

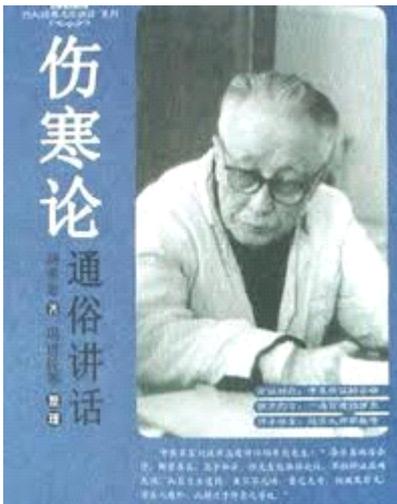
DR. HU XI-SHU'S APPROACH IN THE TREATMENT OF COUGHS

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Introduction

For the last few years I have been engaged in quite extensive research and study in the unique methods and treatment style of Dr. Hu Xi-Shu (1899-1984). Although I have never personally studied with him (I was only eight years old when he died), I have always felt a very deep connection to his approaches. To be a student of the Jing Fang current one must become intimate with the classic writings of Zhang Zhong-Jing (张仲景), Fang You-Zhi (方有执), Xu Ling-Tai (徐灵胎), and the modern writings of Hu Xi-Shu (胡希恕), Liu Du-Zhou (刘渡舟), Fan Zhong-Lin (范中林), and Huang Huang (黄煌), to name just a few.* There are very many physicians of the past and present who have contributed to this fascinating and clinically relevant specialty; however, these are the physicians that have exerted the greatest influence on my practice.



Hu Xi-Shu, Popular Lectures on Cold Damage
(伤寒论通俗讲话) 2008

There are currently very few books available on the Jing Fang current available in the English language, and it is for this reason that my colleague Michael Max and I are in the process of translating a very important clinical text exemplifying the strategies and methods utilized by some of these doctors mentioned above. It is my hope that this text will assist in raising the level of study in North America and Europe, and contribute to the ever-evolving state of Chinese medicine in the west.

The following is a translation with commentary on the treatment of coughs, taken from Dr. Hu's 'Popular Lectures on Cold Damage' (伤寒论通俗讲话). (Beijing: China Press of Traditional Chinese

Medicine, 2008). It includes his various theories on treatment and representative case studies to illustrate these methods.

Coughing is mainly caused by the invasion of phlegm and thin-fluids. Treatment should involve warm transformation, descending counterflow and calming

There are numerous formulas that are able to effectively treat coughs, some may even say that there are 'thousands upon thousands' (成千上万). However, when treating coughs, Dr. Hu would most commonly use the formula *ban xia hou po tang* (Pinellia and Magnolia Bark Decoction), taken from the *Jin gui yao lue* (Essentials from the Golden Cabinet), where it clearly illustrates an intimate relationship between coughing and phlegm and thin-fluids. Numerous cases of coughing are due to the upward invasion of phlegm and thin-fluids, causing qi to run counterflow and not descend. The treatment of phlegm and thin-fluids is clearly elucidated in the *Jin gui yao lue* where it states:

"In diseases of phlegm, and thin-fluids, one should harmonize with warm medicinals".

This is a very important treatment principle in addressing phlegm, thin-fluids, and coughs. Adhering to these principles when selecting suitable formulas, will increase our clinical effectiveness.

Case Study 1

Huang, Female, 38 years old. Initial diagnosis was on February 12, 1966: Patient presented with a cough combined with expectoration of white phlegm, an itchy throat, chest fullness, a dry throat with no desire for fluids, and bilateral rib side distension. She had already taken several packages of herbal formulas to no avail. Her tongue coating was thick and slimy, and her pulse was slippery-thin.

This pattern belongs to phlegm and thin-fluids harassing the upper (burner), and impaired depurative downbearing (*su jiang* 恭降) of the lungs (the function of the lung that comprises passage of fluids down to the kidney, and sending qi absorbed from the air down to the kidney). This was treated by warm transformation and downbearing counterflow with *ban xia hou po tang* with additions and subtractions.

ban xia 4 qian**
hou po 3 qian
fu ling 4 qian
su zi 3 qian
ju pi 5 qian
xing ren 3 qian
jie geng 3 qian
sheng jiang 3 qian

Results: After taking only 2 packages of the above herbs, the cough had stopped.

