

1. Epigastrium
2. Hypochondrium
(or subcostal region)
3. Lower abdomen
4. Sub-umbilical

A sample of abdominal patterns

for Shang Han Lun formulas

The concluding section of an article that began in the previous issue.

by **Michael Max and Steven Clavey**

LIU DU-ZHOU, THE FAMOUS CONTEMPORARY *Shang Han Lun* expert, wrote a short introduction to a book on abdominal diagnosis published in Beijing in 1984:

The way of abdominal diagnosis has its origin in the distant past, recorded in classic texts such as the Huang Di Nei Jing, the Nan Jing, and the Shang Han Za Bing Lun, where the diagnostic technique is described in detail. While it has been passed on to the present through the centuries, since the Tang, Song, Jin and Yuan dynasties its use has diminished in China. However, in Japan the experts in abdominal diagnosis not only have maintained the technique, they have improved the art.

Lower abdomen

Lower abdomen strained, striated and tight (拘急 jū jí)

The *Jin Gui Yao Lue* says “exhaustion from overwork, back pain, lower abdomen tightness, urination is not smooth, *Jīn Guì Shèn Qì Wán* 金櫃腎氣丸 masters the problem”.

The lower abdomen is tight and with a stringy striated feeling, as per **illustration 12**, with a tight pulling feeling in the muscles of the lower abdomen. It is like the diagnosis of “tension in the rectus abdominus”, which relates to contraction of the abdominal skin. As the two cases are very similar, it can be quite difficult to tell them

apart. Although both patterns show the lower abdomen being tight, as one can see in **illustration 12**, the lower abdomen striated and tight pattern involves all the muscles of the rectus abdominus group. While the lower abdominal muscles are tighter, the tightness extends into the muscles of the upper abdomen as well. This is the pattern for which you should use *Jīn Guì Shèn Qì Wán* 金櫃腎氣丸.

Lower abdomen lacking sensation (不仁 bù rén)

Lower abdomen lacking sensation means a portion of the lower abdomen feels numb, weak and without strength. This again is a *Jīn Guì Shèn Qì Wán* 金櫃腎氣丸 presentation. So, the *Jīn Guì Shèn Qì Wán* 金櫃腎氣丸 presentation is represented by **illustration 12**, where the lower abdomen is stiff and tight, as well as for the situation shown in **illustration 13**, where the lower abdomen is relatively soft and without strength.

Also see **illustration 25**, where a centreline pith existing only in the lower abdomen also indicates *Jīn Guì Shèn Qì Wán* 金櫃腎氣丸.

Lower abdomen tight and knotted (急結 jí jié)

The lower abdomen tight and knotted is a pattern of excess heat combined with blood stagnation. It is appropriate to use formulas like *Táo Hé Chéng Qì Tāng* 桃核承氣湯. This kind of abdominal presentation nearly always is as shown in **illustration 14**, appearing on the left side, close to the ileum crease. It is rare for this to show up on the right side. If you use fingers to palpate, when

you use pressure, it will cause immediate pain.

The method for examining a patient for lower abdomen tight and knotted pattern is like this: first, have the patient lie down with legs extended. The examiner then places the first and middle fingers level on the skin, and then with even and level pressure from both fingers palpates the abdominal wall.

Using a rapid motion, rubbing from just beside the navel, down and leftward to the ileum crease will cause intense pain to the patient. This condition is most common in women.

Lower abdominal fullness

Lower abdominal hard fullness

(小腹滿, 小腹硬滿 – *xiǎo fù mǎn*,
xiǎo fù yìng mǎn)

Lower abdominal fullness describes distention in the lower abdomen. Lower abdominal hardness and distention involves both a flexible mass and a feeling of distention. Lower abdominal hardness and distention is considered to be a blood stagnation diagnosis. For this use formulas such as *Dà Huáng Mǔ Dān Pí Tāng* 大黃牡丹皮湯, especially if the mass is tender and in the right lower quadrant; or *Guì Zhī Fú Líng Wán* 桂枝茯苓丸 if the patient has uterine fibroid masses. The latter formula was originally designed for fibroids in pregnancy. See **illustrations 15** and **16**.

Palpitations

(動悸 *dòng jì*)

A feeling of pulsation around the epigastric area, and above or below the navel, are all referred to as abdominal palpitations. Palpitations very low in the abdomen below the umbilicus are known as “between the Kidneys” (腎間動悸 *shèn jiān dòng jì*) palpitations.

In normal healthy people, there is also pulsation in the abdomen, but it is not pronounced, it is quiet and not very apparent. Sometimes noticeable, sometimes not, so sometimes when lightly palpating, there is no obvious feeling of pulsation. All these refer to pulsation in the abdominal area, which is quite obvious, and observable from the outside, or very easily palpated.

