

**What are the correspondence's between
atopic asthma and Giovanni Maciocia's
theory on how Traditional Chinese Medicine
understands this disorder ?**

**by
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Abstract

For centuries the theory of Xiao - Chuan has been used to treat asthma in China. There is in fact very little incidence of atopic asthma in China and so Giovanni Maciocia put forward a new theory to explain this disorder in Traditional Chinese Medicine.

This study was done to see the correspondences between atopic asthma and Giovanni Maciocia's new theory for how traditional Chinese Medicine understands this disorder.

The key areas of this theory are that the problem occurs from birth and so the patient is born with the problem. This Maciocia calls Lung (LU) and Kidney (KID) Wei Qi Xu. This deficiency allows Wind to become lodged in the bronchi which periodically becomes reactivated causing an asthma attack. Maciocia says that Phlegm is the result rather than the cause of the asthma unlike in the Xiao - Chuan theory where it is the cause. In the case of the LU and KID Wei Qi Xu the Kidney deficiency is limited to the KID Wei Qi Xu and so the asthma may be the only symptom and there may be no other Kidney signs and symptoms. Maciocia also proposes an interesting theory to explain the link with eczema and asthma, along with various aetiological aspects.

A structured interview was conducted with eleven atopic asthmatics to collect information to substantiate these theories.

It was found that Wind played a key part in the asthma attack phase. The syndrome of LU and KID Wei Qi Xu was difficult to see clearly as it was often obscured by other patterns but in one young patient this could be seen. There were fewer Kidney signs and symptoms in the younger patients and so this could be said that the only sign of the KID Wei Qi Xu was the asthma. There was also very little sign of Phlegm in the younger patients. Some aetiological trends were forthcoming in the area of birthing and feeding problems as infants.

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Introduction

Asthma is one of the most debilitating and prevalent disease in the UK today. It is estimated that between 2 - 3 million people suffer from some form of asthma per annum in the UK and there are about 100,000 hospital admissions per year. Half of these admissions are for children under 15 years and approximately a third of these are for children under 4 years of age (Lewith 1996).

The theory of Xiao - Chuan has been used for centuries in China to cover asthma but in fact there is very little incidence of atopic asthma there. As a result of this Giovanni Maciocia felt it was necessary to put forward a new theory to cover atopic asthma as he felt that the theory of Xiao - Chuan did not cover several aspects of atopic asthma.

The key points of Maciocia's theory that differ from the theory of Xiao - Chuan are :-

- The problem occurs from birth and so the patient is born with the problem. This he calls Lung (LU) and Kidney (KID) Wei Qi Xu.
- This deficiency allows Wind to become lodged in the bronchi which periodically becomes reactivated causing an asthma attack.
- Phlegm is the result rather than the cause of the asthma.
- The aspect of Kidney deficiency is limited to the KID Wei Qi Xu and so the asthma may be the only symptom and there may be no other Kidney signs and symptoms.
- He also proposes an interesting theory to explain the link with eczema and asthma which is not covered by the Xiao - Chuan theory.
- Various aetiological aspects are proposed such as childbirth problems, problems during pregnancy and immunisations amongst others.

There has been quite a lot of research done on acupuncture and asthma but not specifically on atopic asthma. Apart from the odd teaching paper and text book explanations hardly any research has been done specifically on the traditional Chinese medicine (TCM) theories and how well the theories fit the diseases or vice versa. The aim of this study is to obtain the correspondences

between atopic asthma and Maciocia's new theory of how traditional Chinese medicine understands this disorder.

In order to establish these correspondences eleven atopic asthmatics partook in a structured interview, and information was gathered on various parts of the multifaceted theory, so that trends might be forthcoming.

The structured interview covered the attack and non attack asthma phases, eczema and aetiological aspects as well as other information to get a fuller case history and understanding. The information gathered from these interviews was used to answer the following question's :-

- What are the main TCM patterns of the asthma attack phase ?
- What are the main trigger factors ?
- Are there any links to the type of attack pattern and trigger factors ?
- What is the most common time of day for an attack ?
- Are the attack symptoms the same ?
- Is there any link to hay-fever ?
- What are the most common TCM patterns in the non attack phase ?
- Are there few Kidney signs and symptoms evident especially, in the younger patients ?
- Is there evidence for Phlegm being not the main cause ?
- Does there appear to be an asthma eczema link ?
- What are the most common TCM patterns for atopic eczema ?
- Is there any evidence to support Maciocia's aetiological theories ?

It is hoped that this study although small, and for validation would need much larger numbers, might form the basis for a much greater study to confirm some of the theories put forward and give a greater understanding in the use of TCM in this disease.

Review and analysis of previous research

The literature search was done using firstly the ARRC database which accesses the US database Medline and the British Library's alternative medicine database, AMED. A search was done using the search keys of acupuncture and asthma.

A search was also done through the Internet using the Uncover database and again PubMedline. The search keys used were acupuncture and asthma. An additional search of the Internet was done through the acupuncture / alternative health pages.

If there was at least an abstract in English this was looked at although foreign language papers had later to be discarded. All papers were after 1975.

The main problem with any of the papers is the definition of asthma. Most papers cover bronchial asthma and very few make any reference to atopy. For this review I will review the general literature on the subject of asthma so that the reader may have a feeling for the general subject but it should be born in mind that very little research has been done using proper TCM diagnosis and treatment or specifically on atopic asthma.

The literature associated with asthma and acupuncture falls into various categories as follows :-

Reviews

Randomised controlled trials single and double blind studies covering :-

Effect of acupuncture in acute bronchial asthma relief

Effect of acupuncture on chronic asthma symptoms

Comparison of real and "sham" acupuncture for asthma

Effect of acupuncture on medication use and asthma

Effect of different points for asthma

Pragmatic trial design for testing acupuncture on asthma

Efficacy of different types of acupuncture i.e. ear, laser, pricking for asthma

Studies on hormonal, biochemical and immune systems when acupuncture is given for asthma

There are some papers on TCM diagnosis for asthma but all the ones from China use the theory of Xiao - Chuan and are about patients with the blanket term of bronchial asthma.

The reviews for getting a good idea of what has been written are very useful and so it was felt that an overview of these plus some of the key controlled trials and outcome studies would be useful. The teaching papers are also of interest as they discuss some of the different types of TCM diagnosis. Finally the key theory will be explained.

Reviews

Linde (1997) reviewed the randomised controlled trials for the use of acupuncture on asthma. They based their study on two overviews Jobst 1995 and Linde 1996. They studied seven trials which they found could not be compared directly. Two trials found that there was some evidence that acupuncture was superior to dummy acupuncture. Five trials showed no significant difference between the sham and treatment groups. Some of the sham points used could be used for the treatment of asthma using TCM principles and only one trial used treatment strategies tailored to individual needs so they felt that the use of a no treatment control group would be necessary. They concluded that they could not make any objective recommendations on the current evidence for or against the use of acupuncture for the treatment of asthma due to there being such differences between trials in their data presentation, thus making it very difficult to do any meta-analysis. They called for more research which takes into account the complex nature of acupuncture treatment.

Linde (1996) produced a review which was an update on the work done by Kleijnen. Their aim was to produce an overview on randomised controlled trials about the effectiveness and efficacy of acupuncture in the treatment of asthma. They identified 15 controlled trials on which they examined the characteristics, methodological quality, adequate acupuncture treatment and the results of the trials. The trials all had some form of dummy acupuncture control and patients were blinded. Ten had the evaluators blinded and eight had cross-over. They found that there was great variation between trials regarding study models, treatment and control interventions, patients, methodological quality, adequate acupuncture treatment and outcome measurements. Study results were highly contradictory. They warned that dummy or sham acupuncture may produce misleading results . There was a great need for larger trials in real clinical

situations as no trial that they had reviewed was a pragmatic trial. It was also felt that it was more value to know if acupuncture was of value to the patient than to know if it was more than a placebo. They also warned about reviewer bias.

Lewith (1996) reviewed several types of complementary therapies for asthma. Under the acupuncture section they felt that there were not very many randomised controlled trials conducted but there was sufficient evidence that 'other' therapies produced objective and subjective benefit in selected groups of patients. Acupuncture also seemed to be better for the drug induced or allergic asthma rather than for the exercised induced asthma. They also felt more research should be done as complementary therapy offers a cheaper alternative to conventional therapy. Also it may help patients to develop greater control over their disease.

Jobst (1995) looked at 16 trials and found by using various criteria such as for looking at the amelioration of both subjective and objective symptoms, medication use etc. that acupuncture can be used safely to help respiratory disease in these aspects to various degrees. Acupuncture was effective in 62.5% trials. It took the view that although sham acupuncture points were believed to be inactive, that according to traditional Chinese principles many are active in pulmonary disease so they also reported that if the positive results were added to the results of trials where real and sham acupuncture were not significantly different from each other but where the combined effects were significantly different from baseline then 87.5% of studies lead to significant improvement. In studies where medication was given this was more effective than only acupuncture but acupuncture did lead to the reduction of medication levels in 91% of studies. This was an extremely thorough review. They deemed that acupuncture was a safe and potentially effective treatment based on current papers.

Kleijnen (1991) This literature search of 13 trials looked at the efficacy of acupuncture in the treatment of asthma. The papers were scored against 18 predefined methodological criteria which basically fell into 3 main areas. These were adequate numbers of patients in the study, adequate measurement of effects and adequate intervention. The papers were scored out of 100 and they found that only 8 got over 50% and no paper got over 72%. They concluded that claims that acupuncture was effective were not based on the results of well performed trials. These fell down on several different areas which included inadequate follow up, lack of assessment of subjective symptoms, lack of

matching patients, inadequate numbers, no mention of side effects or analysis could not be checked. Their basis for this study was more on methodological criteria and only looked at the primary study information as a positive or negative result. They also acknowledged that new research would be more informative if a more homogeneous study population using the basis of TCM diagnosis could be used.

Vincent (1987) reviewed papers for the efficacy of acupuncture for several disorders amongst which was asthma. They concluded that acupuncture could provide modest benefits for asthma.

Controlled trials

There were twenty papers in this category but it was felt that the most commonly occurring papers in the reviews (9) would be reviewed here as this would give the reader a good grasp of what had been done involving asthma and acupuncture. The papers by Tandon (1991) due to the fact that they used patients with a history of atopy, and Jobst (1986) as their treatment was tailored to the individual are particularly interesting.

Yu (1976) This single blind study was performed on 20 bronchial asthma patients. Group one was given acupuncture at ST36 and then at Dingchuan. Group 2 had ST36 and a designated non acupuncture point. Then they were given a β -2 agonist. Patients were monitored using various lung function tests (FEV_1 , FVC), BP, Heart rate and $PaCO_2$. They found no subjective improvement for ST36 in either group except for 1 person. 9 patients in group 1 had a subjective improvement of breathlessness after Dingchuan and 5 of these found the expiratory wheeze objectively reduced and the others it completely cleared. In group 2, 5 patients noticed subjective improvement with decreased audible wheeze in 3. There were significant increases in the FEV_1 and FVC but not the MMFR after Dingchuan but not at the control or ST36. All patients responded to the β -2 agonist. 4 patients also underwent a histamine challenge firstly by having acupuncture at Dingchuan 10 minutes after and secondly by having the acupuncture and then the challenge. This was repeated using the control points 24 hours later. They found that the FEV_1 decrease was not altered in either amount or time scale. Although a positive result there was only one point for asthma used and so it was not tailored to individual needs. There was only a single treatment with no long term follow up and small trial numbers. There was no no-treatment control group. The tests were such that it was mainly directed to seeing if acupuncture relieved

broncho-constriction due to smooth muscle relaxation and perhaps acupuncture alleviates symptoms by another route. The sham point may be use for asthma in TCM. The descriptions of point selection and positioning of the needles was poor.

Tashkin (1977) did a double blind trial with crossover design using 12 bronchial asthmatics. Six tests were run over three days. Day one morning pulmonary function tests (FVC, FEV, FEF_{25-75%}, R_{aw}, V_{tg}, SG_{aw}) were done for a baseline and then repeated after isoproterenol was inhaled. In the afternoon graded doses of methacholine were given to produce bronchoconstriction to reduce SG_{aw} by 30%. Tests were continued to see how recovery took place. Day two morning methacholine was given then saline or isoproterenol and tests continue up to 120mins after challenge. In the afternoon another challenge but patients given either real acupuncture using LI4, DU14, Dingchuan, Waitingchuan, ST36, LU7 or placebo using points near real points on scapula, anterior tibia and dorsum of hand. Day three was a swap to the reverse of day two. They found isoproterenol and real acupuncture produced increases in flow rates and SG_{aw} and decreases in V_{tg} which were significantly different from saline, simulated acupuncture or no treatment. They concluded that although isoproterenol was more effective than real acupuncture, the acupuncture was more than a placebo result. This was an interesting positive result and included a no-treatment phase. There was a small number of patients and quite a varied age range and age of onset.

Virsik (1980) performed a single blind test. They took 20 bronchial asthmatic patients and treated one group with LU1, LU7, REN17, BL13, LI4 and point 100 on the ear and the other group with sham points 2 cm lateral to the BL channel in the gluteal region. All experienced subjective improvement but this was short lived in the sham group. The real acupuncture group showed significant improvement of specific airway conductance, FEV₁ and PEFr. RV decreased and VC increased. Sham remained virtually unchanged. This was a very positive result but the drawbacks were small patient numbers, minimal information on methods and data. Only one treatment was given and it was not individualised.

Dias (1982) did a double blind trial using 20 bronchial asthmatics. This was a preliminary trial. They used REN22, Dingchuan and LU7 in the real acupuncture group and the control groups used GB5 and 6. They all received several treatments but this was quite variable in amount. They carried out PEFr tests and amount of medication used. They found that the control group

showed significantly more response to PEFr measurement than the acupuncture group. Both groups showed a subjective improvement and reduction of drugs. They concluded that acupuncture had a placebo effect. This paper did not have a very good explanation of methods, the homogeneity of the groups was poor, and the number of treatments per patient varied considerably. The control points used are used in TCM as active points. Christensen (1984) reported a double blind trial involving 17 bronchial asthma patients. This took place over an eleven week period. Two weeks was pre treatment, 5 weeks treatment (10 sessions) and 4 weeks post-treatment. A diary of morning PEFr (MPEFR), evening PEFr (EPEFR), number of puffs of β -agonist, daily severity of asthma (DSA) on a 1 - 4 points scale and weekly severity of asthma (WSA) on a 0-100 points scale was kept and continued throughout treatment. Blood samples to check haemoglobin, various cell counts and immunoglobulin levels were done at 2, 7 and 11 weeks. The acupuncture group had LI4, Dingchuan, BL13 and REN 17 located with point locator, then needled with de Qi and electro-acupuncture applied. The placebo group was needled on the hand and two points above the scapulae with no de Qi or locator indication. After two weeks treatment the real acupuncture group had a significant increase of the MPEFR by 22% and the EPEFR by 7%. The β -agonist was reduced by 53%. At the 5 week mark there was only trends between groups. The serum IgE level reduced in the acupuncture group through out the treatment and after but there was no change in the simulated group. Although a positive result there was only a significant difference at the two week stage if compared to the placebo even though there was a constant improvement throughout in the acupuncture group. This was an interesting paper although the real acupuncture group had worse baseline results than the placebo group before treatment, the real group received electro-acupuncture whereas the placebo did not, there was quite a variation in needle depths between groups and not all data was supplied.

Takishima (1982) reported on 10 asthmatic patients who were undergoing acupuncture treatment. During this time they measure total respiratory resistance. They conducted a single blind study where patients received a sham acupuncture then a sham stimulation and then the real acupuncture point (only 1 point ST10 was used). The resistance decreased in 1/17 in the sham treatments and in 10/26 in the real treatments. This is a very positive study with the drawbacks being the sham could be used in TCM asthma treatment and the numbers are small.

Tandon (1991) This was a double blind trial involving 15 patients with chronic bronchial asthma and a history of atopy. The trial had a randomised crossover design and used laser acupuncture. For the real acupuncture SP6, ST36, LU9, LI11, REN17, REN22, Dingchuan, BL13 and ear points (asthma, lung and internal secretions). For the control GB34, LIV8, LIV14, SI3, SI6, BL18, BL25 and ear points (uterus and bladder). Data collected on FEV₁, FEF₅₀, FEF₇₅, FVC, recorded symptoms, medication and peak flow readings. The trial had a baseline, treatment, washout, other treatment phases. 5 improved with real, 5 improved with sham and 5 had no difference. This trial had both positive and negative results. Drawback was the lack of numbers, sham points used in TCM for asthma and no raw data given.

Tashkin (1985) This was a double blind crossover trial using 25 bronchial asthmatics. For the real acupuncture LI4, DU14, Dingchuan, Waivingchuan, ST36, and LU7 were used and for the sham non acupuncture points near to the real points were used. Diaries of medication and symptoms were kept and specific airway conductance, spirometry, heart rate, BP and respiratory rate were taken. After the treatments a subjective question was asked. Although there was a trend in lung function, medication and subjective tests to improve these were not significant and so a negative outcome was reported.

Jobst (1986) This double blind study used 26 patients suffering from COPD some of whom had asthma. It was a trial which recorded general breathlessness, well-being, oxygen usage with exercise, 6 minute walk observation and lung function tests. One group was treated using TCM principles whilst the other group used non acupuncture points. After treatment the real group showed significantly greater improvement in the walk and subjective scores whereas the sham only improved in the well-being score. The lung function tests did not change in either group. This paper had a very positive outcome and was the only blinded trial to use points tailored to the individual. Perhaps a follow up and information about points used would have been helpful. This trial also started as double blind but because of the improvement to the real group some of the blinding of patients may have been lost.

Outcome studies

There are several very interesting papers in this group which make more use of TCM diagnosis and subjective outcomes. Although they do not necessarily have the rigor of the trial they do give some encouraging information.

Landa (1992) took 2500 children with bronchial asthma, pollinosis or atopic dermatitis. They used TCM diagnosis and treated them accordingly over several months. 87% had a positive effect with less medication usage, less breathlessness, less illness exacerbation, better sleep and less uneasiness. 25.7% of bronchial asthmatics had no exacerbation's for three years.

Sternfeld (1989) took 9 patients with asthma and studied the effect of a standard acupuncture treatment over a period of time on changes in airway resistance, medication usage and the availability of LTC₄ receptors on peripheral blood leukocytes (LAI - leukocyte adherence inhibition test) which tend to be higher in asthmatics. Before treatment 77.7% had a positive LAI response and after 57% of the positives had become negative. All had reduced their bronchodilators and those on steroids were using less.

Lai (1993) compared acupuncture therapy against desensitisation therapy for treatment of Type 1 allergic diseases. 49 had allergic asthma and were treated with a fairly standard formula although there was some allowance for excess or deficient patients. 22 allergic asthmatics were the control who were given desensitisation treatment. There was a marked improvement of sign and symptoms of 91.83% in the acupuncture group compared to 78.57% in the desensitisation group.

Choudhury (1989) took 9 extrinsic (atopic) and 1 intrinsic asthmatics and performed lung function tests on them. They then treated twice weekly with electro-acupuncture using DU20, REN17, REN22, REN12, LI4, LI11, BL13. There was subjective improvement in 9 patients, 8 had complete relief from attacks. None reported back up to two years later. FEV₁ improved significantly. VC and FEV improved in 70% of patients and PEF in 90%. FVC improved significantly in only 1 patient. This treatment was aimed to improve both body immunity and broncho-dilatory effect.

Zwolfer (1993) treated 22 patients with bronchial asthma using points tailored to the individual out of the following :- HT3, SI3, BL13, BL17, KID27, SJ5, SJ15, LU1, LU2, LU7, LI4, ST13, REN17, LIV13. They were treated for 10 weeks and longer if necessary. Subjective questions were asked after 10 weeks and at the 6 month point. 70% of patients felt it had helped. After the 10 weeks 76% said symptoms were better and 24% were unchanged. 6 months later 11% were free of the disease, 65% had deteriorated from before but were better than they were originally, 24% were as before. 59% felt they could reduce their medication. They felt that a fixed pattern treatment could lead to bad results and they could definitely recommend acupuncture.

Kwok - Chi (1992) This is a study using 39 patients with Kidney deficiency. This paper uses TCM diagnosis by using the idea of being invaded by external factors which combines with the Lung, Spleen and Kidney deficiencies. The signs and symptoms of Kidney Yang Xu, Kidney Yin Xu, Kidney Yin and Yang Xu and Lung Cold and Spleen Qi Xu are described and all the patients fall into one of these categories. Various treatment methods using medicinal plants, auricular and body acupuncture and thread imbedding are employed. It was found that there was more success according to the length and interval of time taken for treatment. Ten patients recovered fully i.e. without any symptoms occurring within 2 years. These patients were treated for 12 months. Others showed some improvement of different levels according to time of treatment and only 3 did not have any effect and these only attended for 1 month. It was felt that to only treat the Lung was a temporary fix whereas it was necessary to treat the Kidney for long-term change. Although only a small number of patients it was an interesting paper as it used TCM categories and treatments and also had more of a long-term follow up.

