

# A WALK ALONG THE RIVER II



*Transmitting a Medical Lineage  
through Case Records  
and Discussions*

YU GUO-JUN

TRANSLATED BY

Dan Bensky / Andrew Ellis / Craig Mitchell / Michael FitzGerald

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# Translators' Foreword

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The publication of the first volume of *A Walk Along the River* brought seven chapters of Dr. Yu's Chinese text to the English-reading public. This second volume picks up where the first left off and presents the remaining chapters. The translational approach that we applied to the first volume is continued here, so we refer the reader to the Translators' Foreword in the first volume for details. In short, our approach to the translation of this text is to present to the Western practitioner of Chinese medicine a translation that reads smoothly and yet does not sacrifice accuracy nor avoid or oversimplify the complexities of theory and practice.

As with the first volume, we have taken some liberties with the original text, usually in consultation with Dr. Yu, to increase readability and insure that the presented material is properly understood by the Western practitioner of Chinese medicine. Examples of these changes span from the simple removal of common nonsubstantive phrases to the addition of material that makes the presented material more accessible to the Western reader. An example of the former is the removal of the omnipresent phrase, "as everybody knows (大家都知道 *dà jiā dōu zhī dào*).” In Chinese, the phrase is common in everyday speech and gives no pause to the Chinese reader. In English, it seems completely unnecessary and is the first phrase our eighth-grade English teacher would remove.

Quite opposite to removing unneeded wording, we also added information that the English reader might need where the Chinese reader would not. In its simplest form the additions were rudimentary, as in changing the entry of 二地黃 *èr dì huáng* (literally 'two earth yellows') to *Rehmanniae Radix* (*shēng dì huáng*) and *Rehmanniae Radix praeparata* (*shú dì huáng*). For more complex issues we often contacted Dr. Yu for clarification and incorporated his response directly into the text or into a question and answer in the case's discussion section. This type of translators' edit is seen in the chapter of the text on pediatric fever. Whereas the Chinese text simply states that the parents were advised to pay attention to the child's diet, we asked Dr. Yu what specific instructions were imparted

to the parents, and in the English translation, added his response to the body of the text.

The minor liberties we have taken in our translation of the original text have been approved, and even encouraged, by Dr. Yu. As translators and practitioners of Chinese medicine, we have the utmost respect for Dr. Yu and want to point out that it is his accommodating attitude and meticulous attention to our constant questions that we hope have made this book and its first volume uniquely useful to English-language Chinese medicine practitioners.

## CHAPTER 4

# Pediatrics

### 4.1 Pediatric high fever

#### High fever for seven days

*Breaking through fixed ideas*

衝破思維定式

#### ■ CASE HISTORY

**Patient:** *Chen, 10-year-old boy*

Seven days previously, the patient had developed chills and fever after swimming for too long and then getting repeatedly soaked by recent rain showers. He did not sweat but had generalized aches and weakness with a mild sore throat. His temperature was measured at 102.2°F (39°C).

He was initially given two packets of Honeysuckle and Forsythia Powder (*yín qiáo sǎn*) with Moslae Herba (*xiāng rú*) but this was ineffective. This was followed by an intramuscular injection of Bupleuri Radix (*chái hú*) and an andrographolide antibiotic along with orally administered acetaminophen, Six-Miracle Pill (*liù shén wán*) and Andrographitis Herba (*chuān xīn lián*). The boy eventually broke a sweat and his fever abated, but several hours later his fever returned and he was brought into the emergency room and put under observation. Blood tests and a chest x-ray revealed nothing abnormal. The biomedical diagnosis was an “upper respiratory tract infection” and he was put on an IV drip containing primarily ampicillin and vitamins. Additionally, he was given antipyretic and analgesic medications. As before, his fever receded and then returned and at times reached 104.9°F

(40.5°C). Purple Snow Special Pill (*zǐ xuě dān*) was added in hopes of reducing his high fever, but this too was ineffective. All in all, the boy had experienced a high fever for about seven days, during which time he ate extremely little and gradually became thin and frail. After a consultation with the pediatricians at the hospital it was decided to give him steroids. The boy's parents, however, strenuously objected, and feeling very apprehensive, brought their son to see me.

