

HOW TO IMPROVE A CHM PRACTICE

Lessons from some gynaecology cases



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INTRODUCTION

I have been practising Chinese medicine for about fifteen years, first acupuncture and then for eleven years Chinese herbal medicine. When I was asked to give a talk to the RCHM conference, to begin with I thought it was too soon for me to lecture, because this is such a complex system of medicine which takes years to understand, and I feel I am still only in the early stages of a practitioner's journey. However my clinical practice is increasing all the time, and becoming very effective, so I decided to share some reflections of what I have learned along the way.

Over the last five years I have realised that there were two important factors in my practice where I have learned a lot: one is going back to basics, to work hard at getting a very clear diagnosis in order to write effective formulas; the second is how to speak to patients about what we are trying to achieve.

I did a three-year training in acupuncture and then another five-year degree course in Chinese Medicine, the latter with a large emphasis on herbal medicine. Here is an example of how challenging Chinese medicine can be: after seven years of study I was in Chinese hospitals for six months as part of my final year clinical practice, covering internal medicine – cardiovascular, respiratory, gastrointestinal and neurological medicine, as well as gynaecology, paediatrics, external medicine and dermatology, it was all quite intensive. On the first day the doctor took us to the cardiovascular ward to see a patient with a history of myocardial infarction and heart failure, and said to us after the consultation: 'Now you go away and we'll meet up in 15 minutes to discuss your diagnosis and treatment suggestions.' I then realised that I still, after all these years of studying,

had no starting point for how to diagnose this severely ill patient. The doctor saw that we struggled to even diagnose correctly and write a prescription, for example we could not list the correct disease diagnosis, the pattern or the formula, we merely had a random list of herbs to show him. I think he was quite shocked. For example we were not able to distinguish clearly between different herbs in the same herb category, for example the use of different blood stagnation herbs for different clinical situations and patterns or associated symptoms. I spent every evening in Beijing reviewing the diagnostic system and the materia medica and formulary, and by the end of the clinical practice there I felt like I had understood Chinese medicine so much better. Once graduated I was ready for clinical practice, but still it was a challenge to get the diagnosis and treatment right for patients.

The main thing I have learned over the past five years is the importance of housebuilding. When you construct a house, you need to have a good structural building plan, gather materials, lay a foundation. Then you start building and you will have a house with a really solid construction and you can have confidence living in it. You can trust it and your guests will trust it.

PATTERNS AND DISEASES

In a similar way in Chinese Medicine we need to gather materials, do a diagnosis and write our formula. When we gather information we should purposefully ask the patient questions relating to a pattern that we already have in the mind, to check if this pattern is correct (though at the end we may have a number of

patterns). At this point it is very tempting to say: 'OK I've got a pattern, I'll write a formula.' But if I now sit down to write a formula, it will not work, I can't quite do it, because I cannot do it without a disease diagnosis. Disease diagnosis is the most important aspect that I have learned to never ever forget in clinical practice. And here is the concerning thing, which I only realised when preparing for this talk: many practitioners do not know what a disease diagnosis is. Somehow it got lost in the west, or at least here in England, perhaps 20 or 30 years ago, when there was so much excitement about Chinese Medicine as a system that focused on patterns and underlying imbalances, not diseases or symptoms.

But in clinical practice this is not good enough. Take for example a patient who comes with endometriosis. You take a history and two patterns of imbalance crystallise: qi stagnation and blood stagnation. You want to go ahead and write a formula, but now you need to ask: what are the key symptoms? In the last two weeks I have seen perhaps six endometriosis cases, but they all had different symptoms. One came with painful periods, in another case the main problem was intermenstrual bleeding, in another severe pre-menstrual symptoms with a lot of bloating and a short cycle. I might simply treat the imbalance and hope that the symptoms get better, but this approach is too generalized. All the above patients had a similar underlying pathology, blood stagnation, but they all needed very different blood stagnation medicines because of their different manifestations.