Shao 1985 reported positive results and did more individual tailoring but has a rather minimal methodology and confusing explanation.

Teaching papers

There are several teaching papers which demonstrate the information which is on the TCM aspects of asthma. They are all fairly similar in their explanations of patterns as they are using the Xiao - Chuan theory and are not covering atopic asthma specifically.

Shao (1990) looks at three different aspects of bronchial asthma from a TCM point of view. These were the treatment styles, use of points and the TCM patterns. They divide asthma into cold, febrile, insufficiency and excess patterns and describes the signs and symptoms for each phase. The clinical course of the disease is described as paroxysmal, alleviation and recovery stages. It is due to an exopathic factor (Wind Cold) which attacks the Lung causing accumulation of turbid phlegm, disorder in ventilation and abnormal ascending flow of Qi. Coupled with this are endopathic factors of Lung Qi deficiency coupled with some or all Spleen and Kidney Qi deficiency.

Key theory

Giovanni Maciocia' s theory (1994) is that as the problem occurs from birth and that the patient is born with a deficiency. This he describes as Lung and Kidney

Wei Qi deficiency. This deficiency allows Wind to become lodged in the Lungs and this may become activated every so often culminating in an asthma attack. He also says that in the theory of Xiao - Chuan that Phlegm is key to these conditions as it blocks the airway, but in fact in atopic asthma, Phlegm is not the main agent, it is due to an allergic reaction causing bronchospasm that causes narrowing of the airways which is then difficult to clear of mucus and so Phlegm is the result rather than the cause. X-rays also are not used to diagnose asthma as they are often clear and if Phlegm was the problem it would show up on the X-rays. The tongue and pulse of the atopic individual often does not show evidence of Phlegm.

So why Lung and Kidney Wei Qi Xu ? The reasoning behind this is as follows. The Lungs spread the Wei Qi to the skin and muscles. The Kidneys are the root of the Wei Qi (Kidney Yang is the source of all Yang energies) The Kidneys provide Qi to the Bladder so that transformation of fluids may take place. This involves the clear fluids joining the skin and muscles to mingle with the Wei Qi and so this explains the indirect idea that Kidneys are the root of Wei Qi. Resistance to External Pathogenic Factors is dependent not only on the Lung Wei Qi but also on the Kidneys Wei Qi. The Kidney deficiency is only in this one area so many of the signs and symptoms of Kidney deficiency will not be present. In Western medicine the immune response all comes from stem cells which are found in the bone marrow. In Chinese medicine the marrow is produced by the Kidney essence and this essence flows in the Du, Chong and Ren vessels and helps in the protection from external Pathogenic Factors. In atopic asthma the Kidney Wei Qi is deficient from birth and is the reason behind the condition and so allows the Wind to lodge in the chest. He has various theories as to how this Kidney Wei Qi Xu may arise and these are as follows :-

- 1) hereditary constitutional weakness
- 2) problems with the mother during pregnancy such as shock, smoking, drinking alcohol or drug use.
- 3) childbirth problems such as foetal distress, induction and caesarean section.
- 4) immunisations

In eczema which often appears before or at the same time as asthma the pathology is as follows. The Lungs control the skin and pores and spreads Wei

Qi and fluids in the skin. The Kidneys control the condition and lustre of the skin. The Kidneys in this situation do not nourish the skin which allows Wind Heat or Damp Heat to invade the skin. Also there is a close relationship between the Kidneys essence and the Lungs Corporeal Soul which is responsible for sensations such as itching and pain on the skin. If there is an inborn defect of Kidney essence it will affect the Corporeal Soul and hence the skin. Eczema is due to toxic heat from the uterus and so is linked to the pre heaven essence. As the essence is related to the corporeal soul the heat will manifest on the skin. The deficient essence in a baby can fail to root its corporeal soul and therefore its Lungs causing asthma.

The main patterns that make up his new theory for atopic asthma are:-

During attacks - Wind-Cold (with or without sweating) and Wind Heat

Between attacks :- LU and KID Wei Qi Xu, LU Qi Xu, LU Qi & LU Yin Xu, LU Qi & KID Yang Xu, LU Yin Xu, LU & KID Yin Xu.

For the eczema the patterns are for the acute Wind Heat and Damp Heat and for the chronic Wind Heat with Blood Xu and Damp Heat

If late onset asthma this may have the patterns of LIV Qi stagnant insulting the Lungs, LIV Fire insulting the Lungs and LIV Yin Xu.

According to Maciocia with the theory of Xiao - Chuan he prefers to break this into two separate parts, Chuan (breathlessness) and Xiao (wheezing) although often it is found together in many modern Chinese text books and describes best late onset and asthma that starts in childhood which is not atopic asthma. For Xiao he differentiates patterns into during attacks being Cold Phlegm and Hot Phlegm and between attacks LU Xu, SP Xu and KID Xu. The pathology behind wheezing is that Phlegm is moved upwards by rebellious Qi and this blocks the airways causing wheezing. The disease is a combination of an excess which is Phlegm and a deficiency which is of the Lungs, Spleen or Kidneys. There are often signs of Phlegm either on the pulse or tongue if not a physical appearance in the attack phase. Aetiological factors that trigger the attacks may be emotional, overwork, diet (SP damaging foods) and weather changes.

For Chuan (breathlessness) he differentiates pattern into excess and deficient and these are as follows :- Invasion of Wind Cold, Wind Cold on Exterior, Phlegm Fluids in Interior, Cold on Exterior, Heat in Interior, Phlegm Heat in Lungs, Turbid Phlegm in Lungs, LU Qi obstructed, LU Xu and KID Xu. The

Lungs may be obstructed in their descending action by either Wind or Phlegm or by their own deficiency. The Kidneys if weak will fail to hold down the Qi and so if there is difficulty inhaling then there is Kidney deficiency and likewise if there is difficulty exhaling this is likely to be LU deficiency. A Spleen deficiency will produce Phlegm which then obstructs the Lungs. Liver Fire and Liver Yang can also interfere with the Lung Qi descent. The Wind Cold invasion part of the theory can be used for atopic asthma as it is often triggered by allergens, exercise, hyperventilation and cold air. The Phlegm fluids does not occur in children as this is a chronic complaint and the Cold on the exterior and Heat in the Interior, Phlegm Heat in the Lungs and Turbid Phlegm is for chest infections and not asthma. The Lung Qi obstructed is due to interference by the Liver and appears due to stress so is highly unlikely in very young children. Breathlessness from Kidney Xu is more late onset asthma and from Lung Xu is more chronic asthma.

The investigation

This investigation will be presented in various sections. Firstly the reasoning behind the choosing of the method and a description of the method. Secondly a results section which will address the following points :-

- Comparison of the composition of patients and their criteria for inclusion in the study.
- What are the main TCM patterns of the asthma attack phase ?
- What are the main trigger factors ?
- Are there any links to the type of attack pattern and trigger factors ?
- What is the most common time of day for an attack ?
- Are the attack symptoms the same ?

- Is there any link to hay-fever ?
- What are the most common TCM patterns in the non attack phase ?
- Are there few Kidney signs and symptoms evident, especially in the younger patients ?
- Is there evidence for Phlegm being not the main cause ?
- Does there appear to be an asthma / eczema link ?
- What are the most common TCM patterns for atopic eczema ?
- Is there any evidence to support Maciocia's aetiological theory ?

The investigation method

Reasoning for choosing the method

There are many different research methods, but according to Fitter (1996), "there is no 'best' research methodology. The appropriate methodology depends on the question being asked". There follows a brief examination of the strengths and weaknesses of a few of the methodologies which were considered, and why the final methodology was adopted.

The Randomised Controlled Trial can be of two types, the explanatory and the pragmatic. The difference between the two is that the explanatory takes place under laboratory conditions, so that according to Fitter (1996), it "is appropriate for determining the efficacy of a single active intervention", whereas the pragmatic "takes place under normal conditions to aid decision making". The RCT method needs a large patient base to generate statistically valid outcomes and tends to be costly and time consuming to conduct. The study is to draw correspondences to a multifaceted theory, and was not asking to compare one set of patients with one treatment versus another set of patients with a different treatment. So for these reasons it was deemed not practical for this research topic.

There are other approaches which avoid the experimental model and amongst these are the single study case design (n = 1 design) and the attitude measurement.

With the single study case design (n = 1 design), a single case is systematically studied to see how an intervention progresses over time. A baseline is established and some method of monitoring progress is devised e.g. using a peak flow meter, monitoring B.P or diary information keeping as to

pain scale or medication used. The disadvantage of this method is that it is only on one patient and so generalisations cannot be made. But if several cases like these were run then evidence can be increasingly substantiated as the number of cases increase.

The approach adopted was to take several cases with the western diagnosis of atopic asthma and to gather systematic information to allow correspondences with Maciocia's theory to be examined.

Both the use of questionnaires and interviews were considered to gather the information. It was felt that to gain the breadth of information, and for the fact that the questionnaire would need more people, that in this case, interviews would be better.

According to Bell (1993) " A skilful interviewer can follow up ideas, probe responses and investigate motives and feelings, which the questionnaire can never do". To take a case history it is vital to have contact with the patient as their physical presence is needed for a complete diagnosis.

The choice of interview was considered. The use of an unstructured interview would give a lot of information but not necessarily the information that was specifically needed to look at the theory and some information might be missed. An unstructured interview also introduces variability into the method from patient to patient. It was considered that it was important to try to treat all patients the same as far as possible. It was decided to use structured interviews to try to reduce this variability as much as possible. This method also allowed the normal complex case history to be conducted in a very ordered and logical pattern for each patient, so that the key TCM patterns for each patient could be elicited. As Maciocia stated, "patients may suffer from one or several patterns". This method would enable us to see which were the more common patterns, as well as to see that there may well be quite a variation in the signs or symptoms within patterns. He also stated that the pattern of LU and KID Wei Qi Xu underlies all other patterns that might be present as this is present from birth. In these individuals the LU and KID Wei Qi Xu was mainly characterised by the occasional activation of the asthma and there may, in the young, be no other signs or symptoms, but for the asthma. So by checking for all the other possible signs and symptoms, it would be possible to draw a conclusion on the existence of LU and KID Wei Qi Xu. The structured interview would also allow the exploration of some of the aetiological factors so that correspondences with Maciocia's theory might be explained. There was one problem with of the structured interview; that was

through being very structured this might lead the interviewee on, and so create a potential bias. According to Wolcott (1995) "In the total absence of bias, a researcher would be unable even to leave the office to set off in the direction of a potential research site.....Bias requires us to identify the perspective we bring to our studies as insiders and / or outsiders and to anticipate how that may affect what we report. " By following a set protocol it was hoped to reduce this to a minimum. Although careful questioning was necessary to obtain the information required it might be useful to allow the respondent a little time to comment on how they lived their lives with this condition. This would also help in improving rapport, so a small section of the interview was given over to this. According to Rubin (1995) "researchers set up an overall framework for the interview to keep the interview on course yet allow sufficient flexibility for exploring uncharted paths". It was felt that certain patients might have more prominent non asthma linked TCM conditions and these might need some degree of latitude on the interviewers part to establish these so that a proper case history could be taken.

The Method

The adult participants in the survey were drawn from patients, friends and relatives of the practitioner. The majority of the children were volunteers via their parents from the local primary school. The letter written to parents asking for volunteers which was printed in the school newsletter can be found in Appendix A.

A consent form following appropriate protocols was designed and can be found in Appendix B.

The structured interview was designed to cover the following sections :-

- 1) Basic details :- name, address, permission to contact again.
- 2) Confirmation questions for being atopic.

To take part in the interview the participants were initially screened to ascertain whether atopic asthma was present. Subsequent questioning was given to those where atopic asthma was confirmed and they should have answered positively to at least 3 -4 of these questions.

3) The asthma attack phase - establishing the TCM patterns.

The questions were to establish the variations between the patterns of Wind Cold (without sweating), Wind Cold (with sweating), Wind Heat and other patterns such as Kidneys failing to receive Qi.

The presence of Phlegm and trigger factors were also established.

4) The non attack phase - establishing the TCM patterns.

The questions were asked to establish the variations between the underlying patterns that could cause asthma. By finding negatives to the Kidney symptoms and to most of the Lung symptoms, the pattern of Lung and Kidney Wei Qi Xu could be established.

Tongue & pulse diagnosis was also carried out.

5) Eczema patterns.

The questions here were to establish the different pattern that could cause eczema such as Wind Heat, Damp Heat and underlying Blood Xu.

6) Other information.

This was a part left open to the interviewer to look for other patterns if it was felt that this information would be necessary and relevant. There were also questions about consumption of tea, coffee and alcohol amongst others.

7) Aetiology

This section was to gather data for the various proposed aetiological aspects such as being born premature or by caesarean section.

The interview was piloted with one of the interviewees before a final version was firmed up.

Eleven people completed the interviews. The interviews averaged about 1.5 hours in length. In the case of children the parents answered as many questions as possible and the children were only asked to help with the questions only the patient could answer e.g. do you have more difficulty

breathing in or out. This alleviated the problems with keeping the children's attention.

Details of questions and a copy of the structured interview can be found in Appendix C.

The Results

For each of the patients the full case interview can be found as follows :-

Pete	Appendix D	James	Appendix J
Sue	Appendix E	Nicola	Appendix K
Beth	Appendix F	Harry	Appendix L
John	Appendix G	Nina	Appendix M
Jenny	Appendix H	George	Appendix N
Jung	Appendix I		

The results will be presented in several sections according to the interview structure and the points referred to at the beginning of this section.

Table 1 Criteria for inclusion in study , drug regimes and incidence of asthma / eczema

Name	Age	Familial	Allergies	Eczema	Onset of eczema	Onset of asthma	Drug controlled asthma		Frequency of attacks	
							β agonist	cortico-steroid	Major	Minor
Pete	29	Yes	Yes	Yes	baby	5 years	V 4xd	B 3xd	none	wheeziness
Sue	30	Yes	Yes	Yes	baby	22 years	V 2xd min. & an	B occ.	none	morning and evening
Beth	37	Yes	Yes	Yes	baby	6 years	V an	B 2xd	3 annually	daily
John	33	Yes	Yes	Yes	baby	6 months	V 1xd	none	1 in 7 years	1 in 6 months
Jenny	63	unknown	Yes	Yes	baby	1 month	Sa an	F 2xd	Monthly as child now none	constant wheezing
Jung	43	Yes	Yes	Yes	38	37 years	V an	B 2xd	1 in 3 years	wheezing
James	6	Yes	Yes	Yes	5 years	2 years	V an	B 2xd	1 annually	1 in 3 months
Nicola	12	Yes	Yes	No	N/A	2.5 years	V an Se 2xd	F 2xd	4 - 5 annually	weekly
Harry	6	Yes	Yes	No	N/A	2.5 years	V an	none	none	weekly
Nina	6	Yes	Yes	Yes	9 months	5 years	V an, Br an	F 3xd	3 in 2 years	8 annually
George	4	Yes	Yes	Yes	baby	3 months	V an	F d	1 in 5 years	daily
Total number of patients			100%	82%	73% before the age of 7 years. 2 with no eczema	82% before the age of 7 years				

Key :- an = as necessary, d = daily, B = becotide, Br = Bricanyl, occ. = occasionally, Sa = Salbutamol, Se= Serevent, V = ventolin

a) Comparison of the composition of patients and their criteria for inclusion in the study.

The results of this part of the study may be found in Table 1. There were 45% of children (5) and 55% of adults (6). There was quite a spread of age the oldest being 63 and the youngest 4. There were over 60% of children aged 6 years and over 67% of adults were in their late twenties or thirties.

All participants stated they had familial links with asthma with the exception of one who did not know, one who had a brother with asthma but no parent or grandparent and one who had a cousin with asthma but no parent or grandparent. The two adults with apparent non parental links both developed asthma later in life. 82% developed asthma before the age of 7 years.

All participants had allergies of differing degrees and types.

82% had eczema as well as asthma. Two of the children did not have eczema but they were clearly atopic in other ways e.g. allergies and familial links. One of the adults who had the brother only as the familial link developed eczema in later life. 73% developed eczema before the age of 7 years.

All the patients were taking drugs for the asthma. 2 were not taking steroids and one only occasionally. All the others were taking steroids regularly. 4 were taking β agonists daily the rest would take them when necessary. Most of the patients had major attacks very rarely as the condition was well controlled by conventional medication. Six had minor attacks daily, the rest less often.

Table 2 What are the main trigger factors and patterns of the asthma attack phase?

Patient Name	Dust	Pollen	Animal Dander	Dust Mites	Stress	Other	Time of day for attack	Type of Pattern
Pete	Yes	Yes	Yes	Yes	?	No	Night	Wind Cold (no sweating)
Susan	Yes	Yes	Yes	Yes	Yes	Sulphites (in wine), cold weather	Night & Day	Wind Cold (no sweating)
Beth	Yes	Yes	Yes	Yes	Yes	Cold weather	Night	Wind Cold (no sweating) / occasional Wind Heat
John	Yes	Yes	used to be	No	No	peanuts, almonds, walnuts, hazelnuts, white fish, grass, sun	Night	Wind Heat
Jenny	Yes	Yes	Yes	Yes	?	cold weather	Night	Wind Cold (no sweating) / slight Wind Heat
Jung	No	Yes	No	Yes	Yes	cold weather	Night	Wind Cold (no sweating)
James	Yes	Yes	No	No	No	feathers, EIA, swimming, cold weather	Night & Day	Wind Cold (no sweating) / occasional Wind Heat
Nicola	Yes	Yes	No	Yes	?	feathers, sun, cold weather, rape-seed, EIA	Night	Wind Cold (with sweating) / Wind Heat / Kidneys failing to receive Qi
Harry	No	No	Yes	Yes	No	No	Night	Wind Heat
Nina	No	Yes	?	No	No	Bombay mix, cold weather	Night	Wind Heat
George	possibly	No	No	No	No	EIA, black-currant drink, new wool carpet, severe peanut allergy	Night	Wind Cold (with sweating)
Totals of patients	7 yes 1 possible	9 yes	6 yes	7 yes	3 Yes, 3 possible	7 cold weather, 3 EIA, 2 peanut	9 at night, 2 both day & night	3 patients Wind cold no sweating, 3 Wind Heat, 3 Wind Cold no sweating with occasional Wind Heat, 1 Wind Cold with sweating, 1 mixed Wind Cold with sweating, Wind Heat and Kidneys failing to receive Qi

b) What are the main TCM patterns of the asthma attack phase ?

The results for this are tabulated in Table 2.

Wind Cold (no sweating) - 3 patients

Wind Heat - 3 patients

Wind Cold (with sweating) - 1 patient

Wind Cold (no sweating) with occasional Wind Heat - 3 patients

Wind Cold (with sweating), Wind Heat and Kidneys failing to receive Qi - 1 patient

Seven of the patients had reasonably clear cut single style Wind patterns.

Three had mainly one type of Wind Cold but with occasional Wind Heat. Only one had two types of Wind pattern plus under lying Kidneys failing to receive Qi.

c) What are the main trigger factors ?

The results are presented in Table 2 which also indicates some multiple trigger factors.

Pollen	-	9 patients
Dust	-	8 patients
Dust mites	-	7 patients
Cold weather	-	7 patients
Animal dander	-	6 patients
Stress	-	3 patients
Possibly stress	-	3 patients
Exercised induced asthma	-	3 patients
Feathers	-	2 patients
Peanuts (severe allergy)	-	2 patients

d) Are there any links to the type of attack pattern and trigger factors ?

Comparison of the trigger factors and type of attack pattern can be seen in Table 2.

Cold weather triggers - triggers attacks in 7 patients

Cold weather triggers - 6 out of the 8 patients have Wind Cold patterns.

Cold weather triggers - 5 of the 6 with Wind Cold without sweating

1 out 2 with Wind Cold with sweating

1 with Wind Heat reacts to temperature changes.

No other trigger appears to have such a clear pattern as cold weather.

e) What is the most common time of day for an attack ?

Results for this can be seen in Table 2.

Night - 9 patients

Day & night - 2 patients

f) Are the attack symptoms the same ?

Table 3 Tally of attack symptoms to see which symptoms occur most frequently

Question	Wind Cold (without sweating)	Wind Cold (with sweating)	Wind Heat	Other	General for all
When you have an asthma attack do you have :-					
wheezing (describe) need deeper, whistling					* 11
breathlessness					* 10
tightness of the chest					* 10
Do you have more difficulty breathing out	*4				
In				* 5	
Do you sweat slightly		*4			
not at all	* 3				
Do you feel cold	*2				
or slightly chilly		*3			
Can the attack be brought on by cold weather	*7				
Do you have a stiffness of the shoulders and neck	*6				
Do you have sneezing	*5				
Do you have a cough	*6			*1	
Is it barking			*4		
Do you have a fever and aversion (dislike) of cold or a feeling of heat			*6		
Do you have a headache (describe)			*6		
Do you tend to want to urinate during an attack ?				*1	
Do you have a slight thirst			*8		
no thirst	* 3				

The results are tabulated in Table 3.

