

Case Study Presentation

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Sinusitis and Chest Congestion and underlying deficiency

This paper follows the progress of a patient who came to the clinic complaining of chest discomfort, severe nasal congestion, sinus pain and headaches that he assumed began with catching a cold. One of the reasons this case interests me is due to the health history of this particular patient. In the past he has been diagnosed by other clinicians with Kidney yin and yang deficiency, but I had always had a feeling that this long-term deficiency was leading to an accumulation of Phlegm. However, at the time, the deficiency was the more important aspect of his pathology. By the time this patient came into my clinic shift, the deficiency was still evident, but the phlegm accumulation and constraint had become more severe.

Commonly, western medical diagnosis for this presentation would be sinusitis and chest congestion. Nasal sinusitis is a disease of inflammation of nasal sinus membranes. Just as with a head cold that moves into the chest, sinusitis and chest congestion often occur together. This is because the respiratory system (the system of organs that process air in the body, including the nose, throat and lungs) of the chest and sinuses are connected to one another. Chest congestion and sinusitis also have similar causes according to western medical pathology. Acute sinusitis is most commonly attributed to viruses, bacteria, fungus, constant nose blowing, scuba diving, tooth disease, and medications. Chronic sinusitis, which is recurring, is often more annoying than painful, and is also a combination of swelling caused by allergies or fungus, or by bacteria or a virus. Hormonal changes or stress can also affect the mucous membranes of the sinuses, leading to chronic sinusitis, as well as polyps or tumors. Western medical treatment usually includes the use of antibiotics, antihistamines, nasal sprays (steroid or saline), and decongestants. However, long-term use of sprays can cause other problems, such as a "rebound" condition that makes nasal congestions worse.

In traditional Chinese medicine studies, this disease belongs to the category of bi yuan (continuous nasal discharge). The pathological factors can be external wind-heat or wind-cold turning into heat, or internal excess or deficiency. These are causes such as flu or the common cold (gan mao), accumulated heat in the lung pathway, accumulation of heat in the gall bladder, damp-heat in the spleen channel, Qi weakness of lungs and spleen, etc. Acute sinusitis, if left untreated, can become chronic. Clinical types of chronic nasal congestion:

1. wind-heat attacking the lung, mainly caused by weather changes: significant nasal congestion, yellow or white viscous nasal discharge, large volume, fever, headache, throat slightly uncomfortable, slightly redness of the tongue, white thin or slightly yellow coating, fu pulse.
2. accumulation of heat in gall bladder: significant nasal congestion, yellow-greenish viscous nasal discharge similar to pus with bad odour, decreased olfaction, headache, strong pain in affected area, along with feeling of heat, dryness in oral cavity and throat, frustration, redness of tongue, yellow thick fur of the tongue, xuan pulse.
3. damp-heat in spleen pathway, mainly caused by greasy and spicy foods: significant severe and continuous nasal congestion with large volume of nasal discharge, decreased olfaction with heat, heaviness of the head, general body weakness with feeling of heaviness in extremities, dullness in chest, bloating of abdomen, bad appetite, red-yellowish urine, redness of tongue, thick yellow tongue coating, ru or hua pulse.
4. Qi weakness of lung and spleen, mainly due to chronic disease or improper diet, fatigue, overthinking: more severe significant nasal congestion, large volume of viscous white or sticky yellow nasal discharge, decreased olfaction, dizziness, short of breath (dyspnea), weakness, cough with white phlegm, little food intake but has abdominal bloating, diarrhea, slightly red tongue, white tongue coating, weak thready pulse.
5. heat accumulation in the lungs, causing stagnation accumulation: significant nasal congestion, mixed type of nasal discharge with bad odour in large volume and yellow

coloured, impaired olfaction, headache, dryness in oral cavity but no desire to drink, yellow tongue coating, hua pulse.

Consequently, phlegm-cold or damp-cold, or phlegm-heat or damp-heat can also accumulate in the chest (as the lung is the storehouse of phlegm), leading to focal distention in the chest. People with an underlying yang or qi deficiency are especially susceptible to accumulation of Damp and Phlegm in the chest. This is referred to as “tan zhuo bi zu”, or phlegm obstruction.

Case Study: 61 year old male

Main Complaint: nasal and sinus congestion for 1 week

This patient has a history of high blood pressure (12 years), KD stones (9 years), and diabetes (7 years). He has had carpal tunnel release surgery in both 1979 and 1989, 12 lithotripsies since 1999, cataract surgery in 2006. There is a stint in his right kidney to help with his chronic kidney stone problem, the most recent which passed the week before. He has a family history of diabetes, heart disease and stroke. Current medications include beta blockers, calcium channel blockers, and arginine to control his blood pressure, and fluconazol for the nasal congestion. He is constantly in a state of stress due to worry over his multiple health issues, the congestion and chest tightness being the latest.