The pattern that we diagnose concerns an imbalance and the disease we diagnose concerns symptoms, and in clinical practice we cannot be effective unless we take both into account. We need first to decide on a disease diagnosis, then do the pattern differentiation, then a treatment principle, then a formula. This is the equivalent of building a house with a proper foundation.

The strange thing is that many of our books on internal medicine and gynaecology are in fact classified by disease diagnosis, for example 'short cycle', and we are all aware of it, but we rarely use it in clinical practice. But we must: we must look at our patients and say to ourselves: yes this is 'infertility' the patient is coming for, but it is also 'short cycle' and 'scanty menstruation'; we need to treat all those, and our formulas need to be based on these main symptoms as well as on the underlying reasons why they are there.

PATIENT TALK

After deciding how I am going to treat the case I do what I call the patient talk, which is very much informed by the disease diagnosis. Patients can understand the 'normal' language of disease diagnosis much better than the unusual language of pattern diagnosis. We can say: with your endometriosis you have a short cycle, very heavy bleeding, and pain. This is what we need to change: to make your cycle longer, stop the pain, stop the nine-day periods with flooding. This the patient can understand because it gives very clear treatment goals, but if we say to patients that we need to move the qi and the blood, very often we will lose them.

In the following case studies I want to show how I work with patients, how I apply disease and pattern diagnosis and how I talk the patient through the treatment I am suggesting.

Case study 1: Pelvic pain and Endometriosis

I saw this patient quite a few years ago and she was my wake up call for understanding how clear we need to be with our diagnosis and prescription to get a satisfactory result.

The patient was 39 when she came to see me. She suffered with severe pelvic pain which had been getting worse over a period of ten years. Two years before her first visit she had a laparoscopy, and was diagnosed with severe, Grade IV endometriosis. Six months later her pain levels were no better, indeed worse. Her consultant now suggested another laparoscopy, but she didn't want another one because she could see it that it didn't work for her. She was not on cyclic suppression because she wanted, possibly, to conceive.

Main symptoms

Continuous severe pelvic pain/ lower abdominal pain (9/10), slightly better after her period, intensifying at ovulation (severe pin-point pain on her left ovary), and getting worse before her period (but no back or leg pain, no painful intercourse). She was taking codeine which made her sleepy; she found it hard to focus on her work.

Cycles: 35 days with up to nine days of bleeding (5-9 days). She had clotty menstrual blood which started bright red then dark, with increased clots up to the size of a 2p coin. Thick, sticky texture.

Premenstrual symptoms: very emotional but no abdominal distension/ breast fullness.

Sleep mainly good although feeling hot can wake her. No constipation, no thirst. Appetite good.

Feeling depressed and hopeless because of the severe endometriosis.

Prescription

yan hu suo 15
san leng 9
e zhu 9
tao ren 9
hong hua 9
dang gui wei 12
chuan xiong 9
chi shao 12
mu dan pi 9
sheng di 15
dan shen 12
gan cao 6

This formula (daily dose of boiled up herbs) contained Qi and Blood stagnation herbs to relieve the pain, including a few which were cooling. The patient also came every week for acupuncture, but after six weeks she had no improvement. I would normally expect some sign of improvement after two weeks, some change in symptoms between periods, so this was frustrating. At the sixth session she came in and started taking all her clothes off (it was February), she was so hot, and drinking ice cold water from reception, and saying that she always has this intense heat in her body. Sometimes when she wakes at night she has to put her feet in an ice cold bucket, she has a fan all day on her desk, feels like she has a constant fever. Then I thought again and realised that I had got her prescription wrong. I had seen that there was heat, but not to that extent. In western medicine I'm pretty sure there would have been an auto-immune involvement. So I learned that I needed to focus my formula much more on fire-toxin and blood heat, though still dealing with her abdominal pain.