This can occur in many different types of presentations. For example, when both yin and yang are deficient, there may be palpitations not only in the epigastric area, but around the heart, coupled with focal distention, irritating sensations of heat in the chest and loss of sensation in the lower abdomen. This is best treated with *Zhì Gān Cǎo Tāng* 炙甘草湯. See **illustration 17**.

Another presentation is palpitations above the umbilicus, together with bitter fullness under the ribs, and generalised abdominal discomfort. The formula *Chái Hú Jia Lóng Gǔ Mǔ Lì Tāng* 柴胡加龍骨牡蠣湯 is best. See **illustration 18**.

Similar to this is the presentation with subcostal

bitter fullness, and palpitations both in the epigastric area and the area just above the umbilicus. This is best treated with *Chái Hú Guì Zhī Gān Jiāng Tāng* 柴胡加桂枝乾姜湯. See **illustration 19**.

Even more complicated is the presentation that involves fluid metabolism disharmony, such as might be seen with a *Wǔ Líng Sǎn* 五苓散 pattern. This has focal distention in the epigastric area, sensations of sloshing fluid just below that, a feeling of fullness in the lower abdomen, and palpitations below the umbilicus. See **illustration 20**. The latter pattern leads into discussion of the following type of presentation, sounds and sensations of fluids moving in the abdomen.

Epigastrium water noises

(心下振水音 *xīn xià zhèn shuǐ yīn*)

Percussive water sounds in the epigastrium; this is when you tap on the epigastrium with the tips of the fingers and can hear the gurgling of fluids. This is what is meant by percussive water noises.

In the *Líng Guì Zhū Gān Tāng* 苓桂朮甘湯 pattern, water and thin mucus accumulate in the epigastric area leading to palpitations and/or dizziness. A very watery tongue is another key sign indicating the use of this formula. See **illustration 21**.

In the *Zhēn Wǔ Tāng* 真武湯 pattern, there is also pathogenic water accumulating in the epigastric area, but the palpitations are also felt here, rather than around the heart area. There is also generalised abdominal distention and discomfort, but the abdomen is rather soft and forceless on pressure. See **illustration 22**.

Exaggerated intestinal movement

(擾動不穩 *rǎo dòng bù wěn*)

This is a *Dà Jiàn Zhōng Tāng* 大建中湯 diagnosis. The abdomen has an inner cold that rushes up to the skin on the surface in periodic attacks that have distinct beginnings and ends. The upper and lower abdomen are so painful that patients cannot tolerate palpation. This, however, points to the abdomen being soft, weak and without power. You can easily see the peristaltic movement through the abdominal wall. This kind of visible movement of the intestines sometimes is accompanied by pain. *Dà Jiàn Zhōng Tāng* 大建中湯 is used for this kind of presentation. *Xiǎo Jiàn Zhōng Tāng* 小建中湯, although most appropriate for treating tightness of the rectus abdominus muscles, may also be successful in some cases with this abdominal presentation. See **illustration 23**.

Centreline pith

(正中芯 *zhèng zhōng xīn*)

What is known as centreline pith is pictured in **illustration 24**. Under the skin and abdominal wall, along the centre line, one can palpate what feels like a pencil-lead-sized line. The examina-

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tion method for determining this condition is as follows:

Use either just the first finger, or both the first and middle fingers together, and palpate along the centre of the abdomen with the fingers at a right angle to the abdomen, by doing so you can discover this hard thin line, which is painless to the patient.

This centre line pith can run from the upper to lower abdomen in a continuous line. There is also a presentation where this line just runs from the navel through to the lower abdomen. For the pattern where the line runs down both upper and lower abdomen, it is appropriate to use formulas such as *Zhēn Wǔ Tāng* 真武湯 and *Xiǎo Jiàn Zhōng Tāng* 小建中湯 (also known as *Rén Shēn Tāng*). See **illustration 24**.

For the pattern where the line runs only down the lower abdomen, *Jīn Guì Shèn Qì Wán* 金櫃腎氣丸 is the appropriate formula.

Navel pain

(臍痛 *qí tòng*)

When abdominal pain is located around the navel, the formula to consider is *Gé Gēn Tāng* 葛根湯. Most often, “navel pain” will be pressure pain around the upper edge of the navel. Even when there is light pressure applied, the patient experiences pain. This kind of patient normally has tight abdominal muscles, and a strong pulse. See **illustration 25**. When patients suffer from sinusitis, conjunctivitis, pain and stiff muscles in the nape of the neck and other conditions in which the use of *Gé Gēn Tāng* 葛根湯 is appropriate, consider checking for this presentation.