Ban xia hou po tang is originally from the *Jin gui yao lue* in the miscellaneous gynaecological diseases section, where it is indicated for "female patients with the sensation of fried meat in the back of the throat". Dr. Hu believed this formula to be *xiao ban xia jia fu ling tang* with the additions of *hou po* and *su ye*. It is used in phlegm-thin fluids qi bind manifesting with chest fullness, throat blockage and cough. It warms and transforms phlegm and thin-fluids, downbears counterflow, and regulates qi. The patient above was manifesting with a cough due to phlegm and thin-fluids, therefore the use of this formula offered a quick resolution.

The original formula contains (*zi*) *su ye*, but Dr. Hu preferred to use (*zi*) *su zi*. If there are obvious exterior signs present, then (*zi*) *su ye* may be added, and you may also add either *gui zhi tang* (Cinnamon Twig Decoction) or *ma huang tang* (Ephedra Decoction). If heat signs are present then *sheng shi gao* may be added. If there is an enduring cough due to cold thin-fluids, without any obvious exterior signs, then combine with *ling gan wu wei jiang xin xia tang* (Poria, Licorice, Schisandra, Ginger, Asarum, and Pinellia Decoction).

Enduring depressed phlegm and thin-fluids frequently transform into heat, and therefore true cold, and false heat signs need to be clearly distinguished

In clinical practice, numerous patients with coughs are frequently seen. Quite often they have taken several decoctions yet their symptoms fail to improve, even to the point where some of these patients' symptoms intensify. One of the main reasons for this is the inability to clearly differentiate between cold and heat. The following case study illustrates this problem.

Case Study 2

A 63-year-old male presented at the clinic on January 4, 1966 complaining of a cough accompanied by spitting up of yellowish-white sputum that had been going on for the last four months. This started last year in October with symptoms of a productive cough and throat pain, for which he had taken various medicinals that

offered no relief and in fact caused some wheezing. The main formula he was initially prescribed was a modified version of *sang xing tang* (Mulberry Leaf and Apricot Kernel Decoction). He had also mentioned that in this time he has consumed over one kilo of *chuan bei mu*.

Current signs and symptoms: Cough with copious amounts of yellowish-white sputum, irritability, chest fullness, aversion to cold in the back, dry mouth with a desire to drink, yet after every time he drank water, his abdomen would be uncomfortable. He had a yellow slimy tongue coat, red tongue tip, and a wiry, slippery, thin pulse.

Dr. Hu prescribed *xiao qing long jia shi gao tang* (Minor Blue-Green Decoction plus Gypsum)

ma huang 3 qian
gui zhi 3 qian
xi xin 2 qian
gan jiang 2 qian
bai shao 3 qian
zhi gan cao 3 qian
wu wei zi 3 qian
ban xia 5 qian
sheng shi gao 1.5 liang

After writing this formula a question was posed to Dr. Hu asking why so many warm natured herbs were used, if heat signs were so obvious? Dr. Hu replied:

"This patient has already taken numerous formulas containing heat clearing medicinals, and his symptoms have only gotten worse. The medicinals were not prescribed according to the presentation. We can see from his current symptoms that he has an aversion to cold in his back, and abdominal discomfort after drinking water. This is a pattern of thin-fluids collecting in the interior, and specifically cold thin-fluids. Now if we were to administer bitter cold medicinals in order to clear heat and transform phlegm, not only would we fail to remove the phlegm, but we would further damage this patient's yang qi and the phlegm would in fact get worse. When there is a substantial amount of phlegm and thin-fluids, that collect and stagnate for long periods of time, they will inevitably transform into heat, which invades the heart and chest causing irritability and chest fullness. Therefore, by not removing the phlegm and thin-fluids, we would be unable to eliminate the heat, and the cough would fail to subside. This is a pattern of exterior cold, with thin-fluids collecting internally, accompanied by upper (burner) heat. *Xiao qing long jia shi gao tang* matches the presentation. *Xiao qing long tang* is used to resolve the exterior and eliminate phlegm in order to treat the root. *Sheng shi gao* is used to clear upper burner heat to expel the branch. Whether or not we can achieve a positive outcome will be determined after the formula is taken".

