

Three formulas for cough

A comparison of the clinical usage of Jin Fei Cao San, Hua Gai San and Ding Chuan Tang to treat cough, phlegm and breathlessnesss.

By Dr Jiang Tong translated by Michael Max

Translator's introduction

Dr Jiang is a 95-year-old Chinese doctor who has an active practice in Taipei, Taiwan. Originally from the Anwei province of China, he came to Taiwan in 1949, just a few steps ahead of the People's Liberation Army. He comes from a family of doctors, has studied both Chinese and Western medicine, has run a number of clinics and has been the head of, or on the board of, a number of schools. Many people still address him by the title of "yuan zhang" — "school headmaster" — others just call him "Yishi", which roughly translates as doctor.

He has a small clinic in the Yonghe suburb of Taipei. His tiny office is crammed full of books, papers and the bags of gifts that patients are always leaving for him.

I first met Dr Jiang shortly after I first arrived in Taiwan. I had a bad cold that was headed into my chest. The air in Taipei is like breathing through an exhaust pipe — I figured I was in for a rough ride. A foreign acupuncturist friend, in Taiwan working on her Chinese language skills, told me she had heard about an old doctor who was highly recommended.

She took me to his clinic and provided translation, as at that time I spoke practically no Chinese.

Here in Taiwan the granulated herbs are very popular. This is partly because they are included in the national insurance program, and partly because they are much easier to take than raw herbs. Dr. Jiang prescribed for me a granulated concoction of five different formulas that was modified with another six single herbs. This method was way off my chart of understanding or experience, and I was inclined to dismiss him as not knowing what he was doing.

On the other hand, since I was in Asia to learn language and medicine, I might as well try what he prescribed. Arriving home, I took the herbs and went to bed with the feeling of an elephant sitting on my chest, figuring I would be sick for at least a week. And as my Lungs have always been prone to dry coughs, I anticipated another few weeks of annoying coughing. It was a delightful surprise to wake the next day 80 per cent better, and with a productive cough bringing out all kinds of phlegm. A normal productive cough that clears the Lungs is something like a minor miracle for me.

When my Chinese improved I asked if could study with him, and he graciously agreed. He still works five days a week, and continues to write books, and articles on Chinese medicine.

As we already know, many Chinese medical phrases are not easily translated into English; what is more, there are ways that Chinese people have of experiencing their bodies, and ways Chinese people have of describing experiences, both physical and emotionally, that are different from how Western people make sense of their lives, joys and illnesses. I have attempted to explain some of these in various notes. Some of these explanations are from questions to Dr Jiang, some are my own observations from sitting in his clinic, some are from my own experiences of living life in China. These are to be taken as opinions and observations. Any errors or omissions are entirely mine.

■ Michael Max graduated from the Seattle Institute of Oriental Medicine, practiced for several years, then continued his postgraduate studies of Chinese language and medicine in China and Taiwan, where he resides at present. He wishes to thank Dan Bensky for editorial comments and encouragement!

Introduction

In looking at these three formulas, we see that they all stop cough, transform phlegm, open the qi pathways, and calm breathlessness. They all treat the common cold, nasal congestion, bronchitis, cough with rebellious qi, and asthmatic breathing difficulties.

Generally, many doctors like to use these formulas. However, I strongly want to stress that these formulas are intrinsically different, and as such are appropriate for different situations.

You should clearly distinguish when to use each one.

This paper will set out the ingredients of each formula, and look at their various strengths as a way of comparing their differences. The result will be a brief analysis for clinical reference.