The most common symptoms are wheezing, breathlessness and tightness of chest.

There appears to be a almost equal split between inhalation and exhalation problems.

There also seems to be an almost equal split between feeling hot or cold which tallies with the number of Wind Cold or Wind Heat patterns.

Only one shows the symptom of wanting to urinate during an attack which tallies with the fact that there is only one patient that has the pattern of Kidneys failing to receive Qi.

Over 70% of patients have a slight thirst.

g) Is there any link to hay-fever ?

Table 4 Hay-fever tally

Name	Has Hay-fever ?	How long has patient had hay-fever ?	Comments	Pollen Trigger
Pete	Yes	5 years		Yes
Sue	Yes	11 years		Yes
Beth	Yes	31 years		Yes
John	Yes	2 years		Yes
Jenny	Yes	Last 10 years		Yes
Jung	Yes	19 years	May be allergic rhinitis as all year round	Yes
James	Yes	3 years	May be allergic rhinitis as all year round	Yes
Nicola	Yes	2 years		Yes
Harry	No	N/A		No
Nina	Yes	1 year		Yes
George	Yes	2 years		No
Total of patients	10 have hay- fever, 1 does not			9 pollen triggers asthma attack, 1 does not trigger but has hay-fever, 1 does not trigger and does not have hay-fever

Results for this can be seen in table 4.

Hay-fever sufferers

- 10 patients

Pollen triggers asthma attacks	-	9 patients
No pollen trigger but does have hay-fever	-	1 patient
No pollen trigger and does not have hay-fever	-	1 patient
Developed hay-fever in last 5 years	-	6 patients (2 adults and 4 children)

Table 5 TCM patterns in the non-attack phase

Name	Key asthma causing patterns									Other patterns present				
	LU Qi Xu	LU Yin Xu	KID Yin Xu	KID Failing to receive Qi	KID Yang Xu	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	SP Qi Xu	LIV QI Stagnation	LIV Blood Xu	HE Blood Xu	LU Phlegm Heat
Pete			Yes	Yes						Yes	Yes	Yes	some	
Sue	Yes		Yes		Yes	Yes	Yes		Yes		Yes	some		
Beth	Yes		Yes	Yes	Yes			some	some	Yes	Yes	Yes		
John	Yes		Yes				Yes			Yes + Damp	Yes			
Jenny	Yes		some		Yes					Yes + Damp		Yes		
Jung	Yes	Yes			Yes			Yes	Yes			Yes		Yes
James	Yes		some											
Nicola	Yes	Yes	Yes	Yes	Yes					Yes				
Harry	some													
Nina	Yes	Some												
George	Yes	Very slight												
Total number of patients	9 yes, 1 no, 1 some	2 yes, 1 some, 1 very slight, 7 no	5 yes, 2 some, 4 no	3 yes, 8 no	5 yes, 6 no	1 yes, 10 no	2 yes, 9 no	1 yes, 1 some, 9 no	2 yes, 1 some, 8 no	3 yes, 2 yes with clear signs of Damp, 6 no	4 yes, 7 no	4 yes, 1 some, 6 no	1 some, 10 no	1 yes, 10 no

h) What are the most common TCM patterns in the non attack phase ?

The results for this can be seen in Table 5 which also indicates multiple TCM pattern combinations.

LU Qi Xu some signs and symptoms.	-	9 patients definitely, 1 patient
KID Yin Xu some signs and symptoms.	-	5 patients definitely, 2 patients
KID Yang Xu	-	5 patients.
KID failing to receive Qi	-	3 patients.
LU Yin Xu some signs and symptoms, 1 very slight signs and symptoms.	-	2 patients definitely, 1 patient
LIV Yin Xu some signs and symptoms.	-	2 patients definitely, 1 patient
LIV Qi stagnation insulting LU	-	2 patients.
ST Yin Xu	-	1 patient.
LIV Fire insulting LU and symptoms.	-	1 definitely, 1 patient some signs

All four of the younger children had far fewer syndromes than the other older patients.

Other patterns present :-

SP Qi Xu	-	5 patients, 2 of which had Damp
LIV Qi stagnation	-	4 patients
LIV Blood Xu and symptoms.	-	4 patients, 1 patient some signs
HE Blood Xu	-	1 patient
LU Phlegm Heat	-	1 patient

Table 6 The asthma / eczema link. The Involvement of the Kidneys.

Evidence for the presence of Phlegm. Pulse & Tongue Profiles

Patient Name	Asthma & Eczema	Kidney signs	Evidence of Phlegm being present	Pulses						Tongue
				HE	LIV	KID	LU	SP	KID	
Pete	Yes	Yes	No	deep	wiry	deep	empty	thready, sl. superficial	thready	Red tip, sl. red body, sl. swollen with central crack to tip. Yellow dirty coat at back
Susan	Yes	Yes	Yes (fluids)	thready	slippery	deep	empty	wiry	wiry	Pale body, swollen. Thin yellow coat
Beth	Yes	Yes	No	thready	wiry	thready	deep	wiry	weak	Sl. red, sl. swollen round edges & wet, drier in middle. Central crack in ST/ SP area
John	Yes	Yes	Yes, thick & clear	wiry, sl. slippery & rapid	wiry, sl. slippery & rapid	wiry, sl. slippery & rapid	wiry & rapid	wiry & rapid	wiry & rapid	Red body, tooth-marks on right side. Dry yellow thin coat. Central crack in ST/ SP area almost to tip.
Jenny	Yes	Yes	occ. white	wiry & sl. slippery	wiry & sl. slippery	deep	deep	wiry & sl. slippery	deep	Sl. red body, swollen at sides (redder sides). Sl. wet. Central crack in ST/ SP area.
Jung	Yes	Yes	Yes, thin & green	empty	slippery	slippery	slippery	slippery	deep	Red body, redder tip, thick dirty yellow coat
James	Yes	Yes	No	empty	normal sl. slow	normal	thready	sl. superficial	normal	Sl. red body, sl. swollen & wet. sl. crack in ST/SP area
Nicola	No	Yes	No	Floating empty	thready	thready	empty	thready	thready	Sl. red body. Thin white coat. Central crack in ST/ SP area
Harry	No	No	No	Sl. wiry	Sl. wiry	Sl. wiry	Sl. wiry	Sl. wiry	Sl. wiry	Normal body with thin white coat
Nina	Yes	No	No (occ. thin & clear fluids)	thready	thready	thready	rapid & superficial	thready	thready	Normal body, redder tip, wet
George	Yes	No	No	thready & sl. rapid	thready & sl. rapid	thready & sl. rapid	empty	thready & sl. rapid	thready & sl. rapid	Normal body, wet, sl. swollen at edges, sl. central crack. Dip in LU area
Total number of patients	82% have a link	3 have no Kidney signs and these are 60% of the children	7 have no evidence of Phlegm being the main cause							

i) Are few Kidney signs and symptoms evident, especially in the younger patients ?

The results for this can be seen in Table 6.

No Kidney signs and symptoms - 3 patients

These 3 patients - 60% of the children

The other younger child only showed mild Kidney signs and symptoms.

All of the adults and the older child showed Kidney deficiency signs and symptoms.

j) Is there evidence for Phlegm being not the main cause ?

The results can be seen in Table 6.

No evidence of Phlegm being the main cause - 7 patients

No evidence of Phlegm - all 5 children

k) Does there appear to be an asthma / eczema link ?

The results for this can be seen in Table 6.

82% of patients have both asthma and eczema.

l) What are the most common TCM patterns for atopic eczema ?

Table 7 What are the most common TCM patterns in atopic eczema

Name of patient	Aetiological aspects	Wind Heat	Damp Heat	Wind Heat with underlying Blood Xu	As a baby only pattern unknown	No eczema
Pete	Mum stressed / bottle-fed			Yes		
Sue	Part bottle-fed		Yes			
Beth	No problems				Yes	
John	Born very slowly / bottle-fed		Yes			
Jenny	No problems		Yes			
Jung	Unknown			Yes		
James	caesarean	Yes				
Nicola	premature / caesarean					Yes
Harry	caesarean					Yes
Nina	Very quick birth / bottle-fed		Yes			
George	caesarean / bottle-fed		Yes			
Number of patients		1	5	2	1	2

- Damp Heat eczema - 5 patients
- Wind Heat - 1 patient
- Wind Heat with underlying Blood Xu - 2 patients
- Eczema as baby pattern unknown - 1 patient
- No eczema - 2 patients

What aetiological factor can be identified ?

Four Damp Heat sufferers were bottle-fed, the fifth appeared to have no problems but as she was the oldest in the study this was as far as she knew and she had no way of confirming this.

Of the Wind Heat sufferers two had Blood Xu. One of these, developed this in later life and so this may be more due to the Blood Xu and the other had Wind Heat as a child but has later developed Blood Xu due to lifestyle. His mother also was stressed around his time of birth which may lead to foetal heat and in addition he was bottle-fed. One child had just Wind Heat and he was born by caesarean section.

Of the non sufferers they both were caesarean section and one was premature.

Table 8 Aetiological results

Name	Familial - Which member of the family	Born early	Birth problems	Breast fed	Incidence of smoking in household during childhood	Vaccinations						
						Tetanus / Diphtheria/ Whooping Cough	Polio	Hib	Mumps / Measles / Rubella	Rubella	TB	Others
Pete	Maternal grandfather	Yes	Placental presentation, caesarean, Mum under stress at time	No	No	Yes	Yes	No	No	No	Yes	Small-pox, typhoid & cholera as living abroad as a child
Sue	Cousin	No	No	Yes but also bottle-fed at same time	Yes stopped when she was 7 years old	Yes	Yes	No	No	Yes	Yes	No
Beth	Father	No, late by 5 days	No	Yes 6 months	No	Yes	Yes	No	No	Yes	Yes	No
John	Father & brother	No late	born very slowly	No	No	Yes	Yes	No	No	No	Yes	No
Jenny	No	No	No	Yes	Yes	No	Yes as teenager	No	No	No	Yes in later life	Diphtheria only
Jung	Brother	Unknown	No	No	No	yes but pre-school not as baby	Yes	No	No	No	No	No

Table 8 Aetiological results continued

Name	Familial - Which member of the family	Born early	Birth problems	Breast fed	Incidence of smoking in household during childhood	Vaccinations						
						Tetanus / Diphtheria/ Whooping Cough	Polio	Hib	Mumps / Measles / Rubella	Rubella	TB	Others
James	Mother & Father	2 weeks	caesarean	Yes for 3 years	No	Yes	Yes	Yes	Yes	Yes	No	No
Nicola	Grandfather	Yes 2 weeks	caesarean, pre-eclampsia, weighed 4lb 4oz, breathing problems & so was in an incubator	Yes 6 - 8 weeks	No	Yes	Yes	No	No	No	No	Has flu jabs
Harry	Grandmother uncle & half brother	No, 17 days late	Induced 24 hours before birth, caesarean	Yes but only for 8 days with difficulty	No but mother smoked for half the pregnancy	Yes	Yes	Yes	Yes	No	No	No
Nina	Paternal grandfather	No	Born very quickly in half an hour, Facing the spine presentation, Mum went into shock	No	No	Yes	Yes	Yes	Yes	No	No	No
George	Father	No	Planned caesarean	No	No	Yes	Yes	Yes	Yes	No	No	No
Total number of patients		3 early, 7 no, 1 unknown	5 caesarean, 5 other birth problems, 4 no problems	7 no	2 lived in smoky atmosphere, 1 mother smoked during pregnancy							

m) Is there any evidence to support Maciocia's aetiological theory ?

The results for this can be seen in Table 8.

Time of birth :-

Premature	-	3 patients
On time or late	-	7 patients
Unknown	-	1 patient

Style of birth:-

caesarean	-	5 patients
Other birth problems	-	5 patients
No problems	-	4 patients

64% had some sort of problem during birth.

Feeding :-

Bottle-fed	-	7 patients
Breast fed	-	4 patients

Combined birth problems and feeding :-

No birth problems and breast fed	-	1 patient
Unknown if premature	-	1 patient therefore cannot be included
Combined birth problems and feeding	-	82%

Mother smoked during pregnancy / brought up in a smoky atmosphere :-

Brought up in a smoky atmosphere	-	2 patients
Mother smoked during pregnancy	-	1 patient

What immunisation patterns were present ? :-

One adult was unclear about early vaccinations and probably only had the diphtheria vaccination as an infant. She received a full vaccination regime later in life.

One adult was not vaccinated as a baby but was vaccinated just pre-school.

All the other adults received the Tetanus/ Diphtheria/ Whooping cough and polio vaccinations as babies and TB in their teens. The female adults also received rubella as teenagers.

All the children have received the standard inoculation regime except for the 12 year old who did not receive the MMR or Hib as they were not available then. Maciocia states that the pertussis (whooping cough) vaccination may tend to cause the formation of more IgE antibodies than most vaccinations and if given in the pollen season may well severely increase the levels of IgE. Nine of the eleven participants had this vaccination at an early age but there is not enough information as to when it was given to show any trend for the pollen season theory.

Discussion

This section will take each of the results sections and discuss the various aspects, the validity and further questions which may become apparent for further study.

a) Comparison of the composition of patients and their criteria for inclusion in the study.

In this study it has only been possible to collect and interview eleven people. The main problem with this is, of course, that there are too few patients to provide results for any reliable statistical analysis. It is hoped that there may be some trends which would make it worthwhile carrying out a larger study. The split of participants was about 45% children and 55 % adults. By having a nearly equal split, the writer hoped that in the case of children the syndrome of LU and KID Wei Qi Xu would not be too obscured by other patterns which may develop over time. Additionally, with the children, it was hoped that there would be more negative answers to the questions looking for patterns in the interviews and thus, by the lack of other patterns present that could cause asthma the syndrome of LU and Kid Wei Qi Xu would become apparent. There was quite a wide spread of age range from 4 - 63 years but unfortunately 60% of the children were aged 6 years and 67% of the adults were in their late twenties or thirties. Because of calling for volunteers this was unavoidable, but preferably it would have been better to have a more even spread or otherwise to have a set age range e.g. from 4 to 40 years. For further study, perhaps only atopically asthmatic children should be included from age 5 to 10 years, and these compared to a group of non asthmatic children in the same age range. The use of young children also poses problems on having to rely upon second hand knowledge from parents and establishing rapport.

The familial link question was one of the more difficult aspects for patients to answer as they got older. This was either because asthma was not necessarily diagnosed when they were children or they had forgotten or did not have parents still alive to ask. The oldest participant did not know and another stated that she had a brother with asthma and one had a cousin with asthma but no parent or grandparent. The oldest participant had eczema and asthma from an early age and so she was deemed as atopic. The two others with doubtful familial links also developed asthma in later life which does cloud the diagnosis

of atopic asthma substantially. One had eczema from an early age and also other allergies so although the familial link was suspect other reasoning supports the atopic asthma. The other developed eczema later in life and so is possibly not a true atopic asthmatic. The pattern of Lung Phlegm Heat also was apparent in this case. As Phlegm is clearly present this does not fit so well with Maciocia's theory but does fit with the theory of Xiao - Chuan (which is explained further in both the literature review and section j of this discussion) in which Phlegm plays a key role. It is interesting to note that 82% developed asthma before the age of 7 years and if the borderline atopic asthmatic was removed from the calculations that this would rise to 90%. These findings are consistent with Maciocia's theory that there is deficiency from birth.

All participants had allergies which was the most common atopic criteria. This is again consistent with Maciocia's theory of the higher levels of IgE antibodies present. This immunoglobulin level also links with western medicine theory. 73% of patients developed eczema before 7 years old. This early onset again shows that the underlying deficiency has started very early on. As this is similar to the asthma it also shows that there could well be a link between the two problems.

All patients used asthma controlling drugs and as a result there were few major attacks. Steroids were taken regularly by 73% of patients. An interesting area for further study, would be to see how the long term use of steroids affects the TCM diagnosis. As it is thought that steroids may affect Kidney energy especially the Yin, could there be more development of Yin Xu asthma with their use ? From the data in this study there was no information as to how long the patients had take steroids. One observation was that of the children studied, four were taking steroids regularly and all of these four showed some, even if very slight signs, of Yin Xu. One which did not take any steroids showed no deficiency here, but he also was the mildest asthmatic. The numbers in the study are too low to draw any conclusions from this but this would be a very interesting area for further study. Is TCM a way of monitoring the initial sub-clinical side effects of drugs and could this be helpful in reducing the over dosing of drugs ?

b) What are the main TCM patterns of the asthma attack phase ?

All the patients have evidence in the attack phase of the presence of Wind. This is consistent with Maciocia's theory in that he states that there is a type of

chronic external Wind lodged in the bronchi due to the LU and KID Wei Qi Xu allowing it to stay for a long time. This Wind is then reactivated when triggered rather than it being a new external invasion.

Seven of the patients had only one clear cut type of Wind pattern which fitted with Maciocia's categories of patterns. This tends to show a slight trend towards the reactivation theory. Three had mainly one type of pattern but also occasionally had another and this might be possibly due to some incidences of external invasion of the less frequent type which happen to coincide with an attack and so the issue was further clouded. Further questioning perhaps to try to establish whether this was so could be a next step or perhaps a mix of patterns is possible. Further work on larger numbers is needed to substantiate this. There was one case with two types of Wind plus underlying Kidneys failing to receive Qi which may be that the Wind is being reactivated but also that as the asthma has become so chronic that the Kidney energy has been reduced thus leading to a clear cut asthma pattern of KID failing to receive Qi. This child also had a family history which indicates severe Kidney deficiency.

c) What are the main trigger factors ?

This question was included to relate what is often stated in western medicine along with what Maciocia states. It can be clearly seen that the main allergens, pollen, dust, dust mites and animal dander, are high up the list as expected. Cold weather also came high up the list which links with most of the number of Wind Cold patterns except for one which tended to have a main cause of Wind Heat. In this case, further questioning revealed that the trigger was more of a temperature change rather than specifically cold. One Wind Cold with sweating and one Wind Cold with no sweating did not have a cold weather trigger. The Wind Cold with sweating tended to be slightly more Yin Xu than Yang Xu, thus being warmer and not noticing the cold so much which might account for this. The Wind Cold with no sweating had underlying Kidneys failing to receive Qi but not Kidney Yang Xu and so perhaps this aspect was not severe enough to show yet. Five out of the six cold weather trigger patterns had Yang Xu and the remaining patient was a child aged six who showed some Yin Xu signs but not Yang Xu. Perhaps this pattern has not developed far enough yet. Could this show that there is more likelihood of Wind Cold reactivation if the patient has a tendency towards Yang Xu or that the presence of trapped Wind Cold is more likely to make someone Yang Xu ?

The stress trigger was less common as only three patients said this was possible and these were all adults. This would tend to indicate that the stress related symptoms and patterns develop later in life and so can be ruled out from being the cause of atopic asthma. Maciocia states “emotional stress such as worry, brooding and pensiveness mentioned in the theory of Xiao Chuan is certainly not an aetiological factor in very young children with early onset asthma. Of course children may be subject to stress from an early age but not in the same sense as adults.” Another angle to this might be that if the mother was stressed during pregnancy could this affect the child ?

d) Are there any links to the type of attack pattern and trigger factors ?

The main link here is the cold weather and Wind Cold reactivations which was quite clear in six out of eight of the patients. There does not appear to be any particular link with Wind Heat and a certain type of allergen or trigger, but with closer study and greater numbers links may emerge.

e) What is the most common time of day for an attack ?

Nine patients tend to get attacks at night. Ten out of the eleven patients have LU Qi Xu which, as this is a yang pattern, may be worse at night because the night is more of a yin time and the yang is less active. Possibly as the Wei Qi retires into the Yin at night, if there is any Yin Xu it is unable to hold the Wei Qi and sweating occurs, losing Yin nutritive essences and allowing more of a chance for reactivation of the Wind as the Wei Qi is weak. If the Yin is not weak but the Yang energies are, then as the Wei Qi is a part of Yang perhaps the Wei Qi, as it is the Yin time, is too weak to stop the reactivation of the Wind. There may also be more of an opportunity to come into contact with certain triggers such as dust and dust mites.

The two patients, that get both day and night attacks have mixed patterns of Wind Cold with no sweating and occasional Wind Heat. Both have LU Qi Xu and some signs of KID Yin Xu but otherwise these two patients have no particular similarities in patterns or trigger factors which make them different from anyone else. It may be the deficiencies in both Lungs and Kidneys are sufficient to weaken them for reactivation at any time.

f) Are the attack symptoms the same ?