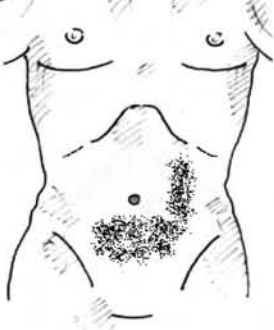
Conclusion

The art of diagnosis in oriental medicine is based on a combination of viewing, listening, asking and palpation. Abdominal diagnosis is an extension of the latter that has

unfortunately fallen rather out of favour in China for many centuries, but is now enjoying somewhat of a resurgence in popularity, and deservedly so. And yet it should not be seen as the ultimate answer, but only as a method of gathering data that will be combined with other data for final deliberation by the practitioner. It should also be borne in mind that those who have contributed to the stream of knowledge in the area of abdominal diagnosis have had different clinical experiences, and that the clinical meaning of an abdominal pattern may be different according to different schools of diagnosis. The information presented here is based on the experience gathered and maintained by the Shang Han Lun school of abdominal diagnosis, and thus best used as reference in comparison to the findings of other schools, such as the Nan Jing school of abdominal diagnosis, until one has amassed enough experience to determine one's own way.

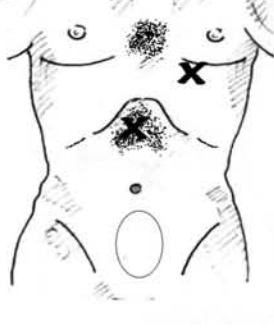
<i>Jīn Guì Shèn Qì Wán</i> (Kidney Qi Pill from the Golden Cabinet)	金櫃腎氣丸	Formula listed below
<i>Bā Wèi Wán</i> (Kidney Qi Pill from the Golden Cabinet)	八味丸	fù zǐ 3g, guì zhī 3g, shú dì huáng 24g, shān zhū yú 12g, shān yào 12g, zé xiè 9g, fú líng 9g, mǔ dān pí 9g
<i>Chái Hú Guì Zhī Gān Jiāng Tāng</i> (Bupleurum, Cinnamon Twig and Ginger Decoction)	柴胡桂枝乾姜湯	chái hú 24g, guì zhī 9g, gān jiāng 6g, tiān huā fěn 12g, huáng qín 9g, mǔ lì 6g, zhì gān cǎo 6g
<i>Chái Hú jiā Lóng Gǔ Mǔ Lì Tāng</i> (Bupleurum plus Dragon Bone and Oyster Shell Decoction)	柴胡加龍骨牡蠣湯	chái hú 12g, huáng qín 4.5g, bàn xià 6-9g, rén shēn 4.5g, shēng jiāng 4.5g, guì zhī 4.5g, fú líng 4.5g, lóng gǔ 4.5g, mǔ lì 4.5g, dà huáng 6g, dà zǎo 6x
<i>Dà Huáng Mǔ Dān Pí Tāng</i> (Rhubarb and Moutan Decoction)	大黃牡丹皮湯	dà huáng 12g, máng xiāo 9g, mǔ dān pí 9g, táo rén 9g, dōng guā rén 15g
<i>Dà Jiàn Zhōng Tāng</i> (Major Construct the Middle Decoction)	大建中湯	chuān jiao 3g, gān jiāng 12g, rén shēn 6g, yí táng 18-30g
<i>Gé Gēn Tāng</i> (Kudzu Decoction)	葛根湯	gé gēn 12g, má huáng 9g, guì zhī 6g, bái sháo 6g, shēng jiāng 9g, dà zǎo 12x, gān cǎo 6g
<i>Guì Zhī Fú Líng Wán</i> (Cinnamon and Poria Pill)	桂枝茯苓丸	guì zhī 9-12g, fú líng 9-12g, bái sháo 9-15g, mǔ dān pí 9-12g, táo rén 9-12g
<i>Líng Guì Zhú Gān Tāng</i> (Poria, Cinnamon Twig, Atractylodes Macrocephala and Licorice Decoction)	苓桂朮甘湯	fú líng 12g, guì zhī 9g, bái zhú 6g, gān cǎo 6g
<i>Rén Shēn Tāng</i> (Minor Construct the Middle Decoction)	人參湯 (aka 理中丸)	gān jiāng 9g, rén shēn 9g, bái zhú 9g, gān cǎo 9g
<i>Táo Hé Chéng Qì Tāng</i> (Peach Pit Decoction to Order the Qi)	桃核承氣湯	táo rén 12-15g, dà huáng 12g, guì zhī 6g, máng xiāo 6g, gān cǎo 6g
<i>Wǔ Líng Sǎn</i> (Five-Ingredient Powder with Poria)	五苓散	zé xiè 5g, zhū líng 3g, fú líng 3g, bái zhú 3g, guì zhī 2g
<i>Xiǎo Jiàn Zhōng Tāng</i> (Minor Construct the Middle Decoction)	小建中湯	yí táng 18g, guì zhī 9g, bái sháo 18g, zhì gān cǎo 6g, shēng jiāng 9g, dà zǎo 12x
<i>Zhēn Wǔ Tāng</i> (True Warrior Decoction)	真武湯	fù zǐ 9g, bái zhú 6g, fú líng 9g, shēng jiāng 9g, bái sháo 9g
<i>Zhì Gān Cǎo Tāng</i> (Honey-fried Licorice Decoction)	炙甘草湯	zhì gān cǎo 12g, rén shēn 6g, guì zhī 9g, shēng dì huáng 24g, mài mén dōng 9g, ē jiāo 6g, hǔ má rén 9g, shēng jiāng 9g, dà zǎo 10x

