

—— *Atlas of* ——

Blood and Qi Disorders

IN CHINESE MEDICINE

Selected Pages



Fig. 2-12: *Chronic liver disease*

The patient has edema of the feet, with pitting.

Diagnosis

Spleen deficiency leads to a retention of pathogenic water as well as Lung qi deficiency.

Edema indicates Spleen deficiency and a retention of water in the skin. That the symptoms become more severe following physical activity also indicates qi deficiency. The suffocating sensation in the chest, as well as shortness of breath, indicate Lung qi deficiency.

Differential diagnosis

According to the theory of five phases, the Spleen pertains to the earth phase and the Lung to metal, thus the Spleen and Lung have a generating (mother-son) relationship. Additionally, the Lung governs the qi and the Spleen is the source of the qi. The Lung and Spleen have a close physiological relationship: if one becomes diseased it will often affect the other. In the clinic, qi deficiency of both the Spleen and Lung is very common. Because the treatment of both is the same, it is unnecessary to determine which is the original cause of disease.

Ascites

Clinical manifestations

Fullness and distention of the abdomen, bodily emaciation, poor appetite and fatigue, being bedridden

Key points: See Figs. 2-13 and 2-14 (p. 17).

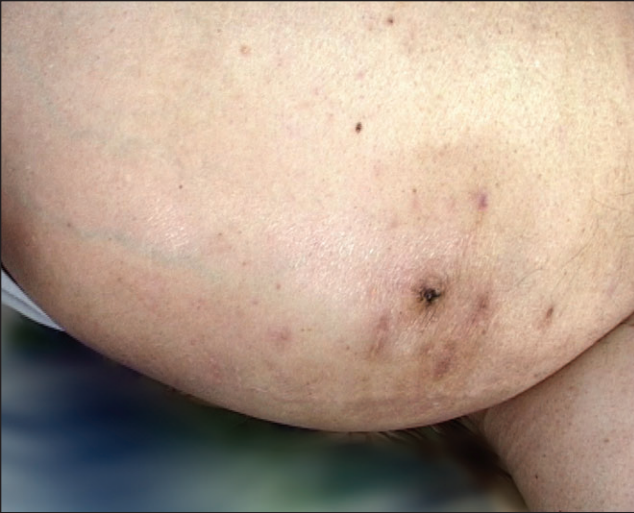


Fig. 2-13: *Advanced stage of cancer with ascites*

The patient has fullness and distention, swollen abdomen, and visibly distended veins beneath the skin.



Fig.2-14: *Alcoholic cirrhosis and ascites*

The abdomen is markedly distended with pronounced umbilical distention.

Pathological process

Ascites is the manifestation of a build-up of pathogenic water in the abdominal (peritoneal) cavity.

The functions of Spleen qi and yang are to transport and transform water into body fluids. Pathogenic water is associated with yin and can block the circulation of qi in

the middle burner, readily injuring the yang qi of the Spleen and Stomach. The retention of pathogenic water, originally caused by the Spleen's malfunction, can aggravate this condition. Symptoms such as fullness and discomfort in the abdomen, distended abdominal cavity, and even pronounced umbilical distention can develop.

The normal function of Spleen qi is diminished and the food cannot properly be transformed into essence, leading to a lack of energy and poor appetite followed by fatigue and emaciation.

The antipathogenic factors have been badly damaged by a long period of illness, marking a severe stage of the disease.

The enlarged veins (Fig. 2-13) indicate that there is blood stasis. See Ch. 6 on blood stasis for more details.

Diagnosis

Spleen deficiency in which there is both Spleen qi and yang deficiency, together with blood stasis and qi stagnation and retention of pathogenic water

The abdominal discomfort and fullness indicate qi stagnation and retention of pathogenic water in the abdominal cavity. Emaciation and fatigue indicate Spleen deficiency. The enlarged veins visible through the skin reflect the presence of blood stasis.

