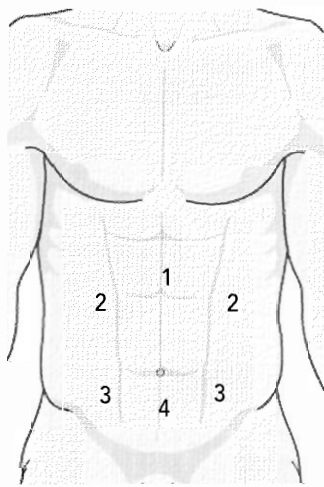


# A sample of abdominal patterns for Shang Han Lun formulas

ILLUSTRATION 1



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

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by Michael Max and Steven Clavey

## Introduction

Abdominal diagnosis is a part of the palpation component of the four diagnostic methods. It helps differentiate deficiency from excess, and assists in determining the direction of treatment. There are a number of different schools of abdominal diagnosis, the two most prominent being the *Nan Jing* school and the *Shang Han Lun* school. That presented here is primarily that of the *Shang Han Lun* (Discussion of Cold Damage) school, in which certain abdominal configurations suggest the use of a particular classical herbal formula.

## A brief history of abdominal diagnosis

References to abdominal palpation can be found in the *Huang Di Nei Jing*, both the *Su Wen* and the *Ling Shu*. For example, in chapter 57 of the *Ling Shu*, Qi Bo replied to the emperor's question about oedematous distention:

*When oedematous distention begins, the patient exhibits slight swelling under the eyes, as if he has just woken up; the pulse at Ren Ying (ST-9) is obvious, and he occasionally coughs. There will also be a feeling of chill along the inner thigh, edema in the lower leg, and distention in the abdomen. When all of these symptoms occur together, oedematous distention has already formed. Use the hand to palpate the abdomen: release of palpation finds the abdominal surface following the hand as it lifts away, just as if one pressed on a water-bag. This is a major symp-*

*tom of oedematous distention (水肿病 shuǐ zhàng bìng).*

The *Nan Jing* (Classic of Difficulties) has more references to abdominal patterns, such as the 8<sup>th</sup>, 16<sup>th</sup> and 66<sup>th</sup> Difficulties, and at least one specific reference to abdominal palpation, for example the 16<sup>th</sup> Difficulty where it is explicitly referred to: "... to the left of the umbilicus is a sensation of moving qi, which if palpated is firm and painful ..."

Also the 55<sup>th</sup> Difficulty has information that can only have been obtained by palpation of the abdomen, such as "it occurs under the left ribs, like an inverted bowl, and has a distinct head and tail (ie. its shape is clearly palpable)."

The books by Zhang Zhong-Jing, the *Shang Han Lun* (Discussion of Cold Disorders) and *Jin Gui Yao Lue* (Golden Cabinet) have many references to abdominal patterns and their specific location. Most importantly, these patterns (such as epigastric focal distention, supra-umbilical palpitations, and so on) are linked to the pulse, the patient's other symptoms, and the mechanism of pathology in such a way as to constitute a complete clinical system.

While abdominal palpation appears to have been a common auxiliary diagnostic technique during and after the Han dynasty, there was no specific textual work devoted to it. During the Song and Yuan dynasties, changing social conventions made abdominal palpation less used, and it gradually dropped out of mainstream medical practice in China.

The preceding Tang dynasty, however, had seen a major transfer of medical technology to Japan, and it was there that abdominal palpation eventually found fertile ground for development. Accord-

ing to Asada Sohaku in his book *Lives of Famous Imperial Physicians*, Takeda Teika (1573–1614) was the first to actively promote abdominal diagnosis. Other authors agree with him, but Otsuka Yoshinori, the author of the original book upon which this article is based, looked deeper, and felt that Asada was mistaken. He found, recorded in the jealously guarded records of the Isai Ryu school of acupuncture, that the acupuncturist Misono Isai of this school, who died in 1616, was truly the forefather of abdominal diagnosis in Japan.

