TCM Treatment of Ankylosing Spondylitis by Tonifying the Kidney and Strengthening the Governor Vessel

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Ankylosing spondylitis is a chronic and progressive disorder with inflammation mainly involving the central axis joints. It mainly affects the cervical spine and the lumbosacral area, with the pathogenesis closely related to the kidney and the Governor Vessel (GV). TCM holds that the syndrome is deficiency in origin and excess in superficiality, which is due to insufficiency of the kidney, deficiency of GV, and blocking of the channels with the invasion of exogenous evil, leading to poor circulation of qi and blood and malnutrition of the bones, muscles and joints. The TCM method of tonifying the kidney and strengthening GV to regulate circulation of qi and blood and check the arthralgia pain should be adopted, with the Kidney-Tonifying and GV Strengthening Decoction (益肾强督汤) prescribed.

THE BASIC PRESCRIPTION

Shu Di Huang (熟地黄 Radix Rehmanniae Preparata), sweet and warm in property, is used for nourishing the liver and kidney, generating blood, strengthening the bones and enriching GV. Gou Ji (狗脊 Rhizoma Cibotii) and Bu Gu Zhi (补骨脂 Fructus Psoraleae) are used for warming yang and tonifying the kidney, strengthening the bones for the motion function, and enriching blood and GV to stop the cold pain. The above three drugs are the principal drugs. Qiang Huo (羌活 Rhizoma Sauri Radix Notopterygii) is used for relieving the stiffness and pain of the spine and neck; Du Huo (独活 Radix Angelicae Biserratae) is used for relieving the spinal spasm and the wet arthralgia; Chuan Duan (川断 Radix Dipsaci from Sichuan of China), Ji Sheng (寄生 Herba Taxilli), Du Zhong (杜仲 Cortex Eucommiae) and Chuan Niu Xi (川牛膝 Radix Cyathulae) are used for tonifying the liver and kidney, regulating GV and strengthening the bones and tendons; Wei Ling Xian (威灵仙 Radix Clematidis) and Qing Jiao (秦艽 Radix Gentianae Macrophyllae) are used for dispelling wind and damp and unblocking the meridians; and Fu Zi (附子 Radix Aconiti Lateralis Preparata) is used for tonifying yang, dispelling cold and stopping pain. These are the ministerial drugs. Dang Gui (当归 Radix Angelicae Sinensis), Bai Shao (白芍 Radix Paeoniae Alba), Chuan Xiong (川芎 Rhizoma Chuangxi) are used for nourishing blood and promoting the blood circulation; and Bai Zhu (白术 Rhizoma Atractylodis Macrocephalae) and Gan Cao (甘草 Radix Glycyrrhizae) are used for invigorating the spleen to eliminate dampness and reinforcing the vital qi. These are the adjunctive drugs. In addition, Gan Cao (甘草 Radix Glycyrrhizae) can relieve the spasm and coordinate the actions of all the drugs used, so it can be taken as the messenger drug in the prescription.

ILLUSTRATIVE CASE

A male patient, 21 years old, presented himself on Jan. 20th, 2004. He had a history of lumbosacral pain for 3 years, which were aggravated 2 months before. In early 2001, he got pain in the lower back after getting cold. The pain was relieved after orally taking Fenbid plus externally use of Shexiang Zhuanggu Gao (麝香壮骨膏). Afterwards, the pain relapsed several times due to physical exertion or getting cold,
which could be relieved by taking some medicines himself. Two months before, the lumbosacral pain became worse, especially during the night with difficulty in turning the body, and with morning stiffness for 2 hours, which severely affected his work and life. So, he came to our hospital for treatment. The X-ray films showed edge unsharpness of the sacroiliac joints with hardening of the near hinge region, mild narrowing of the joint gaps, but with no obvious change found in the hip joints. The laboratory examination showed HLA-B27 (+), ESR 50mm/h, RF 0.24 IV/ml, C-reactive protein (CRP) 160ng/ml. The physical examination showed double “4” test (+), straight-leg raising test (+), restricted extorsion of the hip joints, limited anteflexion, dorsiflexion and lateral bending of the lumbar spine. The patient was thin and weak, and could not bear heavy labour. He had general lassitude, cold limbs, basically normal appetite, and loose stool. The tongue proper was slightly dark with thin and whitish coating, the pulse deep and soft, but the CHI-pulse weak. The diagnosis in west medicine was ankylosing spondylitis, while it was the Bi syndrome in TCM due to obstruction of cold damp. The principle of treatment should be to tonify the kidney and strengthen GV, regulate qi and blood circulation, and eliminate cold-damp to stop pain. So, the Kidney-Tonifying and GV Strengthening Decoction was prescribed.

After one-week medication, the lumbosacral pain was alleviated with improvement of the mental state and physical condition. With a continuous medication for 2 more weeks, the lumbosacral pain was much relieved, the duration of morning stiffness shortened, and with no wakening up by pain during the night. But the lumbar soreness and general lassitude still existed. Then, Fu Zi (附子 Radix Aconiti Lateralis Preparata) and Xi Xin (细辛 Herba Asari) were removed from the prescription with Wei Ling Xian (威灵仙 Radix Clematidis) 15g and Gu Sui Bu (骨碎补 Rhizoma Drynariae) 10g added. The patient was asked to continuously to take the decoction for 30 days in combination with functional exercise. After that, the lumbosacral pain basically disappeared, the hip joint movement was normal, and with a recovered lumbar functions of anteflexion, dorsiflexion and lateral bending. The decoction was given for another 3 months to consolidate the therapeutic effect. Half a year later, the re-examination showed ESR 14 mm/h, CRP 16 ng/ml, indicating that the disease condition had been well controlled.

(Translated by Li Xun 李迅)