Clinical Report 2

One Case that Showed Seihaito was Effective in Wet-type Bronchiectasis

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Case: Female of 68 years old Initial consultation: May 20, X-year

Chief Complaint: Cough and phlegm

Present history: Received thyroid tumorectomy in November 1999. Soon after the operation, cough and phlegm began to develop. The color of phlegm is sometimes white and sometimes yellow. Large amounts of phlegm are raised in the morning on rising. Coughing continues until phlegm has completely been eliminated. The patient always coughs to clear her throat. When phlegm does not come out, she has difficulty breathing. She had chest X-Ps and CT examinations at a certain university hospital and was diagnosed as having bronchiectasis.

Appetite: Good Sleep: Ordinary

Bowel movement: Twice a day, normal stools

Urination frequency: Eight times a day

Past history: Thyroid tumor

Present conditions: Height 145cm and weight 52.5kg

A stethoscopic examination revealed no anomalies.

Blood pressure: 160/82mmHg Pulse condition: Deep and slippery

Tongue sho: Pale dark color, thin white fur, wet

Abdominal sho: No special mention

Her mouth becomes dry. Her lips become rough. Findings on examination: A CT examination was performed on April 17 of this year.

Cord-like shadows (atelectatic lung) on the middle lobe of right lung and lingular segment of left lung, and a ground glass like shadow on diaphragm under inferior lobes of both lungs, and mild bronchiectasis (no change from December 10, X-5 year)

Diagnosis: Phlegm-heat stagnancy in the lung

Prescription: Lung-Clearing Decoction

Course: With two weeks administration, the incidence of cough and phlegm expectoration was substantially reduced. After five weeks, the amount of phlegm in the morning on rising was extremely reduced. After eight weeks, the cough subsided mostly and no phlegm was raised. Subsequently, the conditions were being maintained till January X+1 year, when the patient caught a cold and had a cough and phlegm expectoration, which lasted for four to five days. Subsequently, she has been in stable conditions without even catching a cold. The medication was discontinued in June X+1 year. Since then, the conditions have not been aggravated.

Consideration:

Since the main symptoms of the wet type of bronchiectasis are cough and expectoration of phlegm, in traditional Chinese medicine, an approach to both phlegm and excessive fluid is required. In terms of cough, there are two types cough caused by external affections and cough caused by internal injury. The latter is further classified into the subtype in which phlegm and heat obstruct the lung, to which the patient belongs. The textbook mentions another basic prescription. seihaito, which has a similar composition to that appearing in the text book, is often used in Japan and many cases have been reported.

The characteristic of this case is white or yellow phlegm in fairly large amounts. Large amounts of phlegm indicate the presence of phlegm-damp whereas yellow phlegm indicates that it is accompanied by heat. When phlegm does not come out and eliminated, breathing trouble occurs because phlegm obstructs clearing the lung. Dry mouth develops when the heat is burning fluids in the lung.

Although symptoms other than phlegm-heat were not observed in the patient, the clinical condition was diagnosed, based on the phlegm characters, as phlegm and heat obstructing the lung. So, Lung-Clearing Decoction was used for eliminating the phlegm and clearing the lung. The prescription is composed of the following:

seihaito (in "Wan Bing Hui Chun" 1857)

Scutellariae Radix 2g

Gardeniae Fructus 2g

Mori Cortex 2g

Fritillariae Bulbus 2 g

Platycodi Radix 2g

Armeniacae Semen 2g

Ziziphi Fructus 2g

Bambusae Caulis 2g

Citri Unshiu Pericarpium 2g

Zingiberis Rhizoma Processum 1g

Poria 3g

Angelicae Acutilobae Radix 3g

Asparagi Radix 2g

Ophiopogonis Radix 3g

Schisandrae Fructus 1g

Glycyrrhizae Radix 1g