Thus according to Otsuka, abdominal diagnosis in Japan was first employed by acupuncturists, and based on the *Nan Jing* (Classic of Difficulties). This school of thought is somewhat different from the *Shang Han Lun* school, which is herbal based, and mainly promoted by Goto Gonzan (1659–1733). He changed the “four diagnostic methods” to six diagnostic methods by including abdominal palpation and auscultation of the back. His disciple wrote that “Our school considers abdominal palpation an essential part of the Six Diagnosis.”

The two schools were relatively evenly matched in representation, however. Otsuka found 77 texts in Japanese specifically devoted to abdominal diagnosis; 36 in the “*Nan Jing* school”; 36 of the “*Shang Han Lun* school” and five of the “Turn back to China” school. Twenty-eight of these texts are no longer extant, however.

Abdominal diagnosis suffered a major setback, along with the rest of Japanese traditional medicine, during the Meiji period’s love affair with Western medicine, but over the past half-century has recovered somewhat as acupuncture and herbal medicine have been revived in Japan.

### Abdominal diagnosis method

When beginning the process of abdominal diagnosis, you should first loosen and move aside the patient’s clothing. The patient should lay flat on the back with legs extended, arms placed at the side, or comfortably crossed over the chest.

When examining, heavy force should be avoided. If you use force and heavy pressure when examining the abdomen, you will usually get a faulty diagnosis such as finding the area under the ribs is sore and full, or the skin of the abdomen is too tight and inflexible. If you use too much pressure, even the sounds of peristalsis can not be heard.

Therefore, it is best to use the method of first having the patient lay flat, and do a preliminary examination of the abdomen, then have them bend their knees to make the abdomen soft and relaxed, then repeat the process of palpating the abdomen. This reduces the chance of a faulty diagnosis.

When performing abdominal diagnosis, the usual method is for the doctor to stand to the left side of the patient, and use the right hand to

examine the abdomen. Of course, you can also stand to the right side if that is more comfortable for you. For some configurations, such as tightness in the lower abdomen, it is better to stand on the right simply due to the way your hand must move.

Before the abdominal examination the doctor should warm their hands. Cold hands in sudden contact with the patient’s abdomen will cause the abdominal wall to contract and thus interfere with the diagnostic process.

Again, the process of palpation should begin slowly and gently. Overly sudden or hard pressure with the fingertips into the abdomen will often cause the patient to feel ticklish or cause the abdomen to tighten, thereby influencing the outcome of the examination.

Thus when beginning the examination, it’s best to lightly palpate downwards using the palm of the hand, starting from the chest with fingers pointing down toward the abdomen. By doing this you can easily examine the thickness or thinness of the abdominal wall, the degree of the skin’s moisture or dryness, as well as feeling for any pulsation or palpitation or other unusual sensations. Afterwards, all these various minutiae of information will go toward forming your diagnosis.

It is important to clarify whether the patient has recently eaten or has an empty stomach, and whether the urinary bladder is full, and whether they are constipated or not. When examining for tightness in the epigastrium, you especially need to consider whether or not the patient has recently eaten, as part of doing a thorough and cautious examination.

### Abdominal configurations and their clinical significance

Abdominal diagnosis is based on the findings of examining the abdomen. But just how many abdominal patterns are there, and what significance do they have from a clinical point of view? We will now discuss these questions.

Examine the thickness or thinness of the abdominal wall. If it is very thin and with a lack of elasticity, and you can easily roll the skin between your fingers, for the most part these patients are deficient, and the most appropriate formulas would be:

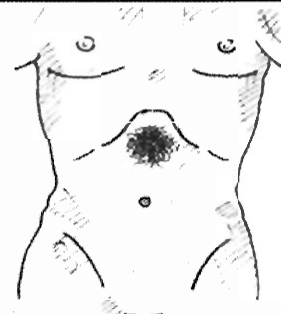
*Xiǎo Jiàn Zhōng Tāng* (小建中湯 Minor Construct the Middle Decoction)

*Rén Shēn Tāng* (人參湯, aka 理中丸, Regulate the Middle Pill)

