

Bonding, Visceral Hypersensitivity and Gui Zhi Tang (Cinnamon Twig Decoction) in Irritable Bowel Syndrome

Abstract

This article shows how the integration of traditional Chinese medicine (TCM) with modern biomedicine can lead to a more thorough understanding of a stubborn and chronic disorder such as irritable bowel syndrome (IBS), and how this disorder can be successfully treated with traditional Chinese herbal medicine. The article is based on the case of a 19-year-old soldier who presented with IBS manifesting as diarrhoea and abdominal pain, and includes discussions of the interaction of emotions and physiology, and how deficiencies in Earth-phase energetics can manifest as gastro-intestinal disorders such as IBS.

1. Aetiology: 'East meets West'

David, a 19-year-old soldier, was referred to me by his gastroenterologist. He had been suffering from diarrhoea and abdominal pain for approximately six years, and during the past year his symptoms had worsened. He had five to six bowel movements a day with soft and watery stools, spasmodic pain and abdominal bloating. In his medical record the summary of his recent consultation was concise: 'Patient presents with diarrhoea and abdominal pain. The patient underwent full examination including colonoscopy, which was normal. The impression is that this is irritable bowel syndrome (IBS).' Unfortunately, this is where conventional medical knowledge seemed to end in terms of helping David's condition.

David was a slightly short, pale individual, and spoke sporadically, as if weighing his words carefully. He was shy and gave an overall impression of anxiety and uneasiness. When I asked him how I might help, he repeated exactly what his doctor had written in the consultation summary. I understood that I would need to guide him gently if I wanted to make any progress in understanding his problem. I asked him about his home life. He told me that his parents were divorced and that he lived with his mother, who was sick and disabled, and that his older siblings had left home a long time ago. This situation resulted in a rather complicated relationship between David and his mother that is elaborated on below. When asked about his diet he answered simply: 'Normal'. Although I commonly hear such an answer to this question in the clinic, I am never sure what it actually means. When I asked him to elaborate I discovered that in his case it meant cereal for breakfast, a sandwich around noon and an omelette with salad in the evening. Occasionally he would eat a

hot meal for lunch.

When I examined him, not only was his abdomen tender and sensitive upon palpation, the rest of his body was as well. His lower abdomen was also distended, but without any palpable masses. His tongue was swollen and pale with a white coating. The pulse was thin and choppy in the Heart and Liver positions, and weak and slippery in the middle jiao positions of the Spleen and Stomach.

As practitioners we should aim to more accurately distinguish between the different aetiologies that can compromise the Earth phase in general and the Spleen function specifically.

The diagnosis here was clear, since most of the signs and symptoms pointed to the same pattern of disharmony. The root of the disharmony was a deficiency of Spleen qi and yang (evident from the swollen tongue with white fur and the weak and slippery pulse) with cold that was causing constraint of qi (manifesting as abdominal pain), and deficiency of Liver and Heart blood (evident in the choppy pulse). However, such a diagnosis might be seen to oversimplify this patient's presentation, and thus miss the core issues involved. Although deficiency patterns of the Spleen are commonly encountered in the clinic, I feel that as practitioners we should aim to more accurately distinguish between the different aetiologies that can compromise the Earth phase in general and the Spleen function specifically. The reason I have chosen to present this case is to illustrate how injury to the qi dynamic of the Earth phase can have a broad and profound influence on the functions of the digestive system.

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2. Diagnosis: 'A Pathological Bond'

The Earth phase constitutes an anchor or centre of balance through which we experience different aspects of life. It is dedicated to nourishment and survival during infancy, and controls the first oral stage of childhood.¹ At an emotional level it governs our capacity for maturation and balance, as well as our ability to create healthy bonds in adulthood. The basis for a healthy Earth phase is the unconditional nurturing of a child by its mother, which develops a deep imprint of trust in the child's consciousness that influences its perception of the external world. Leon Hammer describes that a child's sense that he or she is worthy of such care is the basis of the creation of trust and provides the confidence needed to create bonds with other people.² Any injury or deficiency in this primary bonding between a mother and her child can compromise (oftentimes critically) the ability of the child to develop into an adult capable of creating and maintaining healthy bonds within family and society. In terms of the zangfu, the Spleen - as the yin organ of the Earth phase - is responsible for establishing the basic ability to bond in the early stages of childhood. The Stomach, as the yang organ of the Earth phase, is responsible for the expansion of this ability outwards towards the external world and other people during the later stages of childhood.^{1,2}