When I looked at my formula, something that one of the gynaecologists in Beijing had said to me many years before came into my mind: 'Why do that, using dang gui in a warm condition? You don't use dang gui if there is blood heat, dang gui is far too warming!'. Not only had I chosen dang gui, I had also chosen four other warm blood-moving herbs (chuan xiong, e zhu, yan hu suo, hong hua), and not enough cooling ones to possibly balance the warming effect of the formula. I had tried to balance it but the formula was not cooling enough for her, so we had no chance in clearing blood heat and thus helping the Blood stasis and her pain.

New diagnosis and prescription

I added 'low grade fever' to my disease diagnosis, and modified the pattern diagnosis to Qi and Blood stasis due to Blood heat and Fire-Toxin (shi condition only).

The treatment principle was to relieve lower abdominal pain, activate qi and blood, clear blood heat and fire toxin, and to select cool acrid herbs to move blood, NOT warm acrid herbs.

Prescription

dan shen 12
chi shao 9
mu dan pi 9
san leng 9
e zhu 9
sheng di 15
yan hu suo 18
chuan lian zi 6
hong teng 15
bai jiang cao 18
lu lu tong 12
zao jiao ci 9
xia ku cao 15
gan cao 6

The prescription was now predominantly cold and cooling, though a couple of warm herbs were still included which I chose for their pain relieving action (e zhu, yan hu suo) and action on ovarian cysts (zao jiao ci). After three weeks the patient was pain free, felt better than she had for three years, and continued to improve over a period of six months. After that the situation became more complicated when she went travelling. I will return to this case later, but first I would like to discuss some other cases in order to highlight the importance of disease diagnosis and how to talk to patients.

Case study 2: Functional Uterine Bleeding

The second case is a 64 year old woman on HRT, taking monthly dosages of oestrogen and progesterone, mimicking the menstrual cycle, with withdrawal bleed every 28 days. Three months before, she had a steroid injection for a severe musculoskeletal pain, and after the injection she began to have continuous uterine bleeding. While she was in the oestrogenic phase of the medication she was more or less OK, but her bleeding/spotting was starting earlier and earlier. She used to get a menstrual bleed every 25-28 days, but it was now, on the day of the first consultation, down to starting on day 14 of her cycle, meaning that the progesterone wasn't doing anything to hold the endometrial lining. Otherwise she was well, though she had some anxiety and neck and shoulder tension from a transatlantic flight. Her pulse was wiry/thread/rapid.

Her gynaecologist had said that the steroid injection had damaged the oestrogen and progesterone receptors in her uterus, making her less receptive to medicated oestrogen and progesterone, hence the functional uterine bleeding. He tried increasing the dosages but it didn't work, so she telephoned me to see if I could help. I could not quite make sense of the biomedical reasoning and I wasn't sure if Chinese medicine could help if indeed receptors had been damaged, so I said I had to see her and examine her in order to say more. As soon as I saw her tongue I knew I could help her: it was red with a yellow coat, indicating blood heat unsettling the uterus and Chong Mai (with slightly less coat on side, indicating yin deficiency), which is a relatively easy pathology to treat with Chinese Medicine.

Disease differentiation: abnormal uterine bleeding, short cycle.

Pattern differentiation: Blood heat, Kidney and Liver Yin deficiency heat.

Treatment principle: Clear heat, nourish yin to consolidate the chong mai, stop uterine bleeding.

I used stop bleeding and astringent herbs (I would like to have used mu li to stop bleeding), with some blood heat herbs and yin support to treat the underlying imbalance.

