Clinical Report 2 (Japan)

A Patient Who Feels Nauseous on Exposure to the Sun Mihoh Koga, M.D., Kampo Specialist Research Assistant of Division of Clinical Pharmacology and Therapeutics and Division of General Medicine Jikei University School of Medicine

[Case] Male of 52 year-old, working in the painting industry.

[Chief complaint] "Become nauseous when exposed to the sun."

[Current medial history]

Since 26 years old, he had suffered a low-grade fever and nausea. Detailed examinations had not detected abnormalities and tranquilizing agents had been administered for 10 years without improvement.

When he was around 46 years old, he began to develop additional symptoms of becoming nauseous, light headed and collapsing upon exposure to the sun. On hot days, hot flashes, fatigue in the lower limbs, sleeplessness, nocturnal sweating, and buzzing in the ears appeared. These symptoms were exacerbated during summer and relieved during winter. He poured water over his head to continue to work. However, because of the chief complaint, he often got off work. Before visiting our hospital, he had received a complete examination without any findings of abnormalities.

August 3, he made the initial visit to us.

Findings at initial visit

[Inspection] His physique was intermediary with pale complexion. He seemed to have too much trouble for sitting on a chair and almost fall down.

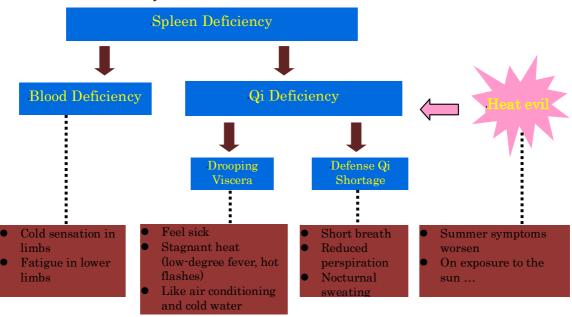
He became out of breath and words could not be spoken continuously, giving the impression of a negligent air.

His tongue was enlarged and purple colored with pale yellow furs.

[Inquiry] He had a dry mouth. His appetite decreased during summer. Defecation was two times a day and normal. He seldom had perspiration and when sweating occurred, he felt good. Although he had no difficulty falling asleep, he woke during the night. He easily got frustrated. Four limbs were cold. He liked refrigerated air conditioning and water of a cold spring.

[Palpation] The pulse was deep, thin, and slippery.

Abdominal examinations detected 3/5 of the abdominal strength and a light bloated feeling in the chest and hypochondrium region and tenderness in the para-umbilical regions.



Analysis of clinical conditions

It can be thought from the low-grade fever and nausea for 20 years that the patient had an underlying spleen qi deficiency which induced qi deficiency and blood deficiency. Especially intense symptoms of progressed spleen qi deficiency with the drooping of viscera were observed. Because of qi deficiency, a shortage of defense qi occurred and thereby the role of sweating that normalizes the body temperature did not work properly, resulting in an internal accumulation of heat. Thus he liked the air conditioning and water from the cold spring.

It can also be thought from the long-time low fever and hot flashes and the general symptoms including fatigue that there were underlying deficiency fire and deficiency heat caused by a shortage of source qi. It is possible that summer-heat as a pathogenic factor made deficiency fire and deficiency heat further burn up in conjunction with the internal cause, upsetting the patient's health at a burst on exposure to the sun. In such process, the symptom of spleen-qi deficiency with the drooping viscera may have intensely appeared.

Prescription

LI Dong Yuan says in his book "Pi-wei-lun (Spleen-Stomach Theory)" that "fire and source qi cannot stand side by side," "If either one of them is dominant, the other loses," and "if drugs with sweet taste and body warming characteristics, such as Astragali Radix, Ginseng Radix, and Glycyrrhizae Radix are used, deficiency heat recedes voluntarily." He proposed the treatment method of using drugs with a warming action to remove fevers and invented prescriptions including *hochuekkito*.

The author selected *hochuekkito* that nourishes the stomach-spleen and activates qi to nourish chest qi. Course

One week later, the patient felt an improvement in his physical condition. Sleep continued longer. Fatigue in the lower limbs was relieved. *hochuekkito* only was continuously administered.

Three weeks later, his physical condition was good. Fatigue in the lower limbs disappeared. The feeling of heat trapped in the body disappeared and he was able to do his job.

(Pulse) Deep and thin

(Tongue) Enlarged, dark red, covered with thin white furs.

The patient had slight constipation.

The patient received the instruction to continue to take the oral administration with adjustment in small quantities.