

Bu Zhong Yi Qi Tang & Pediatric Urinary Problems

by
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The best known pediatric urinary problem is enuresis or bed-wetting. In Chinese medical pediatrics, there are three main disease mechanisms (and, therefore, patterns) for pediatric enuresis. These are kidney vacuity not securing, central qi downward fall, and damp heat. While many practitioners know that the kidneys are inherently immature and, therefore, insufficient until puberty, in my experience, it is not widely recognized, at least not in the West, that the inherent immaturity of the spleen until approximately six years of age also plays a major part in pediatric enuresis and polyuria. Damp heat strangury describes acute cystitis or a urinary tract infection (UTI). It is not commonly associated with chronic pediatric enuresis and polyuria. Pediatric enuresis and polyuria due to spleen qi vacuity is mainly treated with *Bu Zhong Yi Qi Tang* (Supplement the Center & Boost the Qi Decoction), while *Suo Quan Wan* (Draw Back the Spring Pills) is a commonly prescribed Chinese medicinal formula for the kidney qi vacuity variety of pediatric enuresis and polyuria. Because of the reciprocal relationship between the kidneys and the spleen as the former and latter heaven roots respectively, it is also not uncommon to see spleen-kidney dual vacuity patterns of pediatric enuresis and polyuria, in which case *Bu Zhong Yi Qi Tang* is typically combined with kidney-supplementing and securing and astringing medicinals or formulas. When damp heat does play a role in pediatric enuresis and polyuria, it is commonly due to spleen vacuity not transporting and transforming water fluids which then collect and transform into damp and then further into

damp heat evils. Therefore, it is rare to use a purely heat-clearing, dampness-eliminating formula in the treatment of pediatric enuresis and polyuria and especially chronic enuresis and polyuria.

In the July 2000 issue of *Jiang Xi Zhong Yi Yao* (*Jiangxi Chinese Medicine & Medicinals*), there are two articles describing the use of *Bu Zhong Yi Qi Tang* in the treatment of pediatric urinary disturbances. I believe these articles underscore the importance of central qi falling downward due to spleen qi vacuity as a main disease mechanism in pediatric urological complaints. In my own clinical experience, it is important not to immediately assume all pediatric enuresis, polyuria, and incontinence is due to kidney qi vacuity not securing and astringing. Therefore, below are abstracts of the two above-mentioned articles.

“*Bu Zhong Yi Qi Tang* & *Suo Quan Wan* in the Treatment of 52 Cases of Pediatric Neurologic Polyuria” by Fu Pei-jin, p. 28

Cohort description:

From Jan. 1996 to Nov. 1998, the author treated 52 cases of pediatric neurologic polyuria with a combination of *Bu Zhong Yi Qi Tang* and *Suo Quan Wan*. Among these 52 patients, there were 20 males and 32 females. The youngest was two years old, the oldest was 15 years old, and 40 cases were between 4-10 years of age. The shortest course of disease was 10 days, and the longest was one year.

Treatment method:

The formula used consisted of: Radix Astragali

Membranacei (*Huang Qi*), 12g, Radix Codonopsis Pilosulae (*Dang Shen*), 15g, Rhizoma Atractylodis Macrocephalae (*Bai Zhu*), 10g, Radix Angelicae Sinensis (*Dang Gui*), 8g, Pericarpium Citri Reticulatae (*Chen Pi*), 3g, Rhizoma Cimicifugae (*Sheng Ma*), 3g, Radix Bupleuri (*Chai Hu*), 4g, mix-fried Radix Glycyrrhizae (*Gan Cao*), 8g, Fructus Alpiniae Oxyphyllae (*Yi Zhi Ren*), 8g, Radix Dioscoreae Oppositae (*Shan Yao*), 15g, and Radix Linderae Strychnifoliae (*Wu Yao*), 6g. One *ji* was administered per day, and five days equaled one course of treatment.

Treatment outcomes:

All 52 cases were considered cured using this protocol. All the clinical symptoms disappeared after a single course of treatment in 36 cases and after two courses of treatment in the remaining 16 patients.

Representative case history:

The patient was a nine year old female who was first examined on Nov. 18, 1997. For the past month, this patient's urination had become increasingly frequent, occurring as often as once every 10 minutes. At its worst, her urination dribbled and dripped incontinently. The amount of urine each micturition was scant and its color was clear. The girl's facial complexion was somber white and lusterless. Her body was emaciated. In addition, there was lassitude of the spirit, fatigue, disinclination to speak due to lack of qi, no thought for food or drink, and loose stools. The girl's tongue was pale with thin, white fur, and her pulse was fine and weak.

Based on the above signs and symptoms, the patient's pattern was discriminated as spleen qi vacuity weakness with central qi falling downward. Since this had endured for many days, the kidney qi was also not securing, and thus the urination was frequent. The treatment principles were to boost the qi and lift yang, regulate and

supplement the liver and kidneys. For these purposes, three *ji* of the above formula were administered and the girl's polyuria disappeared. After five *ji*, the patient's appetite had increased, her stools were normal, and her affect was improved. On follow-up in 2000, there had been no recurrence.

According to Dr. Fu, this disease is seen females more than males and is mostly due to central qi falling down which then leads to kidney qi not securing. In this case, *Bu Zhong Yi Qi Tang* promotes the lung and spleen qi's upbearing and lifting, while *Suo Quan Wan* regulates and supplements the liver and kidneys.