Prescription

sheng di 15
di gu pi 12
xuan shen 12
wu wei zi 9
han lian cao 12
chi shao 9
mu dan pi 9
zhi zi 9
huang qin 9
qian cao gen 12
chao di yu 9
(mu li 24)
xu duan 12
gan cao 6

Patient talk

I talked her through the case, explaining that the steroid injection had introduced an element of heat into her body, it was like tipping some kindling on a fire. (For example after steroids many patients can't sleep very well and are very hungry). I told her that Chinese medicine could treat this condition very well. I said: 'I would like you to take the herbs starting now, until you

are on day 28 of your cycle, then stop, have your normal bleed, and start again on day 4, for another cycle.' I also gave her a diet sheet listing foods and drinks that introduce more heat and suggested staying away from those while on the treatment until she was better again.

A slight complication was that she was living abroad, and she wanted to take enough medicine to make sure she wasn't spotting. So I gave her medicine for three months, saying that she should always have a break at period time then go back on the formula. I asked her to let me know how she was getting on, and after three months we would decide what to do. After two and a half weeks I spoke to her and she was absolutely delighted. The cramping and bleeding had stopped the day after she started the herbs, and she had no spotting until day 26.

All in all this patient was on more or less the same prescription for three months; then I saw her again. We slowly shifted the emphasis to an adaptation of Zhi bai di huang wan. She took herbs all in all for five months and is now well again.

Case study 3: Endometriosis, Infertility & PMS

This is the case of a 31 year old woman, one of those patients, not very committed initially, who had heard that acupuncture was good for calming anxiety and helping with fertility. She was happy to have some acupuncture, but was quite reserved. She had a laparoscopy two weeks before, and was still sore from the surgery. She was tired and depressed. She said that they found mild endometriosis, but that all was well now and she was trying to conceive, she had been trying for a year previously. She mainly reported abdominal cramping in her luteal phase. I took notes and not much was standing out in the way of symptoms, so I thought yes, this is an easy case, which could be treated with just acupuncture.

She was at the beginning of her cycle when she came, and I asked her to do a temperature chart. On her third visit I saw that her temperature after her period (follicular phase) was 36.7. This was far too high and gave me an indication that all was not so well, so I asked her to give me the laparoscopy and scan reports. After studying these at home I realised that the case was far more complicated than I first thought. The reports showed: an endometrioma on the right ovary had been removed, and she had adhesions on the right fallopian tube which had twisted it though it remained open. Most striking was that she had severe adenomyosis,

her uterus was very bulky and distorted, but the patient did not know about that and she did not have the pain characteristic of adenomyosis. However this told me that something serious was going on. I also noted that she had an antral follicle count of 24, whilst her FSH was 5 and LH 6.7, so the FSH/ LH ratio wasn't right. Her progesterone test was 37 on day 21. She also had acne. Her main clinical symptom now was bad abdominal cramping in the second phase of the cycle. Her tongue was slightly red, with red tip, reduced tongue coat; pulse was wiry/deficient.

Patient talk

I wrote down for the patient what I thought was going on, especially because her husband is a GP and I wanted her to go home and discuss it with him. I said: because of adhesions and endometrioma and adenomyosis, I think you have moderate, grade III endometriosis; also I think you have polycystic ovaries: an antral follicle count of 24 is good in fertility terms, but it is very high, indicative of PCO; the FSH /LH ratio wasn't right, and she also had acne, possibly indicating PCOS. So I asked her to do a testosterone test. I also said that I thought she had a luteal phase defect, because of the association between her premenstrual cramping and low progesterone levels. In fact I saw her yesterday, and from the temperature chart her luteal phase had collapsed on day 21: it had reduced to 35.5, the biggest decline I have seen.