Maciocia had stated that the commonest symptoms were wheezing, breathlessness and tightness of the chest, which is consistent with the results obtained. The other signs and symptoms varied depending on the type of pattern as well as varying within the pattern.

There appears to be a case for the reactivation of a chronic trapped external Wind pattern because if there were external invasions then one would expect more cold like symptoms such as the running nose and aversion to cold.

The split between inhalation difficulty (6) and exhalation difficulty (4) is an interesting observation. It might have been thought that the exhalation, which is due to the Lungs, probably would have dominated, but in fact the inhalation, due to the Kidneys, is slightly more common. With these numbers this is probably not significant. This may be a sign that although there is not necessarily other evidence for a complete diagnosis of a Kidney pattern this may be a sign of there being some form of Kidney deficiency. Three of the six had Kidneys failing to receive Qi although only one was apparent in the attack phase, one had no other Kidney signs, one had Kidney Yang Xu and one had Kidney Yin Xu. In the case of Kidney Yin Xu it should be borne in mind that where there is Kidney Yin there will also be Kidney Yang and vice versa as the Kidneys are the root of both Yin and Yang, so this may be how the Yang Xu is manifesting itself.

As could be expected the cold and heat signs tally with the Wind Cold and Wind Heat main attack patterns.

The slight thirst that 70% of patients reported may be due to Wind Heat which accounts for 7 of the 8. It may also be due to breathing a lot through the mouth or to the use of drugs such as Ventolin to alleviate the attack which are well known cause dryness in the mouth.

g) Is there any link to hay-fever ?

The presence of hay-fever in ten out of eleven sufferers does show that the Wei Qi is weak and not preventing invasion of pathogens even though it may not activate an attack.

Nine out of eleven patients find that pollen triggers attacks. Could the LU & KID Wei Qi Xu be unable to prevent the exterior invasion of the pollen and this battle is enough to trigger the reactivation of the Wind ?

The one atopic asthma sufferer, who does not have hay-fever has the mildest form of asthma. This may demonstrate that the strength of the Wei Qi in preventing attack from external pathogens is important in preventing reactivation of the trapped Wind and thus asthma attacks.

Could the fact that six out of the ten patients appear to have developed hay-fever in the last 5 years show an increased sensitivity due to new types of allergens e.g. rape seed ? This would be an interesting further study as 4 of the 6 live in the country and these are all children.

Of the adults with hay-fever only one had this as a child with onset at aged 7 in the late 1960's and all the others had hay-fever develop later in life from the late 1970's onwards. Of course the numbers in this study are far too small to draw any conclusion about this, but this may be an interesting area of study, along with other possible triggers such as, close observation of diet, pollutants and pesticides

h) What are the most common TCM patterns in the non attack phase ?

As asthma is always thought to be to do with the Lungs, it is interesting to note that LU Qi Xu is present in 9 out of 11 patients. One of the two who does not have LU Qi Xu does have a few signs of LU Qi Xu, and the other has clear Kidneys failing to receive Qi which accounts for the underlying pattern for asthma, although this is not clear in the attack phase. One child with only a few signs of LU Qi Xu shows that it is possible to have asthma without any other clear underlying patterns and so may be the best example of the LU and KID Wei Qi Xu. This child also had the mildest asthma and no eczema. All the other patients had either Kidney or Lung patterns or both. No patient had only any of the other asthma causing patterns such as ST Yin Xu, LIV Qi stagnation insulting LU, LIV Fire insulting the LU and LIV Yin Xu thus showing that there is an intricate balance in the respiratory system for atopic asthma between the Kidneys and Lungs. This increases the argument for the presence of LU and KID Wei Qi Xu.

The balance between Yin and Yang goes with the natural underlying preference to have a deficiency of one or the other.

Two adults had signs of Liver Qi stagnation insulting the Lung. One of these tended to get stress related attacks and the other had been suffering from stress and had had time off work and acupuncture treatment for this. Both of these two people tended to have underlying Yin Xu. Of the two with signs of Liver Fire insulting the Lung they both also had Liver Yin Xu or signs of and were Yang Xu.

Two of the Kidneys failing to receive Qi had Kidney Yang Xu and also Kidney Yin Xu. The other had no Kidney Yang Xu but was Kidney Yin Xu which shows that with Kidney Yang Xu there will be Kidney Yin Xu and vice versa.

i) Are there few Kidney signs and symptoms evident, especially in the younger patients ?

Maciocia states that atopic asthma is due to deficiency of LU and KID Wei Qi which is present from birth. This allows Wind to be trapped which is periodically reactivated. The asthma symptoms early on may well only be the wheezing, tightness of the chest and breathlessness. There may well be no other signs at all. In this selection of patients only three show no Kidney signs and these are all younger children (aged 6 years or less). The other younger child, only shows mild Kidney symptoms. This is consistent with Maciocia's theory that the asthma may be the only sign of the Kidney Xu. As all the older people show Kidney signs could this show that this underlying Xu has a greater tendency to develop into more serious Kidney pattern over and above the natural tendency for Kidney energy to decline with age? This may be difficult to conclude as there may be other reasons for the Kidney patterns which are not evident in this data. In the case of the 12 year old it would be expected that she is too young for natural decline and although severe coughing can cause Kidney Xu as her asthma started at the age of 2.5 years this is unlikely.

If a more comprehensive study of younger children were carried out would this trend be much clearer ? This brings problems in itself due to the difficulty of working with young children. Perhaps if a study of patients with and without asthma were conducted using people under 20 years old this would rule out the decline of Kidney energy and demonstrate that there are less Kidney signs across the board. Maciocia says that atopic asthmatics have less resistance to pathogenic factors which although dependant on LU energy, is more dependant on the Kidney as the Yang energy is the basis of the Wei Qi. Thus the KID Wei is the cause rather than the LU energy being weak which then

weakens the KID energy. From these results it is difficult to conclude that it is definitely the Kidney energy deficiency, but the allergen reactivity for all patients also points to this deficiency. So the KID Wei Xu is probably likely. A more detailed study would be necessary to confirm this.

j) Is there evidence for Phlegm being not the main cause ?

Maciocia states that in the theory of Xiao-Chuan that Phlegm blocks the airway. In his atopic asthma theory Phlegm is the result of the bronchospasm causing narrowing of the airway which then becomes difficult to clear of mucus. The tongue and pulse should also show signs of Phlegm. In this study, seven of the eleven patients showed no evidence of Phlegm.

Five of the seven patients with no Phlegm signs and symptoms were children which backs up the theory that there is no Phlegm present in the early years. There was little evidence in the children of SP Qi Xu although the 12 year old was beginning to show a pattern here but there was no evidence of much Damp either on tongue or pulse. This then shows that there must be some other underlying factor which is responsible for the asthma and so this could be the LU and KID Wei Qi Xu.

According to Maciocia for evidence of the Xiao theory one would expect syndromes of Phlegm Heat or Phlegm Cold plus underlying LU, SP and KID Xu. Therefore this is a mixed excess (Shi) and deficiency (Xu) pattern. The Phlegm is carried upwards by rebellious Qi and causes a blockage and there is a wheezing sound due to this Qi trying to get past the blockage. For the Chuan theory you would expect syndromes which fall into the excess and deficiency categories. The excess (Shi) patterns are as follows :-Invasions of Wind Cold, Wind Cold on the exterior and Phlegm Fluids in Interior, Cold on exterior and Heat in Interior, Phlegm Heat in the Lungs, Turbid Phlegm in the Lungs, LU Qi obstructed, LIV Fire invading the Lungs. Deficiency (Xu) patterns :- LU Qi Xu, LU Yin Xu, LU and KID Xu (Yang Xu of both organs), LU and KID Yin Xu, LU and KID Yang Xu with water overflowing to Heart and Lungs, LU, HE, and KID Yang Xu with fluids overflowing to HE. As Maciocia explains, the Wind Cold invasion part of the Chuan theory can be used to describe some of the atopic asthma aspects, but certainly does not cover them all. The other excess (Shi) patterns describe chest infections or are, as in the case of Phlegm fluids, a very chronic asthma case. The Liver element is mainly a stress related syndrome. All the deficiency (Xu) syndromes are chronic asthma cases, so

although some of the adults have become chronic it does not explain the children and the fact that most of the adults had this as a child. Apart from the LU Qi Xu all the other syndromes Maciocia describes are extremely chronic and severe and would be only expected in the elderly or in extreme cases. One patient who had LU Phlegm Heat fits the Xiao theory. The allergy angle in this case is an interesting observation. Although there is some question as to her atopia she has been left her in the study as a contrast.

The other three adults who show Phlegm signs show slipperiness on the pulse and have some visible Phlegm. The theory of Xiao - Chuan could now be used to describe their asthma as adults as they have become chronic but again does not cover their initial childhood manifestations. Without more knowledge of their previous medical history as children it is difficult to form a diagnosis to substantiate any new theory. For further study ideally one would wish to follow someone from childhood to adulthood or to have access to parents memories as well with the adults which would of course be a difficult study to conduct. In this study, it does show a trend that in children Phlegm is not the main cause of the atopic asthma. This substantiates Maciocia's new theory. In observing the adults it is likely that the presence of Phlegm may appear as the syndromes becomes more chronic and time progresses.

k) Does there appear to be an asthma / eczema link ?

This link is well known in western medicine and was included in this study to substantiate the presence of atopia. As 82% of patients have a link this is a useful confirmatory observation.

In western medicine there is no real explanation as to why there should be a link and so the new theory gives a useful linking mechanism here. This study has not been able to cover this aspect in enough detail, particularly in relation to the presence of Foetal Heat and the mothers diet etc. during pregnancy. This would be a very interesting further study which would need assistance from a maternity unit or a doctor's practice, to be done along with follow ups as to the development of asthma and eczema over the next five to seven years.

l) What are the most common TCM patterns for atopic eczema ?

Damp Heat is associated with stopping breast feeding early before six months and constitutional weakness of ST and SP. Wind Heat is associated with artificial feeding and constitutional deficiency. Both of these patterns have aetiological aspects to do with pre and post birth. For pre-birth these may be the consumption of greasy and spicy foods, lamb or seafood by the mother, and / or emotional stress in the mother which may lead to foetal heat. For post-birth these may be due to eating irregularly whilst breast feeding, eating energetically hot foods or the child consuming cows milk. These all lead to constitutional weakness, Wei Qi instability and pathological factors invading. Four of the Damp Heat sufferers were bottle-fed which fits with this theory. Of the Wind Heat sufferers there is one clear case of mothers emotional stress and bottle-feeding. There is not enough information as to mother's diet in this study and this is any area needed for further investigation.

m) Is there any evidence to support Maciocia's aetiological theory ?

Maciocia states that the aetiological features for atopic asthma are as follows:-

- 1) Hereditary constitutional weakness
- 2) Problems with the mother during pregnancy such as shock, smoking, drinking alcohol or drug use.
- 3) Childbirth problems such as foetal distress, induction and caesarean sections.
- 4) Immunisations
- 5) Breast v Bottle-feeding

1) Hereditary constitutional weakness

Eight out of eleven have clear familial links to parent or grandparent and this is one of the inclusion criteria. Our oldest patient does not think there is any link but she cannot check this. Two patients, both with later onset, do not have this, one who I have described before as being borderline atopic and the other who had eczema from an early age so has been included. With a larger patient number this link may have been even clearer.

- 2) Problems with the mother during pregnancy such as shock, smoking, drinking alcohol or drug use.

Problems with the mother raised various ethical problems such as potentially making the parent feel responsible for their child's illness. Only very superficial questioning was done here and as a result there is not really enough information to give a clear answer. One mother did smoke during pregnancy and two patients grew up in a smoky atmosphere. This information would be much easier to obtain if the information was gathered anonymously.

3) Childbirth problems such as foetal distress, induction and caesarean section.

Evidence of birthing problems was easier to obtain and it is interesting to note that three out of eleven were born premature and were caesarean births. Two more were caesarean and one was borne very quickly and the mother went into shock. These criteria fit with the cutting of the cord early which was one of Maciocia's main points. One other birth took a very long time so there would be distress here. This makes 64% that had some problem during birth.

The level of caesareans at 45% in this study shows a trend for being a little on the high side when compared to the national average. According to OPCS (1984) the number of caesarean births was 9.2% for 1982 , 9.1% for 1980 and 8.4% for 1979.

4) Immunisations

It has been very difficult to form any conclusion from the data on immunisation. Maciocia states that the Pertussis (whooping cough) vaccination may tend to cause the formation of more IgE antibodies than most vaccinations and if given in the pollen season may well severely increase the levels of IgE. No questions were asked as to exactly when the patients had their Pertussis vaccination and so a conclusion cannot be formed as to whether this was in the pollen season or not. A comparison would be necessary against out of season patients and this study was not big enough to do this.

5) Breast v Bottle-feeding

Maciocia mentions that the introduction of minute amounts of foreign proteins such as cow's milk, eggs and fish in the mothers milk may lead to more incidence of atopic dermatitis. As no study of mothers diet was carried out, this study cannot comment on this and this would be an area for future research. Seven patients were bottle-fed (64%) and this would constitute an early introduction of cows milk which may then act as an allergen. If the rates of

bottle-feeding and birthing problems are put together, then 82% of patients had either one or the other or both, so this substantiates Maciocia's theory to some extent.

Summary

This study has tried to look at many different facets of Maciocia's new theory for atopic asthma and eczema. There are several key points that have come out to show correspondences with his theory and they are as follows :-

- 1) 90% of patients developed asthma before 7 years of age. Thus this shows a trend that the deficiency is from birth.
- 2) All participants had allergies which was the most common atopic criteria aspect and this fits with Maciocia's theory of the higher levels of IgE antibodies present and this also links with western medicine theory.
- 3) All the patients have evidence in the attack phase of the presence of Wind. This agrees with Maciocia's theory in that he states that there is a type of chronic external Wind lodged in the bronchi due to the LU and KID Wei Qi Xu allowing it to stay for a long time. This Wind is then reactivated when triggered rather than it being a new external invasion. The signs and symptoms do not really correspond with an external invasion.
- 4) The main allergens pollen, dust, dust mites, animal dander and cold weather were the most common triggers. The stress trigger was less common and these were all adults and so can be ruled out from being a main cause of atopic asthma. Cold weather and Wind Cold reactivations were the only links with triggers and attack patterns in this survey.
- 5) The majority of attacks are at night.
- 6) The attack signs and symptoms are not the same.
- 7) The presence of hay-fever in ten out of eleven sufferers does show that the Wei Qi is weak and not preventing invasion of pathogens even though it may not activate an attack.
- 8) All the patients except for one who had very slight LU Qi Xu signs had either Kidney or Lung patterns or both. This exception shows it is possible to have asthma without any clear underlying syndromes and must have a diagnosis of LU and KID Wei Qi Xu. No patient had only any of the other non LU or KID asthma causing patterns thus showing that there is an intricate balance in the respiratory system for atopic asthma between the Kidneys and Lungs. This increases the argument for the LU and KID Wei Qi Xu.

9) In this selection of patients only three show no Kidney signs and these are all younger children (aged 6 years or less). This agrees with Maciocia's theory that the asthma may be the only sign of the Kidney deficiency and so the presence of LU and KID Wei Qi Xu.

10) Five of the seven patients with no Phlegm signs and symptoms were children which backs up the theory that there is no Phlegm present very early on. Therefore, there must be some other underlying factor which is responsible for the asthma and so this could be the LU and KID Wei Qi Xu.

In observing the adults it is likely that the presence of Phlegm may appear as the syndromes becomes more chronic and time progresses.

11) 82% of patients have a link between asthma and eczema and this is a useful confirmatory observation.

12) 64% of patients had some problem during birth, 64% of patients were bottle-fed and if the rates of bottle-feeding and birthing problems are put together then 82% of patients had either one or the other or both, so this substantiates some of Maciocia's aetiological theory.

Conclusion

As Maciocia's theory is multifaceted it will be discussed in sections along the lines of the questions posed and answered so that the correspondences may be drawn out.

a) Comparison of the composition of patients and their criteria for inclusion in the study.

In this section the age of onset was an interesting confirmatory result. It was found that 82% developed asthma before the age of 7 years and if one borderline atopic patient was taken out of this calculation then this result rose to 90%. Likewise 73% of patients developed eczema before the age of 7 years.

This links with Maciocia's theory in that the deficiency is from birth and also that there may well be a link between these two diseases.

All the participants had allergies and this not only confirms that they are atopic but also links with both western medicine terms and Maciocia's theory in that there are higher levels of IgE antibodies present in these individuals.

b) What are the main TCM patterns of the asthma attack phase ?

All the patients have evidence in the attack phase of the presence of Wind. This agrees with Maciocia's theory in that he states that there is a type of chronic external Wind lodged in the bronchi due to the LU and KID Wei Qi Xu allowing it to stay for a long time. This Wind is then reactivated when triggered rather than it being a new external invasion.

c) What are the main trigger factors ?

In both western medicine and Maciocia's theory triggers for setting off asthma attacks are mentioned. It was found that pollen, dust, dust mites, animal dander and cold weather were all main triggers. Stress was a less common trigger which substantiates Maciocia's claim that stress develops later in life and so can be ruled out from being a main cause of atopic asthma. Stress is a main aetiological factor in the theory of Xiao-Chuan.

d) Are there any links to the type of attack pattern and trigger factors ?

The main trend which has appeared is that of cold weather and Wind Cold reactivation's. In this study with these small numbers, there does not appear to be any other links, but in a larger survey more trends might be forthcoming.

e) What is the most common time of day for an attack ?

Most of the patients had a tendency to get attacks at night.

f) Are the attack symptoms the same ?

Maciocia had stated that the commonest symptoms were wheezing, breathlessness and tightness of the chest which are clearly seen in these results. In atopic asthmatics these may be the only symptoms present and in which case this is due to an underlying deficiency of LU and KID Wei Qi Xu. He also says that there may be other patterns also accompanying them and these may vary considerably. These three main symptoms were present in virtually all attacks but then the other signs and symptoms varied quite a lot depending on the type of pattern as well as varying within the pattern. Only one child appeared to only have the three main symptoms and no other patterns present, and so it could be said that the pattern of LU and KID Wei Qi Xu was clearly responsible although in the other patients this was obviously clouded by the other patterns present.

The case for the reactivation of a chronic trapped external Wind pattern is likely as the symptoms for external invasions are not particularly evident and fit with Maciocia's explanation.

g) Is there any link to hay-fever ?

As 90% of asthma sufferer's in this study had hay-fever this adds to the allergy aspect of the theory. This demonstrates that the Wei Qi is weak as it allows invasion of pathogens, which in some cases, is enough to trigger the reactivation of the Wind.

An interesting trend that has come out of this data is that 60% of patients appear to have developed hay-fever in the last 5 years so could this show a general increase in allergy possibly to a new allergen?

h) What are the most common TCM patterns in the non attack phase ?

LU Qi Xu is the most common pattern in the non attack phase. One child did not have any clear patterns and so the asthma is most likely to be due to LU

and KID Wei Qi Xu. Three other children had only LU Qi Xu as their main pattern and so this indicates that the LU and KID Wei Qi Xu is again likely to be producing the asthma symptoms. All the other patients had either LU or KID patterns or both which can attribute towards the asthma. This strengthens the argument for the LU and KID Wei Qi Xu due to these other patterns obscuring it, because if the patient had this underlying deficiency, then it is more likely that LU or KID patterns would develop from this.

i) Are there few Kidney signs and symptoms evident, especially in the younger patients ?

Maciocia says that the LU and KID Wei Qi Xu is present from birth and by allowing the trapped external Wind to be reactivated periodically produces the asthma symptoms. He says that there may be no other Kidney signs and symptoms present and that the asthma is the only sign of this. In this study only three of the young children showed no signs or symptoms of Kidney deficiency and so this shows a trend to substantiating his theory. It is interesting to note that all the other older patients had Kidney syndromes, which may show the possibility that they are more likely to appear due to having the birth deficiency.

A larger study is necessary to substantiate this further. Possibly a study on young people below the age of 20 years, so that natural decline of Kidney energy may be eliminated, might show this better.

j) Is there evidence for Phlegm being not the main cause ?

From this study there is a trend that Phlegm is not the main cause due to the fact that 63% of patients had no Phlegm signs. All the children in the study also showed no signs, which indicates that early on Phlegm is not a major contributor to the asthma. This also shows that the theory of Xiao-Chuan which has Phlegm as a major factor does not really cover this phenomenon particularly in children.

With the adults in the study, it is difficult to substantiate the new theory as the asthma is chronic, and as a result, Phlegm has more of a tendency to appear. If more knowledge of their childhood asthma was available, then this could be used to demonstrate that the Phlegm appears over time, but of course due to time passing this information may be quite inaccurate.

k) Does there appear to be an asthma / eczema link ?

