

## **Chronic Fatigue Syndrome**

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The disease category of chronic fatigue syndrome (also called chronic fatigue immune deficiency syndrome or CFIDS) has only recently entered the Chinese medical literature, where it has begun, in a number of patients, to replace the previously popular disease category of neurasthenia (*shen jing shuai rou*).

Because chronic fatigue syndrome is such a recent entry into the Chinese medical literature, there is not much on this condition. However, it is a not uncommon diagnosis of patients coming to Western acupuncturists and practitioners of Chinese medicine given that we tend to be caregivers of last resort.

Therefore, I am keen to collect anything I can find on chronic fatigue syndrome coming from the People's Republic of China.

In the November 2000 issue of the *Zhe Jiang Zhong Yi Za Zhi* (*Zhejiang Journal of Chinese Medicine*), there is an interesting article titled "Self-Composed *Bu Gan Yi Qi Tang* (supplement the liver & boost the *qi* decoction) in the Treatment of 46 Cases of Chronic Fatigue Syndrome" by Zhu Guang-wen.<sup>1</sup> A summary of what I find to be the salient features of that article is given below.

### **Cohort Description**

Among the 46 patients in this study, 31 were male and 15 were female. These patients ranged in age from 19-44. Their clinical symptoms included a long period of extreme fatigue; a wan effect; emotional depression; insomnia; impaired memory; occasional sighing; scanty *qi* and a disinclination to talk or faint voice; no thought for food and drink or indigestion; flabby muscles; lack of strength; possible muscle-joint soreness and pain; heart palpitations; shortness of breath; and an inability to recuperate. After various sorts of examination, organic disease had been ruled out.

### **Treatment Method**

Self-composed *bu gan yi qi tang* consisted of 30g each of radix astragali membranacei (*huang qi*); herba agrimoniae pilosae (*xian he cao*); and bulbus lili (*bai he*); 10g each of radix rubrus panacis ginseng (*hong shen*); fructus corni officinalis (*shan zhu yu*); radix bupleuri (*chai hu*); fructus citri aurantii (*zhi ke*); pericarpium citri reticulatae (*chen pi*); and radix angelicae sinensis (*dang gui*); and 12g each of rhizoma atractylodis macrocephalae (*bai zhu*) and radix albus paeoniae lactiflorae (*bai shao*). If there was a tendency toward heat, rhizoma coptidis chinensis (*huang lian*) and radix scutellariae baicalensis (*huang qin*) were added. If there was yang vacuity, herba epimedii (*xian ling pi*) and rhizoma curculiginis orchiodis (*xian mao*) were added. If there was torpid intake, massa medica fermentata (*shen qu*), fructus crataegi (*shan zha*) and fructus germinatus horeidi vulgaris (*mai ya*) were added. If there was insomnia and heart palpitations, radix sophorae flavescens (*ku shen*) and stir-fried semen zizyphi spinosae (*suan zao ren*) were added. Ten *ji* equaled one course of treatment. Treatment consisted of 1-3 courses.

### **Treatment Outcomes**

Thirty-five (76.09%) out of 46 patients were judged cured, which meant that their symptoms completely disappeared. Eleven patients (23.91%) improved, meaning that their clinical symptoms lessened. Thus, the total effectiveness rate was 100% using this protocol.

### **Discussion**

In his discussion, Zhu Guang-wen presents an argument for the diagnosis of liver *qi* vacuity as the main Chinese medical disease mechanism of this disease. Personally, I find Zhu's use of this pattern an unnecessary terminological obfuscation. In my reading of the Chinese medical literature, the overwhelming majority of Chinese medical textbooks on pattern discrimination do not even mention a liver *qi* vacuity pattern. Because it is a statement of fact in Chinese medicine that "the liver commonly has a surplus," typically, the term "liver *qi*" is used as a contraction for liver depression *qi* stagnation. If one looks at the above formula as well as the patients' signs and symptoms, it is clear that they suffered from a liver-spleen disharmony. This means a combination of liver depression and spleen vacuity. Spleen vacuity symptoms included fatigue; lack of strength; disinclination to speak or faint, weak voice; shortness of breath; no thought for eating or drinking, or indigestion (after meals); and flabby, atonic muscles and flesh. The symptoms of liver depression were emotional depression and periodic sighing. Because the spleen is the latter heaven root of *qi* and blood engenderment and transformation, spleen vacuity has led to a heart *qi* and blood vacuity as evidenced by symptoms of heart spirit nonconstruction and malnourishment, including

insomnia and impaired memory. Liver blood vacuity resulted in muscle-joint soreness and pain due to malnourishment of the sinews.<sup>2</sup>

This reading of the signs and symptoms given by Zhu as characteristic of his chronic fatigue patients is borne out by an analysis of his formula. *Huang qi*, *xian he cao*, *hong shen* and *bai zhu* all supplement the spleen and boost the *qi*. Contemporary Chinese materia medica, such as Bensky and Gamble's *Chinese Herbal Medicine: Materia Medica*, do not list any Chinese medicinals that specifically supplement the liver *qi*. Together, *chai hu*, *zhi ke* and *chen pi* course the liver and rectify the *qi*. *Dang gui* and *bai shao* supplement the blood, thus nourishing the heart spirit above and harmonizing and emolliating the liver below. *Bai he* nourishes heart blood and yin and thus quiets the spirit. *Shan zhu yu* is an astringing medicinal, but it also supplements liver blood and kidney *qi*. Hence, it is sometimes also said to fill the essence and invigorate yang. Since the former and latter heavens are mutually rooted, its inclusion in this formula helps make the formula more harmonious and holistic.

