

Clinical Report 2

A Patient Suffering from Rheumatism

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Patient: 28 years, female

First visit: June 29, 2007

Past history: head injury at the age of 14

Family history: nothing warranting special mentioning

Present illness: At the end of February 2007 development of exanthema over the entire body. By the end of April with the disappearance of the exanthema a fever (in the range of 37°C) and arthralgia developed. The patient visited a certain medical university hospital for consultation. There she was told that this is not RA, but when she went to a different clinic in June, she was diagnosed with RA. At that time CRP value was 12.3 mg/dl and MMP-3 1053. Chest x-ray films were said to show no anomalies.

Current status etc.: height: 155 cm, weight: 44 kg

She has a constant low grade fever around 37.1°C. Chilliness (+), headache (-), cough (+) (since June), dry mouth (-), easy fatigability (+), lassitude (++) , restlessness (+), depressive mood (+), insomnia (+), wakes up during the night due to pain, night sweat (+), chilling of finger- and toe tips (+) and due to a marked degree of lassitude, generalized pain she moved awkwardly.

Pale facial complexion (forehead: bluish-yellow hue)

Arthralgia { Neck pain (+)
PIP of both hands (all), pain (+), swelling (+), fever (-)
Bilateral shoulders pain (+), flexion and extension of both elbows (↓)
Arthralgia of both hands (+), swelling (+), deformities (+)
Pain of right hip joint (+)
Bilateral gonalgia (+), swelling on the left (+), fever (+)
Bilateral ankle pain (+), swelling (+), fever (+)

Stiffness of the fingers of both hands; continues either through morning or even the entire day.
Bowel movements twice/day (soft stools – diarrhea)

Pulse findings:

	Left	Right
Inch	Thin/rapid upon palpation thin and weak	Thin/rapid upon palpation thin and weak
Bar	Thin/rapid upon palpation thin and slightly slippery	Deep and rapid, upon palpation thin and weak
Cubit	Deep and rapid, upon palpation slightly slippery	Weak

Tongue findings: slightly red tongue, white – yellow fur, sublingual veins were engorged.

Abdominal findings



Laboratory data

CRP: 8.75

SAA: 718

RF: 5

Hh: 8.3

Diagnosis: struggle between wind and dampness, deficiency of both qi and blood.

Prescription 1: *Cinnamomi* Cortex 12, *Paeoniae*

Radix 12, *Anemarrhenae* Rhizoma 9, *Ephedrae*

Herba 5, *Atractylodis Lanceae* Rhizoma 12,

Atractylodis Rhizome 12, *Coicis* Semen 30,

Stephaniae tetrandrae Radix 12, *Gentianae*

Macrophyllae Radix 10, *Clematidis* Radix 10,

Bombyx Batryticatus 10, *Astragali* Radix 30,

Angelicae Radix 9, *Zingiberis Rhizoma*
Processum 6, *Glycyrrhizae Radix* 6, *Aconiti*
Radix Processa 6

Prescription 2: *Uzugan* (one pill contains 0.1 g of
Aconiti Kusnezof fii Radix powder), 21 pills,
three times a day, medication for 14 days

September 14

Healthy

Pain 100→10%,

Prescription 1: same as before

Prescription 2: same as before, for 21 days

Table: Changes in the laboratory data

	CRP	SAA	RF	MMP-3	Hb	W	PLT
07.6.13	12.3			1053	8.0	5100	50.9
6.29	8.75	718	5		8.3	4800	43.2
8.8	5.67	442	1	800	8.4	4600	44.2
9.14	1.05	78.2	1		8.9	4800	27.1

Other clinic

Course

July 13 (second visit)

Pain 100→30% reduction, cough (–), chilliness
of the body (+), low grade fever (–).

Prescription 1: same as before

Prescription 2: *Tsumura Bushi (Aconiti Radix*
Processa) powder 3.0g, three times a day,
medication for 14 days

July 27

Prescription 1: same as before, for 14 days

Prescription 2: same as before, for 14 days

August 3

Pain (↓), 100→30%, low grade fever (–), easy
fatigability (+)

CRP: 5.07↓ SAA: 442↓

Prescription 1: increased the amount of roasted
aconitum in the above described prescription to
9g and that of *Astragali Radix* to 40g,
additionally adding 10g of *Psoraleae Semen*.

Prescription 2: same as before, for 14 days

August 24

The patient had become so healthy, she could hardly
be recognized.

Pain 100→20%, chilling of the body (↓↓), appetite (↑),
skin moisture (±)

Prescription 1: same as before

Prescription 2: same as before, for 21 days

Discussion

This patient was a case, in which a sudden aggravation occurred a few months after the onset of the RA. The Kampo medical diagnosis indicated invasion by wind cold evil, the resistance to this invasion by the protective qi, where the evil partial transformed into heat creating a situation of "struggle between wind dampness". Yet, since the fundamental nature of the condition was a deficiency of qi and blood, the basic therapeutic aim was to dispel wind dampness, simultaneously clearing the heat that had been generated by the partial heat transformation of the evil, while the deficiency of qi and blood required some supplementation.

The author regularly prescribes for the treatment of RA *Cassia Twig Peony and Anemarrhena Decoction* as base formula and believes, that minor modifications depending on the pathological condition allow the patient to cope with it in most cases. This patient is one such example, where the treatment consisted of heat clearing, dispelling of dampness and strengthening of unblocking the collateral vessels.

As can be seen here, after about 2 months of treatment a remarkable improvement was observed. This is an effect that will be difficult to obtain with extract preparations. In order to obtain short-term effects and depending on the disease condition somewhat larger amounts of crude drugs need to be combined and administered.