*Zhēn Wǔ Tāng* (真武湯 True Warrior Decoction)

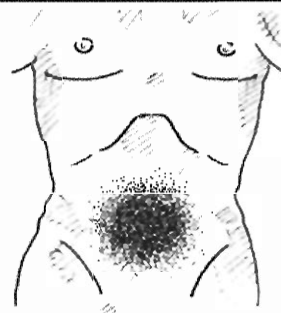
When the abdominal wall feels thick with fat deposits that give the skin a bumpy feeling, along with a feeling of elasticity to the abdomen, this is considered excess, and a formula to eliminate pathogenic influence is appropriate. For example,

ILLUSTRATION 2



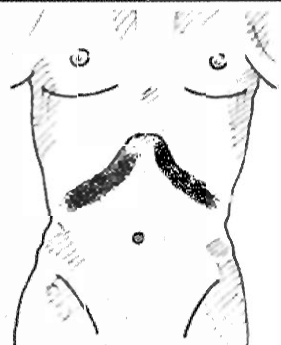
Epigastric hardness

ILLUSTRATION 3



Abdominal fullness

ILLUSTRATION 4



Subcostal fullness and soreness.

ILLUSTRATION 5



Subcostal sore fullness with constipation.

ILLUSTRATION 6



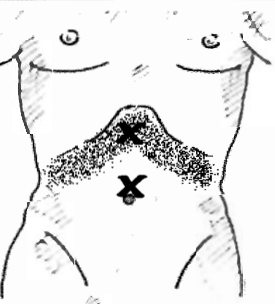
Subcostal area full and sore; rectus abdominus stiff and tight.

ILLUSTRATION 7



Subcostal fullness, palpitations around umbilicus, general abdominal discomfort: Chai Hu jia Long Gu Mu Li Tang

ILLUSTRATION 8



Subcostal fullness  
Palpitations in both the epigastric and umbilical areas.  
Chai Hu Gui Zhi Gan Jiang Tang

if the subcostal region is sore and with a feeling of fullness and distention, one would use *Dà Chái Hú Tāng* (大柴胡湯 Major Bupleurum Decoction).

It should be borne in mind, however, that abdominal palpation is only part of a total diagnosis, and as always the practitioner should consider all the other symptoms, then form a synthesis of these to make a conclusion.

#### Epigastric region: tightness and hardness

The method for examining epigastric tightness is to place the four fingers (excluding the thumb) on the abdomen and use equal pressure on them all to palpate the area. Usually there is a feeling of resistance, but no tenderness.

As pictured in **illustration one**, the epigastrium is in the upper abdomen located under the sternal process. When there is a subjective feeling of fullness with no pain, this is called focal distention (心下痞 *xīn xià pǐ*)<sup>1</sup>.

When the epigastrium has both focal distention and an excessive resistance to palpation, this is called focal distention with hardness (心下痞硬 *xīn xià pǐ yìng*).<sup>2</sup> See **illustration two**.

When the palpation shows tightness (硬 *yìng*) in the epigastrium, formulas such as the following are appropriate:

*Bàn Xià Xiè Xīn Tāng* (半夏瀉心湯 Pinellia Decoction to Drain the Epigastrium)

*Gān Cǎo Xiè Xīn Tāng* (甘草瀉心湯 Licorice Decoction to Drain the Epigastrium)

*Shēng Jiāng Xiè Xīn Tāng* (生姜瀉心湯 Fresh Ginger Decoction to Drain the Epigastrium)

*Rén Shēn Tāng* (人參湯, aka 理中丸 Regulate the Middle Pill)

Also, there may be simultaneously tightness in the epigastrium while the hypochondria is also sore and distended. The following formulas can be considered:

*Xiǎo Chái Hú Tāng* (小柴胡湯 Minor Bupleurum Decoction)

*Dà Chái Hú Tāng* (大柴胡湯 Major Bupleurum Decoction)

Furthermore there is a pattern that feels similar to epigastric tightness, but actually requires quite a different treatment. This is called epigastric hardness. The difference is that epigastric tightness has a tight feeling of elastic resistance to palpation, whereas epigastric hardness (堅硬 *jiān yìng*) is like feeling a wooden board, and lacks that elastic feeling. For this kind of abdominal presentation, use *Mù Fāng Jǐ Tāng* (木方己湯, Cocculus Decoction).