Differential diagnosis

Compared with the previous group of images (Figs. 2-10 through 2-12), it is clear that they have similar pathological processes: Spleen deficiency and impaired water metabolism. The difference is that in the edema group (Figs. 2-10 through 2-12), Spleen deficiency produces water, which is a pattern of deficiency. On the other hand, in the ascites group (Figs. 2-13, 2-14), the pathogenic water interferes with the Spleen qi and yang, which are already damaged, and thus there is a pattern of deficiency and excess.

There are similar cases in Ch. 6 (blood stasis) because both involve severe blood stasis and retention of pathogenic water.

Loose Stools

Clinical manifestations

Recurrent diarrhea caused by the intake of improper food or induced by tiredness or overwork. The abdomen feels uncomfortable and patients suffer from poor appetite and fatigue.

Key points: See Figs. 2-15 and 2-16 (p. 19).

Pathological process

Soft or loose stools indicate a malfunction in the transportation and transformation of food by the Spleen. The function of the Spleen is to transform and transport food.

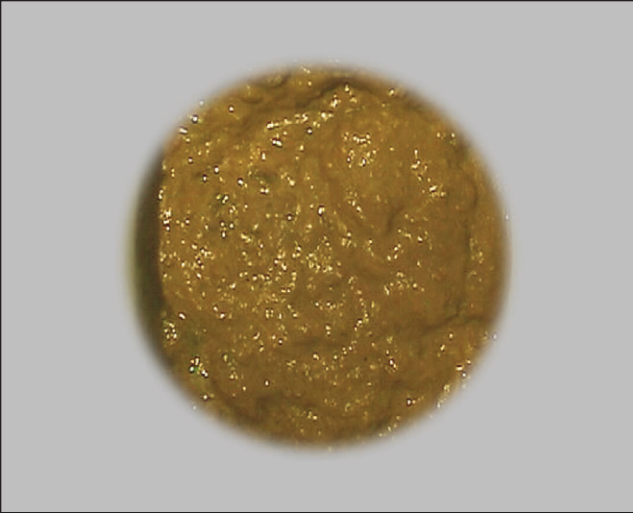


Fig. 2-15: *Chronic diarrhea*

This is soft, unformed, sticky feces with bright reflective spots, which indicate that they contain too much liquid. No blood or pus is present.

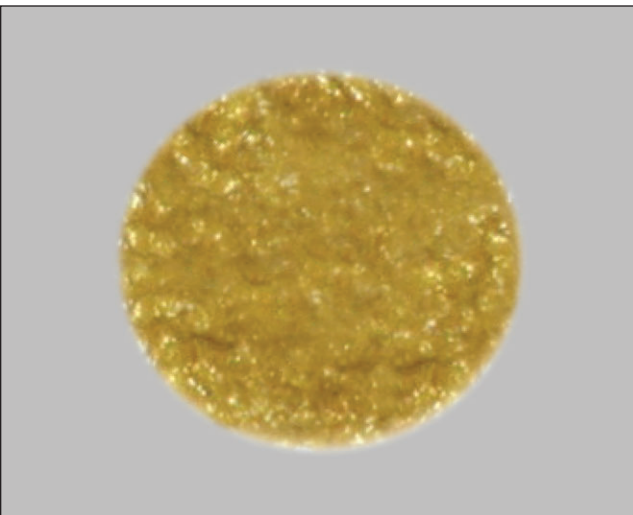


Fig. 2-16: *Another case of chronic diarrhea*

These are unformed stools, looser than in Fig. 2-15, but not watery. The color is normal.

The transformation process involves the breakdown of food into nutritive essence (or food essence), which pertains to clear yang, and which is raised up to the Lung and spread throughout the entire body to nourish the organs. The remaining turbid part of the food is waste, which pertains to turbid yin, and is transported into the Large Intestine as feces.

Because of Spleen deficiency, the food essence cannot be properly extracted from the food and becomes mixed with the waste. The mixture of food essence and waste enters the Large Intestine and causes sticky and unformed stools.

If the water metabolism has also been damaged, that is, the body fluids are not properly transported by the Spleen, they descend to the Large Intestine where they cause looser stools.

Diagnosis

Spleen deficiency causes a failure in the separation of clear yang and turbid waste from the food.