Results: after taking three packages of the formula, his irritability and chest fullness were reduced, as was the yellow phlegm and dry mouth. His tongue coating was slightly slimy, so *xi xin* and *gan jiang* were increased to 3 *qian*, and *sheng shi gao* was decreased to 1 *liang*. This was continued for six more packages in which time his aversion to cold in the back was gone, the spitting up of phlegm was reduced, and no yellow sputum was seen. *Sheng shi gao* was removed from the formula and he was given twelve more packages, after which his condition completely resolved.

Exterior cold and interior thin-fluids are common allies, therefore resolving the exterior and dispelling thin-fluids must be carried out simultaneously

A patient who had once come to see Dr. Hu with a chronic cough was given *xiao qing long tang* (Minor Bluegreen Dragon Decoction) with the addition of *fu ling* (poria). A senior physician asked the doctor whether he felt this gentleman's cough was due to external contraction or to internal damage? Dr. Hu simply answered "this patient's cough is the result of external contraction combined with interior thin-fluids, and fits a *xiao qing long tang* (Minor Bluegreen Dragon Decoction) with *fu ling* (poria) presentation". This is a complete formula, which is able to address the root cause, and treat the cough's pattern of external contraction and interior thin-fluids.

Zhang Jing-Yue (1563-1640) pointed out that coughs can be divided into two main patterns, one being external contraction, the other being internal damage. This is how we classify them according to theory, however in clinical reality, these two patterns frequently simultaneously coexist. Internal damage can easily provoke external contraction, and external contraction can also easily bring about internal damage. Therefore, in clinical practice, one does not necessarily need to determine whether the cause is external contraction or internal damage, as long as there are definite symptoms of each, and treatment is based on pattern identification, that would be sufficient.

Classifying coughs into either external contraction or internal damage is of course easy to remember for new practitioners or ones with little clinical experience, however, once faced with these presentations in clinic, one would run in to difficulties finding the right formulas. For example, if a patient presents with cough, and we were to use this aforementioned strategy, determining whether or not one should diffuse and resolve (the exterior), or supplement, and boost would prove difficult and would completely neglect treatment of one or the other pattern, prolonging and failing to treat the disease. The following case clearly elucidates this problem.

Case Study 3

On 7 January, 1966, a 32-year-old female patient presented at the clinic complaining of a cough that had started every winter for the past three years. The current cough had already been going on for the last two months. A previous physician had prescribed *san ao tang* (Three-Unbinding Decoction), and a modified version of *xing su san* (Apricot Kernel and Perilla Leaf Powder), which offered her no relief. Afterwards, she was given over twenty packages of modified *zhi sou san* (Stop Cough Formula), which had very little effect, and finally, she was prescribed a formula containing *er chen tang* (Two-Aged [Herb] Decoction) combined with *san zi yang qin tang* (Three Seed Decoction to Nourish One's Parents), which again offered very little effect.

Current signs and symptoms: cough, spitting up of copious amounts of white colored phlegm, an aversion to cold felt over her back, cold extremities, dry mouth with little desire to drink, chest fullness, epigastric fullness and focal distention, poor appetite, loose stools, a white-slippery tongue coat, dark tongue body, and a deep-wiry-thin pulse.

Dr. Hu's formula:

ma huang 3 *qian*
gui zhi 3 *qian*
bai shao 3 *qian*
xi xin 3 *qian*
gan jiang 3 *qian*
zhi gan cao 3 *qian*
wu wei zi 4 *qian*
ban xia 5 *qian*
fu ling 4 *qian*

Results: After taking three packages, her chest fullness, and spitting up of phlegm had decreased substantially. After another six packages, the cough had obviously improved. The formula was continued for another two weeks, after which the cough had completely disappeared, and her overall condition was eliminated.