Another pattern could be confused with the foregoing two, but again is quite different, and is often seen in patients who should be taking Rehmannia type decoctions. In this pattern, the area extending from the epigastrium to the lower abdomen will have the same level of elasticity, but in

shape resembles the abdomen of a lion. The upper portion of the abdomen is distended and as you move downward, it gradually becomes sunken. This is usually seen in patients that should be taking *Bā Wèi Wán* (八味丸 Kidney Qi Pill from the Golden Cabinet) or *Zī Shèn Míng Mù Tāng* (滋腎明目湯, Enrich the Kidneys and Brighten the Eyes Decoction).

When examining for epigastric tightness, do not neglect to ask the patients whether they themselves noticed sensations of blockage or obstruction in the pit of the stomach. Furthermore, many middle aged or older women who are overweight may have this presentation, but it may be missed because there is a heavy layer of fat between the skin and abdominal wall, and it is easy to think that abdominal wall is soft and without any elasticity. Checking at a deeper level however, you can palpate a layer that has resistance, and this is the epigastric tightness. Again, if a patient has epigastric tightness, it will be more obvious after eating. Indeed, in some it only appears after eating.

#### Abdominal fullness

Abdominal fullness is when the entire abdomen is distended and full. See **illustration three**. There are both deficiency and excess presentations.

When the abdomen is full and distended, and has an elastic quality on palpation, the pulse is deep and strong, with a tendency to constipation, this is an excess condition. Appropriate formulas for this pattern include:

*Dà Chái Hú Tāng* (大柴胡湯 Major Bupleurum Decoction)

*Xiǎo Chái Hú Tāng* (小柴胡湯 Minor Bupleurum Decoction)

*Fáng Fēng Tōng Shèng Tāng* (防風通聖湯 Ledebouria Decoction that Sagely Unblocks)

When, however, the abdomen is full and distended, but soft and weak without a feeling of strength, the pulse minute and weak, or deep and weak, this is a deficient condition. (Note that patients with ascites and patients with peritonitis will generally have this type of deficient presentation).

For the deficient type of abdominal fullness, the appropriate formulas to use would be:

*Guì Zhī Sháo Yào Tāng* (桂枝芍藥湯 Cinnamon Twig Decoction plus Peony)

*Xiǎo Jiàn Zhōng Tāng* (小建中湯 Minor Construct the Middle Decoction)

*Sì Nì Tāng* (四逆湯, Frigid Extremities Decoction)

*Fēn Xiāo Tāng* (分消湯 Separate and Reduce Decoction).

#### Subcostal area fullness and soreness

For subcostal fullness and soreness, it is appropriate to use *Chái Hú* 柴胡 type formulas.

This is a subjective feeling of fullness and sore-

ness. When performing the abdominal examination of this area, the doctor should use the thumb and gently press in and upward under the thoracic cavity and into the costal region. If when doing so the patient experiences a full and sore feeling, there will likely be a feeling of resistance to the thumb, and the patient may also experience difficulty with breathing.

This level of feeling of resistance and soreness is a reflection of the level of stagnation in the area.

Fullness and soreness under the ribs can be bilateral, or may appear only on the right, but absent on the left. Also, the converse is true, but generally it appears more on the right side.

When there is enlargement of the liver, or gallbladder inflammation, this is usually a predominant symptom. The presence of the symptom, however, does not of course guarantee that either of these conditions exist.

Patients with fullness and soreness under the ribs, as pictured in **illustration four**, are best treated with *Xiǎo Chái Hú Tāng* (小柴胡湯, Minor Bupleurum Decoction). When constipation is involved, and the subcostal soreness and fullness is worse, as pictured in **illustration five**, then the appropriate formula in this case is *Dà Chái Hú Tāng* (大柴胡湯, Major Bupleurum Decoction).