Unformed and sticky stools (Fig. 2-15) indicate Spleen qi deficiency, which leads to the mixing of clear yang and turbid yin. Unformed and looser stools (Fig. 2-16) indicate Spleen yang deficiency, which causes the extra water to descend to the Large Intestine. Diarrhea caused by the intake of improper food or induced by tiredness or overwork, as well as poor appetite and fatigue, are all indicative of Spleen deficiency.

Differential diagnosis

The cause of diarrhea, which may be pathogenic factors or a malfunction of the organs, can be ascertained by examining the features of the stool.

Spleen deficiency, including Spleen qi deficiency and Spleen yang deficiency, are its common causes and can be differentiated by observing the features of the stools, as noted above.

Watery stools indicate Kidney yang deficiency because they contain too much water.

Stools containing blood and mucus imply an invasion by damp-heat of the Large Intestine, which is commonly caused by the environment or contaminated food. If the stools contain particles of undigested food, there is either food retention or, in certain circumstances, Kidney yang deficiency.

Prolapsed Organs

Clinical manifestations

Drooping eyelids, prolapse of the rectum or uterus, or prolapse of internal organs in the abdomen

Key points: See Figs. 2-17 and 2-18 (p. 21).

Pathological process

Drooping eyelids or prolapse of the organs is the clinical manifestation of a failure of clear yang qi to rise.

Qi pertains to yang and has a tendency to rise, just like hot air in nature. In a healthy body, there is sufficient qi (or sufficient clear yang qi) to rise upward and hold

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connection with rashes.) The blood level pattern is further subdivided into two types: the excessive aspect of heat in the blood level and the deficient aspect of heat in the blood level. The key point for differentiating these two subtypes is to determine whether strong heat is present in the blood.

If heat—reflected in a high body temperature, large plaques on the skin, and hemorrhaging in severe cases—is the main symptom, then an excessive type is evident. If the heat is from deficiency, or there is empty heat in the blood level, with such symptoms as tidal heat (afternoon heat) becoming dominant, then a deficient type is present.

Widespread Bright Red Skin

Clinical manifestations

Widespread bright red skin affects most of the body surface. The skin becomes hot and dry.

Key points: See Figs. 4-7 and 4-8 (p. 53).

Pathological process

The distinctive feature in this case is severe and widespread pathogenic heat.

When pathogenic heat in the blood develops to an extreme level, it evolves into heat toxin. This toxin follows the blood in its circulation around the entire body and causes the bright red coloration of the skin, which almost loses its normal appearance.

The pathogenic heat disperses through the skin and thus the skin is hot to the touch.

Swelling around the elbows is due to increased blood flow to the collaterals on the outer surface of the body.

Since the onset of the condition is acute with a short history, no serious damage has been done to the body's blood and yin. Therefore scaling of the skin only appears on the arms and there is no significant coarsening or thickening of the skin on the trunk. This suggests that the heat in the blood is quite strong but that the skin is not yet severely malnourished.

Diagnosis

Hot blood pattern, with strong pathogenic heat in the blood

This is a severe pattern of excessive heat in the blood level. The bright red skin which is hot to the touch indicates extreme heat in the blood. The swollen limbs indicate an accumulation and stagnation of qi and blood in the channels and collaterals. Pathogenic heat has already spread out over the entire body and therefore most of the skin is affected, indicating that the condition has reached a severe stage.

Differential diagnosis

Among the cases presented so far, this patient (Figs. 4-7 and 4-8) has the most severe



Fig. 4-7: *Erythrodermic psoriasis (psoriatic erythroderma)*

Large areas of the skin are fiery red and dry. The body is hot to the touch. The skin on the back appears smooth, with a normal texture. There are no apparent scales on the trunk.



Fig. 4-8: *Reddening and scaling of the skin on the forearms*

Swelling (edema) around the wrists has also developed.

pathogenic heat. Clinically, erythroderma is a symptom seen with different causes, for example, in psoriasis, eczema, or drug rashes. Although these are different conditions in conventional medicine, in Chinese medicine the diagnosis and treatment of erythroderma of any type are similar irrespective of the cause, because of the similarity of the symptoms and pathological processes.