## INTAKE EXAMINATION

DATE: August 2, 1985

The patient lay supine on the clinic bed. His face was gaunt and his complexion dull, while his lips were red and dry. He didn't sweat much, had slight chills and his hands and feet were cold. His forehead and body, however, were hot and he also had a slight cough. He was generally listless but would occasionally become restless and unsettled. The boy had not had a bowel movement in three days and was thirsty and had the desire to drink. His throat was slightly red and his tongue was red with a thin, white, and slightly yellow coating that lacked moisture. The pulse was tight and rapid. His temperature was 103.1°F (39.5°C).

## DIFFERENTIATION OF PATTERNS AND DISCUSSION OF TREATMENT

**PHYSICIAN A** This patient had some very typical signs of febrile illness. In TCM textbooks the common cold (*gǎn mào*) is divided into three types: wind-heat, wind-cold, and summerheat pathogen. In this patient's case, the boy had a high fever that lasted seven days. Given the fact that he had become ill during the hottest time of summer, is it reasonable to assume that his condition was due to a summerheat pathogen and to treat him by clearing summerheat and releasing the exterior?

**DR. YU** By definition a common cold due to a summerheat pathogen must be accompanied by dampness. In addition to damp-summerheat obstructing the protective yang qi and producing high fever, symptoms of damp-summerheat causing stagnation in the middle burner will also be prominent, such as stifling focal distention in the epigastrium or, in severe cases, vomiting and diarrhea. In this case there were no such symptoms, so for the time being we can rule out the possibility of damp-summerheat as a causative factor.

**PHYSICIAN B** If the child's illness isn't due to a summerheat pathogen, then what type of pathogen can it be attributed to, wind-cold or wind-heat?

**DR. YU** After seven days with a high fever, it is difficult to make a clear distinction between wind-cold and wind-heat. Objectively speaking, both the yin and yang of children's bodies are immature, as their bodies have not yet fully developed. Therefore, in children it is relatively rare that a common cold with high fever is due to either pure wind-cold or pure wind-heat. In most situations, the issue is one of external cold with internal heat, also known as 'cold enveloping heat.' This is the same as what the ancients called 'intruding cold enveloping fire.' There are differences between this and the high fever in adults with a common cold.

**PHYSICIAN B** It seems that the symptoms of internal heat are quite obvious, but the external cold signs are not. How does the ‘cold’ in external cold with internal heat manifest?

**DR. YU** Not being obvious doesn’t mean the symptoms aren’t there. The findings of mild chills, scant sweating, a thin, white tongue coating with a slight yellow tint, and a pulse that was somewhat tight are all indications of an external cold pathogen that hasn’t resolved. In the clinic, it is important to pay close attention to whether there are signs of external cold. Just because a child has a high fever, don’t disregard the possibility of external cold, and even more so, never use a thermometer to determine whether the illness is due to cold or heat.

**PHYSICIAN C** You said that there are differences between adults and children with high fever due to common cold. Should I assume then that the treatments are different?

**DR. YU** Yes, that’s correct. In situations where common cold with high fever presents as cold enveloping heat then using a formula to strictly induce sweating and disperse cold with warm and acrid medicinal substances—for example, formulas such as Ephedra Decoction (*má huáng tāng*) or Schizonepeta and Saposhnikovia Powder to Overcome Pathogenic Influences (*jīng fāng bài dú sǎn*)—would be inappropriate. Even though the external cold pathogen may be eliminated, the internal heat will flare up. On the other hand, if strictly acrid and cool formulas that clear heat and release the exterior are used—such as Mulberry Leaf and Chrysanthemum Drink (*sāng jú yǐn*) and Honeysuckle and Forsythia Powder (*yín qiáo sǎn*)—then the exterior cold pathogen will linger and the internal heat won’t have a pathway through which to escape.

My experience has shown that the most effective way to resolve the condition is to follow a method that uses acrid, warm medicinal substances paired with acrid, cool medicinal substances to unblock the pores and clear and vent accumulated heat as the primary method. This should be assisted by medicinal substances to turn the pivot and raise qi in order to guide the heat out. Additionally, further assistance by sour and sweet medicinal substances to generate yin, harmonize the nutritive qi and drain out heat, as well as strengthen the parts of the body that have not yet been affected, will be beneficial. Together these strategies will eliminate the illness in one fell swoop.