14 TAO HE CHENG QI TANG



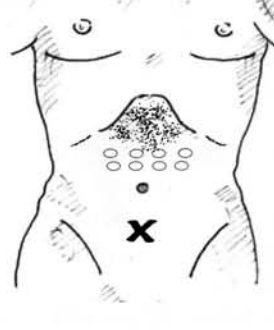
Knotting of the left lower abdomen, extending up to the ribs, with palpable knotted resistance, like a rope, which is painful on sudden pressure.

17 ZHI GAN CAO TANG



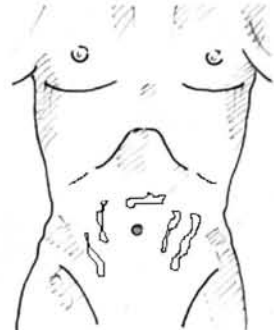
Palpitations in the heart and epigastrum, epigastric focal distention, irritating heat in the chest, lower abdominal loss of sensation.

20 WU LING SAN



Epigastric focal distention, fluid sloshing sensation in upper abdomen, fullness in the lower abdomen, palpitations below the umbilicus.

23 DA JIAN ZHONG TANG



Periodic attacks of abdominal pain coupled with exaggerated movement of the intestines that is visible through the muscle wall.

15 DA HUANG MU DAN PI TANG



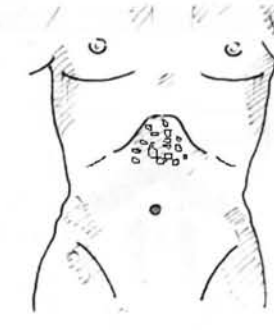
Swellings or lumps next to or below the umbilicus, especially on the right, tender to pressure.

18 CHAI HU jia LONG GU MU LI



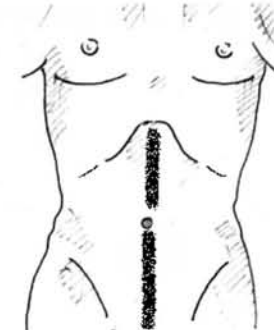
Subcostal bitter fullness, general abdominal discomfort, palpitations above the umbilicus.

21 LING GUI ZHU GAN TANG



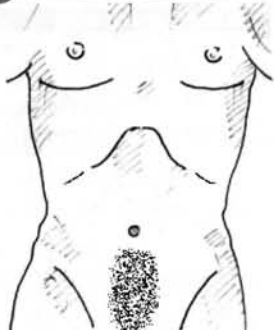
Accumulation of thin mucus and water in the epigastrum, leading to palpitations.

24 ZHEN WU TANG



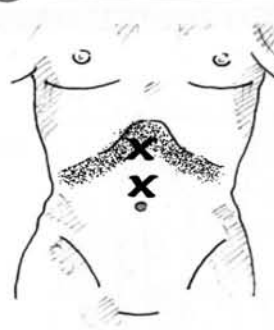
Centreline pith in both the upper and lower abdomen.
Also suitable:
Xiao Jian Zhong Tang
If the centreline pith appears below the umbilicus only:
Ba Wei Shen Qi Tang

16 GUI ZHI FU LING WAN



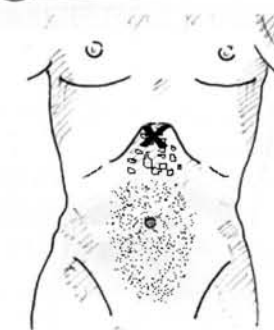
Abdominal masses, such as uterine fibroids.