Red, Dry, and Itchy Skin

Clinical manifestations

Itchy and red skin with fever and irritability. Measles-like rashes or red, raised, and irregularly shaped patches may appear on the skin. Scaly skin can be observed in some patients.

Key points: See Figs. 4-9 and 4-10 (p. 55).

Pathological process

Itchy skin with reduced elasticity indicates the presence of internal wind and a deficiency of body fluids (patterns of dryness).

In Chinese medicine, itchy skin (pruritus) is often associated with special types of patterns called wind-dryness caused by hot blood (*xuè rè fēng zào zhèng* 血热风燥证). In these patterns, heat in the blood results in dryness, which stirs up internal wind. The pathological process is that blood, one of the body fluids, has a yin nature with the functions of moisturizing and nourishing the skin to prevent dryness. The presence of pathogenic heat can evaporate and exhaust the fluids in the blood, resulting in patterns of internal dryness. If the dryness develops further, it may generate internal wind. Itchy skin then ensues as the internal wind disturbs the harmony between nutritive yin (blood) and protective yang (qi) in the skin (the “interstices and pores”).

This pathological process of itching, according to Chinese medical theory, is similar to what occurs in nature: severe heat in a desert results in a lack of moisture in the air, which causes dry, windy air. Chinese medicine compares this natural phenomenon to the pathological process associated with the human body and calls this a pattern of wind-dryness caused by hot blood.

Pathogenic heat stimulates the circulation of blood, causing the blood to accumulate in the channels and collaterals of the skin, which results in the skin becoming deep red and hot. Unlike a patient with psoriasis who has red, dry skin with excessive scales, this patient has dry skin with poor elasticity that is not excessively scaly. That means that at this moment, the lack of moisture in the skin (i.e., the loss of moisture from the body fluids in the skin) is more severe than its malnourishment (the loss of nourishment from the blood and yin of the body).

Diagnosis

Hot blood pattern with wind-dryness pattern caused by hot blood

The red skin and burning sensation in the skin indicate excessive heat. Itchy skin indicates that pathogenic wind has already occupied the interstices and pores, resulting in disharmony of the nutritive yin (blood) and protective yang (qi) in the skin. The dry skin and lack of elasticity indicate that the body fluids have been consumed by heat, leading to the skin losing its moisture.



Fig. 4-9: Drug dermatitis (allergic reaction to medication)

The patient has deep red skin over the entire body with high skin temperature, and scales are visible on the lower back.



Fig. 4-10: Same patient

The skin on the legs is dry and lacks elasticity (poor skin turgor).

Differential diagnosis

Itchy skin can be attributed to a variety of causes. Most commonly, there is disharmony between the nutritive yin (blood) and protective yang (qi) caused by pathogenic wind. The pathogenic wind can be external or internal. The former is one of the six exter-

nal pathogenic factors (or pernicious influences) and may cause hives (urticaria); the latter is internal wind created by internal dryness and is associated with xerosis. The principal point of differentiation is that external wind is accompanied by symptoms caused by exterior patterns, in which skin rashes are common, whereas internal wind is accompanied by symptoms caused by patterns of interior heat, in which skin rashes may be absent.

A medication-related allergy manifests in different types of rashes. (See the following section on rashes [Figs. 4-22 to 4-25] for more details.)

Red and Painful Skin

Clinical manifestations

Irregular patches of erythemic skin, commonly involving the lower limbs, with a burning sensation and pain. General symptoms are fever and chills. These symptoms may recur over a period of years.

Key points: See Figs. 4-11 and 4-12 (p. 57).

Pathological process

Red skin, varying from a localized skin eruption to total skin involvement, is a characteristic manifestation of patterns of hot blood. Erysipelas develops from an accumulation of pathogenic heat and manifests as local erythema in the skin. Most cases of erysipelas result from pathogenic heat toxin in the blood—caused by an invasion of external damp-heat or dampness that has accumulated over a long time that eventually transforms into heat toxin—or from pathogenic heat in the body that evolves into heat toxin.