Virtually all the patients with CFIDS I have treated over the last 20 years have had a liver-spleen disharmony sitting squarely in the middle of their Chinese disease mechanisms. As Zhu's protocol shows via its various additions, this central disease mechanism may then be complicated by any of a number of other related disease mechanisms. Zhu lists (depressive or damp) heat, food stagnation and yang vacuity as commonly seen complications. From my own clinical experience, I would add phlegm dampness, yin vacuity, vacuity heat and blood stasis, and other commonly seen complications. Because there is often a defensive *qi* vacuity ultimately due to spleen vacuity, there may also be lingering external evils in the exterior, or deep-lying evils in the blood aspect or division.

If there is concomitant dampness, I would add sclerotium poriae cocos (*fu ling*) and rhizoma pinelliae ternatae (*ban xia*), at least as a being, to Zhu's formula. If there is yin vacuity, I would probably choose between fructus lycii chinensis (*gou qi zi*), fructus ligustri lucidi (*nu zhen zi*), fructus schisandrae chinensis (*wu wei zi*), cooked radix rehmanniae (*shu di*) and processed radix polygoni multiflori (*he shou wu*). If there is vacuity heat, I would probably add rhizoma anemarrhenae aspheloidis (*zhi mu*) and cortex phellodendri (*huang bai*). If there is blood stasis, I might choose between radix rubrus paeoniae lactiflorae (*chi shao*), radix salviae miltiorrhizae (*dan shen*), cortex radicis moutan (*dan pi*) or herba leonuri heterophylli (*yi mu cao*). If there were lingering wind evils in the exterior, I would probably first think of adding radix ledebouriellae divaricatae (*fang feng*), while for warm evils hidden or deeply lying in the blood, I would probably consider radix lithospermi seu arnebiae (*zi cao*), flos lonicerae japonicae (*jin yin hua*), fructus

forsythiae suspensae (*lian qiao*), herba taraxaci mongolici cum radice (*pu gong ying*) and/or radix isatidis seu baphicanthi (*ban lan gen*).

In closing, I would like to comment on the fact that I find two medicinals chosen by Zhu quite interesting in the context of CFIDS. They are *bai he* and *xian he cao*. *Bai he* is Zhang Zhong-jing's flagship medicinal for lily disease. The symptoms of lily disease are a restless or disquieted spirit; taciturnity and little speech; a desire (but inability) to eat; a desire (but inability) to move; a desire to sleep but inability to eat; and a tendency to vomit up Chinese medicinals that otherwise appear appropriate for the patterns at hand. Patients with lily disease appear to have a normal body and do not look obviously diseased. *Bai he* is one of the spirit-quieting medicinals favored by the *gu* worm school of Chinese medicine, and many patients with CFIDS have been told by other practitioners that they have intestinal dysbiosis, candidiasis, parasites or leaky gut syndrome. Along these same lines, it is interesting to note that *xian he cao* also kills worms or parasites at the same time it stops diarrhea.<sup>3</sup> At least four other medicinals in this formula were favored by *gu* worm practitioners: *chai hu*, *dang gui*, *bai shao* and *chen pi*. According to Heiner Fruehauf, *gu* worm conditions are characterized by a combination of mental-emotional disorders, musculoskeletal disorders (e.g., chronic soreness and pain and wilting) and digestive disorders<sup>4</sup> -- just the sort of combination of symptoms Zhu describes in his article on chronic fatigue syndrome.

### References

1. Zhu Guang-wen. Self-composed *bu gan yi qi tang* in the treatment of 46 cases of chronic fatigue syndrome. *Zhe Jiang Zhong Yi Za Zhi (Zhejiang Journal of Chinese Medicine)* 2000;11:476.
2. I have seen one other article on liver *qi* vacuity in the Chinese medical journal literature. In that case as well, the signs and symptoms of liver *qi* vacuity were really only a combination of liver depression plus spleen vacuity.
3. Here we are talking about the Chinese medical concept of worms or parasites (*chong*), not their Western medical counterpart.
4. Fruehauf H. Driving out demons and snakes: *gu* syndrome and a forgotten clinical approach to chronic parasitism. *Journal of Chinese Medicine* 1998;5:10-17.

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