The pattern here is one of wind-cold entering the interior from the exterior and transforming into heat, which is a pattern of combined three yang disease. The treatment method is to disperse wind and cold, and clear and vent interior heat.

## TREATMENT AND OUTCOME

FIRST VISIT: Bupleurum and Kudzu Decoction to Release the Muscle Layer (*chái gé jiě jī tāng*) completely follows these treatment strategies. It quickly reduces high fever due to common cold in children and is a steady and consistent formula. The child was given one packet of a modified Bupleurum and Kudzu Decoction to Release the Muscle Layer (*chái gé jiě jī tāng*):

Bupleuri Radix ( <i>chái hú</i> ) .....	25g
Puerariae Radix ( <i>gé gēn</i> ) .....	30g
Angelicae dahuricae Radix ( <i>bái zhǐ</i> ) .....	10g

Notopterygii Rhizoma seu Radix ( <i>qiāng huó</i> ).....	10g
Platycodi Radix ( <i>jié gěng</i> ) .....	10g
Glycyrrhizae Radix ( <i>gān cǎo</i> ).....	5g
Paeoniae Radix alba ( <i>bái sháo</i> ).....	10g
Scutellariae Radix ( <i>huáng qín</i> ).....	6g
Gypsum fibrosum ( <i>shí gāo</i> ) .....	50g
Forsythiae Fructus ( <i>lián qiào</i> ).....	10g
Uncariae Ramulus cum Uncis ( <i>gōu téng</i> ).....	10g
Pheretima ( <i>dì lóng</i> ) .....	6g

**Instructions:** Take 500ml of water to precook the Gypsum fibrosum (*shí gāo*) for 30 minutes. Then add the remaining medicinal substances, except for Uncariae Ramulus cum Uncis (*gōu téng*), and boil on a moderate heat for ten minutes. Finally, add the Uncariae Ramulus cum Uncis (*gōu téng*) and cook for three more minutes. After straining there should be about 300ml of decoction. The child should take 60ml of the decoction every half hour.

**Results:** After taking four doses the child began to perspire mildly over his entire body and his fever gradually abated. After completely finishing the decoction the child had a soft bowel movement, and his temperature was measured at 98.2°F (36.8°C). That night he slept peacefully without waking and the next morning his temperature was back to normal.

**SECOND VISIT:** Two packets of Lophatherum and Gypsum Decoction (*zhú yè shí gāo tāng*) were prescribed to consolidate the treatment. Afterwards the boy had no recurrence of fever. His parents were urged to make sure the child's diet was moderate in amount and balanced in flavor and temperature. The boy's health was gradually restored.

Disease	Primary symptoms	Differentiation	Treatment method	Formula
Common cold	High fever with mild chills, weariness with irritability and restlessness	External cold that hasn't been eliminated, and overabundance of internal heat	Disperse wind and cold, clear and vent interior heat	Bupleurum and Kudzu Decoction to Release the Muscle Layer ( <i>chái gé jiě jī tāng</i> )

## REFLECTIONS AND CLARIFICATIONS

**PHYSICIAN A** The formula Bupleurum and Kudzu Decoction to Release the Muscle Layer (*chái gé jiě jī tāng*) was created by the Ming-dynasty physician Tao Hua and recorded in his book, *Six Texts on Cold Damage (Shāng hán liù shū)*. The formula consists of 11 herbs: Bupleuri Radix (*chái hú*), Puerariae Radix (*gé gēn*), Angelicae dahuricae Radix (*bái zhǐ*), Notopterygii Rhizoma seu Radix (*qiāng huó*), Gypsum fibrosum (*shí gāo*), Platycodi Radix (*jié gěng*), Scutellariae Radix (*huáng qín*), Paeoniae Radix alba (*bái sháo*), Glycyrrhizae Radix (*gān cǎo*), Zingiberis Rhizoma recens (*shēng jiāng*), and Jujubae Fructus (*dà zǎo*). It was used as a substitute for Kudzu Decoction (*gé gēn tāng*) to treat combined *tái yáng* and *yáng míng* channel disease. Symptoms include diminishing chills with increasing generalized fever, headache, aching limbs, eye pain, dryness in the nose, irritability with insomnia, and distention and pain around the eyes.