As 82% of patients have a link this confirms both Maciocia's and western theory.

This study has not gathered any information to confirm the mechanism behind this link according to Maciocia's theory. This would need to include details of the mother's diet during pregnancy so that the presence of Foetal Heat might be found, amongst other areas. This could be the basis of a further study.

l) What are the most common TCM patterns for atopic eczema ?

Damp Heat is the most common pattern and when some of the aetiological aspects are compared then the majority of these sufferers have been bottle-fed as a baby which fits with Maciocia's theory. Wind Heat is slightly less common and with one patient there is a clear case of bottle-feeding and mother's emotional stress during pregnancy to link to the theory. This study is really too small to pull out much more to substantiate the theory. Again further study on mother's diet is necessary to take this further.

m) Is there any evidence to support Maciocia's aetiological theories ?

Of Maciocia's aetiological proposals the main areas that there is more evidence for in this study are for hereditary constitutional weakness, childbirth problems and breast v bottle-feeding. The other two areas ; problems with the mother during pregnancy and immunisation, there is not enough information to show any clear picture.

The hereditary constitutional weakness was one of the inclusion criteria and as expected has come out as highly likely. With a larger patient number this would be even more evident.

Childbirth problems has shown that 64% had some problem here. Maciocia says that the cutting of the cord early is important to his theory. 54% were either premature and or born by caesarean so this seems to indicate a trend here. The level of caesareans at 45% is much higher than the national average. So this study does seem to show definite agreement here although larger numbers are needed to confirm this.

64% of patients were bottle-fed which does tend to indicate that the introduction of cows milk early might be a possible factor.

If the birthing problems plus the bottle-feeding rates are put together then 82% of patients either had one or other or both which again shows a definite trend to link with Maciocia's theory.

In conclusion this study has shown that Maciocia's new theory does correspond to atopic asthma better than the theory of Xiao-Chuan particularly in the case of young children. As patients have got older it has been far more difficult to be able to differentiate the pattern of LU and KID Wei Qi Xu as other patterns have tended to obscure it. But in the case of children the lack of Phlegm and Kidney signs and symptoms has helped to define the pattern of LU and KID Wei Qi Xu and so it is likely that this is the underlying cause. This study is too small to be able to draw a definite conclusion and much more work is needed on larger numbers of young children before this could be confirmed.

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Appendix A

23 Herrick Road
Woodhouse Eaves
Leics
LE12 8RX

Tel: (01509) 890918

22nd April 1998

Dear Parents

I am currently studying for an MSc. in Acupuncture at the Northern College of Acupuncture in York, and I am looking for volunteers to help me in my research studies. I have a daughter at St. Pauls School in year 1 and my husband, David, is the parish council representative on the board of Governors.

I have chosen to do a research dissertation on the correlation's between atopic asthma and how Chinese Medicine understands this disorder.

Atopic asthma maybe defined as suffering from asthma from an early age, possibly having eczema as a baby that may continue into later life, tendency to allergies and some family history of asthma. I am looking for volunteers who would be willing to give 2 hours of their time to be interviewed so that I may take a structured case history. This would involve answering questions about their condition and some of their medical history and this would not involve any treatment. With all children taking part a parents permission, assistance and presence would be needed at all times.

If you think you would like to help, please contact me on the above number.

Thank you

Anne Etherton

Appendix B

Consent form

A consent form was designed to explain what the study was and what would be asked of the participant. It also stated that all information would be kept confidential through a coding system. It stated that the practitioner should have explained the interview format, that the participant should not have been put under any pressure to participate and could opt out at any time. It requested parental consent for any children taking part and was to be signed by the participant or parent. The practitioner countersigned a section that stated that she had explained the process to the best of her knowledge.

Consent to take part in MSc. research project on Atopic Asthma
Practitioner - Anne Etherton

Patients name
Date of Birth

This study involves taking part in a structured interview to obtain information to make a Chinese Medicine diagnosis. It is specifically aimed to find out about the asthma condition although as Chinese Medicine is holistic in its out look, questions will be asked to get a full picture of the person which may not appear to be related to asthma.

You will be asked to give verbal information and also the practitioner will need to take your pulse and look at your tongue. There will be no treatment involved.

All information will be treated with strict confidentiality. In order to be used in the analysis and reporting of the study it will be made anonymous.

To the participant / parent / guardian

1. Please read this form very carefully.
2. If there is anything that you do not understand about the explanation, or if you want more information, please ask the practitioner.
3. Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form below.

YES - I have had the study explained to me including any potential risks, my rights as a volunteer and the format of the interview, by the practitioner named above.

YES - I have had enough time to think about the study and to decide without pressure if I want to take part.

YES - I understand the decision is up to me and that I can opt out at any time.

YES - I therefore agree that I / my child will take part in this study.

Signed..... Date.....
Name
Relationship to participant (where applicable)
Address
.....
.....

I confirm that I have explained the study in terms which in my judgement are suited to the understanding of the participant and / or one of the parents or guardians of the participant.

Signature Date.....

Appendix C

Structured Interview

The structured interview was designed to cover the following sections :-

1) Basic details :-

Preliminary questions name, address, telephone number, date of interview, date of birth, occupation and permission to contact again if necessary.

2) Confirmation questions for being atopic. These were:-

Does anyone in your family suffer from asthma ? If so who ?

Do you suffer from allergies ?

Have you had or do you still suffer from eczema ?

When did your asthma start ?

How often do you get attacks ?

To take part in the interview the participants were initially screened to ascertain whether atopic asthma was present. Subsequent questioning was given to those where atopic asthma was confirmed and they should have answered positively to at least 3 -4 of these questions.

3) The asthma attack phase - establishing the TCM patterns.

The questions were firstly to establish that the patient had at least two of the three main asthma attack symptoms of wheezing, breathlessness and tightness of the chest.

The other questions were to establish the variations between the patterns of Wind Cold (without sweating), Wind Cold (with sweating), Wind Heat and other patterns such as Kidneys failing to receive Qi. When a positive answer for a question for a particular pattern was needed an asterisk was put on the form so that the pattern could be easily identified if positive.

The time of day of most attacks was requested.

The presence of Phlegm - This was to look for visible Phlegm. If positive then its colour was ascertained. This question was useful for identifying other patterns such as Lung Phlegm Heat or Lung Phlegm Cold.

A question of whether the asthma improved with pregnancy was asked.

Trigger factors - Dust, pollen, animal dander, dust mites, stress, dietary or other factors.

4) The non attack phase - establishing the TCM patterns.

The questions here were asked to establish the variations between the patterns of Lung Qi Xu, Lung Yin Xu, Kidney Yang Xu, Kidney Yin Xu, Kidneys failing to receive Qi, Stomach Yin Xu, Liver Qi stagnation insulting the Lungs, Liver Fire insulting the Lungs, Liver Yin Xu and others such as Lung Phlegm Heat and Lung Phlegm Cold. When a positive answer for a question for a particular pattern was needed an asterisk was put on the form so that the pattern could be easily identified if positive. It was hoped that by finding negatives to the Kidney symptoms and to most of the Lung symptoms that the Lung and Kidney Wei Qi Xu pattern could be established.

Hay-fever

Palpitations - to help with the other patterns diagnosis

Tongue & pulse

5) Eczema patterns - Where is it located, age of onset, what makes it better / worse. TCM pattern diagnosis plus underlying Blood Xu questions.

Other patterns - This was left open for the practitioner to pursue any relevant questions if she felt patterns were particularly important.

6) Other information :- medical history, medication, peak flow, smoking, alcohol, tea and coffee consumption.

7) Aetiology - premature, birth problems, breast feeding and for how long, vaccinations received and living in a smoky atmosphere as a child.

Patients view point - This was an opportunity for the patient to say something about how this condition has let them live their lives.

Appendix C

Structured Interview for Atopic Asthma Sufferers

Name: _____ **Date of interview:** _____
Date of Birth: _____ **Occupation :** _____
Address: _____
Telephone number: _____ **Permission to contact**
again Y/N _____

- 1) Does anyone in your family suffer from asthma ? If so who ?
- 2) Do you suffer from allergies ?
- 3) Have you had or do you still suffer from eczema ?
- 4) When did your asthma start ?
- 5) How often do you get attacks ?

The asthma attack phase

Question	Wind Cold (without sweating)	Wind Cold (with sweating)	Wind Heat	Other	General for all
When you have an asthma attack do you have :-					
wheezing (describe)					*
breathlessness					*
tightness of the chest					*
Do you have more difficulty breathing out	*				
in				*	
Do you sweat slightly		*			
not at all	*				

Do you feel cold	*				
or slightly chilly		*			
Can the attack be brought on by cold weather	*				
Do you have a stiffness of the shoulders and neck	*				
Do you have sneezing	*				
Do you have a cough	*			*	
Is it barking			*		
Do you have a fever and aversion (dislike) of cold or a feeling of heat			*		
Do you have a headache (describe)			*		
Do you tend to want to urinate during an attack ?				*	
Do you have a slight thirst			*		
no thirst	*				

When do you get the most asthma attacks in the daytime or at night or both ?

Do you produce any Phlegm ?

If so what colour is it ?

If patient has been pregnant did the asthma improve during pregnancy. ?

What triggers the asthma attack ?

Dust	Pollen	Animal Dander	Dust mites	Stress	Other Dietary etc.

Non Attack Phase

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Has the patient a pale face or a bright white complexion ?	*									
Do you tend to sweat easily ? Is this more in the daytime ?	*				*					
Do you sweat at night ?		*		*						
Does the patient have a weak voice ?	*									
Do you tend to catch colds easily ?	*									
Do you tend to get short of breath when you exert yourself ?	*				*					
Do you have a tendency to cough ?	*				*					
Is it a dry cough ?		*							*	
Is the cough worse in the evening ?		*								
Do you produce any watery sputum ?	*									
Do you have a runny nose?	*									
Do you tend to feel tired ?	*									
Do you tend to sneeze ?	*									
Do you tend to have a dry throat (or tickly), especially at night ?		*								
Do you tend to have a dry mouth or throat especially in the afternoon ?				*		*			*	
Do you tend to have a feeling of heat in the afternoon or evening ?		*		*		*				
Has the patient got a malar flush ?		*								
Do you tend to feel hot on you hands, feet and chest, especially at night (5 palm heat) ?		*		*						
Do you have difficulty getting to sleep ?										
Do you tend to wake up during the night ?		*		*						*
Do you have a good appetite (would you eat want is put in front of you because you are hungry or do you have to be tempted to eat by having things you particularly like)						*				
Do you have any pains in your stomach (dull) ?						*				
Do you tend to feel full after eating ?						*				
Do you feel thirsty ? Yes				*		*		*		
no desire to drink		*				*				
drink in small sips		*				*				
Do you ever get a bitter taste in the mouth ?								*		
Do you suffer from lower back ache ?			*	*	*					
Do you ever get ringing in the ears ? What is it like ? Low rushing noise, gradual onset.				*						
Sudden onset, high pitched whistle								*p		

* = likely sign or symptom for the syndrome p = possibly present

Non Attack Phase continued

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Do you tend to feel chilly ?			*		*p					
Do you tend to have cold limbs?					*					
Does the patient have any oedema of the face ?			*		*					
Does the patient have oedema of the ankles ?			*							
Do you ever feel depressed or mentally listless ?			*p		*					
Do you tend to be irritable ?								*		
Do you tend to have sudden out bursts of anger ?								*		
What is your urine like ? Clear and pale			*							
Dark yellow				*						
Normal										
How often do you urinate ? Frequently			*							
Infrequently / scanty				*						
Normal										
What are your bowel motions like and how frequently do you go ? Loose										*
Constipated				*p		*				
Normal										
Is the patient very thin ?		*p		*p	*					
Do you get a feeling of oppression or distention of the chest and just below the ribs (hypochondrium) ?							*	*	*	
Asthma attack elicited by stress ?							*	*		
Do you get any blurred vision and / or dry eyes ?									*	

• = likely sign or symptom for the syndrome p = possibly present

Do you get hay-fever ?
If yes when did it start ?

Do you ever get palpitations ? If so when and is it with exercise or rest ?

Tongue:

Pulse: Left 1st Right 1st
 Left 2nd Right 2nd
 Left 3rd Right 3rd

Eczema

Do you have eczema ? If so where ?

How old were you when you first got it ?

What makes it better or worse ?

Question	Wind Heat	Damp Heat	Blood Xu
Are the eczema skin lesions very dry and itchy ?	*		
Does it spread all over the body and move from place to place ?	*		
Are the eczema lesions moist, oozing fluid, red and itchy ?		*	
Does it tend to be localised to specific parts of the body, mainly the forearm and lower leg ?		*	
Do you get any dizziness ?			*
Do you get any numbness of limbs, muscle spasms, weakness or cramps ?			*
Do you get floaters in the eyes ?			*
Are your menses scanty ?			*
Are the lips of the patient dull ?			*
Has the patient a dull complexion ?			*
Has the patient got withered and brittle nails ?			*

Other patterns

Other information

Is there anything else in your medical history you think might be relevant ?

Are you on any medication ? If so what are you taking ? How often ?

Do you use a peak flow meter ? What sort of results do you get for the morning and evening ?

Do you smoke ? If so how many do you smoke per day ?

Other information continued

Do you drink alcohol ? How much per week ?

Do you drink tea or coffee ? If so how much per day ?

Aetiology

Do you know if you were born premature ? If so how early ?

Do you know if your mother had any problems during your birth i.e. caesarean, foetal distress, being induced etc.

Were you breast fed and if so for how long ?

What vaccinations did you have as child ?

Does anyone or did anyone smoke in your household during your childhood ?

Patients view

From your point of view is there anything you would like to say about how this condition lets you live your life

Structured Interview for Atopic Asthma Sufferers

Name: **Pete**

Date of interview: 28/6/98

Occupation: Fitness trainer

Date of Birth: 15/1/69

Permission to contact again Y/N

- 1) Does anyone in your family suffer from asthma ? If so who ? Granddad
- 2) Do you suffer from allergies ? Yes
- 3) Have you had or do you still suffer from eczema ? Yes
- 4) When did your asthma start ? 5 years
- 5) How often do you get attacks ? Tends to be just wheeziness

The asthma attack phase

Question	Wind Cold (without sweating)	Wind Cold (with sweating)	Wind Heat	Other	General for all
When you have an asthma attack do you have :-					
wheezing (describe), deeper breathing, whistling					* X
breathlessness					* X
tightness of the chest					* X little
Do you have more difficulty breathing out	*				
in				* X	
Do you sweat slightly		*			
not at all	* X				
Do you feel cold N	*				
or slightly chilly N		*			
Can the attack be brought on by cold weather N worse for heat	*				
Do you have a stiffness of the shoulders and neck N	*				
Do you have sneezing N but can bring on attack	*				
Do you have a cough N	*			*	
Is it barking			*		
Do you have a fever and aversion (dislike) of cold or a feeling of heat N			*		
Do you have a headache (describe) N			*		
Do you tend to want to urinate during an attack ?				*	
Do you have a slight thirst			*		
no thirst N	* X				

Do you produce any Phlegm ? **Only when chest infection otherwise no**

If so what colour is it ?

If patient has been pregnant did the asthma improve during pregnancy. ?

When do you get the most asthma attacks in the daytime or at night or both ? **Day**

What triggers the asthma attack ?

Dust	Pollen	Animal Dander	Dust mites	Stress	Other Dietary etc.
X	X	X	X	sometimes	No

Non Attack Phase

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Has the patient a pale face or a bright white complexion ? N	*									
Do you tend to sweat easily ? Is this more in the daytime ?	* Y				*					
Do you sweat at night ?		* Y		*						
Does the patient have a weak voice ?	* N									
Do you tend to catch colds easily ?	* Y									
Do you tend to get short of breath when you exert yourself ? N	*				*					
Do you have a tendency to cough ? N	*				*					
Is it a dry cough ?		*							*	
Is the cough worse in the evening ?		*								
Do you produce any watery sputum ? N	*									
Do you have a runny nose? N	*									
Do you tend to feel tired ? N	*									
Do you tend to sneeze ? N	*									
Do you tend to have a dry throat (or tickly), especially at night ?		* Y								
Do you tend to have a dry mouth or throat especially in the afternoon ? N				*		*			*	
Do you tend to have a feeling of heat in the afternoon or evening ? Y		*		*		*				
Has the patient got a malar flush ? N		*								
Do you tend to feel hot on you hands, feet and chest, especially at night (5 palm heat) ? Hands a bit clammy		*		* Y						
Do you have difficulty getting to sleep ? N										
Do you tend to wake up during the night ? Y to go to loo 1-2 times		*		* Y						*
Do you have a good appetite (would you eat what is put in front of you because you are hungry or do you have to be tempted to eat by having things you particularly like) Eats because training & needs it						*				
Do you have any pains in your stomach (dull) ? N						*				
Do you tend to feel full after eating ? Y						*				
Do you feel thirsty ? Yes pints of squash				* Y		*		*		
no desire to drink		*				*				
drink in small sips		*				*				
Do you ever get a bitter taste in the mouth ? N but cleans teeth a lot to get rid of sticky taste								*		
Do you suffer from lower back ache ? Y Dull needs to stretch in morning			*	* Y	* Y					
Do you ever get ringing in the ears ? What is it like ? Low rushing noise, gradual onset. N				*						
Sudden onset, high pitched whistle								*p		

* = likely sign or symptom for the syndrome p = possibly present

Non Attack Phase continued

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Do you tend to feel chilly ? N			*		*p					
Do you tend to have cold limbs? N					*					
Does the patient have any oedema of the face ? N			*		*					
Does the patient have oedema of the ankles ? N			*							
Do you ever feel depressed or mentally listless ? N			*p		*					
Do you tend to be irritable ? Y								*		
Do you tend to have sudden out bursts of anger ? Y								*		
What is your urine like ? Clear and pale			*							
Dark yellow				*						
Normal Stronger am due to vitamins										
How often do you urinate ? Frequently Y			* Y							
Infrequently / scanty				*						
Normal										
What are your bowel motions like and how frequently do you go ? Loose Y 2- 3 times day										* SP Qi Xu
Constipated				*p		*				
Normal										
Is the patient very thin ? Slim athletic build		*p		*p	*					
Do you get a feeling of oppression or distension of the chest and just below the ribs (hypochondrium) ? N							*	*	*	
Asthma attack elicited by stress ? Occas.							* Y	*		
Do you get any blurred vision and / or dry eyes ? N									*	

• = likely sign or symptom for the syndrome p = possibly present

Do you get hay-fever ? **Yes when did it start ? Last 5 years. June is worst**

Do you ever get palpitations ? If so when and is it with exercise or rest ? **Only once with coffee and Chinese food and also a panic attack at the same time**

Tongue: **Red tip, yellow dirty coat at back, slightly swollen with crack to tip**

Pulse: Left 1st deep
 “ 2nd wiry
 “ 3rd deep

Right 1st empty
 “ 2nd thready sl. superficial
 “ 3rd thready

Eczema

Do you have eczema ? Occasional. If so where ? Back of hands. Top of legs

How old were you when you first got it ? As a baby then went. Returned in early 20's

What makes it better or worse ? Hydrocortisone and good moisturisers (used all the time. Used to run it under hot tap to get amazing sensation

Question	Wind Heat	Damp Heat	Blood Xu
Are the eczema skin lesions very dry and itchy ?	* Y		
Does it spread all over the body and move from place to place ?	* Y		
Are the eczema lesions moist, oozing fluid, red and itchy ? Hands can be if v. bad		*	
Does it tend to be localised to specific parts of the body, mainly the forearm and lower leg ? N		*	
Do you get any dizziness ? Y			*
Do you get any numbness of limbs, muscle spasms, weakness or cramps ?			* Y stiff in am
Do you get floaters in the eyes ?			* Y
Are your menses scanty ?			* NA
Are the lips of the patient dull ?			*
Has the patient a dull complexion ?			* Y
Has the patient got withered and brittle nails ?			* Bit flaky but bites them a lot

Other patterns

Very particular and fussy about house. Even the cushions have to be just so before leaving the house
Spleen Qi Xu

Liver Qi stagnation

Heart Blood / Yin Xu ?

Other information

Is there anything else in your medical history you think might be relevant ? Has take steroids for body building and used cocaine but not now.

Are you on any medication ? If so what are you taking ? How often ?

Ventalin 4 times daily

Becotide 3 times daily (2 puffs)

Do you use a peak flow meter ? What sort of results do you get for the morning and evening ?

Yes. Bad in morning only in 500's but in evening can be in 700's

What is your occupation ? Fitness trainer

Do you smoke ? If so how many do you smoke per day ?

No never has.

Other information continued

Do you drink alcohol ? How much per week ? 6 bottles of beer a week

Do you drink tea or coffee ? If so how much per day ?

Tea 3 cups, coffee 6 cups. Plenty of squash

Aetiology

Do you know if you were born premature ? If so how early ?

