

The Treatment of 36 Cases of Climacteric Syndrome with Yi Guan Jian with Additions & Subtractions

abstracted & translated by
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On page 299 of issue5, 2009 of *Shi Yong Zhong Yi Yao Za Zhi (Journal of Practical Chinese Medicine & Pharmacology)*, Zhang Li-ping published an article titled, "The Treatment of 36 Cases of Climacteric Syndrome with Yi Guan Jian with Additions & Subtractions." A summary of that article is presented below.

Cohort description:

From December 1992 to December 2007, the author treated 36 cases of menopausal syndrome using Yi Guan Jian (One Link Decoction). These women ranged in age from 41-58 years old. Their disease had lasted from three months to three years. All were so severely affected by their condition that they were not able to work normally. Diagnostic criteria were based on the 1994 *Zhong Yi Bing Zheng Zhen Duan Liao Xiao Biao Zhun (Criteria for Chinese Medical Disease & Pattern Diagnosis and Treatment Efficacy)*. All the women in this single-wing cohort study were categorized as presenting a pattern of liver-kidney yin vacuity. Signs and symptoms included menstrual irregularity, low back and knee soreness and limpness, hot flashes, sweating, chest oppression, worry and anxiety, heart vexation, insomnia, a red tongue with scanty fur, and fine, bowstring pulse.

Treatment method:

Yi Guan Jian was administered to all the women in this cohort plus the following additions:

Tu Si Zi (Semen Cuscutae)
Wu Wei Zi (Fructus Schisandrae)
Nu Zhen Zi (Fructus Ligustri Lucidi)
Sang Shen Zi (Fructus Mori)
Mo Han Lian (Herba Ecliptae)
Chai Hu (Radix Bupleuri)
Xiang Fu (Rhizoma Cyperi), 15g each

Modifications:

If dizziness and heart palpitations were severe, 20 grams each of Long Gu (Os Draconis) and Mu Li (Concha Ostreae) and 15 grams of Tian Ma (Rhizoma Gastrodiae) were added.

If heart palpitations and insomnia were severe, 15 grams each of Bai He (Bulbus Lilii), Da Zao (Fructus Jujubae), and Bai Shao (Radix Alba Paeoniae) and 20 grams of stir-fried Suan Zao Ren (Semen Zizyphi Spinosae) were added.

If chest oppression, worry, and anxiety were severe, 15 grams each of Yu Jin (Tuber Curcumae) and He Huan Hua (Flos Albiziae) were added.

If low back and knee soreness and limpness and heat in the hands, feet, and heart (or centers of the

hands and feet) were severe, 15 grams each of Di Gu Pi (Cortex Lycii), Niu Xi (Radix Achyranthis Bidentatae), Xu Duan (Radix Dipsaci), and Huang Jing (Rhizoma Polygonati) were added.

Method of administration:

One packet of these medicinals was decocted in water and administered per day in three divided doses morning, noon, and evening. Patients were counseled to stay relaxed mentally and emotionally, to eliminate brooding and worrying, and to get a suitable amount of physical exercise. Some of the women also received psychotherapy.

N.B. Unfortunately, length of treatment was not specified.

Study outcomes:

Cure was defined as complete disappearance of symptoms, return to normal work, and no recurrence within one year. Marked effect was defined as basic disappearance of symptoms, part-time return to work, and no worsening of the patient's condition on follow-up after one year. No effect meant that the symptoms sometimes remitted and sometimes relapsed, improvement was not pronounced, and the patient was not able to return to work. Based on these criteria, 25 cases were cured, nine cases got a marked effect, and two cases got no effect, for a total effectiveness rate of 94.4%.

Discussion:

According to Dr. Zhang, around the time of menopause, the kidney qi gradually declines and the tian kui gradually becomes exhausted. The two vessels of the chong and ren become depleted and vacuous. Kidney essence and blood become more and more insufficient day by day as does liver yin. Hence the viscera and bowels lose their nourishment. Within the above formula, Sheng Di Huang (uncooked Radix Rehmanniae) enriches yin and nourishes the blood in order to supplement the liver and kidneys. Mai Men Dong (Tuber Ophiopogonis), Sha Shen (Radix Glehniae), Dang Gui (Radix Angelicae Sinensis), and Gou Qi Zi (Fructus Lycii) nourish blood and engender fluids to protect the liver. Chuan Lian Zi (Fructus Toosendam), Chai Hu, and Xiang Fu course the liver and rectify the qi. Tu Si Zi, Wu Wei Zi, Nu Zhen Zi, Sang Shen Zi, and Mo Han Lian supplement the kidneys and boost the essence. When all these medicinals are used together, they enrich yin and course the liver, supplement the kidneys and boost essence. Therefore, their treatment effect is markedly good.

This is another example of more attention being paid to liver depression's role in menopausal syndrome. Yi Guan Jian is indicated for liver-blood-kidney yin vacuity with liver depression qi stagnation. However, Dr. Zhang added even more ingredients to course the liver and rectify the qi, even an extremely acrid, windy, and drying medicinal such as Chai Hu which many Chinese doctors 25-30 years ago said should not be used in menopausal women due to its tendency to "plunder yin." I think this study is one more piece of evidence of the pivotal role of liver depression in the disease mechanisms of peri- and menopausal syndromes, something I have been harping on for years.

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