I said: this is how I would like to treat you: I would like to give you herbs, with three different herbal prescriptions for three different purposes. We will try to prevent the endometriosis from recurring, though endometriosis wants to come back and can be very difficult to treat. We will try to make sure that the adenomyosis doesn't get worse and cause pain. So we need to monitor your pain levels carefully as pain levels usually indicate that the endometriosis wants to come back. I also said: we need to prioritise your fertility window, to strengthen your luteal phase, stimulate a good ovulation. The aim would be to have no more symptoms in the luteal phase, no more abdominal cramping, with high progesterone levels and a bi-phasic temperature chart. She was very happy to go ahead and have some herbs. This is what I wrote out for her:

Summary assessment

- Moderate (grade III) endometriosis, as adhesions and endometrioma
- Adenomyosis
- Suspected polycystic ovaries (increased amount of AFC, FSH/ LH ratio, acne), but check testosterone levels

- Luteal phase defect

Treatment priorities

- Keep endometriosis from recurring; monitor pain.
- Prevent worsening of adenomyosis.
- Prioritise fertility window by enhancing hormone function, aiming for good luteal phase, smooth endometrial lining, improved ovulation.

Measurement of improvement

- Symptom free luteal phase: no abdominal/ back cramping, higher progesterone levels.
- Biphasic BBT
- No recurring pain.

Disease diagnosis: Dysmenorrhea, lower abdominal pain, PMS, anxiety/ stress, endometriosis, adenomyosis, polycystic ovaries, luteal phase defect.

Pattern differentiation: Liver qi and Blood stasis/heat, going into kidney yin deficiency, spleen qi deficiency.

Treatment principles: depending on stage of cycle (see below)

(1) Period formula: nourish and move blood, help discharge all old blood, reduce BBT.

dang gui wei 12
shu di 9
chuan xiong 9
huai niu xi 9
tao ren 12
hong hua 12
yi mu cao 12
gan cao 6

(2) Follicular formula: break blood stasis, move liver qi, clear heat (prevent adenomyosis to get worse/ prevent recurrence of endometriosis)

dang gui wei 9
chuan xiong 9
mu dan pi 9
chi shao 9
e zhu 9
san leng 9
yi mu cao 9
lu lu tong 9
yu jin 9
zao jiao ci 15
xia ku cao 15 (monitor bbt)
dang shen 9
xu duan 9
gan cao 4

(3) Luteal formula: regulate liver qi and blood, clear liver heat, consolidate chong and ren mai, prevent abdominal cramping and pain.

chai hu 6
dang gui 9
bai shao 9
bai zhu 9
fu ling 9
huang qin 9
zhi zi 9
dan shen 18
xiang fu 9
yu jin 9
tu si zi 15
gou qi zi 12
shan zhu yu 12
gan cao 6

Explanation

The treatment principle thus depends very much on what we want to achieve according to the cycle. The period formula aims to remove a lot of blood stagnation, and also makes sure there is full discharge of blood so that her BBT drops at the beginning of the cycle and there is a good switch from the progesterone phase to the oestrogen phase, which at the moment there isn't. During the period time it is fine to use more warming herbs—at this time of the cycle we don't want to introduce cold herbs, which could cause more stagnation. During the follicular phase (day 5 to mid-cycle) I want to break blood stasis, move liver qi, clear heat. Xia ku cao is included to bring down temperature, and dang shen and xu duan to strengthen her zheng qi and resistance to disease. Then as soon as the temperature goes up I move into the third formula, used until the period comes, which as we are trying to promote pregnancy has to be safe for conception. With a luteal phase defect, we may easily think we must rescue the yang and raise progesterone levels. However, in this case, if you look at the cramping and depression, the main feature in her is qi stagnation, so more an blockage of function rather than a deficiency, but I do also use some yang tonics, including xu duan, which is good for improving blood flow and for consolidating the chong mai, together with some yin tonification, to consolidate the chong mai. I added yu jin to help circulation of blood. Which blood movers to use at this part of the cycle is very dependent on the patient; for this one I decided that dang gui, dan shen and yu jin are ok to use.

The important lesson of this case is that this patient would have stopped coming for treatment very quickly if

she had not understood what we were trying to achieve. But with a well thought out treatment plan and a good patient talk she was able to follow my clinical reasoning and was committed to treatment. She is now five months pregnant.

