrease in energy but nothing like at

lunch

6. Decreases in energy occurred in the distant past only with allergies that are no longer an issue.

III. Review of systems revealed the following:

- A. Dizziness: room spinning
- B. Breast cysts 20 and 30 years ago that diminished after eliminating coffee.
- C. Nose dry and crusty.
- D. *Hx* of hay fever as child, outgrown in teens.
- E. ENT
 - Difficult to recover from a cold, helped by rest.
 - Hearing mildly diminished for many years
- F. Cardiac: Palpitations for one year lasting several hours with activity helped by rest and including one emergency room visit with no significant findings
- G. "I like heat and always feel cold."
- H. Gastro-Intestinal
 - Mouth
 - Canker sores on inside of mouth which are white in color.
 - Foul breath helped by drinking water
 - Eat too fast
 - Rare regurgitation
 - Flatulence at night with foul odor
- I. Liver
 - Sx*: Red wine leads to nausea
 - Hx*: Mononucleosis in college
- J. Musculoskeletal
 - Scoliosis since adolescence, at which time I was also very thin.

Feeling stuck under right breast relieved by drinking water.

Five years ago- shooting pain down neck and couldn't turn my head

K. Hematology

Slight anemia 30 years ago

I. GYN

Menstrual history and menopause unremarkable

M. Obstetrics

Three full term uneventful pregnancies and deliveries.

N. Endocrine

Hypothyroid as measured by underarm temperature.

O. Family Hx

Diabetes and Congestive Heart failure in family of both parents

Glaucoma in mother's family

P. Work History

School teacher while raising three children and housewife

Q. Exercise

Three times a week she does mild to moderate aerobics and weight lifting

R. Medications

Lipocor

IV. Signs [*For the Practitioner*]

These are findings from examination of her pulse, tongue, color, eyes and palpation, summary of asking and general summary

A. Pulse: [*For the Practitioner*]

Ms. S is a 75 year-old small thin woman with apparently severe Heart qi-yang deficiency and Lung qi deficiency [cardio-pulmonary dysfunction] affecting her circulation, especially to her eyes of blood and oxygen. There is also damp heat in the Heart [phlegm-heat misting the orifices] and in the Lung.

There are minor signs of chronic heat from excess in the Liver and Kidneys or associated hollow organs such as the Large Intestine and Bladder and the peritoneal cavity including the pancreas. There is also considerable heat and blood stagnation and damp in the blood [Ropy], signs of latent heat, and moderate lower burner and Liver blood stagnation. Generalized mild toxicity is indicated.

There is a mild to moderate generalized qi, blood and yin deficiency, severe Liver qi deficiency and mild to moderate Kidney qi [blood] deficiency.

There is mild to moderate damp heat in the Gallbladder, damp heat in the gastrointestinal system and pelvis lower body. Of more concern is moderate signs of neoplastic activity. An underlying "Nervous System Tense" condition is present as one source of the heat.

B. Asking [*For the Practitioner*]

Patient has palpitations with activity [Heart] for one year and symptoms of decreased circulation. Her blurred vision [Liver blood deficiency] has occurred in the past six months and decrease in visual fields have been for three years. There is a history of glaucoma Rx with laser, surgery and medication [heat rising],

cataracts removed 2 years ago[yin deficiency] and light sensitivity and diminished night vision [Liver blood] for 15 years. Minor macular degeneration is reported [Kidney jing deficiency].

There are mild symptoms of damp [room spinning vertigo, ear wax and decreased perspiration] and a Lung Wei qi deficiency [difficult to recover from URI] and symptoms of Kidney yang deficiency [cold], Jing deficiency [scoliosis] and yin deficiency [cataracts].

Fatigue after eating suggests Liver and Spleen qi deficiency and cancer sores Stomach heat which is supported by her foul flatulence at night, depending on what she eats [beans]. Her Liver qi deficiency may be partly associated with a history of mononucleosis [college] and nausea with red wine or grapes and the stuck feeling under her right breast relieved by drinking water is probably associated with damp heat in the Gall Bladder.

V. Biomedical Assessment [*For the Layman and for the Practitioner*]

The biomedical approach was primarily surgical interventions by knife and by laser listed above for each of the ophthalmological symptoms as each appeared over the years. These problems were never explained, connected to each other or to any other aspect of her physiology until recently when she was told that these increasing eye problems is possibly due to “low blood pressure” about which they could do nothing except suggest that she eat more salt.

VI. Chinese Medical Assessment [*For the Practitioner*]

The patient's principle complaints regarding her eyes are in my opinion primarily due to Heart-Circulation yang deficiency and blood deficiency. There is not sufficient circulation to the head to nourish the eyes.

