

Clinical Report 3

A Case of Palpitation in which Hangeshashinto had been Effective

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Knotted pulse or palpitations belong to the symptoms frequently treated with Kampo medicine. *Saikokaryukotsuboreito*, *saikokeishikankyoto*, *teikiin*, *keishikanzoto*, *shakanzoto* and similar prescriptions may be named as often prescribed formulas. Yet, in rare cases, like in the present patient, people visit the clinic seeking relieve from arrhythmias that have their origin apparently in the alimentary tract. Below I will describe one such case.

Case: age 55 years, male, employee

Chief complaint: arrhythmia, palpitation

Present illness:

Two years ago the patient noted that his pulse was beating irregularly. This occurred particularly often after meals or when he climbed stairs quickly, or he noticed the occurrence of a knotted pulse walking the streets and suddenly emerged on brightly lit places. He consulted a local physician, who told him based on his electrocardiogram that there is nothing to worry, but the taking β -blockers did not improve the condition. Later he consulted the department of cardiovascular diseases at a certain general hospital and underwent detailed examination, but no anomalies were found, so he was told there is nothing to worry and was prescribed the same medication. He continued to consult that hospital as an outpatient for more than one year, but because the symptoms did not improve sought consultation in this clinic.

Present status: height: 162 cm, weight: 64 kg, slightly obese, blood pressure 120/70

Tongue diagnosis: thick tongue body, dark red, dental indentations (+), thick white fur

Pulse diagnosis: between floating and deep, wiry, intermediate, forceful, regular

Abdominal diagnosis: thick abdominal wall, strong, elastic, there was some fullness, tenderness or discomfort of the hypochondrium and increased resistance and tenderness of the epigastric region.

Palms reddened and moist

Urinary findings: no anomalies

Electrocardiogram: nothing warranting special mentioning

Prescription and course

Prescription:

The condition was considered to be a *saikokaryukotsuboreito* pattern and thus this formula prescribed, but after one week of medication no changes at all were observed. Thus, I re-assessed the pattern and switched the prescription to *hangeshashinto* plus *Bupleuri Radix*, which then led to gradual improvements.

Discussion

Based on the observation of a wiry and forceful pulse, a white fur on the tongue and fullness, tenderness or discomfort of the hypochondrium during the first visit I diagnosed a lesser yang disease stage. Basically I use *saikokaryukotsuboreito* for excess patterns in patients with lesser yang disease stage complaining of palpitation and *saikokeishikankyoto* in cases of deficiency patterns. Naturally, in this case I diagnosed a *saikokaryukotsuboreito* pattern and prescribed this formula.

In cases for which *saikokaryukotsuboreito* is an indication irritability and restlessness arising from fear are observed, but this patient was calm and did not show any signs of restlessness arising from fear. Yet, the reddening and moistness of the palms

suggested a state of excessive heart consumption, which led me to the conclusion that *saikokaryukotsuboreito* would be appropriate.

Yet, contrary to my expectations, on the second visit one week later the symptoms had not improved at all. My master taught me: "Once you have prescribed something, do not change that prescription without good reason" so that it would probably be in order to continue with that prescription for a little while longer, but my personal experiences showed, that if no improvements at all have been achieved after one week when treating patients with palpitations, continuing the same treatment usually will not lead to improvements. For this reason I reconsidered the prescription.

At that time I focused on the fact that the attacks of knotted pulse occurred after meals. The presence of increased resistance and tenderness of the epigastric region also led me to the conclusion that in this patient not stress or mental tension, but rather stimulation of the stomach triggered the knotted pulse attacks. Thus, I judged that unless the stomach is treated, the patient's knotted pulse attacks are unlikely to be cured and therefore prescribed *hangeshashinto plus Bupleuri Radix*.

Occasionally I use *hangeshashinto* with added *Bupleuri Radix*. This is an addition based mainly on the abdominal pattern. In this way a combination of *hangeshashinto* and *shosaikoto* is achieved, extending the range of indications for *hangeshashinto* and enhancing its effects.

One week after switching the prescription to *hangeshashinto plus Bupleuri Radix decoction* the patient visited the next time and reported "This time I have the feeling the medicine suits me. The palpitation attacks also have markedly improved." This gave me the confidence to continue with that prescription. Later the patient visited my clinic in

intervals of approximately 2 weeks and showed at each visit gradual improvements of the symptoms. Three months later the knotted pulse attacks had disappeared completely.

Hangeshashinto is frequently used for various diseases of the digestive tract and can be said to be almost never used for cardiovascular diseases. However, while complaining of knotted pulse attacks and palpitation, these attacks were considered to be triggered in this patient by abdominal factors. Under these circumstances *hangeshashinto* too can be considered to be a very useful prescription.

This was an interesting experience that naturally brought the expression: "All five organs and six viscera can cause palpitation. It is not limited to Heart.