The erythema on the skin is due to heat toxin pushing the blood to the surface of the skin. The heat toxin accumulates in the blood, causing obstruction in the local channels and collaterals such that the qi and blood cannot circulate properly; a burning sensation with severe pain and swelling thereupon develops locally. Although the skin lesion manifests within a limited area, the pathogenic heat toxin has been dispersed by the circulating blood throughout the body, causing the patient's fever and chills.

Diagnosis

Hot blood pattern, with pathogenic heat toxin in the blood

Both local and general symptoms are characterized by heat. The erythematous skin lesion indicates a pattern of hot blood. The localized skin lesion with a sharply demarcated border, burning sensation, and pain are all due to an accumulation of pathogenic heat toxins in the area. The recurring nature of the episodes indicates that the pathogenic factor is damp-heat. Because of the presence of dampness, it is a lingering, chronic, and sometimes dormant condition, which is difficult to relieve completely.



Fig. 4-11: *Erysipelas of the leg*

An erythematous and edematous skin lesion on the leg, with a sharply demarcated border between itself and normal skin

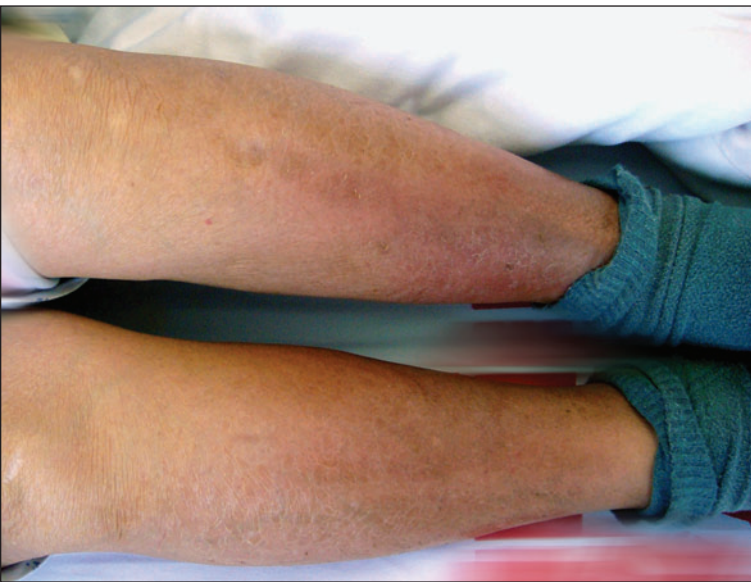


Fig. 4-12: *Chronic, recurrent erysipelas*

Erythematous and edematous skin lesions on both lower extremities. The skin is painful, swollen, and warm. The patient also experiences malaise and fever.

Diagnosis

Hot blood pattern with the chaotic movement of hot blood

The cluster of red or purple bruises indicates a hot blood pattern. The failure of the color to disappear under pressure indicates that the channels have been damaged by heat. Feces mixed with blood indicates that the vessels in the Large Intestine have been damaged.

Differential diagnosis

Hemorrhaging caused by hot blood patterns is very commonly encountered in the clinic. The reason for the hemorrhages seen here is pathogenic heat or fire, which is either heat from excess or deficiency. The excess heat can be due to either an attack by pathogenic factors (heat) in the environment or to a preponderance of yang, which often develops from retention of heat or fire in the organs, such as heat or fire in the Heart or Stomach. On the other hand, heat from deficiency is caused by a deficiency of yin and thus a relative preponderance of yang, such as yin deficiency of the Heart or Kidney. However, the bleeding that results from heat or fire of both excess and deficiency can be bright red, red, or deep red and thick. The main distinguishing points between the two are that hemorrhaging caused by heat or fire from excess is often acute onset with significant blood loss and is a serious condition. By contrast, the symptoms associated with hemorrhaging from the heat or fire of deficiency are less severe because there is less heat, and the type of bleeding can also be different, such as an ongoing low-volume oozing.

Hemorrhage Caused by Qi Deficiency Patterns

Clinical manifestations

Hemorrhages such as subcutaneous bleeding (usually with a scarcity of petechiae), gingival hemorrhage, menorrhagia, gastrointestinal hemorrhage, with pale or sallow, weak, and lusterless appearance. Patients complain of shortness of breath, dizziness, fatigue, and tiredness. A massive blood loss with pale and clammy skin indicates a serious condition called devastated yang (*wáng yáng* 亡阳), which means a serious deficiency or loss of qi and yang in the body.