19 CHAI HU GUI ZHI GAN JIANG



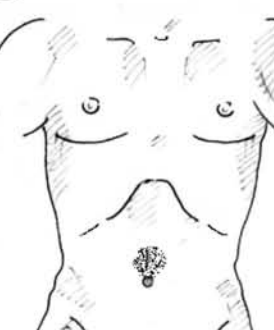
Subcostal bitter fullness, palpitations in the epigastric and supra-umbilical areas.

22 ZHEN WU TANG



Sensations and sounds of fluid below the epigastric area, epigastric palpitations, and general abdominal fullness and distention but softness on palpation.

25 GE GEN TANG



Pain and tenderness just above the umbilicus.

2 BAN XIA XIE XIN TANG



Epigastric hardness

Other suitable formulas may be:

Gan Cao Xie Xin Tang

Sheng Jiang Xie Xin Tang

Ren Shen Tang

... and if the hypochondrium is also sore and distended:

Xiao Chai Hu Tang

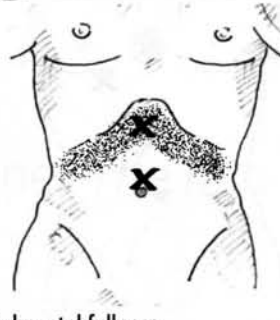
Da Chai Hu Tang

5 DA CHAI HU TANG



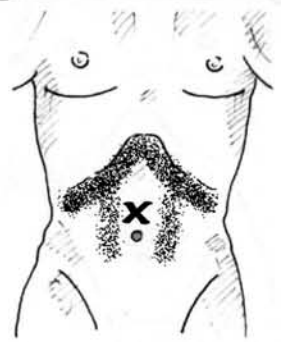
Subcostal sore fullness with constipation.

8 CHAI HU GUI ZHI GAN JIANG



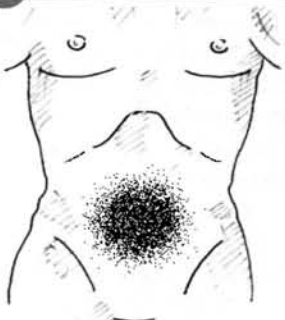
Subcostal fullness
Palpitations in both the epigastric and umbilical areas.

11 SI NI SAN



Tension in the upper abdomen and subcostal area, with palpitations above the umbilicus.

3 DA CHAI HU TANG



Abdominal fullness

Other suitable formulas may be:

Xiao Chai Hu Tang

Fang Feng tong Sheng Tang

... and for deficient type abdominal fullness:

Gui Zhi Shao Yao Tang

Xiao Jian Zhong Tang

Si Ni Tang or *Fen Xiao Tang*

6 CHAI HU GUI ZHI TANG



Subcostal area full and sore;
rectus abdominus stiff and tight.

9 XIAO JIAN ZHONG TANG



Tension in the rectus abdominus muscles.

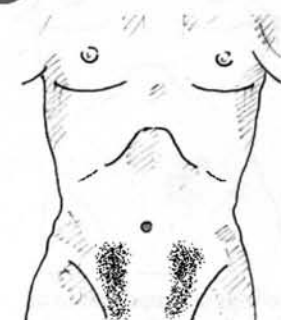
Other suitable formulas may be:

Huang Qi Jian Zhong Tang

Shao Yao Gan Cao Tang

Gui Zhi jia Bai Shao Tang

12 JIN GUI SHEN QI WAN



Pulling tightness of the lower rectus abdominus muscles (especially when coupled with exhaustion, lower back pain and impeded urination)

4 XIAO CHAI HU TANG



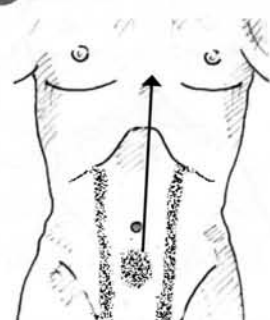
Subcostal fullness and soreness.

7 CHAI HU jia LONG GU MU LI



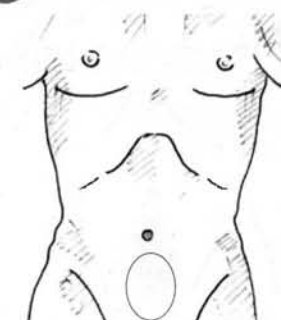
Subcostal fullness, palpitations around umbilicus, general abdominal discomfort.

10 GUI ZHI jia GUI TANG



Tension in rectus abdominus with uprushing of qi.

13 JIN GUI SHEN QI WAN



Lower abdomen lacking sensation, weak and forceless.

■ Detailed indications for presentations 2–11 appeared in the previous issue.