Analyzing the herbs in the formula, it doesn't seem to completely match with the treatment methods you mentioned previously. However, you said that it does completely match. What is this assessment based on?

**DR. YU** Historically, most of those who have sought to explain the construction of Bupleurum and Kudzu Decoction to Release the Muscle Layer (*chái gé jiě jī tāng*) have emphasized the nature, flavors and functions of each individual herb in the formula, rather than looking at it from the perspective of the combinations and synergy of herbs within the formula. My perspective is that the importance of this formula lies in the structure of herb pairs, and that Tao Hua ingeniously took the strategies of five different formulas, used the essence of each, and concentrated them down into these pairs to create a new formula. However, Tao Hua didn't reveal the formulas behind the combinations. He implied them but did not give specifics.

My own analysis of how it is constructed is as follows:

- *Notopterygii Rhizoma seu Radix (qiāng huó)* and *Gypsum fibrosum (shí gāo)*: An acrid, warm substance combined with an acrid, cold one. This is modeled after the treatment strategy of Major Bluegreen Dragon Decoction (*dà qīng lóng tāng*): pushing wind-cold outward that has been bound to the exterior while clearing and venting excess heat that has accumulated internally.
- *Puerariae Radix (gé gēn)* and *Angelicae dahuricae Radix (bái zhǐ)*: This pair lightly clears heat while raising and dispersing. This pair is the essence of Cimicifuga and Kudzu Decoction (*shēng má gé gēn tāng*) and is excellent at releasing heat from the *yáng míng* muscle layer.
- *Bupleuri Radix (chái hú)* and *Scutellariae Radix (huáng qín)*: These are the primary herbs in Minor Bupleurum Decoction (*xiǎo chái hú tāng*). This pair turns the pivot of *shǎo yáng* and leads pathogenic heat out of the body.
- *Platycodi Radix (jié gěng)* and *Glycyrrhizae Radix (gān cǎo)*: These two herbs comprise Platycodon and Licorice Decoction (*jié gěng gān cǎo tāng*). This pair of herbs is light and clear and thus floats to the upper body to eliminate superficial heat from the chest, diaphragm, and throat.
- *Paeoniae Radix alba (bái sháo)* and *Glycyrrhizae Radix (gān cǎo)*: Together these two herbs comprise Peony and Licorice Decoction (*sháo yào gān cǎo tāng*). The combination of sour and sweet flavors transforms yin, harmonizes nutritive qi, and discharges heat from constraint from the muscles and interstices.

Seen in its entirety, Bupleurum and Kudzu Decoction to Release the Muscle Layer (*chái gé jiě jī tāng*) contains the treatment strategies and essences of all the formulas mentioned above. Hence, the formula can simultaneously attend to externally-contracted pathogenic heat in all three diseased levels: exterior, interior, and half exterior/half interior. The formula disperses upward and outward, it clears and vents, and leads and guides pathogenic heat out of the body, leaving it nowhere to hide.

I understand, from repeated experience, that when using this formula, if the dosage, additions and cooking methods are all appropriate, it will be very effective in reducing high fever due to upper respiratory infection. In addition, the fever usually won't come back.



**PHYSICIAN A** Can you please specify the dosages, additions, cooking method and method for taking the formula?

**DR. YU** There are four herbs which must be included: *Notopterygii Rhizoma seu Radix (qiāng huó)*, *Gypsum fibrosum (shí gāo)*, *Bupleuri Radix (chái hú)*, and *Puerariae Radix (gé gēn)*. The dosages are *Notopterygii Rhizoma seu Radix (qiāng huó)* 3-10g, *Gypsum fibrosum (shí gāo)* 30g and above (the ratio between these two herbs must be between 1:5 and 1:10), the dosage of *Bupleuri Radix (chái hú)* should not be less than 25g, and *Puerariae Radix (gé gēn)* not less than 30g. The remaining herbs in the formula can be used according to their standard dosages.