Key points: See Fig. 7-5 (p. 121).

Pathological process

Subcutaneous bleeding indicates that the blood has leaked from the vessels into the surrounding tissue.

In Chinese medicine the Spleen governs the blood, that is, it controls the blood circulating within the vessels, preventing it from leaking. When the Spleen qi or Spleen yang is deficient, its ability to control the blood is affected such that the blood even-



Fig. 7-5: Idiopathic thrombocytopenic purpura (ITP)

A small group of pinpoint light red spots (petechiae) have appeared in the illuminated area of skin on the abdomen. The color of the petechiae does not disappear after pressure is applied to the area and the skin is pale and lusterless. (This is the same photo shown in Ch. 2 [Fig. 2-19] on patterns of qi and Spleen deficiency.)

tually leaks out of the vessels under the skin, causing bleeding. This is known as the Spleen being unable to govern the blood (*pí bù tǒng xuè* 脾不统血).

Because the Spleen qi is deficient, its transportive and transformative functions are impaired. Pale and lusterless skin reveals insufficient production of food essence and therefore the malnourishment of the skin. Qi deficiency leads to a lack of energy in the body and the patient therefore becomes tired and fatigued.

Diagnosis

Qi deficiency and dysfunction of the Spleen in governing the blood

Pale, lusterless skin indicates malnourishment of the skin. Fatigue and tiredness reflect Spleen qi deficiency. Subcutaneous bleeding and recurrent hemorrhaging indicate dysfunction of the Spleen's ability to govern the blood.

Differential diagnosis

In Chinese medicine, subcutaneous bleeding (petechiae) has a special name, *jī nǚ* 肌衄, which means "bleeding in the muscles." Subcutaneous bleeding in this case is due to the Spleen's inability to govern the blood, which is caused by Spleen deficiency. It also appears in patterns of hot blood. The purpura occur due to pathogenic heat entering the blood level and accelerating the circulation of the blood, causing it to flow faster and to break out of the channels and collaterals into the surrounding tissue. In Chinese medicine this is known as the chaotic movement of hot blood.

The differences between the two patterns are as follows. The petechiae or purpura caused by pathogenic heat, a pattern of excess, are purple-red or deep red, and the patient's symptoms are associated with hot blood patterns. On the other hand, the petechiae that are caused by the dysfunction of the Spleen in governing the blood, which belongs to deficient or deficient cold patterns, are usually light red to light purple or blue, and the patient's symptoms are associated with Spleen deficiency. (Subcutaneous bleeding is also associated with patterns of blood stasis, and its diagnosis and differentiation can be found in Ch. 6.)

Hemorrhage Caused by Blood Stasis Patterns

Clinical manifestations

These are recurrent hemorrhages, such as subcutaneous bleeding, menorrhagia, hematuria, hematemesis or melena, or bleeding in patients with advanced cancer.

The color of the blood is dark, dark purple or black, and blood clots can be observed. The blood clots are most commonly encountered during heavy menstrual periods. The menstrual blood can be red or dark and thick, with purple or black clots in it. Patients also complain of prolonged or painful menstrual periods.

The formation of blots or spots in the retina, caused by recurrent retinal hemorrhage, also pertain to blood stasis patterns.

Key points: See Figs. 7-6 and 7-7 (below and p. 123).