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In David's case, the qi of the Earth phase had been damaged due to his childhood experiences. His parents' divorce had occurred when he was the only child at home. His mother's disability created dependence on David both physically and emotionally. From David's perspective, the anxiety he experienced when his first line of defense (his family) fell apart motivated him to devote himself totally to the care of his mother. The bonding between them at this point ceased to be healthy and nurturing and became an arena where each of them acted (consciously or unconsciously) from an egocentric motivation aiming to compensate the emotional threats bestowed upon them. Looked at through the lens of Chinese medicine, the bond between mother and son became sticky, damp and excessively yin, and therefore made expanding and developing new bonds in their lives extremely difficult.

Hypersensitivity – interior and exterior

IBS is a very common digestive ailment. It is diagnosed when there are clinical symptoms that are unexplained by any organic pathology found during medical investigation. One of the known pathomechanisms of this syndrome is visceral hypersensitivity (visceral hyperalgesia).

This manifests to some extent in almost all people who suffer from IBS,³ and involves an elevated neural sensitivity to physiological stimuli in the intestines. A number of interesting studies^{4,5,6} have demonstrated that hypersensitivity in IBS patients can occur at a visceral level (the internal organs), a cutaneous level (the skin) and even at a cortical level (in the brain). In other words, people with IBS are more sensitive to both external stimuli (food, touch) and internal stimuli (emotions, stress) than people without IBS. Research has shown that although IBS is a gastro-intestinal disorder, its associated phenomenon of hypersensitivity is not necessarily limited to the digestive system. Abdominal sensations in IBS sufferers therefore often comes from peristaltic movement that would not normally cause any sensory disturbance. As mentioned above, hypersensitivity in IBS patients is not limited to the gastro-intestinal tract but is a systemic condition and affects (and is affected by) a person's cognitive and psycho-social state.⁷ David's hypersensitivity might be seen as an internal physiological expression of his lack of confidence and fear of contact with the external world. That is, the psycho-emotional factors from his childhood caused disharmony of the Earth phase, and through this created an imbalance in the way he experienced - or 'digested' - external stimuli at both a physical and an emotional level.

How might we approach treatment in a case such as David's? The diagnosis in this case included deficiency and cold in the middle jiao. According to the six-division model this might be described as cold in the Taiyin division. The aetiology in David's case was not related to improper nutrition (although his diet was rather 'cold' and far from beneficial for his condition), but rather from the suppression of a healthy development of the Earth phase.

The Taiyang division can be seen to represent a person's external worldview, with the Taiyin division as the internalisation of this awareness into the body.⁸ From an energetic perspective, Taiyang forms our exterior protective shield against the outer world, and functions to resist both organic and emotional 'pathogenic factors'. Exposure to continuous emotional disturbance (as David had experienced at home) involves pathogenic 'coldness' attacking Taiyang. This coldness can then transform and internalise into coldness of the Taiyin division. Of course, Taiyin can also be exposed to pathogenic factors via the Yangming division.

From a zangfu perspective in David's case the cold, or deficiency of Spleen yang, caused stagnation of the qi dynamic in the middle jiao manifesting as spasmodic abdominal pain, bloating and diarrhoea. It should be mentioned here that, in the author's opinion, pain is too frequently diagnosed as Liver qi stagnation, and there are other patterns of disharmony that can manifest as pain. The stagnation of the qi dynamic here refers to a condition resulting from weakness of the up-bearing of clear yang in the middle burner. For a more elaborate explanation of this

readers should refer to the *Pi Wei Lun* (Discussion on the Spleen and Stomach) by the great Yuan dynasty physician Li Dongyuan.⁹