Additions to the formula include the following:

- For particularly severe sore throat, add *Belamcandae Rhizoma (shè gān)* 6g and *Lasiosphaera/Calvatia (mǎ bó)* 10g.
- If summerheat is part of the pattern, add 10g of *Moslae Herba (xiāng rú)* and 15g of *Talcum (huá shí)*.
- If food stagnation is present, add dry-fried *Raphani Semen (lái fú zǐ)*, 10g.
- If fright (wind) is part of the pattern, add 10g each of *Uncariae Ramulus cum Uncis (gōu téng)* and *Pheretima (dì lóng)*.

Even though the boy didn't show any signs of fright wind pattern with spasms or convulsions, given that he had a high fever for seven days, at one time reaching 104.9°F (40.5°C), this combination was used in his formula to prevent fright collapse.

*Cooking method:* *Gypsum fibrosum (shí gāo)* should be pre-cooked for 30 minutes. The remaining ingredients should be boiled on high heat for ten minutes. The herbs should only be decocted once.

It is challenging to give Chinese medicine to children. If the standard method of taking decoctions three times per day is followed, it is difficult for the child to take enough and the time between doses is too long. This will lengthen the time it takes to reduce the child's fever. When I first started using this formula, I struggled with the issue of the best way for the patient to take the medicine. Eventually I discovered that it was best to have children take the medicine more frequently and in small doses. This made it easier for children to accept, as well as making the overall intake adequate and the effects continuous.

Observation of many patients has shown that, in most cases, about two hours after taking the first dose the child will begin to sweat mildly, and the fever will start to gradually recede. After finishing one to two packets of medicine, when the patient's temperature has returned to normal, I consolidate the treatment by turning to *Lophatherum* and *Gypsum Decoction (zhú yè shí gāo tāng)*. This boosts qi, engenders fluids, and continues to clear any remnants of heat in the body.

**PHYSICIAN B** I'd like to ask another question. Since the child, at one point, hadn't had a bowel movement for three days, could you not also have considered using purgatives?

**DR. YU** Although the child hadn't had a bowel movement for three days, he didn't have any signs of bowel fullness such as abdominal bloating or abdominal pain that worsens with pressure. How could purgatives be appropriate?

**PHYSICIAN B** Here we have a child with a high fever lasting for seven days, and despite the continuous use of numerous Chinese and Western medicines, his fever still came back again and again. The doctors were seemingly out of options, it's no wonder they wanted to use steroids, their trump card. In terms of his initial treatment, were there really no other options? I think this is truly worth reexamining!

**DR. YU** You are absolutely correct. It seems that there is a trend among some doctors when treating high fever due to the common cold to avoid using acrid, warm medicinal substances at all costs and consider Mulberry Leaf and Chrysanthemum Drink (*sāng jú yǐn*) and Honeysuckle and Forsythia Powder (*yín qiáo sǎn*) to be as valuable as gold. Then there is another type of doctor. This type immediately begins their treatment by prescribing antipyretics or antibiotics for any patient with a high fever without careful consideration of the cause of the illness, its pathodynamics, or the constitution of the patient. Then, as a back-up, they follow this with cold, bitter medicinal substances such as Lonicerae Flos (*jīn yín huā*), Isatidis/Baphicacanthis Radix (*bǎn lán gēn*) and Isatidis Folium (*dà qīng yè*), or negligently prescribe highly sweetened 'instant granules.' A few days will pass and if the fever doesn't go down, the family becomes anxious and the doctor becomes confused as to what to do. Formulas that are meant to treat heat in the nutritive and blood aspects, such as Purple Snow Special Pill (*zǐ xuě dān*), Greatest Treasure Special Pill (*zhì bǎo dān*) and Calm the Palace Pill with Cattle Gallstone (*ān gōng niú huáng wán*), are boldly brought out as a defense. Then there are those doctors who will resort to steroids. These medical 'conventions' have been taught to many and the results have been extremely detrimental. We urgently need a program to change old conventions and habits.

## 4.2 Pediatric night sweats

### Child with night sweats for two years

*Children are not miniature adults*

小兒不是成人的縮影

#### ■ CASE HISTORY

**Patient:** Ms. Zhang, 5-year-old girl

The patient has suffered from night sweats for the past two years. She has low-grade fevers at night and once she falls asleep she sweats over her entire body. The sweating stops as soon as she awakes. Her sweat is cold and sticky. Occasionally the child will sweat so much that her undergarments become soaked.