Case 4. Induction of labour

I have little experience of using Chinese herbal medicine for induction of labour. My first experience was with myself, six years ago. I was nearly two weeks overdue, my hospital appointment was booked in, but I didn't want to go for an induction. The midwife did a cervical swab and said my cervix was very tight still. The only to induction with Chinese medicine I could find in Giovanni's gynaecology book was one very large formula (from a Professor in China)— which indicated that you had to move blood, nourish the foetus, and use some unusual herbs to open the collaterals, such as hou po and qiang huo. I included some but not all of the suggested herbs in my own prescription, used two sachets, and on the second day my labour started and two hours later the baby was born.

I didn't use herbs again until two weeks ago, with a Chinese patient I had seen for acupuncture. She was 36 years old, and 41 weeks 5 days pregnant. She had a very traumatic birth the first time round. She had been induced then needed an epidural which went wrong: she had an allergic reaction and suddenly couldn't breathe and needed strong medical intervention. So she was petrified of another induction. She was also anxious and stressed about her labour, and worried about how her son would react to the second child, and there was some sadness (which I also had) about whether she would love the second baby again as much as her first. However the acupuncture didn't do much (it didn't do much with me either)—after treatment on three consecutive days there was no visible response. She then asked if there is there anything else I could do. So I said that I could give her some herbs, and told her my own story. She was very happy to proceed.

Diagnosis: Labour blockage

Pattern differentiation: Qi and blood stasis

Treatment principle: nourish and moisten the uterus and move qi and blood down, calm the baby (I took on board Giovanni's idea that you also want to nourish the uterus a little).

Prescription

dang gui 9
bai shao 9

sheng di 12
chuan xiong 6
chuan niu xi 9
yi mu cao 9
zhi ke 9
huang qin 9
bai zhu 9
ai ye 6

She took two sachets. The baby was born the following day. After half an hour of contractions the mucus plug came out, but labour didn't quite establish, so she still needed to go in for an induction, but all she needed was a pessary and her labour started, and no epidural was needed.

Case 5. High FSH and IVF failure

This is a case which I am including because so often in our practice we are playing second fiddle to western medicine. But the more experienced you become, the more you want to play an active role in the healthcare of your patients.

This patient was 41 and just had an abandoned IVF cycle as there was no response during her hormonal stimulation. She had an FSH of 25 and 26 the month before the IVF, and I wondered why she had been allowed to go ahead with it at all. However, the plan was that she would go for another IVF cycle quickly, and the clinic was happy to do it. She had a low AMH. I was quite reluctant, but then I asked her how her health was otherwise. She then described how she was exhausted, her legs were very tired and achy, she was always cold and liked only warm food, and had developed increasingly dark rings under the eyes. So I thought, this is classical Kidney yang deficiency, and as the pattern was so clear I was willing to help her getting her strength back and see what happens. I said: 'OK, I am happy to give you some Chinese herbal medicine, because the clinical pathology is so clear, and we'll see what happens. You might need to take it for a few months. I wouldn't advise you to do any more IVF with such a high FSH, it should be down to at most 15.' I also made it clear to her that this may be truly the beginning of the menopause, in which case the FSH would keep going higher and there wasn't much we could do. This was important to make clear from the beginning.

Summary of case

- Trying to conceive for 18 months
- AMH 1.5; recent FSH 25, 26.

- 24 day cycle [cycle getting shorter], scantier flow recently, dark red.
- Reduced fertile mucus.
- Very tired/ exhausted.
- Always cold

- Likes only warm food
- Pain and tiredness in muscles in legs
- Dark rings under eyes.
- T: pale, slightly small
- P: thready, weak.

Disease Diagnosis: short cycle, infertility, muscle pains, exhaustion.

Pattern differentiation: Kidney and Spleen Yang deficiency and blood deficiency

Treatment principle: Strengthen kidney and spleen yang, nourish blood and promote blood circulation in the lower jiao.