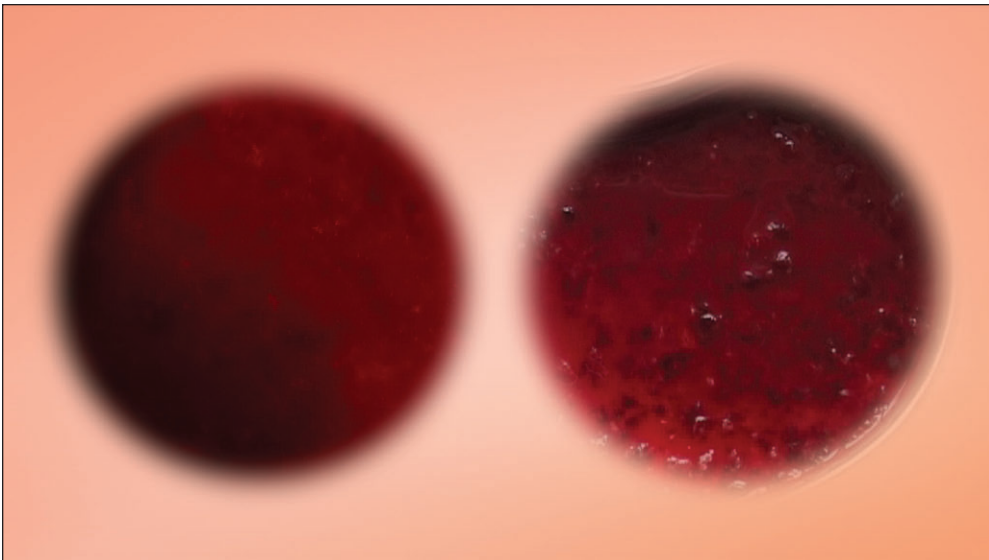


Fig. 7-6: *Irregular period*

A few dark purple or black clots can be seen in the dark red, thick menstrual blood. The patient also complains of sharp lower abdominal pain and dull back pain, beginning several days before and lasting until after the first few days of the onset of the period. (This photo also appears as Fig. 6-19 in Ch. 6 on blood stasis.)



Fig. 7-7: *Henoch-Schönlein purpura (HSP)*

Light purple or blue bruises can be observed on the lower legs, which do not disappear with pressure. There are quite a few bruises but the density is not as great as those in Figs. 7-1 and 7-2.

Pathological process

Dark and thick blood containing blood clots indicates a hemorrhage associated with patterns of blood stasis. Blood clots in the menstrual blood indicate blood stasis in the Penetrating and Conception vessels and in the uterus.

As the flow of blood slows down and accumulates, the color of the blood becomes dark red and the texture turns thick and sticky. This change in the consistency of menstrual blood causes the clots, which are purple or black.

A regular period disturbed by blood stasis in the Penetrating and Conception vessels results in prolonged menstrual periods. In addition, changes in menstrual blood loss can be observed in patients with blood stasis; the menstrual flow varies from scanty to profuse.

When normal circulation of qi and blood is restricted or blocked, physical pain will result. In this case, the blockage has occurred in the uterus, causing the patient to experience painful menstrual periods (dysmenorrhea).

Bleeding can occur in different parts of the body with similar manifestations as those described above and sharing the same pathological process.

According to conventional medicine, there are no great differences between the patients seen in Figs. 7-1 and 7-7 as they both suffer from Henoch-Schönlein purpura (HSP). But in Chinese medicine, different colored bruises and other manifestations imply different causes (or patterns), which require different treatments.

Diagnosis

Blood stasis in the channels and collaterals or uterus

Prolonged and/or painful menstrual periods indicate a blockage of qi and blood in the Penetrating and Conception vessels and/or the uterus. The thick menstrual blood indicates poor blood circulation. The light purple or blue bruises or the dark red clots in the menstrual blood indicate a pattern of blood stasis.

Differential diagnosis

Clots are important diagnostic indicators of blood stasis in cases of hemorrhage, including abnormal menstrual bleeding, obstetrical hemorrhage such as postpartum hemorrhage, gastrointestinal bleeding, or hematuria.

Menstrual disorders caused by blood stasis can result in different symptoms such as scanty menstrual bleeding, a lengthened cycle, an irregular menstrual cycle, and/or dysmenorrhea. Although they have different symptoms, the menstrual blood in these patients shares the same characteristics:

- dark red, dark brown, or black-red menstrual discharge
- sticky or thick discharge
- blood clots.

The symptoms are similar for both patterns of blood stasis in the uterus and pathogenic cold constricting the uterus. (To distinguish between these two patterns, see Ch. 5 on cold blood patterns.)

Summary

For acupuncture and herbal treatment of bleeding patterns, please refer to the relevant chapters.