3. Treatment: 'Stabilising the Earth'

The *Shang Han Lun* (On Cold Damage) indicates several formulas for deficiency and cold affecting Taiyin.¹⁰ Although Taiyin diseases are characterised by coldness, because this division is in charge of the climate of dampness, some degree of dampness is also seen in most Taiyin disorders. The basic strategy if this is the case is to warm and strengthen the yang of the centre (especially that of the Spleen) and dry dampness. The first herbal formula that comes to mind is *Li Zhong Wan* (Regulate the Middle Pill), which strengthens the Spleen using Ren Shen (Radix Ginseng) and Zhi Gan Cao (Radix Glycyrrhizae Uralensis), warms the middle with Gan Jiang (Rhizoma Zingiberis) and dries dampness with Bai Zhu (Rhizoma Atractylodis Macrocephalae). This is a basic and balanced formula suitable for relatively mild Taiyin disease without any further injury to other organ systems. In David's case the injury to the Taiyin division also involved stagnation of yang qi in the centre. In the *Shang Han Lun* a number of cases are described where the initial injury to the Taiyin division deteriorates into a more complex disease mechanism. My teacher, Prof. Liang Chao of the TCM University Hospital of Chengdu, a great exponent of the *Shang Han Lun*, tended to use the formula *Huang Qi Jian Zhong Tang* (Astragalus Decoction to Construct the Middle) in such cases. Here is the formula as he prescribed it:

Huang Qi (Astragali Radix) 30g
 Gui Zhi (Cinnamoni Ramulus) 9g
 Bai Shao (Paeoniae Radix Alba) 18g
 Sheng Jiang (Rhizoma Zingiberis Recens) 9g
 Gan Cao (Radix Glycyrrhizae) 6g
 Da Zao (Fructus Jujube) 9g
 Yi Tang (Maltosum) 30g

This formula is mentioned in the original text in the section that deals with Taiyang and it is based on *Gui Zhi Tang* (Cinnamon Twig Decoction). Some commentators say it is a modification of *Xiao Jian Zhong Tang* (Minor Construct the Middle Decoction). The formula has been said to be able to 'build the Earth by connecting Fire and Water'.¹¹ This implies that paired herbs in the formula act together in terms of yin/ yang and expansion/ contraction in order to regulate the centre. Gui Zhi (Cinnamoni Ramulus) with its acrid, warm, yang nature, and Bai Shao (Paeoniae Radix Alba) with its sour, cool, yin nature create this dynamic at the relatively superficial level of the wei and ying qi. Two other herbs delicately enhance the digestibility of the formula by supporting the Spleen and Stomach: warm/ acrid Sheng Jiang (Rhizoma Zingiberis Recens) and mild neutral/sweet qi tonic Da Zao (Fructus Jujube). The

addition of Yi Tang (Maltosum) strengthens the ability of this formula to support the centre by nourishing the Spleen/ Stomach, and also alleviates pain. This formula seemed very suitable for David's condition, although I decided to modify it by omitting Yi Tang. This changed the formula to *Gui Zhi Jia Shao Yao Tang* (Cinnamon Twig Decoction plus Peony), which is the same basic formula without Yi Tang but with a larger dose of Bai Shao (Paeoniae Radix Alba) in order to treat spastic pain. This formula warms the yang of the Earth and releases the qi dynamic in the centre. The reason for omitting the Yi Tang was because I judged David's Earth was too sticky and damp to include an additional sticky ingredient such as this. From a more energetic point of view, omitting Yi Tang also derived from a conversation I had about this formula with a colleague¹² who explained to me that 'Yi Tang functions as the "parent" in this formula', meaning that it has a unifying and bonding action on the individual ingredients. In my opinion, David had experienced enough 'parental stickiness', and was ready for something new. The inclusion of Huang Qi in the formula is to strengthen the middle qi and uplift yang. Interestingly, the 'adaptogenic' action ascribed to Huang Qi by modern phytopharmacology fitted well with David's need to adapt to his next life challenge of 'leaving the nest'. My personal experience is that this herb functions very well to support patients who need to adapt to new situations.

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David received this formula without modification for several weeks, during which time his digestive symptoms disappeared completely. At the same time, he also noted that he felt more at ease in the company of other people, and that his self-confidence became more stable. The last time I saw him, a few months after our treatment had concluded, he had a girlfriend for the first time in his life.

The author is a practitioner of Chinese medicine who specializing in gastrointestinal disorders. He is founder and director of TCM in the Gastroenterology Department at one of the leading hospitals in Israel. He engages in treating, teaching and researching an integrative approach to the treatment of complex gastro-intestinal disorders.

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Translated from Hebrew by Osi Geva.

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