“The Treatment of Two Cases of Pediatric Strangury with *Bu Zhong Yi Qi Tang*” by Qiu Shi-min, p. 28

Case 1:

The patient was a seven year old boy. One half month previously, this boy's urination had become frequent and urgent, urinating 5-6 times per hour. This had gradually increased to once every 3-5 minutes. In the last three days, the boy had become incontinent, urine dribbling and dripping every time he moved. The boy's sleep was somewhat calm. However, he would urinate 1-2 times each night. Several urine examinations had all been normal. Previously, the child had been administered *Ba Zheng San* (Eight Correcting [Ingredients] Powder), *Suo Quan Wan* (Draw Back the Spring Pills), and *Si Ling San* (Four [Ingredients] Poria Powder) but to no effect. When the patient was seen by Dr. Qiu, his appetite was not good, his stools were normal, and his urination was white in color, unaccompanied by pain, and his urinary meatus was neither swollen nor red. His facial complexion was sallow, his body was emaciated, and his affect was listless. The patient's tongue was pale with thin, white fur, and his pulse was moderate (*i.e.*, slightly slow) and weak.

Based on the above signs and symptoms, the patient's pattern was discriminated as spleen qi taxation strangury with central qi falling downward and kidney qi not securing. For this, modified *Bu Zhong Yi Qi Tang* was prescribed, consisting of: uncooked Radix Astragali Membranacei (*Huang Qi*), 12g, stir-fried Rhizoma Atractylodis Macrocephalae (*Bai Zhu*), 6g, Pericarpium Citri Reticulatae (*Chen Pi*), 6g, Rhizoma Cimicifugae (*Sheng Ma*), 4g, Radix Bupleuri (*Chai Hu*), 4g, Radix Angelicae Sinensis (*Dang Gui*), 6g, mix-fried Radix Glycyrrhizae (*Gan Cao*), 3g, Radix Pseudostellariae (*Tai Zi Shen*), 10g, Fructus Alpiniae Oxyphyllae (*Yi Zhi Ren*), 6g, and Radix Dioscoreae Oppositae (*Shan Yao*), 6g. After taking three *ji* of these medicinals, the boy's urination returned to normal, his appetite increased, and his affect improved. After taking another five *ji*, the patient was considered cured. On follow-up after one year, there had been no recurrence.

Case 2:

The patient was a nine year old female who was first examined on Mar. 25, 1999. The girl's urination had been frequent, urgent, and painful for the past half year. She was not able to control her urine which leaked when she sneezed. Her underpants were commonly damp. On examination, the patient's facial complexion had scant luster. In the afternoon she had a low-grade fever of 37.8E C. Her eyelids were slightly swollen, her spirit was listless, she was fatigued, and her intake was torpid. Movement caused leakage and urgency. Lying down caused her urination to stop. Her abdomen was without pain, her pulse was fine and rapid, and her tongue fur was thin and yellow. Urine examination was (±) for albuminuria, (+) for WBCs, and (+) for RBCs. *E. coli* were cultured from her urine.

Based on the above signs and symptoms, the patient's pattern was discriminated as central qi falling downward with righteous qi vacuity

allowing evils to linger. Therefore, the treatment principles were mainly to supplement the qi and upbear the fallen, assisted by clearing heat and disinhibiting dampness. The formula used was modified *Bu Zhong Yi Qi Tang* which consisted of: uncooked Radix Astragali Membranacei (*Huang Qi*), 10g, Radix Bupleuri (*Chai Hu*), 4g, Radix Pseudostellariae (*Tai Zi Shen*), 10g, Rhizoma Cimicifugae (*Sheng Ma*), 4g, Radix Platycodi Grandiflori (*Jie Geng*), 4g, Semen Plantaginis (*Che Qian Zi*), 10g, Cortex Phellodendri (*Huang Bai*), 6g, Herba Oldenlandiae Diffusae Cum Radice (*Bai Hua She She Cao*), 10g, Rhizoma Anemarrhenae Aspheloidis (*Zhi Mu*), 4g, and Extremitas Radicis Glycyrrhizae (*Gan Cao Xiao*), 3g.

The patient was reexamined on Mar. 30 after taking five *ji* of the above medicinals. At that time, the number of the girl's micturitions were less and she did not leak when she sneezed. The superficial edema had disappeared, her bodily heat had decreased, her appetite had increased, and her affect had improved. However, her mouth was dry and her night-time sleep was not calm. Therefore, 6g of Semen Biotae Orientalis (*Bai Zi Ren*) were added to her prescription and another five *ji* were administered.

At the patient's third examination, all her symptoms had disappeared and urine examination was normal. Therefore, she was administered *Shen Ling Bai Zhu San* (Ginseng, Poria & Atractylodes Powder) to improve her general health. On follow-up after three months, there had been no recurrence.

According to Dr. Qiu, one rarely sees damp heat strangury in its simple discrete form in children. In case number two, there was damp heat, but this damp heat was due to spleen qi vacuity. Therefore, the main treatment principles were to bank earth and secure the root, lift the qi and upbear the fallen.

For more information on Chinese medicinal

pediatrics, see Bob Flaws's *A Handbook of TCM Pediatrics* available from Blue Poppy Press. All see Blue Poppy Seminars' Distance Learning *Chinese Medical Pediatrics*

Certification Program as well as numerous *Research Reports* available in the Blue Poppy online store (www.bluepoppystore.com).

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