This is true for the cataracts, blurred vision, night vision, light sensitivity, restricted field of vision and near-sightedness. The macular degeneration is associated with both the diminished blood circulation to the head and to Kidney jing deficiency.

Rising heat from the Stomach and Nervous System to her eyes has been a basic factor in the pathogenesis of her glaucoma. The body's attempt to compensate for this excess heat in her eyes by sending fluid to her eyes, beyond her ability to assimilate it, resulted in the fluid stagnation we call glaucoma.

This is complicated by Lung qi deficiency which makes the head vulnerable and by both Liver qi and blood deficiency. There is evidence that Kidney jing probably since birth and deficiency of both Kidney yang and yin is a further complication affecting the eyes, especially the macular aspect.

Her recent diminished energy after eating is a partially a Spleen-Liver qi deficiency problem. The Spleen aspect is probably the result of the underlying Kidney jing deficiency and both are associated with hypothyroidism and age. The Liver qi deficiency

is from overwork [teaching school and raising three children] and the mononucleosis in college.

However, I believe part of this problem is again associated with a Heart-Circulatory deficiency and blood deficiency in that during and after meals there is a concentration of blood in the mesenteric plexus and with these deficiencies, not enough going to the brain.

VI. Chinese Medical Management as Explained to the Patient

A. EXPLANATION

According to our examination the principal cause for your progressive eye conditions is that the energy of your Heart and Circulation are not bringing enough blood to your eyes to nourish the muscles so that your pupil can accommodate to light easily and efficiently [diminishing field of vision], and fluid to the whites of your eye to keep it moist and avoid cataracts.

We know that there has been some Heart weakness in the family. However, we are talking about energy and you are not in danger of having a heart attack. We want to have as much information about your heart as possible before we begin to treat you energetically that is why we want to have a base line from a biomedical viewpoint by referring you to cardiologist.

Another problem is that you have a blood deficiency that in Chinese medicine is somewhat different than anemia that you had when younger. Partly this is do to the fact that your Lungs are not delivering as much oxygen to the blood or your digestion as much nutrients as we feel is necessary for your eyes to be properly nourished.

A third issue is that your nervous system and digestive systems are overworking which, like a machine that overworks, overheats. This heat rises and goes to your eyes and then the body brings fluids to balance the heat. If this continues the fluid combines with the heat and becomes thick and blocks the eye ducts and you can get glaucoma. The body tries to get rid of this heat and it goes into the blood, irritates the lining and causes clogging of the arteries [arteriosclerosis]. That is why you are taking lipocor.

The macular degeneration is for all the above reasons, blood circulation, clogged arteries and due to the your inherited [we call it Kidney] energy being deficient which is why you developed scoliosis during your teen years. This energy controls the central nervous system. The inside of the eye, the retina, is a part the brain and one function of Kidney energy.

The energy drop after lunch is probably due to the fact that you eat only yogurt for lunch [see food diary below] and this follows your exercise routine. Yogurt is a milk product that is extremely difficult to digest and takes more energy to digest than it provides. The energy of the pancreas was not strong to begin according to your pulse, [we call it Spleen energy] and has been further depleted by rapid

eating, and the associated heat. And after strenuous exercise better nourishment is desirable. This condition will also probably also improve with better Circulation.

B Life-Style Strategies

1. Eating Habits: Too Fast [?]
Food diary
2. Sleep earlier and longer
3. Reduce exercise routine
4. Read less with larger print

C. Referrals

A. Referral to a Cardiologist

Irregular heart rhythm and very Slow rate

B. Referral to:

GYN; Colonoscopy based on age

GB-Pancreas ultrasound based on pulse finding of problem in peritoneal cavity

C. Complete blood count, thyroid profile, liver profile, lipid profile, glyco-hemoglobin [evidence in history of carbohydrate metabolism instability],

VII. MANAGEMENT

Our principal goal is to strengthen your Heart and circulation and your Lungs to deliver well-oxygenated blood to your eyes, and to strengthen your pancreas [Spleen] and Kidneys so that you can efficiently process food and produce blood.

Changing your eating habits is an important part of this program to reach the goal of having strong blood circulating well to your eyes, and the rest of your body in a circulatory system that is clear and relieved of the heat which is now impairing it.

We can do this with herbs for each of these purposes and the needles will go a long way to calming your Nervous System, reducing the heat created by its overworking, and its effect on your eating habits.

Due to your age and the previous operations that create stagnation in the area of the surgery our job of building and moving is more difficult and will take more time and patience. What we will do for your heart will go a long way to avoid the fate of your ancestors who had a predilection for congestive heart failure and you will feel generally stronger.

We will begin after we receive the results of your cardiac examination. Do you have any questions?