At the end of treatment, Dr. Hu once again emphasized the treatment principles for external cold with interior thin-fluids: "This treatment principle has repeatedly been stressed in the explanations of specific formula presentations such as *gui zhi qu gui jia fu ling bai zhu tang* (Cinnamon Twig Decoction Minus Cinnamon with Added Poria and Atractylodes), and *xiao qing long tang* (Minor Bluegreen Dragon Decoction) where ... there are cold pathogens in the exterior, and thin-fluids in the interior. These fluids create stoppage in the interior, whereas the exterior is somewhat obstructed. At the same time nothing is able to penetrate the exterior and if water is unable to be disinhibited, the exterior would be unable to

resolve. If a strong sweat is promoted, or if the exterior is diffused strongly, the interior thin-fluids will be agitated and numerous signs will appear. If we simply disinhibit water, pathogens will invariably enter the interior". In this particular case, an exterior resolving formula with medicinals to disinhibit water, and drive out thin-fluids was used, thereby affecting both the exterior and interior. The formula used contains *ma huang*, *gui zhi*, *bai shao*, and *gan cao* to promote sweating, in order to expel exterior pathogens. *Ban xia*, *gan jiang*, *wu wei zi*, and *fu ling* drive out cold in order to eliminate interior thin-fluids. Therefore, once the exterior is resolved and interior thin-fluids removed, the cough will spontaneously cease.

A dry cough does not necessarily mean an absence of phlegm. A formula to transform phlegm and lower qi can arrest these coughs

Patients with dry coughs are commonly seen in clinical practice, and Dr. Hu would commonly treat these patients with phlegm transforming, counterflow descending medicinals such as *ban xia hou po tang* (Pinellia and Magnolia Bark Decoction), or *ling gan wu wei jiang xin xia tang* (Poria, Licorice, Schisandra, Ginger, Asarum, and Pinellia Decoction), which can quickly arrest coughing.

Because this can seem quite puzzling many of us have asked, "Since many cases of dry coughs are due to yin deficiency or hyperactive fire, and treatment should involve enriching yin or clearing heat and descending fire, wouldn't this be considered an adverse treatment?" Dr. Hu would just say, "This is actually the correct treatment and not an adverse treatment". Furthermore, he shared with us his vast experience and clinical applications of their treatment. He would say that there are many patients with dry coughs who continuously take formulas, and the coughs fail to resolve even after several months. One would view the case and identify the pattern as lung fire, or liver fire, or yin deficiency, and treat with medicinals such as *huang qin*, *zhi zi*, *sheng di huang*, *zhi mu*, *bei mu*, etc, and even after extended periods of time, there is minimal effect.

What is the reason? Actually this principle is quite simple; the Chinese medicine concept of treatment based on pattern identification is used for the whole body, and not just according to one individual symptom. Phlegm and thin-fluids harassment is one of the main causes of coughing and wheezing, and the coughing up of phlegm is one basis for pattern identification, but is not the only symptom. The Chinese medical concept of phlegm and thin-fluids is quite extensive, and there are numerous cases where in an absence of phlegm, there is an absence of cough, just as there are numerous cases of cough in the absence of phlegm. We must do an overall differentiation of patterns. The following case helps illustrate this point.

Case Study 4

A 38-year-old female was first seen on Feb 12 1966. This patient had suffered with a dry cough and itchy throat for over a month. She had taken a modified version of *zhi sou san* (Stop Cough Formula), and modified versions of *sang xing tang* (Mulberry Leaf and Apricot Kernel Decoction) and *mai men dong tang* (Ophiopogonis Decoction). The cough not only failed to improve, but was actually getting worse. Currently she presents with a dry cough, itchy throat, dry mouth with no desire to drink, belching, chest oppression, loose bowel movements occurring once or twice daily, a thick slimy tongue coating and a slippery thin pulse.

