Suggestions for Clinical Use of Chinese Herbs

Tong Zheng Hong*
Department of Health Sciences, Taiwan

*Corresponding author: Tong Zheng Hong, Department of Health Sciences, Taiwan
Submission: December 21, 2018; Published: February 05, 2019

Abstract

The clinical use of Chinese herbs is part of traditional Chinese medicine developed on the basis of inductive logic thinking that take care of the observation of nature. A drug consideration is required in clinical use of Chinese herbs according to the individual conditions. Timing and processing approaches might depend on the come out of the processing inducers. The use of granules is convenient with the accurate selections of herbs in details for the best effects. As alternative, it is suggested the combination of single granule of herbs.

Keywords: Shennong bencao jing (The Classic of Herbal Medicine); Ben cao gang- mu (The Compendium of Materia Medica); Chai hu (Bupleurum Chinese DC., Bupleurum scorzonerifolium Willd)

Introduction

After acupuncture that has gained popularity and is recognized as the part of the healthcare system in the West, Chinese herbs are also getting more and more attention with the news that Chinese herbs are accepted and used by Olympic athletes, even though they are still viewed as the complementary and alternative healthcare tools. Traditional Chinese medicine (TCM) is developed on the basis of inductive logic thinking that focuses on the similarity through the observation of nature. Under this notion, Chinese herbs develops its own theories different from those of acupuncture, which are to some extents complicated to understand for clinical use and learn.

A pharmaceutical consideration is required in clinical use of Chinese herbs when the desired outcomes are expected for an individual's conditions. Processing induces expected actions that can vary depending on the factors, such as timing, processing approaches, etc.

Suggestions presented

TCM preparations in the treatments are often prescribed with an individual's pattern identification, which concludes the pathological changes of diseases based on the TCM theories derived from Yin-Yang, Five Elements, and Qi-Blood. In addition to the accurate pattern identification, whether or not a Chinese herb in a preparation can be effective for expected outcomes, issues like accurate selections, the use of processed/unprocessed, and the considerations of herbal characteristics are the keys.

Cautions for the herb use

The name of a Chinese herb has specific meaning corresponding to the nature, which may indicate the feasible harvest time for the best treatment efficacy. Ban-xia (半夏, Pinellia ternate) is effective to drain phlegm caused by dampness [1]. Ban in Chinese refers to half and xia means summer. The lexical interpretation of this herb indicates the best harvest time is in the mid-summer between May 6 (立夏, lixia) when summer begins and June 21, maximum summer (夏至, xiazhi) for the maximum constituents and best quality.

One of the indications of Dang-gui (當歸, Chinese Angelica Root) in the Shennong-bencao-jing (神農本草經, The Classic of Herbal Medicine) is effective for coughing resulted from uprising qi, which is not discussed in the Jing-yue-quan-shu (景岳全書, The Complete Works of Jing Yue). In other words, actions and indications of a Chinese herb are not be included only in a classic. In addition, each part of a Chinese herb has unique characteristic and is used for the specific outcomes. The body of Dang-gui is used to tonify Blood in the pattern of Blood deficiency, the tail is chosen to invigorate Blood, and the whole Dang-gui is selected for stabilize and bind Blood in clinic [2].

On the other hand, the properties of Dang-gui like sweet, spicy, bitter, and warm are included in the Shennong-bencao-jing (神農本草經, The Classic of Herbal Medicine), but it is little warm listed in the Ben-cao-gang-mu (本草綱目, The Compendium of Materia Medica). Granules are accepted and commonly used in clinic in the West. However, the components cannot be changed at all, including addition and deduction, which results in unexpected side effects. Issues like the best harvest time for the maximum efficacy, the differences of indications and properties cannot be determined by TCM physicians, which may lead to unexpected outcomes.