Yes as placenta presented first

Do you know if your mother had any problems during your birth i.e. caesarean, foetal distress, being induced etc. Born by caesarean. Mother quite stressed generally.

Were you breast fed and if so for how long ?

No

Did either of your parents or grandparents have asthma ?

Grandfather on mothers side

What vaccinations did you have as child ?

Tetanus, diphtheria, whooping cough. Smallpox, typhoid, cholera as travelling abroad. No MMR

Does anyone or did anyone smoke in your household during your childhood ?

Not particularly

Patients view

From your point of view is there anything you would like to say about how this condition lets you live your life

Often has to take antibiotics as gets chest infections easily. Lives with the problem but it would be nice if did not have it.

Wind Cold (no sweating)

Kidney Yin Xu

Kidneys failing to receive Qi

Spleen Qi Xu

Liver Qi Stagnation

Heart Blood / Yin Xu

Eczema Wind Heat with underlying Blood Xu

Structured Interview for Atopic Asthma Sufferers

Name: Sue

Date of interview: **16/8/98**

Date of Birth: **31/12/67**

Occupation : **Midwife**

Permission to contact again Y/N

- 1) Does anyone in your family suffer from asthma ? If so who ? **cousin**
- 2) Do you suffer from allergies ? **Yes , detergents, soaps, perfume, dust-mite, pollen, sulphiting agents**
- 3) Have you had or do you still suffer from eczema ? **Yes from a baby. Still has it on hands, odd patches on legs and arms but not in the creases.**
- 4) When did your asthma start ? **22 years. Had bronchitis which then she was left with asthma.**
- 5) How often do you get attacks ? **No major attack for as drug controlled. Has minor attacks morning and evening.**

The asthma attack phase

Question	Wind Cold (without sweating)	Wind Cold (with sweating)	Wind Heat	Other	General for all
When you have an asthma attack do you have :-					
wheezing (describe), deeper breathing, whistling Tight and closed feeling, filling with fluid					* Y
breathlessness					* Y
tightness of the chest					* Y
Do you have more difficulty breathing out in Y	* Y				
Do you sweat slightly feels hotter than usual not at all	*	* Y			
Do you feel cold No or slightly chilly No	*	*			
Can the attack be brought on by cold weather Yes	* Y				
Do you have a stiffness of the shoulders and neck Yes but makes self relax	* Y				
Do you have sneezing Yes	* Y				
Do you have a cough Yes Is it barking No wet cough	* Y			*	
Do you have a fever and aversion (dislike) of cold or a feeling of heat			*Y		
Do you have a headache (describe) No			*		
Do you tend to want to urinate during an attack ? No				*	
Do you have a slight thirst Yes no thirst			* Y		
	*				

When do you get the most asthma attacks in the daytime or at night or both ? **Morning and evening**

Do you produce any Phlegm ? **Yes brings up fluids**

If so what colour is it ? **Clear and comes up easily. Has to breath through the fluid**

If patient has been pregnant did the asthma improve during pregnancy. ? **Asthma a lot worse at the beginning but improved in last 3 months. It went with trauma, she had bleeding at the beginning of the pregnancy.**

What triggers the asthma attack ? **Exercise**

Dust	Pollen	Animal Dander	Dust mites	Stress	Other Dietary etc.
Y	Y	Y	Y	Y	Sulphites (wine)

Non Attack Phase

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Has the patient a pale face or a bright white complexion ? N	*									
Do you tend to sweat easily ? Is this more in the daytime ? Y	* Y				*					
Do you sweat at night ? Y		*		* Y						
Does the patient have a weak voice ? Yes	* Y									
Do you tend to catch colds easily ? Yes	* Y									
Do you tend to get short of breath when you exert yourself ? Yes	*Y				*					
Do you have a tendency to cough ? No	*				*					
Is it a dry cough ? No		*							*	
Is the cough worse in the evening ? No		*								
Do you produce any watery sputum ? No	*									
Do you have a runny nose? Yes	*Y									
Do you tend to feel tired ? Yes	*Y									
Do you tend to sneeze ? Yes	*Y									
Do you tend to have a dry throat (or tickly), especially at night ? No		*								
Do you tend to have a dry mouth or throat especially in the afternoon ? No				*		*			*	
Do you tend to have a feeling of heat in the afternoon or evening ? Not sure		*		*		*				
Has the patient got a malar flush ? Slight		*								
Do you tend to feel hot on you hands, feet and chest, especially at night (5 palm heat) ? No		*		*						
Do you have difficulty getting to sleep ? No										
Do you tend to wake up during the night ? No		*		*						*
Do you have a good appetite (would you eat what is put in front of you because you are hungry or do you have to be tempted to eat by having things you particularly like) Yes						*Y				
Do you have any pains in your stomach (dull) ? Yes						*Y				
Do you tend to feel full after eating ? Yes						*Y				
Do you feel thirsty ? Yes				* Y		*Y		*		
no desire to drink		*				*				
drink in small sips		*				*				
Do you ever get a bitter taste in the mouth ? No but does get a sticky taste								*		
Do you suffer from lower back ache ? Yes			*	* Y	*					
Do you ever get ringing in the ears ? What is it like ? Low rushing noise, gradual onset. No				*						
Sudden onset, high pitched whistle No								*p		

* = likely sign or symptom for the syndrome p = possibly present

Non Attack Phase continued

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Do you tend to feel chilly ? Yes			*Y		*p					
Do you tend to have cold limbs? Yes					*Y					
Does the patient have any oedema of the face ? No			*		*					
Does the patient have oedema of the ankles ? Yes when period is on			*Y							
Do you ever feel depressed or mentally listless ? No			*p		*					
Do you tend to be irritable ? No only with period							*			
Do you tend to have sudden out bursts of anger ? No							*			
What is your urine like ? Clear and pale			*							
Dark yellow				*						
Normal										
How often do you urinate ? Frequently			*							
Infrequently / scanty				*						
Normal										
What are your bowel motions like and how frequently do you go ? Loose										*
Constipated				*p		*				
Normal but tend to alternate between slightly constipated and loose										
Is the patient very thin ? No		*p		*p	*					
Do you get a feeling of oppression or distension of the chest and just below the ribs (hypochondrium) ? Gets stabbing pains in chest and when relaxes they go							*Y	*	*	
Asthma attack elicited by stress ? Yes							* Y	*		
Do you get any blurred vision and / or dry eyes ?									*Y	

• = likely sign or symptom for the syndrome p = possibly present

Do you get hay-fever ? **Yes**
If yes when did it start ? **Age 19 years**

Do you ever get palpitations ? If so when and is it with exercise or rest ? **No just once**

Tongue: **Pale body and swollen. Thin yellow coat which is often thicker**

Pulse: Left 1st **thready**
“ 2nd **slippery**
“ 3rd **deep**

Right 1st **empty**
“ 2nd **wiry**
“ 3rd **wiry**

Eczema

Do you have eczema ? If so where ? **Yes on hands, odd patches on legs and arms but not in the creases.**

How old were you when you first got it ? **as baby**

What makes it better or worse ? **Detergents and stress make it worse and the lack of these make it better**

Question	Wind Heat	Damp Heat	Blood Xu
Are the eczema skin lesions very dry and itchy ?	*		
Does it spread all over the body and move from place to place ? Moves on extremities	*		
Are the eczema lesions moist, oozing fluid, red and itchy ? Yes		*Y	
Does it tend to be localised to specific parts of the body, mainly the forearm and lower leg ? Yes		*Y	
Do you get any dizziness ? No			*
Do you get any numbness of limbs, muscle spasms, weakness or cramps ? No			*
Do you get floaters in the eyes ? Yes			* Y
Are your menses scanty ? No			*
Are the lips of the patient dull ? Yes			*Y
Has the patient a dull complexion ? No			*
Has the patient got withered and brittle nails ? No			*

Other patterns

PMT before period and feels depressed and irritable. Menses are irregular between 21 - 31 days usually 27 to 30. Lasts 5 -7 days. Very painful at the start. Day 2 - 3 changes super tampon every 2 - 3 hours. Clots.

Liver Qi stagnation

Cold in uterus ?

Other information

Is there anything else in your medical history you think might be relevant ?

Tonsils removed when 9 years old due to Quinsy. Ear infections bad as a child. Has not been well for 2 years since having daughter. Post natal depression.

Are you on any medication ? If so what are you taking ? How often ?

Ventolin - minimum of twice daily, used as needed. Becotide usually when has colds or hay-fever, not used all the time.

Do you use a peak flow meter ? What sort of results do you get for the morning and evening ? **No. Knows own body well. Keeps weigh down and takes good exercise**

Do you smoke ? If so how many do you smoke per day ? **No**

Other information continued

Do you drink alcohol ? How much per week ? **2-3 units weekly**

Do you drink tea or coffee ? If so how much per day ? **Tea 5 - 6 daily. No coffee, plenty of water.**

Aetiology

Do you know if you were born premature ? If so how early ? **No**

Do you know if your mother had any problems during your birth i.e. caesarean, foetal distress, being induced etc. **Cord round neck**

Were you breast fed and if so for how long ? **Bottle-fed and breast fed**

What vaccinations did you have as child ? **Tetanus, diphtheria and whooping cough, polio. TB and rubella**

Does anyone or did anyone smoke in your household during your childhood ?

Yes. Stopped when she was 7 years old.

Patients view

From your point of view is there anything you would like to say about how this condition lets you live your life

Have not let it control my life. She respects the disease and looks after it well.

Wind Cold (no sweating)

LU Qi Xu

Liver Qi stagnation

ST Yin Xu

Kid Yang Xu

Kid and Liver Yin Xu

Eczema Damp Heat

Structured Interview for Atopic Asthma Sufferers

Name: Beth

Date of Birth: 5/10/60

Date of interview: 11/8/98

Occupation : Teacher

Permission to contact again Y/N Yes

- 1) Does anyone in your family suffer from asthma ? If so who ? **Dad**
- 2) Do you suffer from allergies ? **Yes :- feathers, dust, pollen, animal, dander**
- 3) Have you had or do you still suffer from eczema ? **Yes did have it as a child for about three years**
- 4) When did your asthma start ? **Age 6-7 years**
- 5) How often do you get attacks ? **Inhalers keep it under control. Last major attack was April (2-3 per year). Mini attacks daily**

The asthma attack phase

Question	Wind Cold (without sweating)	Wind Cold (with sweating)	Wind Heat	Other	General for all
When you have an asthma attack do you have :-					
wheezing (describe) deeper breathing, whistling wheezing on exhale					* Y
breathlessness					* Y
tightness of the chest					* Y
Do you have more difficulty breathing out Difficult	*				
in very hard				* Y	
Do you sweat slightly		*			
not at all don't know	*				
Do you feel cold No	*				
or slightly chilly		*			
Can the attack be brought on by cold weather Yes	* Y				
Do you have a stiffness of the shoulders and neck Yes	*Y				
Do you have sneezing NO	*				
Do you have a cough Wants to but does not	*			*	
Is it barking			*		
Do you have a fever and aversion (dislike) of cold or a feeling of heat Feels hot & bothered scratches neck as itchy			* Y		
Do you have a headache (describe) No			*		
Do you tend to want to urinate during an attack ? No				*	
Do you have a slight thirst			*		
no thirst no particular thirst	* Y				

When do you get the most asthma attacks in the daytime or at night or both ? **Night time uses inhaler in bed a lot.**

Do you produce any Phlegm ? **No**

If so what colour is it ?

If patient has been pregnant did the asthma improve during pregnancy. ? **Yes it virtually went**

What triggers the asthma attack ?

Dust	Pollen	Animal Dander	Dust mites	Stress	Other Dietary etc.
Y	Y	Y	Y	Y	N

Non Attack Phase

Appendix F

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Has the patient a pale face or a bright white complexion ?	* Y									
Do you tend to sweat easily ? Is this more in the daytime ? Y	* Y				*					
Do you sweat at night ? No		*		*						
Does the patient have a weak voice ? Not loud enough for school	* Y									
Do you tend to catch colds easily ? Y	* Y									
Do you tend to get short of breath when you exert yourself ? Y	* Y				*					
Do you have a tendency to cough ? N	*				*					
Is it a dry cough ?		*							*	
Is the cough worse in the evening ?		*								
Do you produce any watery sputum ? N	*									
Do you have a runny nose? Y	*Y									
Do you tend to feel tired ? Y	* Y									
Do you tend to sneeze ? Y	*Y									
Do you tend to have a dry throat (or tickly), especially at night ? Y itchy		* Y								
Do you tend to have a dry mouth or throat especially in the afternoon ? N				*		*			*	
Do you tend to have a feeling of heat in the afternoon or evening ? No, always cold		*		*		*				
Has the patient got a malar flush ? No		*								
Do you tend to feel hot on you hands, feet and chest, especially at night (5 palm heat) ? N freezing		*		*						
Do you have difficulty getting to sleep ? Y										
Do you tend to wake up during the night ? Y		*		* Y						*
Do you have a good appetite (would you eat what is put in front of you because you are hungry or do you have to be tempted to eat by having things you particularly like) Y						*				
Do you have any pains in your stomach (dull) ? N						*				
Do you tend to feel full after eating ? Y						*				
Do you feel thirsty ? Yes				*		*		*		
no desire to drink Yes, mainly alcohol !		*Y				*				
drink in small sips		*				*				
Do you ever get a bitter taste in the mouth ? Occasionally								*Y		
Do you suffer from lower back ache ? Y			*	*	*					
Do you ever get ringing in the ears ? What is it like ? Low rushing noise, gradual onset.				*						
Sudden onset, high pitched whistle Y whining								*pY		

* = likely sign or symptom for the syndrome p = possibly present

Non Attack Phase continued

Appendix F

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Do you tend to feel chilly ? Y			*		*p Y					
Do you tend to have cold limbs? Y especially feet, blue finger nails in winter					* Y					
Does the patient have any oedema of the face ? N			*		*					
Does the patient have oedema of the ankles ? N			*							
Do you ever feel depressed or mentally listless ? Yes			*p		* Y					
Do you tend to be irritable ? Y								* Y		
Do you tend to have sudden outbursts of anger ? Yes dreadful								* Y		
What is your urine like ? Clear and pale			*							
Dark yellow Y				* Y						
Normal										
How often do you urinate ? Frequently			*							
Infrequently / scanty when younger 1-2 times daily now more frequent especially if in a pool				* Y						
Normal										
What are your bowel motions like and how frequently do you go ? Loose										*
Constipated				*p		*				
Normal Y										
Is the patient very thin ? N		*p		*p	*					
Do you get a feeling of oppression or distension of the chest and just below the ribs (hypochondrium) ? Y ribs caught up in each other							* Y	*	*	
Asthma attack elicited by stress ? Y							* Y	*		
Do you get any blurred vision and / or dry eyes ?									*	

• = likely sign or symptom for the syndrome p = possibly present

Do you get hay-fever ? **Yes**

If yes when did it start ? **Since getting asthma. Not so bad now as breathes through mouth**

Do you ever get palpitations ? If so when and is it with exercise or rest ? **No**

Tongue: **slightly red body. Slight swelling round edges and wet. Drier in middle. Central crack in ST/SP area**

Pulse: Left 1st **thready**
 “ 2nd **wiry**
 “ 3rd **thready**

Right 1st **deep**
 “ 2nd **wiry**
 “ 3rd **weak**

Eczema

Do you have eczema ? If so where ? **Not now but did have as a baby. Affected knees, elbows and occasionally inner thighs**

How old were you when you first got it ? **Baby**

What makes it better or worse ? **N/A**

Question	Wind Heat	Damp Heat	Blood Xu
Are the eczema skin lesions very dry and itchy ?	*		
Does it spread all over the body and move from place to place ?	*		
Are the eczema lesions moist, oozing fluid, red and itchy ?		*	
Does it tend to be localised to specific parts of the body, mainly the forearm and lower leg ?		*	
Do you get any dizziness ? sometimes			* Y
Do you get any numbness of limbs , muscle spasms, weakness or cramps ? Cramps every morning and night in thigh			* Y
Do you get floaters in the eyes ? Y			* Y
Are your menses scanty ? N			*
Are the lips of the patient dull ? Y			*Y
Has the patient a dull complexion ? Y			* Y
Has the patient got withered and brittle nails ? Yes brittle and ridged			* Y

Other patterns

Liver Qi stagnation due to irritability, pain at beginning of menses, moodiness and depression. Blood Xu as above plus when young menses very scant, nowadays 4 days very bad with a break in the middle at day 3. Clots at end. Flow dark and sticky. (Cold in uterus ?)

Other information

Is there anything else in your medical history you think might be relevant ?

Bronchitis when in infant school and missed half a year of school. Had tonsils and adenoids removed when 7 years old.

Are you on any medication ? If so what are you taking ? How often ?

Ventolin when needed

Becotide 2 puffs in morning and 2 puffs in evening.

Do you use a peak flow meter ? What sort of results do you get for the morning and evening ?

Occasionally. Morning is about 200 and evening about 400.

Do you smoke ? If so how many do you smoke per day ?

No

Other information continued

Do you drink alcohol ? How much per week ? **Yes Probably more than 14 units per week.**

Do you drink tea or coffee ? If so how much per day ? **3 cups of coffee a day and nothing else except some alcohol.**

Aetiology

Do you know if you were born premature ? If so how early ? **Late by 5 days.**

Do you know if your mother had any problems during your birth i.e. caesarean, foetal distress, being induced etc. **No**

Were you breast fed and if so for how long ? **Yes 6months**

What vaccinations did you have as child ? **Tetanus, diphtheria and whooping cough. Polio. TB and rubella at about 14 years.**

Does anyone or did anyone smoke in your household during your childhood ?
No

Patients view

From your point of view is there anything you would like to say about how this condition lets you live your life

A great excuse for getting out of school. Just has to live with it.

Main syndromes

Wind Cold and Wind Heat invasions

LU Qi Xu

Kidneys failing to receive Qi / Kidney Yang Xu

Liver Qi stagnation (maybe some Liver fire due to the alcohol and coffee)

Spleen Qi Xu

Liver Blood Xu

Kidney / Liver Yin Xu

Structured Interview for Atopic Asthma Sufferers

Name: **John**

Date of interview: 10/8/98

Date of Birth: **1/5/65**

Occupation : banking

Permission to contact again Y/N

- 1) Does anyone in your family suffer from asthma ? If so who ? **father & brother**
- 2) Do you suffer from allergies ? **Yes to nuts such as peanuts, brazils, walnuts and hazelnuts. Almonds are OK. White fish such as haddock but not cod. Used to be allergic to dogs and cats. Grass makes him sniffle, sun causes prickly heat**
- 3) Have you had or do you still suffer from eczema ? **Yes**
- 4) When did your asthma start ? **6 months old**
- 5) How often do you get attacks ? **No major attack for 7 years as drug controlled. Has minor attacks every six months.**

The asthma attack phase

Question	Wind Cold (without sweating)	Wind Cold (with sweating)	Wind Heat	Other	General for all
When you have an asthma attack do you have :-					
wheezing (describe) deeper breathing, whistling					* Y
breathlessness					* Y
tightness of the chest					* Y
Do you have more difficulty breathing out	*				
in Y				*	
Do you sweat slightly		*			
not at all	*				
Do you feel cold N	*				
or slightly chilly N		*			
Can the attack be brought on by cold weather No	*				
Do you have a stiffness of the shoulders and neck No	*				
Do you have sneezing No	*				
Do you have a cough No	*			*	
Is it barking No			*		
Do you have a fever and aversion (dislike) of cold or a feeling of heat			* Y		
Do you have a headache (describe) No			*		
Do you tend to want to urinate during an attack ? No				*	
Do you have a slight thirst Yes			* Y		
no thirst	*				

When do you get the most asthma attacks in the daytime or at night or both ? **Night**Do you produce any Phlegm ? **Yes**If so what colour is it ? **Thick and clear**If patient has been pregnant did the asthma improve during pregnancy. ? **N/A**

What triggers the asthma attack ?