Another pattern is pictured in **illustration six**. In this the area under the ribs is full and sore, but there is also some tightness in the rectus abdominus muscles, which run along the Stomach channel. For this abdominal presentation it is appropriate to use *Chái Hú Guì Zhī Tāng* (柴胡桂枝湯, Bupleurum and Cinnamon Twig Decoction).

When there is an even greater degree of fullness and soreness under the ribs, along with marked pulsing palpitations in the navel area, this situation is appropriate to treat with either:

*Chái Hú Jiā Lóng Gǔ Mǔ Lì Tāng* (柴胡加龍骨牡蠣湯 Bupleurum plus Dragonbone and Oyster Shell Decoction), or

*Chái Hú Guì Zhī Gān Jiāng Tāng* (柴胡桂枝乾姜湯, Bupleurum, Cinnamon Twig and Ginger Decoction).

The difference is that the pattern applying to the former decoction will also have a general feeling of discomfort throughout the abdomen, while in the latter, there will not be this general discomfort, but rather palpitations around both the epigastrium and umbilicus. See **illustrations seven and eight**.

#### 'Contraction of abdominal skin'

(腹皮拘急), tension in rectus abdominus

What ancient people called contraction of the abdominal skin (*fù pí jū jí*) is now referred to as tension in the rectus abdominus muscles; this is similar to tenesmus.

Rectus abdominus muscle tightness can be bi-

lateral, unilateral, or bilateral with different degrees of tension in either side. Furthermore, there are cases of mixed tightness and softness where, upper abdomen is tight, but lower abdomen is soft, or vice-versa.

As per **illustration nine** of rectus abdominus muscle tightness, it is appropriate to use formulas such as:

*Xiǎo Jiàn Zhōng Tāng* (小建中湯 Minor Construct the Middle Decoction)

*Huáng Qí Jiàn Zhōng Tāng* (黃耆建中湯, Construct the Middle Decoction with Astragalus)

*Sháo Yào Gān Cǎo Tāng* (芍藥甘草湯, Peony and Licorice Decoction)

*Guì Zhī Jiā Bái Shāo Tāng* (桂枝加白芍湯, Cinnamon Twig Decoction Plus Peony)

When the rectus abdominus are tense, and there is also a sensation of something ascending or rushing upward, as in **illustration 10**, this is running piglet, and *Guì Zhī Jiā Guì Tāng* (桂枝加桂湯, Cinnamon Twig Decoction with Extra Cinnamon) is the classical formula.

Also, as per **illustration 11**, when just the upper abdomen is tight, but there is also subcostal fullness and soreness, and supra-umbilical palpitations, it is appropriate to use *Sì Nì Sǎn* (四逆散, Frigid Extremities Powder).

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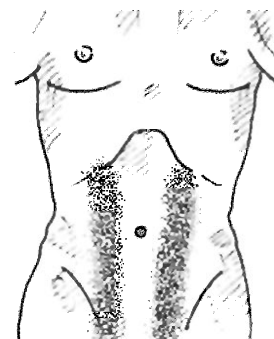
With thanks to Takako Tomoda & Brian May for help with transliteration!

#### Endnotes

1. 心下痞 *xīn xià pǐ*. According to the *Guangxi Medical Graduate School Dictionary of Chinese Medicine*, this term comes from the Tai Yang section of the *Shang Han Lun* (Discussion of Cold Disorders), and indicates a subjective feeling of epigastric fullness and stuffiness that when palpated feels soft and without a sense of pain to the patient.

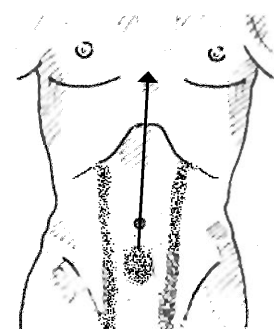
2. 心下痞硬 *xīn xià pǐ yìng*. According to the *Guangxi Medical Graduate School Dictionary of Chinese Medicine*, this term comes from the *Shang Han Lun* section on Tai Yang channel illness, and indicates a sensation that the epigastrium is completely congested, stuffy and uncomfortable. The practitioner can also palpate something that feels hard and full. In most cases this is due to a weakness of the Stomach qi; the pathogenic qi rebels upwards and stagnates. The way to treat is by supporting the Stomach qi and attacking the pathogen.