Prescription

yin yang huo 12
tu si zi 12
xu duan 12
du zhong 12
(lu jiao jiao 9)
she chuang zi 9
gou qi zi 12
huang jing 12
huang qi 18
dan shen 12
ji xue teng 12
gan cao 6

The formula contained a lot of Kidney yang herbs, with some Kidney yin herbs to balance it out, to refill the Chong mai and blood, and some herbs to move and regulate the blood, since with anyone older than 38 years you need to invigorate blood in the lower abdomen.

Patient talk

I explained to the patient the link between Kidney Yang (speaking in terms of general energy in the body, and body temperature) and ovarian function and blood flow. I discussed the significance of high FSH and the importance of taking CHM for several months, or until the FSH level was much lower, the possibility of CHM support during IVF, and also the treatment outcome if this was the beginning of the 'true menopause'. You need to give your patient real information, you can't just say 'yes I can treat you', you need to give realistic options.

Then something unusual happened. She had been taking the herbs for two or three weeks, and she called me to say that she had just finished her period, had just been testing her FSH, and that her FSH was down to 16. So could she go ahead with the next IVF? I then explained that we needed to know her oestrogen also, to confirm that this wasn't a false reading. So she went back to check and her oestrogen was 60, a perfect hormone level for a day 2 test, and she went ahead with the IVF. I saw her a few days after and she said: 'I'm so warm everywhere'.

I don't know why she had such a strong response to the herbs, it seemed almost too fast, but she texted yesterday to say that she has four follicles, around 10-12 mm, which is good considering her last abandoned cycle. Dr Wu says that a patient will not have a good ovarian response if the Kidneys are deficient and that for a good response during stimulation Kidney yang needs to be strong in order to provide the energy for follicle growth. So by strengthening her Kidney Yang her ovaries could suddenly work again. I kept this patient on more or less the same formula during the length of the stimulation, taking out the blood stagnation herbs. Surprisingly and unusually the IVF consultant said it was totally fine with her if she wants to continue with her herbs. She must have also realised that this patient had not much to lose. Normally I wouldn't give herbs during stimulation because the clinics don't let us. Also (in response to a comment from the RCHM conference audience) I agree that if it is a first or second IVF cycle, we should not use herbs during stimulation, because we don't know how well the patient is going to respond.

Case study 1 revisited

I would like now to return to my first case of endometriosis with severe abdominal pain. As mentioned above, this patient was on strong herbs for about six months. She improved really well with CHM, all parts of her cycle got better, with no pain, with good skin, nails and hair, and she was much less hot. Then she went travelling around the world for two months, taking granules with her-- I had said that I thought she would be fine on granules, because it looked as if her endometriosis was in a stable enough state. However, when she returned from her travels many of the same symptoms of endometriosis had returned, and her skin had also deteriorated. So she was back on the raw herbs, and once more she had a very good improvement with them. Once she was much better I tried her on half dose. Some of the symptoms then returned again. The cycle of improvement and trying to

come off the medication continued; however I wasn't able to wean her off the herbs, and couldn't lessen the dosage very much. I wasn't quite sure what to do, it felt very frustrating. In total, with all the trying out and travelling, she had been on Chinese herbal medicine for two and a half years. It was expensive and she had got tired of taking the medicine.

And then I met Dr Wu one time in Zurich, and I explained the case to her. She said: 'But this is endometriosis, it's a very serious disease, the patient will need to be on medication until the menopause.' For me this was a big shock, somehow I hadn't realised how serious some cases of endometriosis can be. Dr Wu probably didn't mean the sort of dosage I had been using, but I could not get the patient onto much less. However this really helped me to be realistic about the patient's situation, and I could now tell her what Dr Wu had said. I explained to the patient that she would need to be on some form of medication, whether Chinese Medicine or Western Medicine, until the menopause, so there were two choices: either long-term raw herbs, since she was not really responding to granules, or the contraceptive pill. And after two and a half years she did go back on the pill. By then she was 41, and had decided against children. It was a sad lesson for me: as a practitioner you want to cure your patients, and I couldn't cure her. I don't treat autoimmune diseases much, but I think this patient was a kind of autoimmune patient, therefore needing long-term treatment.