Due to his family history of heart disease, the patient went to the emergency room the following day after he began feeling chest discomfort. The doctors found no heart problems at the time of the ER visit, but set an appointment for a nuclear stress test the following week. Results were negative for any heart blood abnormalities. Previous acupuncture treatments focused on his kidney stones, frequent night urination, high blood pressure and a year long history of right ear and facial nerve sensation that has been attributed to nerve damage in the neck. Diagnosis was often Kidney Qi, Yin, or Yang Deficiency with Qi Stagnation, and he was commonly prescribed kidney or spleen tonics such as You Gui Wan, Liu Wei Di Huang Wan, and Jin Gui Shen Qi Wan. When more focus was put on his high blood pressure, he was prescribed Tian Wan Bu Xing Wan (the patient would only take pills, no raw herbs). For the time being, his blood pressure had normalized at 130/80.

First visit 10/08/08: The patient came in complaining of chest discomfort that began the week before. He felt chest tightness, heaviness and itchiness in the upper mid chest region, although it was not painful. He also complained of heavy nasal and sinus congestion that worsened when lying down, which he attributed to possibly catching a cold, although he had no exterior symptoms beyond the congestion. The nasal congestion was worse at night and in the morning, and coughing would clear it, although he had no expectorate (therefore he does not know what color the mucus is). He had no throat pain and his throat looked a normal color.

Accompanying symptoms were feeling warm in the chest, head, and face, feeling tired, waking often during the night with frequent urination and difficulty falling back asleep, occasional digestive issues such as belching, gas, loose stools, and sensitivity to heavy or greasy foods. He also had mid to lower back pain on the right that began after a previous acupuncture treatment in August. Although he is retired, he tends to keep busy and walks for 30 minutes, 5 times a week. However, lately, after walking for that long, his back will hurt. At the time of his first visit, his tongue was a pale red color with teethmarks, and a thick, brown-yellow coating. (The tongue coat is likely reflective of the medications he is on). His pulse was deep and slippery, with some tension on the left. The right pulse was weaker overall, especially the guan and the chi.

Diagnosis: Liver Yang Rising, Phlegm in the Lungs, with underlying Blood Deficiency

Treatment: Smooth the Liver, Transform Phlegm

Formula: Qing Qi Hua Tan Wan teapills, 10 pills, 2X a day (jiang ban xia, dan nan xing, zhi shi, huang qin, chen pi, gua lou ren, xing ren, fu ling, sheng jiang)

Points: PC5 JianXhi, LV3 TaiChong, LU2 YunMen, LU9 TaiYuan, ST40 FengLong, Ren15 JiuWei, GB41 ZuLinQi, ST3 JuLiao

The patient was advised to avoid heavy foods, but try to eat more warm foods, as he tended to have a diet heavy in cold cereals. He was also advised to try not taking the Arginine for a week to see if it had any effect on the chest symptoms, and to practice deep breathing when the chest tightness bothered him. Because the walking hurt his back, it was suggested he try using a treadmill instead to lessen the impact.

Results and Prognosis

2nd visit, 10/22/08: The patient's chest discomfort, sinus congestion, and facial sensation continued, but less severe, although he said the sinus congestion bothered him more. His right back discomfort was more noticeable, but he was feeling more alert upon waking in the morning. His stool was soft and "slick". His pulse was weak and slippery on the right, tense and deep on the left (especially the guan), and the chi was overall weakest. His tongue was dry, with thick, patchy yellow coating, and a slightly red tip. This time he was treated for Nasal Obstruction Phlegm, Qi Stagnation and underlying KD deficiency, using Cang Er Zi San teapills, 12 pills, 2X a day (cang er zi, bai zhi, xin yi hua, bo he). Points were ST12 QuePen, St40 FengLong, SP4 GongSun, LU7 LieQue, LI4 HeGu, DU23 ShangXing, ST3 JuLiao. Back points were UB13 FeiShu, UB17 GeShu, UB20 PiShu, UB23 ShenShu.

3rd visit, 10/29/08: The nasal congestion was mostly resolved, although the chest pain remained to a lesser degree. Back pain was gone, and his digestion was much improved. Upon palpation, it was found his T4 vertebrae was slightly rotated to the right, and tuina vertebral alignment techniques were applied. His diagnosis was Damp and Phlegm due to Qi Stagnation and underlying KD deficiency. He continued with Er Chen San teapills, 12 pills, 2X a day (ban xia, chen pi, fu ling, gan cao, sheng jiang).

By the 4th visit, his chest tightness was resolved and nasal congestion was mostly gone, only bothering him slightly at night. His digestion remained good, and he said he was feeling more alert in the past week. He had a new complaint of a dull vertex headache and right facial pain, which was treated. The patient reported at the following visit that the headaches were gone, his head felt lighter, and the facial pain was lessened to only a mild tingling in his ear.

Conclusion

I feel this case is reflective of the pathology of longterm, chronic deficiency leading to a poor movement of yang and qi, which then causes fluids to accumulate. The patient, due to age and constitution, had both symptoms of both Kidney and Spleen weakness, evidenced by his history of kidney stones, frequent urination, and digestive problems. He also had a