She was prescribed a modified version of *ling gan wu wei jiang xin xia tang* (Poria, Licorice, Schisandra, Ginger, Asarum, and Pinellia Decoction)

fu ling 4 qian
xi xin 2 qian
wu wei zi 4 qian
ban xia 5 qian
zhi gan cao 2 qian
chen pi 5 qian
sheng jiang 3 qian
xing ren 3 qian
jie geng 3 qian
zhi pi pa ye 3 qian

Results: After taking one package of the above formula, the cough had decreased. After three packages the cough stopped.

The above patient suffered from a dry cough, itchy throat and dry mouth commonly seen in lung heat, liver fire or yin deficiency patterns. In addition this patient also had no desire to drink, belching, chest oppression, sloppy stools, a thick slimy tongue coating and a slippery pulse. All these signify a phlegm-thin-fluids pattern. The dry cough is from phlegm-thin-fluids invading the lung and impaired diffusion and downbearing of the lung. The dry cough and itchy throat are a result of stagnation and obstruction to fluids, which are unable to bear upwards. Therefore when treating this type of dry cough, using bitter cold, heat clearing medicinals or sweet cold yin enriching herbs will only worsen the stagnation and obstruction of fluids and cause phlegm and thin-fluids to harass the upper (burner) and delay recovery. Because phlegm was treated by restraint and the formula was chosen on the basis of the pattern, only three packages were needed for recovery.

When diffusing the lungs and transforming phlegm is ineffective, harmonizing and resolving Shao Yang can achieve surprisingly remarkable results

A common cause for coughs is the upward harassment of phlegm and thin-fluids, with the

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lungs losing their ability to diffuse and downbear. Therefore, a major method of treatment is to diffuse the lungs, and transform phlegm. However when treating according to this law, and our effectiveness is less than satisfactory, this is mainly because of failure to analyze the cause, poor pattern identification, or failing to use medicinals and formulas according to the pattern. There are some cases of coughs where pathogenic factors are neither in the exterior, nor the interior, but are half-exterior, half-interior.

If we use methods such as diffusing the lungs, transforming phlegm, resolving the exterior and transforming thin-fluids when treating these kinds of coughs, then of course we won't see positive results. Here, we must use the method of harmonizing and resolving *shao yang*, in order to obtain quick resolution of the condition. There is a very clear-cut account of this in the *Shang han lun* (傷寒論 Discussion of Cold Damage) which states in line 96:

"When in cold damage or wind strike that has lasted for six or seven days, there is alternating chills and fever, chest and subcostal fullness, dejection with no desire to eat or drink, irritability, and frequent vomiting, or possibly irritability in the chest with no vomiting; or thirst, or abdominal pain, or sub-costal hard focal distention, or palpitations below the heart with difficult urination, or absence of thirst with mild generalized heat, or cough, xiao chai hu tang (Minor Bupleurum Decoction) masters it".

Where it says 'or cough', it is mentioning it alongside the numerous signs of a *xiao chai hu tang* presentation. When we see cases of coughing, in combination with some of the other representative signs and symptoms of a *xiao chai hu tang* presentation, this formula may be used. Therefore, Dr. Hu commonly used this formula in the treatment of coughs.

Case Study 5

On March 12, 1965, a thirty-four-year old female patient presented at the clinic, complaining of a cough that had lasted for well over two years. It had previously started after contracting a common cold, and presented all year: worse in the winter, and mild in the summer. She explained that the cough would typically manifest in the late morning (10am), late afternoon (between 3pm and 4pm), and again in the early evening (8pm). She was seen at another hospital where she was given over thirty packages of a formula containing various lung diffusing, phlegm transforming medicinals such as *xing ren*, *jie geng*, *ban xia*, *gua lou*, *pi pa ye*, *qian hu* etc., all to no avail.

Current symptoms are: spitting up of white-frothy sputum, nausea, dry throat, absence of

sweating, bilateral subcostal distension and fullness, a red tongue body, a thin white tongue coat, and a wiry-slippery pulse. In addition, she was diagnosed with tuberculosis in 1962.