Dust	Pollen	Animal Dander	Dust mites	Stress	Other Dietary etc.
Y	Y	used to be	N	N	N

Non Attack Phase

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Has the patient a pale face or a bright white complexion ? N	*									
Do you tend to sweat easily ? Is this more in the daytime ? Y	* Y				*					
Do you sweat at night ? Y occasionally		*		* Y						
Does the patient have a weak voice ? No	*									
Do you tend to catch colds easily ? No	*									
Do you tend to get short of breath when you exert yourself ? Yes	*Y				*					
Do you have a tendency to cough ? No	*				*					
Is it a dry cough ? No		*							*	
Is the cough worse in the evening ? No		*								
Do you produce any watery sputum ? No	*									
Do you have a runny nose? No only with hay-fever	*									
Do you tend to feel tired ? No	*									
Do you tend to sneeze ? No	*									
Do you tend to have a dry throat (or tickly), especially at night ? No		*								
Do you tend to have a dry mouth or throat especially in the afternoon ? No only in air-conditioning				*		*			*	
Do you tend to have a feeling of heat in the afternoon or evening ? No		*		*		*				
Has the patient got a malar flush ? No		*								
Do you tend to feel hot on you hands, feet and chest, especially at night (5 palm heat) ? No		*		*						
Do you have difficulty getting to sleep ? Yes particularly when stressed										
Do you tend to wake up during the night ? Yes usually after 50 minutes of sleep		*		* Y						*
Do you have a good appetite (would you eat what is put in front of you because you are hungry or do you have to be tempted to eat by having things you particularly like) Yes						*				
Do you have any pains in your stomach (dull) ? No						*				
Do you tend to feel full after eating ? Yes						*				
Do you feel thirsty ? Yes as drinks constantly through the evening				* Y		*		*		
no desire to drink		*				*				
drink in small sips		*				*				
Do you ever get a bitter taste in the mouth ? No but does get a sticky taste								*		
Do you suffer from lower back ache ? Occasionally			*	* Y	*					
Do you ever get ringing in the ears ? What is it like ? Low rushing noise, gradual onset. No				*						
Sudden onset, high pitched whistle Yes								*p Y ?		

* = likely sign or symptom for the syndrome p = possibly present

Non Attack Phase continued

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Do you tend to feel chilly ? No			*		*p					
Do you tend to have cold limbs? No					*					
Does the patient have any oedema of the face ? No			*		*					
Does the patient have oedema of the ankles ? No			*							
Do you ever feel depressed or mentally listless ? Yes			*p		*		Y			
Do you tend to be irritable ? Yes							Y?	* Y?		
Do you tend to have sudden out bursts of anger ? No								*		
What is your urine like ? Clear and pale			*							
Dark yellow Used to be dark but now pale				* Y						
Normal										
How often do you urinate ? Frequently Yes			*							
Infrequently / scanty used to be				* Y						
Normal										
What are your bowel motions like and how frequently do you go ? Loose										*
Constipated				*p		*				
Normal										
Is the patient very thin ? No		*p		*p	*					
Do you get a feeling of oppression or distension of the chest and just below the ribs (hypochondrium) ? Yes when wheezing							*Y	*	*	
Asthma attack elicited by stress ? possibly							* Y	*		
Do you get any blurred vision and / or dry eyes ? No									*	

• = likely sign or symptom for the syndrome p = possibly present

Do you get hay-fever ? **Yes**
If yes when did it start ? **Last 2 years**

Do you ever get palpitations ? If so when and is it with exercise or rest ? **No**

Tongue: **Red body, dry yellow coat. Central crack slightly to tip. Tooth-marks on right side.**

Pulse: Left 1st **wiry slippery**
“ 2nd **and rapid**
“ 3rd

Right 1st
“ 2nd **Rapid and**
“ 3rd **wiry**

Eczema

Do you have eczema ? If so where ? **Y on creases of knees and elbows. Forehead. Itchy chest around collar bone**

How old were you when you first got it ? **as baby**

What makes it better or worse ? **E45, Balmium cream, cool air makes it better. Worse after shower or heat. Never uses steroid creams.**

Question	Wind Heat	Damp Heat	Blood Xu
Are the eczema skin lesions very dry and itchy ? Yes burning	*		
Does it spread all over the body and move from place to place ? N	*		
Are the eczema lesions moist, oozing fluid, red and itchy ? Yes		*Y	
Does it tend to be localised to specific parts of the body, mainly the forearm and lower leg ? Y		*Y	
Do you get any dizziness ? No but has had menieres			*
Do you get any numbness of limbs, muscle spasms, weakness or cramps ? No			*
Do you get floaters in the eyes ? No			*
Are your menses scanty ? N/A			*
Are the lips of the patient dull ? No			*
Has the patient a dull complexion ? Yes			*
Has the patient got withered and brittle nails ? No			*

Other patterns

**Liver Qi stagnation leading to Heat in the Blood and Damp Heat
Spleen Qi Xu and Damp.
Kidney Yin Xu**

Other information

Is there anything else in your medical history you think might be relevant ?
Been treated for stress recently and a bad attack of eczema. Does occasionally get vertigo / menieres

Are you on any medication ? If so what are you taking ? How often ?

Ventolin - 2 puffs at night to help get off to sleep. Serc 16 for Menieres when necessary.

Do you use a peak flow meter ? What sort of results do you get for the morning and evening ? **No**

Do you smoke ? If so how many do you smoke per day ? **Yes. 15 - 20 per day. Easier to reduce this when at work.**

Other information continued

Do you drink alcohol ? How much per week ? **Yes. When working full time and was under stress he was drinking 12 beers and about three bottles of wine per week. Since being off work and now working part time has cut this right down to about 3 units per week.**

Do you drink tea or coffee ? If so how much per day ? **Before treatment for stress would drink about 10 cups of coffee per day and at weekends this went up to about 20 per day. Since treatment he has given up coffee altogether.**

Aetiology

Do you know if you were born premature ? If so how early ? **No late**

Do you know if your mother had any problems during your birth i.e. caesarean, foetal distress, being induced etc. **Born very slowly**

Were you breast fed and if so for how long ? **Bottle-fed**

What vaccinations did you have as child ? **Tetanus, diphtheria and whooping cough, polio. TB**

Does anyone or did anyone smoke in your household during your childhood ?
No

Patients view

From your point of view is there anything you would like to say about how this condition lets you live your life

During his teens the asthma cleared and he played cricket for the under 19's in the county. Around the age of about 23 -24 years he stopped exercising. The asthma then started to reappear. Now walks about 1 mile per day. Was a worrier as a child. Would have stomach ache on a Sunday night in anticipation for school the following day. When he was a child he had the breathlessness but no back pain or night-sweats.

Wind Heat invasion

LU Qi Xu

Liver Qi stagnation insulting LU

Kid Yin Xu

SP Qi Xu and Damp

Heat in Blood (from Liver Qi stagnation)

Damp Heat

Structured Interview for Atopic Asthma Sufferers

Name: **Jenny**

Date of interview: 2/09/98

Date of Birth: **28/10/34**

Occupation : Retired researcher

Permission to contact again Y/N

- 1) Does anyone in your family suffer from asthma ? If so who ? **No**
- 2) Do you suffer from allergies ? **Yes Animals, feathers and pollen**
- 3) Have you had or do you still suffer from eczema ? **Yes as a child**
- 4) When did your asthma start ? **1 months old as they thought she had pneumonia**
- 5) How often do you get attacks ? **As a child she would have major attacks once a month. Minor attacks were daily and now she wheezes most of the time.**

The asthma attack phase

Question	Wind Cold (without sweating)	Wind Cold (with sweating)	Wind Heat	Other	General for all
When you have an asthma attack do you have :-					
wheezing (describe) deeper breathing, whistling					* Y
breathlessness					* Y
tightness of the chest					* Y
Do you have more difficulty breathing out Y in	* Y			*	
Do you sweat slightly not at all	* Y	*			
Do you feel cold No but possibly or slightly chilly	* Y	*			
Can the attack be brought on by cold weather Yes	* Y				
Do you have a stiffness of the shoulders and neck Yes always hunched	* Y				
Do you have sneezing sometimes	* Y				
Do you have a cough Yes dry cough	* Y			*	
Is it barking			*		
Do you have a fever and aversion (dislike) of cold or a feeling of heat			*		
Do you have a headache (describe) Yes Violent headache which sometimes makes her sick			* Y		
Do you tend to want to urinate during an attack ? No				*	
Do you have a slight thirst Yes			* Y		
no thirst	*				

When do you get the most asthma attacks in the daytime or at night or both ? **Night always wakes with it**

Do you produce any Phlegm ? **Yes sometimes**

If so what colour is it ? **Usually white unless a chest infection**

If patient has been pregnant did the asthma improve during pregnancy. ? **N/A**

What triggers the asthma attack ?

Dust	Pollen	Animal Dander	Dust mites	Stress	Other Dietary etc.
Y	Y	Y	Y	No	No

Non Attack Phase

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Has the patient a pale face or a bright white complexion ? No slightly yellowish	*									
Do you tend to sweat easily ? Is this more in the daytime ? No	*				*					
Do you sweat at night ? Rarely		*		*						
Does the patient have a weak voice ? No	*									
Do you tend to catch colds easily ? No	*									
Do you tend to get short of breath when you exert yourself ? Yes	* Y				*					
Do you have a tendency to cough ? No	*				*					
Is it a dry cough ? No		*							*	
Is the cough worse in the evening ? No		*								
Do you produce any watery sputum ? No	*									
Do you have a runny nose? Yes	* Y									
Do you tend to feel tired ? Yes also has been anaemic	* Y									
Do you tend to sneeze ? Yes	* Y									
Do you tend to have a dry throat (or tickly), especially at night ? No only sometimes a dry mouth		*								
Do you tend to have a dry mouth or throat especially in the afternoon ? No				*		*			*	
Do you tend to have a feeling of heat in the afternoon or evening ? No		*		*		*				
Has the patient got a malar flush ? No		*								
Do you tend to feel hot on you hands, feet and chest, especially at night (5 palm heat) ? No		*		*						
Do you have difficulty getting to sleep ? Yes particularly when stressed										
Do you tend to wake up during the night ? No only occasionally		*		*						*
Do you have a good appetite (would you eat what is put in front of you because you are hungry or do you have to be tempted to eat by having things you particularly like) Yes						*				
Do you have any pains in your stomach (dull) ? some indigestion						*				
Do you tend to feel full after eating ? Yes						*				
Do you feel thirsty ?				*		*		*		
no desire to drink		*				*				
drink in small sips		*				*				
Do you ever get a bitter taste in the mouth ? No								*		
Do you suffer from lower back ache ? No			*	*	*					
Do you ever get ringing in the ears ? What is it like ? Low rushing noise, gradual onset. No				*						
Sudden onset, high pitched whistle Yes								*p		

* = likely sign or symptom for the syndrome p = possibly present

Non Attack Phase continued

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Do you tend to feel chilly ? Yes			* Y		*p					
Do you tend to have cold limbs? Yes					* Y					
Does the patient have any oedema of the face ? Yes			* Y		*					
Does the patient have oedema of the ankles ? Yes			* Y							
Do you ever feel depressed or mentally listless ? No			*p		*					
Do you tend to be irritable ? Yes possibly								*		
Do you tend to have sudden out bursts of anger ? No								*		
What is your urine like ? Clear and pale			*							
Dark yellow				*						
Normal Yes										
How often do you urinate ? Frequently			*							
Infrequently / scanty				*						
Normal 2- 3 times daily occasional nocturia										
What are your bowel motions like and how frequently do you go ? Loose										*
Constipated				*p		*				
Normal										
Is the patient very thin ? No		*p		*p	*					
Do you get a feeling of oppression or distension of the chest and just below the ribs (hypochondrium) ? No							*Y	*	*	
Asthma attack elicited by stress ? Does not get stressed							* Y	*		
Do you get any blurred vision and / or dry eyes ? Gets watering eyes									*	

• = likely sign or symptom for the syndrome p = possibly present

Do you get hay-fever ? **Yes**
If yes when did it start ? **Later life**

Do you ever get palpitations ? If so when and is it with exercise or rest ? **No**

Tongue: **Slightly red body, swollen at side. Sides redder than rest of tongue but only slightly. No coat but not peeled. Wet.**

Pulse: Left 1st **wiry and slightly slippery**
“ 2nd
“ 3rd **deep**

Right 1st **deep**
“ 2nd **wiry and slightly slippery**
“ 3rd **deep**

Eczema

Do you have eczema ? If so where ? **As a child on creases of knees and elbows. Also on wrists.**

How old were you when you first got it ? **as baby through to about 10 years**

What makes it better or worse ? **Worse for water contact.**

Question	Wind Heat	Damp Heat	Blood Xu
Are the eczema skin lesions very dry and itchy ?	*		
Does it spread all over the body and move from place to place ?	*		
Are the eczema lesions moist, oozing fluid, red and itchy ? Yes		*Y	
Does it tend to be localised to specific parts of the body, mainly the forearm and lower leg ? Y		*Y	
Do you get any dizziness ? No			*
Do you get any numbness of limbs, muscle spasms, weakness or cramps ? Yes			* Y
Do you get floaters in the eyes ? Yes			* Y
Are your menses scanty ? Normal when had them			*
Are the lips of the patient dull ? Yes			* Y
Has the patient a dull complexion ? Yes			* Y
Has the patient got withered and brittle nails ? Yes tends to crack			* Y

Other patterns

**Some deafness, redness of tongue which may be some Yin Xu
Spleen Qi Xu and Damp.
Liver Blood Xu**

Other information

Is there anything else in your medical history you think might be relevant ?

**Whooping cough, measles, chicken pox. Hiatus hernia. Mumps as an adult.
Pleurisy in teens. Bronchitis. Pneumonia at least 3 times during life.**

Are you on any medication ? If so what are you taking ? How often ?

Steroid inhalers - Flixotide 2 puffs in morning and at night. Salbutamol when needed. When Intal (disodium cromoglycolate) was introduced this made a big difference to her. Finds it difficult to get prescribed now.

Do you use a peak flow meter ? What sort of results do you get for the morning and evening ? **No but when it has been done readings of about 130.**

Do you smoke ? If so how many do you smoke per day ? **No**

Other information continued

Do you drink alcohol ? How much per week ? **Yes. About 3 units per day.**

Do you drink tea or coffee ? If so how much per day ? **2 black coffees, some juice and lemonade. Does not drink a lot.**

Aetiology

Do you know if you were born premature ? If so how early ? **No**

Do you know if your mother had any problems during your birth i.e. caesarean, foetal distress, being induced etc. **No**

Were you breast fed and if so for how long ? **Yes**

What vaccinations did you have as child ? **Diphtheria . Polio as a teenager. TB later in life.**

Does anyone or did anyone smoke in your household during your childhood ? **Father not excessively.**

Patients view

From your point of view is there anything you would like to say about how this condition lets you live your life

Lived on a poultry farm as a child. Father had a leg amputated as a result of a motorcycle accident so he lived with his disability and she was made to live with hers. Used to fighting battles. A tough childhood. Would be towed home from school sometimes as could not breath well enough. Used to be sick at children's parties as got so excited. Obtained a degree in Physiology in the early 1950's at London.

Brought up to be an individual. Felt there was not much opportunity to get married as men did not want intelligent wives.

Wind Cold invasion some evidence for Wind Heat but predominately Cold

LU Qi Xu

Kid Yang Xu

SP Qi Xu and Damp

Damp Heat

Structured Interview for Atopic Asthma Sufferers

Name: Jung

Date of interview: 4/9/98

Date of Birth: **25/2/55**

Occupation : Nurse

Permission to contact again Y/N

- 1) Does anyone in your family suffer from asthma ? If so who ? **brother**
- 2) Do you suffer from allergies ? **Flowers especially chrysanthemums, dust, pollen, feathers, animals.**
- 3) Have you had or do you still suffer from eczema ? **Yes for the last 5 years**
- 4) When did your asthma start ? **5 years ago**
- 5) How often do you get attacks ? **One major attack 3 years ago now well drug controlled. Wheezing most of the time**

The asthma attack phase

Question	Wind Cold (without sweating)	Wind Cold (with sweating)	Wind Heat	Other	General for all
When you have an asthma attack do you have :-					
wheezing (describe) deeper breathing, whistling					* Y
breathlessness					* Y
tightness of the chest					* Y
Do you have more difficulty breathing out in Y	*			*	
Do you sweat slightly		*			
not at all	* Y				
Do you feel cold or slightly chilly Yes	*	* Y			
Can the attack be brought on by cold weather Yes	* Y				
Do you have a stiffness of the shoulders and neck Yes	* Y				
Do you have sneezing Yes	* Y				
Do you have a cough Yes	* Y			*	
Is it barking No			*		
Do you have a fever and aversion (dislike) of cold or a feeling of heat	Y		*		
Do you have a headache (describe) Yes a dull frontal headache			* Y		
Do you tend to want to urinate during an attack ? No				*	
Do you have a slight thirst Yes			* Y		
no thirst	*				

When do you get the most asthma attacks in the daytime or at night or both ? **Early morning between 5 and 6 am and evening at about 8pm**

Do you produce any Phlegm ? **Yes**

If so what colour is it ? **Light green**

If patient has been pregnant did the asthma improve during pregnancy. ? **Worse**

What triggers the asthma attack ?

Dust	Pollen	Animal Dander	Dust mites	Stress	Other Dietary etc.
N	Y	N	Y	Y	N

Non Attack Phase

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Has the patient a pale face or a bright white complexion ? No	*									
Do you tend to sweat easily ? Is this more in the daytime ? No	*				*					
Do you sweat at night ? Y occasionally		*		*						
Does the patient have a weak voice ? Yes	* Y									
Do you tend to catch colds easily ? Yes	* Y									
Do you tend to get short of breath when you exert yourself ? Yes	* Y				*					
Do you have a tendency to cough ? Yes	* Y				*					
Is it a dry cough ? sometimes		*							*	
Is the cough worse in the evening ? Not necessarily		*								
Do you produce any watery sputum ? Yes	* Y									
Do you have a runny nose ? Yes	* Y									
Do you tend to feel tired ? Yes but also does night shifts !	* Y									
Do you tend to sneeze ? Yes	* Y									
Do you tend to have a dry throat (or tickly), especially at night ? Yes		* Y								
Do you tend to have a dry mouth or throat especially in the afternoon ? Yes				*		*			* Y	
Do you tend to have a feeling of heat in the afternoon or evening ? Yes		* Y		*		*				
Has the patient got a malar flush ? No		*								
Do you tend to feel hot on you hands, feet and chest, especially at night (5 palm heat) ? mainly chest		* Y		*						
Do you have difficulty getting to sleep ? No										
Do you tend to wake up during the night ? No		*		*						*
Do you have a good appetite (would you eat what is put in front of you because you are hungry or do you have to be tempted to eat by having things you particularly like) Yes						*				
Do you have any pains in your stomach (dull) ? No						*				
Do you tend to feel full after eating ? Yes						*				
Do you feel thirsty ? Yes				*		*		*		
no desire to drink		*				*				
drink in small sips		* Y				*				
Do you ever get a bitter taste in the mouth ? Yes in the afternoons								*		
Do you suffer from lower back ache ? Yes			* Y	*	*					
Do you ever get ringing in the ears ? What is it like ? Low rushing noise, gradual onset. No				*						
Sudden onset, high pitched whistle Yes								*p Y ?		

* = likely sign or symptom for the syndrome p = possibly present

Non Attack Phase continued

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Do you tend to feel chilly ? Yes			* Y		*p					
Do you tend to have cold limbs? No					*					
Does the patient have any oedema of the face ? No			*		*					
Does the patient have oedema of the ankles ? Yes even when resting			* Y							
Do you ever feel depressed or mentally listless ? Yes			*p Y		*					
Do you tend to be irritable ? Yes								* Y		
Do you tend to have sudden out bursts of anger ? Yes								* Y		
What is your urine like ? Clear and pale			* Y							
Dark yellow				*						
Normal										
How often do you urinate ? Frequently Yes at night not so much during the day			* Y							
Infrequently / scanty				*						
Normal										
What are your bowel motions like and how frequently do you go ? Loose										*
Constipated				*p		*				
Normal										
Is the patient very thin ? No		*p		*p	*					
Do you get a feeling of oppression or distension of the chest and just below the ribs (hypochondrium) ? Yes							*	* Y	* Y	
Asthma attack elicited by stress ? Yes							*	* Y		
Do you get any blurred vision and / or dry eyes ?									* Y	

• = likely sign or symptom for the syndrome p = possibly present

Do you get hay-fever ? **Yes but all year round so may be allergic rhinitis**
If yes when did it start ? **In 1979 3 years after coming to England from the far east**

Do you ever get palpitations ? If so when and is it with exercise or rest ? **No**

Tongue: **Red body, redder tip, dirty yellow coat. Tends to clean tongue otherwise fur very thick**

Pulse: Left 1st **empty**
“ 2nd **slippery**
“ 3rd **slippery**

Right 1st **slippery**
“ 2nd **slippery**
“ 3rd **deep**

Eczema

Do you have eczema ? If so where ? **Yes atopic eczema on forearms, eyelids and round body**

How old were you when you first got it ? **38 years**

What makes it better or worse ? **Betnovate makes it better. Worse for gardening.**

Question	Wind Heat	Damp Heat	Blood Xu
Are the eczema skin lesions very dry and itchy ? Yes	* Y		
Does it spread all over the body and move from place to place ? Yes	* Y		
Are the eczema lesions moist, oozing fluid, red and itchy ? No		*	
Does it tend to be localised to specific parts of the body, mainly the forearm and lower leg ? No		*	
Do you get any dizziness ? Yes			* Y
Do you get any numbness of limbs, muscle spasms, weakness or cramps ? Yes			* Y
Do you get floaters in the eyes ? Yes			* Y
Are your menses scanty ? No			*
Are the lips of the patient dull ? No			*
Has the patient a dull complexion ? Yes			* Y
Has the patient got withered and brittle nails ? No but very dry skin and hair			* Y

Other patterns

**LU Phlegm Heat ↔ LU Phlegm Cold
Blood Xu**

Other information

Is there anything else in your medical history you think might be relevant ?