(In response to a comment from a member of the audience:) Yes I agree that in these sorts of cases with severe pelvic symptoms, there may be a lot of qi stagnation linked to a difficult psychological and emotional background, including abuse, and that we may we may need to broaden our thinking and repertoire to take this into account. I have a patient now, with endometriosis. She is very angry, especially pre-menstrually. I asked her if there was anything in her past which triggered that kind of anger, and she said yes. She was abused as a child and is extremely angry, and is in counselling for it. In her case the emotional causes of stagnation and fire in her body are very visible, but it is not always so clear in other patients. Either way it is not easy to deal with, but I agree that the possibilities are not limited to herbs and acupuncture, and patients who cannot get any further with us, will continue searching.

This case raises a number of issues. One is the question of remission. This is where you need a lot of experience I think, it is one of the trickiest areas, to know when it is OK to gradually wean patients off their medicine, what to do when patients are pain free, knowing that there is

a serious condition underlying. Books don't provide us with enough clinical notes to give us a solid frame to do with our medicines. Quite often we need help, and it is frustrating when there is no one to ask.

There is also the safety aspect. At one point I became nervous, wondering how long a patient could stay on these very strong herbs, but it is to the credit of Chinese medicine, and a point that should be shouted out loud, that if you get your diagnosis and underlying pathology right, and if you are treating according to it, patients do not have side effects. They just feel better, like this patient.

Finally there is the issue of affordability, since long term treatment is very costly.

To end with, I would like to read to you a passage from the book of which Dr Wu is the main author and which I am helping to edit at the moment. What is so exciting about this book is that Dr Wu includes clinical notes from her many years of experience. Here is the passage about endometriosis, which despite all the difficulties is very encouraging and which gives us clinical guidelines we so importantly need in clinical practice to help with issues of realistic outcomes.

'Endometriosis and adenomyosis are hormone-dependent diseases, and so as long as you have ovarian function, they are impossible to cure. The aim of the treatment is to reduce symptoms, control the masses and promote pregnancy. TCM can reduce the symptoms of dysmenorrhea, chronic pelvic pain, heavy menstruation, secondary anemia, spotting before and after period, can relieve the patient's distress and improve their quality of life. Chinese Medicine (CM) can control the masses, like tender nodules, chocolate cysts, endometriomas, can reduce their sizes or make them disappear. Chinese Medicine can promote pregnancy. It is effective not only in mild and moderate degrees of endometriosis and adenomyosis, but also in severe cases. In spite of serious pelvic adhesions, as long as the tubes are open, most cases can conceive with Chinese Medicine. For adenomyosis, treatment may preserve the uterus or delay the time of the hysterectomy, because Chinese Medicine can help with the serious pain and heavy uterine bleeding. CM can reduce the recurrence rate of endometriosis. After surgery, even if there are no symptoms, it is better to start CM treatment to regulate the balance of yin and yang, qi and blood, in order to reduce the relapsing factors. If there is some pain, this mostly indicates some recurrence. Younger women with no desire to get pregnant may decide to take CM for 10 days per month, especially cases with high levels of tumour marker CA 125. CM can be combined with the

birth control pill to prevent recurrence.'

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About the author

Inga Heese has been practicing Chinese medicine for over 15 years. She currently works within the London Acupuncture Clinic, a very busy central London clinic dedicated to excellent Chinese medicine treatments, as well as running a country practice in Kent. Inga is specialising in the field of gynaecology. Inga is also a freelance editor for the Journal of Chinese Medicine, and is currently editing a book by Prof Wu and others on the treatment of infertility with Chinese medicine.