Dr. Hu prescribed a modified version of *xiao chai hu tang* (Minor Bupleurum Decoction)

chai hu 3 qian
dang shen 3 qian
ban xia 3 qian
huang qin 3 qian
da zao 4 pieces
zhi gan cao 2 qian
sheng jiang 3 qian
jie geng 2 qian
bai shao 2 qian

Results: After taking six packages of the formula, her cough had decreased. *Bai shao* was removed from the formula, and 2 *qian* of *zhi shi*, and 4 *qian* each of *sheng long gu* and *mu li* were added. After six more packages, the subcostal distension and fullness had gone. Afterwards, she was given over ten packages of a modified version of *ban xia hou po tang* (Pinellia and Magnolia Bark Decoction), and her cough had completely resolved.

The characteristics signs of this case were the cough, which occurred at specific times, the subcostal distension and fullness, nausea, and dry throat, which are all typical of a *shao yang* presentation. We can say that with this case, the pathogenic factors were neither in the exterior, nor the interior, but lay in the half-exterior, and half-interior aspects of the body. It can also be said that in cases of enduring coughs, both the stomach qi and the defensive qi are deficient, which explains why lung diffusing, phlegm transforming medicinals would be ineffective, and unable to expel the pathogenic factors. Here we must use medicinals such as *dang shen*, *ban xia*, *sheng jiang*, *da zao*, and *gan cao* in order to supplement the center and strengthen the defence. Only then can the pathogens be expelled into the exterior, and once they are eliminated, the cough can resolve on its own.



Dr Hu at work

Commentary

The five cases above introduced us to five different formula presentations, and Dr. Hu's main strategies and experience in treating coughs. Dr. Hu always utilized the method of differentiation according to formula presentations, and in the treatment of coughs, there are numerous presentations such as *gui zhi jia hou po xing zi tang* (Cinnamon Twig Decoction Plus Magnolia Bark and Apricot Kernel), *ma xing shi gan tang* (Ephedra, Apricot Kernel, Gypsum and Licorice Decoction), *sang ju yin* (Mulberry Leaf and Chrysanthemum Decoction), *ma xing yi gan tang* (Ephedra, Apricot Kernel, Coicis and Licorice Decoction), *xie xin tang* (Drain the Epigastrium Decoction), *mai men dong tang* (Ophiopogonis Decoction), *ling gan wu wei jiang xi xin ban xia xing da huang tang* (Poria, Licorice, Schisandra, Ginger, Asarum, Pinellia, Apricot Kernel, and Rhubarb Decoction), etc. With that being said, once we encounter a specific formula presentation, we are able to employ specific formulas and medicinals to treat the condition, and must not be limited by the idea of one formula - one method.

Notes

* There is little available in English about these modern *jing fang* specialists from the last few decades. However some information can be found in Chinese on Dr. Huang's website at <http://www.hhjfs.com/jfj.htm>

** There are 10 *qian* in one *liang*, and 16 *liang* in one *jin*. In modern times, on the Chinese mainland, one Chinese *qian* equates to three grams, and the dose range, based on the traditional 1-3 *qian*, equates to 3-9 grams. It should be noted that the weight of one *qian* has varied historically. From the Tang dynasty onwards the weight of one *jin* became established at about 600 grams, making one *liang* about 37.3 grams and one *qian* 3.73 grams. When the decision was made to adopt the metric system in China, the traditional units of *jin-liang-qian* were rounded out. Thus, the traditional 600-gram *jin* became 500 grams, one *liang* about 31.25 grams, and one *qian* 3.125 grams. The 3.125-gram *qian* was then rounded down to three.

About the Author

Eran Even is a registered Doctor of Chinese medicine and Acupuncturist living and practicing in beautiful Port Moody, British Columbia. Eran has studied Chinese medicine and language in Canada and China and is constantly striving to be a better clinician by learning and re-learning Chinese medicine through the classics.

Eran is the translator of the forthcoming 'Formulas from The Golden Cabinet with Songs' Volume 2 (*Jin gui fang ge kuo*), and co-translator of the forthcoming 'Five Steps to Shang Han Treatment Based on Pattern Identification'.