Composition of formulas

Jin Fei Cao San (Inula Powder)

4g (Inulae Flos) Xuán Fù Huā Qián Hú 4g (Peucedani Radix) Jīng Jiè 2.8g (Schizonepetae Herba) Bàn Xià 4g (Pinelliae Rhizoma) Gān Cǎo 2g (Glycyrrhizae Radix) Xì Xīn 2g (Asari Herba) Chì Fú Líng 4g (Poria Rubra)

Optionally can add:

Shēng Jiāng slice (Zingiberis Rhizoma recens)

Dà Zǎo 1 piece (Jujubae Fructus)

Some formulations remove:

Xì Xin (Asari Herba)

Chì Fú Líng (Poria Rubra)

Others add:

Má Huáng (Ephedrae Herba)

Chì Sháo (Paeoniae Radix rubra)

Hua Gai San (Canopy Powder)

Má Huáng 4g (Ephedrae Herba)

Xìng Rén 4g (Armeniacae Semen amarum)

Fú Líng 4g (Poria)

4g (Citri reticulatae Exocarpium Jú Hóng

rubrum)

Sāng Bái Pí 4g (Mori Cortex) Zĭ Sū Yè 4g (Perillae Folium) Gān Cǎo 2g (Glycyrrhizae Radix)

Ding Chuan Tang (Arrest Wheezing Decoction)

Bái Guŏ 12 pieces (Ginkgo Semen) Má Huáng 4g (Ephedrae Herba) Bàn Xià 12g (Pinelliae Rhizoma) Kuăn Dōng Huā 12g (Farfarae Flos) 4g (Glycyrrhizae Radix) Gān Cǎo Sāng Bái Pí 12g (Mori Cortex) Zĭ Sū Zĭ 8g (Perillae Fructus)

Xìng Rén 10g (Armeniacae Semen amarum)

Huáng Qín 10g (Scutellariae Radix)

Comparison of herbs

Comparing Jin Fei Cao San (Inula Powder) and Ding Chuan Tang (Arrest Wheezing Decoction): the only two herbs in common are Bàn Xià (Pinelliae Rhizoma) and Gān Cǎo (Glycyrrhizae Radix), and are obviously quite different in composition.

Iin Fei Cao San (Inula Powder) does not contain Sāng Bái Pí (Mori Cortex), Huáng Oín (Scutellariae Radix), Kuăn Dong Huā (Farfarae Flos), Zǐ Sū Zǐ (Perillae Fructus) and Xìng Rén (Armeniacae Semen amarum). Jin Fei Cao San (Inula Powder) has an alternative formulation which contains Má Huáng (Ephedrae Herba) and Chì Sháo (Paeoniae Radix rubra), but without Xì Xīn (Asari Herba) and Chì Fú Líng (Poria Rubra). Also, Ding Chuan Tang (Arrest Wheezing Decoction) contains a large amount of Bái Guŏ (Ginkgo Semen), which is one of the important focuses of this formula.1

Comparing Hua Gai San (Canopy Powder) and Ding Chuan Tang (Arrest Wheezing Decoction), these formulas share in common the following herbs:

Má Huáng (Ephedrae Herba)

Xìng Rén (Armeniacae Semen amarum)

Sāng Bái Pí (Mori Cortex) Zĭ Sū Yè (Perillae Folium) Gān Cǎo (Glycyrrhizae Radix)

Both formulas treat cough due to external attack of wind-cold, or constitutional phlegm stirred up by an attack of external wind-cold. However, there is a difference in the type of constitutional phlegm, and thus a difference in the other herbs in the formulas. In Hua Gai San (Canopy Powder) the phlegm is not hot, and while copious and obstructing, is not particularly thick. Thus only the following two herbs are used in addition to the above:

Fú Líng (Poria)

Jú Hóng (Citri reticulatae Exocarpium rubrum)

The constitutional phlegm in the indications for Ding Chuan Tang (Arrest Wheezing Decoction), on the other hand, is phlegm-heat, and the heat thickens the phlegm, and so the formula employs the following herbs in addition to the basic herbs listed above:

Kuăn Dōng Huā (Farfarae Flos) Bàn Xià (Pinelliae Rhizoma) Huáng Qín (Scutellariae Radix) Bái Guŏ (Ginkgo Semen)

The above formulas clearly have their particular focus, and this teaches later generations of practitioners about differentiating according to symptoms. Whether the originally set dosages of the original formulas should be increased or reduced depends on the careful consideration of the patient's illness: is it mild or severe, and is the patient's inherited constitution robust or weak. Then we can use these formulas appropriately, and obtain the effect of "yielding twice the result with half the effort".