Accurate selections of herbs

In terms of treating Liver-related diseases, it is beyond doubt that Chai-hu (Bupleurum chinense DC. and Bupleurum...
scorzonerifolium Willd) in TCM is the well-known herb composed in Xiao-yao-san (逍遥散) and Xiao Chai Hu decoction (小柴胡湯), the most frequently used formulas for more than 2000 years. Chai-hu bearing the properties of spicy, cool, and bitter was initially recorded in 200 AD in the well-known TCM classic Shennong-bencao-jing (神農本草經, The Classic of Herbal Medicine) and used for dispersing the evil heat to sooth stagnated Liver qi to treat the antiviral, anti-inflammatory, antimicrobial, and immunomodulatory issues.

However, whether or not Bei Chai-hu (北柴胡, Bupleurum chinense DC.) should be only selected as the components of these two formulas remains controversial because it has not been specified by the author Zhang Zhongjing of Shang Han Lun (傷寒論), even though Bupleurum chinense DC. is mostly selected for clinical use [3]. Clinical use traditionally in the Chinese communities, Chai-hu refers to the dried root of either Bupleurum chinense DC. or Bupleurum scorzonerifolium Willd (南柴胡, Nan Chai-hu) selected for the clinical needs. The major differences between Bupleurum chinense DC. And Bupleurum scorzonerifolium Willd are that Bupleurum chinense DC. is use for dispersing stagnated Liver qi while Bupleurum scorzonerifolium Willd is for raising Yang Qi in the pattern of Middle Jiao deficiency [4]. For clinical use with indications changed to meet the patients’ needs, crude, fried, or vinegar-baked Radix Bupleuri may be usually selected.

To use unprocessed or not to use processed

In ancient times before humans began the use of fire, Chinese herbs were only cleaned with water for use to ills. With the changes of time, methods of processing are developed and conducted in stir-frying, steaming, boiling, water trituration, calcining, etc. TCM sees the body as a whole system and a miniature of the universe. Patients are diagnosed strictly following the Yin-Yang theory and the Five Elements theory, which serves as the guidance for prescriptions [5]. TCM and acupuncture, emphasize an individual's pattern that is totally unique and different from the symptoms from the aspect of the Western medicine. In other words, TCM is the customer-made medicine that takes specific considerations of the prescriptions consisting of raw or processed herbs to the patients.

Bupleuri Radix can be baked with vinegar for specific purposes. It is reported that vinegar-baked Bupleuri Radix can be more effective for relieving the depressed liver and bring about the better antidepressant effect than unprocessed Bupleuri Radix. In addition, the levels of neurotransmitters in the frontal cortex and hippocampus can be regulated significantly through the use of vinegar-baked Bupleuri Radix [6].

Timing

Cooking time needs attention. In addition to the hepatoprotective and the chemopreventive effects and the capability to improve the antioxidant defense systems, crude Bupleuri Radix selected in a research was boiled for 4 hours and demonstrated cytotoxicity in HepG2 hepatoma cells induced by 5-fluorouracil was enhanced and could protect normal lymphocytes from the cytotoxicity induced by 5-fluorouracil [7]. There are no golden rules to follow in terms of cooking time at all. How long it would take if vinegar-baked Bupleuri Radix was selected remains uncertain. In this research, it took 4 hours to cook crude Bupleuri Radix for the expected results. If the same results could be obtained when crude Bupleuri Radix was only cooked for 3 hours or less remains unclear.

Conclusion

It is noted that pattern identification of TCM and acupuncture is unique and distinguishes TCM and acupuncture from the Western medicine. Unfortunately, most of the current scientific evidence for verifying the efficacy of TCM and acupuncture only focuses on diseases, which cannot exemplify the TCM and acupuncture accurately. The use of granules is surely convenient but not the best approach both for TCM physicians and patients with the limits like modifications of herbs, the accurate selections of herbs, and feasible parts of herbs, etc. In other words, it seems to be good to consider the herbs to meet the expected outcomes. An alternative method is recommended that TCM physicians may consider the combination of single granule of herbs.

References