ILLUSTRATION 9



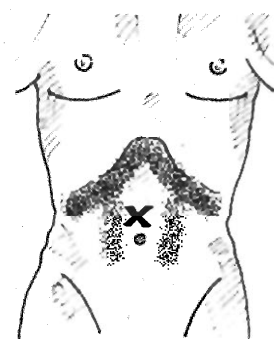
Tension in the rectus abdominus muscles.

ILLUSTRATION 10



Tension in rectus abdominus with uprushing of qi – Gui Zhi Jia Gui Tang.

ILLUSTRATION 11



Tension in the upper abdomen and subcostal area, with palpitations above the umbilicus – Si Ni San.

■ The second half of this article will appear in the next issue of The Lantern!

## Formulas referred to in this article

<i>Bā Wèi Shèn Qì Wán</i> aka <i>Bā Wèi Wán</i> (Kidney Qi Pill from the Golden Cabinet)	八味腎氣丸 aka 八味丸	fù zǐ, guì zhī, shù dì huáng, shān zhū yú, shān yào, zé xiè, fú líng, mǔ dān pí
<i>Bàn Xià Xiè Xīn Tāng</i> (Pinellia Decoction to Drain the Epigastrium)	半夏瀉心湯	bàn xià 9, gān jiāng 9, huáng qín 9, huáng lián 3, dà zǎo 12 rén shēn 9, zhì gān cǎo 9
<i>Chái Hú Guì Zhī Tāng</i> (Bupleurum and Cinnamon Twig Decoction)	柴胡桂枝湯	chái hú, huáng qín, shēng jiāng, bàn xià, dǎng shēn, guì zhī, bái sháo, gān cǎo
<i>Chái Hú Guì Zhī Gān Jiāng Tāng</i> (Bupleurum, Cinnamon Twig and Ginger Decoction)	柴胡桂枝乾姜湯	chái hú 24, guì zhī 9, gān jiāng 6, tiān huā fěn 12, huáng qín 9, mù lì 6, zhì gān cǎo 6
<i>Chái Hú jiā Lóng Gǔ Mǔ Lì Tāng</i> (Bupleurum plus Dragonbone and Oyster Shell Decoction)	柴胡加龍骨牡蠣湯	chái hú 12, huáng qín 4.5, bān xià 6-9, rén shēn 4.5, shēng jiāng, 4.5, guì zhī 4.5, fú líng 4.5, lóng gǔ 4.5, mǔ lì 4.5, dā huáng 6, dà zǎo 6x
<i>Dà Chái Hú Tāng</i> (Major Bupleurum Decoction)	大柴胡湯	chái hú 24, huáng qín 9, zhī shí 6-9, dà huáng 6, bái sháo 9, bàn xià 24, shēng jiāng 15, dà zǎo 12x
<i>Dà Chéng Qì Tāng</i> (Major Order the Qi Decoction)	大承氣湯	dà huáng 12, máng xiǎo 9-12, hòu pò 24, zhī shí 12-15
<i>Fáng Fēng Tōng Shèng Tāng</i> (Ledebouriella Decoction that Sagely Unblocks)	防風通聖湯	fáng fēng 15, jīng jiè 15, lián qiáo 15, má huáng 15, bò hé, chuān xiōng 15, dǎng guī 15, bái sháo 15, bái zhú 15, zhī zi 15 dà huáng 15, máng xiǎo 15 huáng qín 30, shí gāo 30, jie gēng 30, gān cǎo 60, huá shí 90, shēng jiāng, cōng bái
<i>Fēn Xiǎo Tāng</i> (Separate and Reduce Decoction)	分清湯	cāng zhú, hòu pò, chén pí, bái zhú, fú líng, zhū líng, zé xiè, zhī shí, xiāng fù, dà fù pí, shā rén