Comparison of indications, functions

We have already briefly outlined and discussed the make-up of each of these formulas. Now we will go into more detail on the indications and functions as well as pharmacological effects of each formula, in order to make appropriate choices in clinical practice.

Jin Fei Cao San (Inula Powder)

This formula treats wind-heat-phlegm cough with viscous yellow phlegm, intense congestion and a blocked nose that produces a heavy sound to the voice. When severe, there can be alternating chills and fever, stuffiness/distention of the chest, and body aches. When the cough is severe there is wheezing and a feeling of fullness with sputum that is difficult to expectorate.²

Although similar to Ding Chuan Tang (Arrest Wheezing Decoction), the therapeutic efficacy of Jin Fei Cao San (Inula Powder) for thick viscous congested phlegm is better due to the ability of Xuán Fù Huā (Inulae Flos) to reduce that feeling of stuffiness and oppression in the chest, by resolving hot phlegm and directing the qi downward. As it also has Qián Hú (Peucedani Radix) and Jīng Jiè (Schizonepetae Herba) it is even more able to vent sweat and release the exterior so it is rather beneficial for this problem.

Hua Gai San (Canopy Powder)

This formula has Má Huáng (Ephedrae Herba), and Zǐ Sū (Perillae Frutescentis), which used together promote sweating and calm coughing; they also dislodge phlegm³ and calm wheezing. This formula is for wind cold that has attacked the Lungs, qi rebels upward causing cough, there is nasal congestion and a stuffy congested feeling in the chest, tightness and restriction in the nape of the neck, dizziness⁴, hoarse voice⁵, and a floating rapid pulse. For these kinds of symptoms, this is an excellent formula.

In the formula, one can change Zǐ Sū Yè (Perillae Folium)6, to Zǐ Sū Gěng (Perillae Caulis) in order to aid the ability of Má Huáng and Xìng Rén to open up the qi pathways. It is the best prescription

for bronchitis from a common cold accompanied by wheezing. It is also a great formula to use with kids who have a cough.

Ding Chuan Tang (Arrest Wheezing Dec.)

This formula treats cough with severe and acute breathlessness, the throat is obstructed by phlegm, breathing is forced and with a sense of urgency.7 On closer examination the sound is raspy with a sound like sawing and similar to that heard with asthma. There is both difficulty with breathing and a significant amount of wheezing as well.

Not only is there nasal congestion with a heavy sound to the voice, but the ability to speak is also impaired.

In this formula there is Bái Guồ (Ginkgo Semen), Xìng Rén (Armeniacae Semen amarum), Bàn Xià (Pinelliae Rhizoma), Sāng Bái Pí (Mori Cortex), Kuǎn Dōng Huā (Farfarae Flos) and Huáng Qín (Scutellariae Radix). These herbs eliminate phlegm, stop coughing, smooth and open the qi pathways, and help clear secretions from the bronchial tubes.

This is a commonly used formula for external invasion that leads to chronic bronchitis, wheezing and breathlessness. Alternatively, an external invasion may have complicated an underlying chronic respiratory condition involving phlegm-heat.

Conclusion

Clinically speaking, these three formulas have similar functions. However, on closer examination one see can they each have their unique and special properties that are quite different. Each one is useful in a specific kind of situation.

For example, Jin Fei Cao San (Inula Powder)8 can promote sweating to resolve the exterior at the level of the muscles, and can eliminate phlegm, and stop coughing. Its focus is on clearing wind-heat with obstructing phlegm that is yellow and viscous. It is quite appropriate for cases where there is an aversion to cold with a rise in body temperature that although marked by a sense of gi going upwards has not progressed to actual wheezing.

The main strength of Hua Gai San (Canopy Powder) is in treating wind-cold that has built up in the Lungs with coughing and qi rebelling upwards, dizziness, and a floating, rapid pulse. Not only does this formula treat bronchitis, but it is most suitable for cases with achey and uncomfortable limbs, hoarseness, and breathlessness.

Ding Chuan Tang (Arrest Wheezing

Decoction) belongs to the category of formulas that treats cough due to phlegmheat obstruction. This phlegm is not easy to expectorate and there is very clear wheezing and difficulties with breathing. When severe there will be a raspy noise in the throat. Whether the problem is due to an external invasion or an old chronic condition that has flared up, in addition to bronchitis, cases with a state of bronchial asthma are appropriate targets for this formula.

You can perceive intuitively how worthy doctors from the past determined each and every formula's special focal points and characteristics. You should pay careful attention to these differences when prescribing herbs and not arbitrarily try one or another, or mix them up. Mixing them up will lead to poor clinical results. There is a saying, "A slight misstep at the beginning lands you miles from your intended destination." When working in the clinic, you need to pay close attention to what you are doing!

Endnotes

1 Iin Fei Cao San (Inula Powder) has an alternative formulation which contains Má Huáng (Ephedrae Herba) and Chì Sháo (Paeoniae Radix rubra), but without Xì Xīn (Asari Herba) and Chì Fú Líng (Poria Rubra). As with most discussions of formulas in the Chinese medical literature, Dr Jiang assumes that his readers are well-versed in the basic knowledge of herbs. Many times in clinic when I inquire for more detail, he will send me to the front counter, to confer with the girls (the "younger teachers") there that make up the formulas for him. They are quite knowledgeable, and familiar with his thinking and methods.

2. Dr Jiang says that this kind of breathlessness is often mistaken for asthma by Western doctors. He does not always consider Western definitions of illness to be sufficiently precise. He goes on to say that because patients with this presentation breathe through the mouth, you don't really see their shoulders go up when breathing, but you can see they really make an effort with their chest muscles to get a breath. There is not so much wheezing, as it is difficulty in breathing.

3. The character used here is 豁 [huo], which pronounced with a first tone means break or split, and pronounced with a fourth tone means to clear.

4. The characters used here are 頭目暈 [tóu mù yūn] literally head/eye dizzy. This is a very Chinese way of talking, and of experiencing body sensations. My experience in the clinic, when I ask patients what that means for them, is that people can be talking about anything from actual dizziness to a distended feeling in the head, to a feeling of tired eyes, to a slight sense of nausea.

5. The text here actually says "speech comes out with a heavy sound, and the qi is 不利 [bú lì] "not smooth". People here in Taiwan and China say this all the time. It refers to all kinds of situations where things are just not quite right. A bit out of sorts. Out of whack.

6. In Beijing, I met a number of doctors who liked to use Zǐ Sū Gěng (Perillae Caulis) in digestive problems as a way to move and open up the qi.

7. This is the kind of breathing where patients are struggling to get a breath. Not only are their chest muscles working hard, but you can see their shoulders rise and fall as they try to fill and empty their Lungs. These kinds of patients often look and feel scared because they are not getting enough oxygen, due to the restrictions and blockages of the qi pathways.

8. All the textbooks say that Jin Fei Cao San (Inula Powder) is for thick yellow and turbid phlegm. Dr Jiang says the same thing. But, when I see him work in the clinic, he often will use this formula for cases there the phlegm is rather dry, sparse and hard to expectorate. In these cases he often will use it with herbs or other formulas that resolve the exterior. He sees a lot of coughs as wind and cold that has been driven into the body and trapped there. He treats this by resolving phlegm, and releasing the exterior. Even for dry coughs, it is very rare to see him use herbs like Mài Mén Dōng (Ophiopogonis Radix), Chuān Bèi Mǔ (Fritillariae cirrhosae Bulbus), or other cool moistening herbs. He thinks these will drive the wind and cold pathogen further into the body. He always tells patients who have colds to avoid getting cold air blown on them (this is a real challenge in Taiwan in the summertime!), and to not eat fruit. He is adamant on this point. He sees most fruits as being cold, and when you have cold and wind invasion you must avoid adding to the cold, which will not only drive the pathogen in further but also cause a constraint that keeps it there. Of course, in places like Australia where people love to eat cold foods and drink cold drinks, it could be a challenge to get patients to follow this advice.



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