<i>Gān Cǎo Xiè Xīn Tāng</i> (Licorice Decoction to Drain the Epigastrium)	甘草瀉心湯	zhì gān cǎo, huáng qín, gān jiāng, bàn xià, dà zǎo, huáng lián
<i>Guì Zhī jiā Bái Sháo Tāng</i> (Cinnamon Twig Decoction plus Peony)	桂枝加白芍湯	guì zhī 9, bai shao 18, sheng jiang 9, gan cao 6, da zao 12x
<i>Guì Zhī jiā Guì Tāng</i> (Cinnamon Twig Decoction with Extra Cinnamon)	桂枝加桂湯	guì zhī 15, bai shao 9, sheng jiang 9, gan cao 6, da zao 12x
<i>Huáng Qí Jiàn Zhōng Tāng</i> (Construct the Middle Decoction with Astragalus)	黃耆建中湯	huáng qí, bái sháo, guì zhī, zhì gān cǎo, shēng jiāng, dà zǎo, yí tang
<i>Liu Jūn Zǐ Tāng</i> (Six-Gentlemen Decoction)	六君子湯	rén shēn 3-9, bái zhú 6-9, fú líng 6-9, gān cǎo 3-6, bàn xià, chén pí
<i>Mù Fāng Jǐ Tāng</i> (Cocculus Decoction)	木方己湯	mù fāng jǐ, shí gāo, guì zhī, shā rén,
<i>Rén Shēn Tāng</i> (Minor Construct the Middle Decoction)	人參湯 (aka 理中丸)	gān jiāng 9, rén shēn 9, bái zhú 9, gān cǎo 9
<i>Sháo Yào Gān Cǎo Tāng</i> (Peony and Licorice Dec.)	芍藥甘草湯	gān cǎo 12, bái sháo 12
<i>Shēng Jiāng Xiè Xīn Tāng</i> (Fresh Ginger Decoction to Drain the Epigastrium)	生姜瀉心湯	sheng jiang 12, zhì gān cǎo 9, rén shēn 9, gān jiāng 3, huáng qín 9, bàn xià 9, huáng lián 3
<i>Sì Jūn Zǐ Tāng</i> (Four Gentlemen Decoction)	四君子湯	rén shēn 3-9, bái zhú 6-9, fú líng 6-9, gān cǎo 3-6
<i>Sì Nì Sǎn</i> (Frigid Extremities Powder)	四逆散	chái hú, bái sháo, zhī shí, gān cǎo
<i>Sì Nì Tāng</i> (Frigid Extremities Decoction)	四逆湯	gān cǎo, gan jiang, fù zǐ
<i>Xiǎo Chái Hú Tāng</i> (Minor Bupleurum Decoction)	小柴胡湯	chái hú 24, huáng qín 9, bàn xià 24, shēng jiāng 9, dǎng shēn 9, gān cǎo 9, dà zǎo 12x
<i>Xiǎo Chéng Qì Tāng</i> (Minor Order the Qi Decoction)	小承氣湯	dà huáng 12, hòu pò 6, zhī shí 6-9
<i>Xiǎo Jiàn Zhōng Tāng</i> (Minor Construct the Middle Decoction)	小建中湯	yí tang 18, guì zhī 9, bái sháo 18, zhì gān cǎo 6, shēng jiāng 9, dà zǎo 12
<i>Zhēn Wǔ Tāng</i> (True Warrior Decoction)	真武湯	fù zǐ 9, bái zhú 6, fú líng 9 shēng jiāng 9, bái sháo 9
<i>Zī Shèn Míng Mù Tāng</i> (Enrich the Kidneys and Brighten the Eyes Decoction)	滋腎明目湯	dǎng guī, bái sháo, chuān xiōng, jū huá, gān cǎo, huáng lián, bái zhī, xì chá, jié gēng, rén shēn, zhī zi, dēng xīn cǎo, shēng dì huáng, shù dì huáng, màn jīng zǐ