Has bad nasal problems. Sister and father died of kidney failure. Has high protein in urine. High BP.

Are you on any medication ? If so what are you taking ? How often ?

Ventolin - when needed. Becotide 2 puffs 2 x daily.

Indapamide for BP. Piriton and Trilodan.

Do you use a peak flow meter ? What sort of results do you get for the morning and evening ? **No but about 400**

Do you smoke ? If so how many do you smoke per day ? **No. Has been a passive smoker.**

Other information continued

Do you drink alcohol ? How much per week ? **Very little**

Do you drink tea or coffee ? If so how much per day ? **5 cups tea, coffee very rarely. Ribena and herbal teas.**

Aetiology

Do you know if you were born premature ? If so how early ? **Don't know**

Do you know if your mother had any problems during your birth i.e. caesarean, foetal distress, being induced etc. **No**

Were you breast fed and if so for how long ? **Bottle-fed**

What vaccinations did you have as child ? **Only had vaccinations pre-school as went to a British school in Singapore**

Does anyone or did anyone smoke in your household during your childhood ?
No

Patients view

From your point of view is there anything you would like to say about how this condition lets you live your life

Has made the best of it. No problems before coming to the UK.

Wind Cold invasion (mainly)

LU Qi Xu

LU and Liver Yin Xu

Kidney Yang Xu

Liver Fire insulting LU

Wind Heat with underlying Blood Xu

Name: James
Date of Birth: 25/9/91

Date of interview: 9/9/98
Occupation : Child
Permission to contact again Y/N

- 1) Does anyone in your family suffer from asthma ? If so who ? **father & mother**
- 2) Do you suffer from allergies ? **Dust, pollen, feathers and animals.**
- 3) Have you had or do you still suffer from eczema ? **Yes for the last 5 years**
- 4) When did your asthma start ? **5 years ago age 2**
- 5) How often do you get attacks ? **One major attack 1 year ago now well drug controlled. Mini attacks once every 3 months**

The asthma attack phase

Question	Wind Cold (without sweating)	Wind Cold (with sweating)	Wind Heat	Other	General for all
When you have an asthma attack do you have :-					
wheezing (describe) deeper breathing, whistling					* Y
breathlessness					* Y
tightness of the chest					* Y
Do you have more difficulty breathing out Yes	* Y				
in				*	
Do you sweat slightly Yes		* Y			
not at all	*				
Do you feel cold	*				
or slightly chilly Yes		* Y			
Can the attack be brought on by cold weather Yes	* Y				
Do you have a stiffness of the shoulders and neck Yes	* Y				
Do you have sneezing Yes	* Y				
Do you have a cough Yes	* Y			*	
Is it barking Yes			* Y		
Do you have a fever and aversion (dislike) of cold or a feeling of heat No			*		
Do you have a headache (describe)			* Y		
Do you tend to want to urinate during an attack ? No				*	
Do you have a slight thirst Yes			* Y		
no thirst	*				

When do you get the most asthma attacks in the daytime or at night or both ? **Both**
Do you produce any Phlegm ? **No**
If so what colour is it ?

If patient has been pregnant did the asthma improve during pregnancy. ? **N/A**

What triggers the asthma attack ?

Dust	Pollen	Animal Dander	Dust mites	Stress	Other Dietary etc.
N	N	N	Y	N	N

Swimming, EIA, cold weather

Non Attack Phase

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Has the patient a pale face or a bright white complexion ? No	*									
Do you tend to sweat easily ? Is this more in the daytime ? Yes	* Y				*					
Do you sweat at night ? Y occasionally		*		*						
Does the patient have a weak voice ? No	*									
Do you tend to catch colds easily ? No	*									
Do you tend to get short of breath when you exert yourself ? Yes	* Y				*					
Do you have a tendency to cough ? Yes	* Y				*					
Is it a dry cough ? no phlegmy		*							*	
Is the cough worse in the evening ? No		*								
Do you produce any watery sputum ? Yes	* Y									
Do you have a runny nose? Yes	* Y									
Do you tend to feel tired ? No	*									
Do you tend to sneeze ? Yes	* Y									
Do you tend to have a dry throat (or tickly), especially at night ? Yes		* Y								
Do you tend to have a dry mouth or throat especially in the afternoon ? Yes				*		*			*	
Do you tend to have a feeling of heat in the afternoon or evening ? No		*		*		*				
Has the patient got a malar flush ? No		*								
Do you tend to feel hot on you hands, feet and chest, especially at night (5 palm heat) ? No		*		*						
Do you have difficulty getting to sleep ? No										
Do you tend to wake up during the night ? No		*		*						*
Do you have a good appetite (would you eat what is put in front of you because you are hungry or do you have to be tempted to eat by having things you particularly like) No						*				
Do you have any pains in your stomach (dull) ? Yes recently						*				
Do you tend to feel full after eating ? No						*				
Do you feel thirsty ? Yes				*		*		*		
no desire to drink		*				*				
drink in small sips		*				*				
Do you ever get a bitter taste in the mouth ? No								*		
Do you suffer from lower back ache ? Yes			*	* Y	*					
Do you ever get ringing in the ears ? What is it like ? Low rushing noise, gradual onset. Yes				* Y						
Sudden onset, high pitched whistle No								*p		

* = likely sign or symptom for the syndrome p = possibly present

Non Attack Phase continued

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Do you tend to feel chilly ? No			*		*p					
Do you tend to have cold limbs? No					*					
Does the patient have any oedema of the face ? No			*		*					
Does the patient have oedema of the ankles ? No			*							
Do you ever feel depressed or mentally listless ? No			*p		*					
Do you tend to be irritable ? Yes								*		
Do you tend to have sudden out bursts of anger ? Yes								*		
What is your urine like ? Clear and pale			*							
Dark yellow				*						
Normal										
How often do you urinate ? Frequently			*							
Infrequently / scanty				* Y						
Normal										
What are your bowel motions like and how frequently do you go ? Loose										*
Constipated				*p		*				
Normal										
Is the patient very thin ? No		*p		*p	*					
Do you get a feeling of oppression or distension of the chest and just below the ribs (hypochondrium) ? No							*	*	*	
Asthma attack elicited by stress ?							*	*		
Do you get any blurred vision and / or dry eyes ?									*	

• = likely sign or symptom for the syndrome p = possibly present

Do you get hay-fever ? **Yes but all year round so may be allergic rhinitis**
If yes when did it start ? **From about age 4**

Do you ever get palpitations ? If so when and is it with exercise or rest ? **No**

Tongue: **Slightly red body, slightly swollen and wet. Thin white coat more towards rear of tongue. Slight crack in ST/SP area.**

Pulse: Left 1st **empty**
“ 2nd **normal slightly slow**
“ 3rd

Right 1st **thready**
“ 2nd **slightly superficial**
“ 3rd

Eczema

Do you have eczema ? If so where ? **Yes round waist and occasionally forearms**

How old were you when you first got it ? **5 years**

What makes it better or worse ? **Betnovate makes it better. Worse for excitement.**

Question	Wind Heat	Damp Heat	Blood Xu
Are the eczema skin lesions very dry and itchy ? Yes	* Y		
Does it spread all over the body and move from place to place ?	*		
Are the eczema lesions moist, oozing fluid, red and itchy ? No		*	
Does it tend to be localised to specific parts of the body, mainly the forearm and lower leg ? No		*	
Do you get any dizziness ? No			*
Do you get any numbness of limbs, muscle spasms, weakness or cramps ? Occasionally			*
Do you get floaters in the eyes ? Yes			* Y
Are your menses scanty ? No			*
Are the lips of the patient dull ? No			*
Has the patient a dull complexion ? No			*
Has the patient got withered and brittle nails ? No			*

Other patterns**Other information**

Is there anything else in your medical history you think might be relevant ?

No

Are you on any medication ? If so what are you taking ? How often ?

Ventolin - when needed. Becotide 2 puffs 2 x daily.

Clarityn for hayfever

Do you use a peak flow meter ? What sort of results do you get for the morning and evening ? **No but about 330**

Do you smoke ? If so how many do you smoke per day ? **No.**

Other information continued

Do you drink alcohol ? How much per week ? **No**

Do you drink tea or coffee ? If so how much per day ? **No**

Aetiology

Do you know if you were born premature ? If so how early ? **2 weeks before**

Do you know if your mother had any problems during your birth i.e. **caesarean**, foetal distress, being induced etc.

Were you breast fed and if so for how long ? **Breast fed for 3 years**

What vaccinations did you have as child ? **Diphtheria, whooping cough, tetanus. Polio, HIB, Rubella, Measles and Mumps**

Does anyone or did anyone smoke in your household during your childhood ?
No

Patients view

From your point of view is there anything you would like to say about how this condition lets you live your life

Wind Cold invasion (mainly) but some Wind Heat occasionally

LU Qi Xu

Some signs of Kidney Yin Xu

Wind Heat (eczema)

Name: Nicola

Date of Birth: 16/5/84

Date of interview: 31/7/98

Occupation :

Permission to contact again Y/N

- 1) Does anyone in your family suffer from asthma ? If so who ? Grandfather
- 2) Do you suffer from allergies ? Yes :- Grass, feathers, sun, dust, rape-seed
- 3) Have you had or do you still suffer from eczema ? No
- 4) When did your asthma start ? Age 2.5 years
- 5) How often do you get attacks ? 4 - 5 major ones per annum otherwise minor ones weekly

The asthma attack phase

Question	Wind Cold (without sweating)	Wind Cold (with sweating)	Wind Heat	Other	General for all
When you have an asthma attack do you have :-					
wheezing (describe) deeper breathing, whistling Only when very bad					*
breathlessness					* Y
tightness of the chest					* Y
Do you have more difficulty breathing out	*				
in				* Y	
Do you sweat slightly		* Y			
not at all	*				
Do you feel cold	* Y				
or slightly chilly		*			
Can the attack be brought on by cold weather	* Y				
Do you have a stiffness of the shoulders and neck NO	*				
Do you have sneezing NO	*				
Do you have a cough	* Y			* Y	
Is it barking			* Y		
Do you have a fever and aversion (dislike) of cold or a feeling of heat			* Y		
Do you have a headache (describe) Gets frontal h'ache, hurts when coughs. Also dizzy			* Y		
Do you tend to want to urinate during an attack ?				* Y	
Do you have a slight thirst			* Y		
no thirst	*				

When do you get the most asthma attacks in the daytime or at night or both ? **Night time**

Do you produce any Phlegm ? **No**

If so what colour is it ?

If patient has been pregnant did the asthma improve during pregnancy. ? **N/A**

What triggers the asthma attack ?

Dust	Pollen	Animal Dander	Dust mites	Stress	Other Dietary etc.
Y	Y	N but budgie did	Y	Y with exams	N

Non Attack Phase

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Has the patient a pale face or a bright white complexion ?	* Y									
Do you tend to sweat easily ? Is this more in the daytime ? Y & N	*				*					
Do you sweat at night ? since a baby		* Y		*						
Does the patient have a weak voice ? N	*									
Do you tend to catch colds easily ?	* Y									
Do you tend to get short of breath when you exert yourself ? Y	* Y				* Y					
Do you have a tendency to cough ? Y	*				* Y					
Is it a dry cough ?		* Y							*	
Is the cough worse in the evening ?		* Y								
Do you produce any watery sputum ? N	*									
Do you have a runny nose? N	*									
Do you tend to feel tired ? Y	* Y									
Do you tend to sneeze ? Only with hay-fever	*									
Do you tend to have a dry throat (or tickly), especially at night ?		* Y								
Do you tend to have a dry mouth or throat especially in the afternoon ? Y				* Y		*			*	
Do you tend to have a feeling of heat in the afternoon or evening ? Not particularly		*		*		*				
Has the patient got a malar flush ? Slight		* Y								
Do you tend to feel hot on you hands, feet and chest, especially at night (5 palm heat) ? Y		*		*						
Do you have difficulty getting to sleep ? Y										
Do you tend to wake up during the night ? Y		*		*						*
Do you have a good appetite (would you eat what is put in front of you because you are hungry or do you have to be tempted to eat by having things you particularly like) Binges then eats nothing						*				
Do you have any pains in your stomach (dull) ? N						*				
Do you tend to feel full after eating ? Y						*				
Do you feel thirsty ? Yes				* Y		*		*		
no desire to drink		*				*				
drink in small sips		*				*				
Do you ever get a bitter taste in the mouth ? N								*		
Do you suffer from lower back ache ? N			*	*	*					
Do you ever get ringing in the ears ? What is it like ? Low rushing noise, gradual onset. Medium range beep				* Y						
Sudden onset, high pitched whistle								*p		

* = likely sign or symptom for the syndrome p = possibly present

Non Attack Phase continued

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Do you tend to feel chilly ? Y			*		*p Y					
Do you tend to have cold limbs? Y					* Y					
Does the patient have any oedema of the face ? N			*		*					
Does the patient have oedema of the ankles ? N			*							
Do you ever feel depressed or mentally listless ? Only at school			*p		* Y					
Do you tend to be irritable ? sometimes								*		
Do you tend to have sudden out bursts of anger ? occasionally								*		
What is your urine like ? Clear and pale Y			* Y							
Dark yellow				*						
Normal										
How often do you urinate ? Frequently Y			* Y							
Infrequently / scanty				*						
Normal										
What are your bowel motions like and how frequently do you go ? Loose										*
Constipated				*p		*				
Normal Now, as child constipated										
Is the patient very thin ? Y		*p		*p	*					
Do you get a feeling of oppression or distension of the chest and just below the ribs (hypochondrium) ? N							*	*	*	
Asthma attack elicited by stress ? Occasionally							*	*		
Do you get any blurred vision and / or dry eyes ? N									*	

• = likely sign or symptom for the syndrome p = possibly present

Do you get hay-fever ? **Yes**
If yes when did it start ? **Last 2 years**

Do you ever get palpitations ? If so when and is it with exercise or rest ? **Y with rest**

Tongue: **slightly red with thin white coat. Central crack in SP/ ST area.**

Pulse: Left 1st floating empty
“ 2nd thready
“ 3rd thready

Right 1st empty
“ 2nd thready
“ 3rd thready

Eczema

Do you have eczema ? If so where ? **No**

How old were you when you first got it ?

What makes it better or worse ?

Question	Wind Heat	Damp Heat	Blood Xu
Are the eczema skin lesions very dry and itchy ?	*		
Does it spread all over the body and move from place to place ?	*		
Are the eczema lesions moist, oozing fluid, red and itchy ?		*	
Does it tend to be localised to specific parts of the body, mainly the forearm and lower leg ?		*	
Do you get any dizziness ?			*
Do you get any numbness of limbs, muscle spasms, weakness or cramps ?			*
Do you get floaters in the eyes ?			*
Are your menses scanty ?			*
Are the lips of the patient dull ?			*
Has the patient a dull complexion ?			*
Has the patient got withered and brittle nails ?			*

Other patterns

Phlegmy taste in the mouth in the morning

Always sweated a lot since tiny

Had “catarrh” for 18 months before asthma diagnosis

Always has urinated a lot.

Other information

Is there anything else in your medical history you think might be relevant ?

Had chicken pox, rubella. Broken toes and wrists

Are you on any medication ? If so what are you taking ? How often ?

Ventolin when needed

Serevent 1 puff 2x daily

Flixotide 2 puffs 2x daily

Clarityn when needed for sun rash

Do you use a peak flow meter ? What sort of results do you get for the morning and evening ?

Used more in winter. When good 350 when very bad 125

Do you smoke ? If so how many do you smoke per day ?

No

Other information continued

Do you drink alcohol ? How much per week ? **No**

Do you drink tea or coffee ? If so how much per day ? **Tea occasionally. Drinks cold drinks but also some at room temperature**

Aetiology

Do you know if you were born premature ? If so how early ? **Y 2 weeks. Only weighed 4lb 4 oz. Started off in incubator as had breathing problems when born**

Do you know if your mother had any problems during your birth i.e. caesarean, foetal distress, being induced etc. **caesarean, pre- eclampsia**

Were you breast fed and if so for how long ? **Y 6- 8 weeks**

What vaccinations did you have as child ? **All but no MMR or BCG. Has flu jabs each year**

Does anyone or did anyone smoke in your household during your childhood ?
No

Patients view

From your point of view is there anything you would like to say about how this condition lets you live your life

Stops her doing PE but does not mind

Main syndromes

**Wind Cold and Wind Heat invasions
Kidneys failing to receive Qi / Kidney Yang Xu
LU and Spleen Qi Xu
LU Yin Xu
Kidney Yin Xu**

Structured Interview for Atopic Asthma Sufferers

Name: **Harry**Date of Birth: **19/11/91**

Date of interview: 11/8/98

Occupation : child

Permission to contact again Y/N

- 1) Does anyone in your family suffer from asthma ? If so who ? **Uncle, grandmother and half brother**
- 2) Do you suffer from allergies ? **Yes cat**
- 3) Have you had or do you still suffer from eczema ? **No**
- 4) When did your asthma start ? **2.5 years**
- 5) How often do you get attacks ? **Now since cat went 2 months ago have not had any. Before had minor attacks weekly**

The asthma attack phase

Question	Wind Cold (without sweating)	Wind Cold (with sweating)	Wind Heat	Other	General for all
When you have an asthma attack do you have :-					
wheezing (describe) deeper breathing, whistling					* Y
breathlessness					* Y
tightness of the chest No					*
Do you have more difficulty breathing out Y	*				
in				*	
Do you sweat slightly Went bright red, no		*			
not at all	*				
Do you feel cold N	*				
or slightly chilly		*			
Can the attack be brought on by cold weather slightly worse in the damp winter weather	*				
Do you have a stiffness of the shoulders and neck Y	* Y				
Do you have sneezing Y	* Y				
Do you have a cough Y	*			*	
Is it barking Hacking			* Y		
Do you have a fever and aversion (dislike) of cold or a feeling of heat bit warm			* Y		
Do you have a headache (describe)			* Y		
Do you tend to want to urinate during an attack ? N				*	
Do you have a slight thirst Y very thirsty in morning, will drink gallons			* Y		
no thirst	*				

When do you get the most asthma attacks in the daytime or at night or both ? **Early morning and at night between 10 - 12**

Do you produce any Phlegm ? **No**

If so what colour is it ?

If patient has been pregnant did the asthma improve during pregnancy. ? N/A

What triggers the asthma attack ?

Dust	Pollen	Animal Dander	Dust mites	Stress	Other Dietary etc.
N	N	Y	Y possibly	N	No

Non Attack Phase

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Has the patient a pale face or a bright white complexion ? N	*									
Do you tend to sweat easily ? Is this more in the daytime ? Y when running about	*				*					
Do you sweat at night ? N		*		*						
Does the patient have a weak voice ? N	*									
Do you tend to catch colds easily ?	* Y									
Do you tend to get short of breath when you exert yourself ?	* Y				*					
Do you have a tendency to cough ? N	*				*					
Is it a dry cough ?		*							*	
Is the cough worse in the evening ?		*								
Do you produce any watery sputum ? N	*									
Do you have a runny nose? N	*									
Do you tend to feel tired ? N	*									
Do you tend to sneeze ? sniffs a lot	*									
Do you tend to have a dry throat (or tickly), especially at night ? bit in early morning		*								
Do you tend to have a dry mouth or throat especially in the afternoon ? N				*		*			*	
Do you tend to have a feeling of heat in the afternoon or evening ? N		*		*		*				
Has the patient got a malar flush ? N		*								
Do you tend to feel hot on you hands, feet and chest, especially at night (5 palm heat) ? N		*		*						
Do you have difficulty getting to sleep ? N						*				
Do you tend to wake up during the night ? no never		*		*						*
Do you have a good appetite (would you eat what is put in front of you because you are hungry or do you have to be tempted to eat by having things you particularly like) Y						*				
Do you have any pains in your stomach (dull) ? N						*				
Do you tend to feel full after eating ? N						*				
Do you feel thirsty ? Yes drinks gallons				*		*		*		
no desire to drink		*				*				
drink in small sips		*				*				
Do you ever get a bitter taste in the mouth ? N								*		
Do you suffer from lower back ache ? N			*	*	*					
Do you ever get ringing in the ears ? What is it like ? Low rushing noise, gradual onset. N				*						
Sudden onset, high pitched whistle								*p		

* = likely sign or symptom for the syndrome p = possibly present

Non Attack Phase continued

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Do you tend to feel chilly ? N			*		*p					
Do you tend to have cold limbs? N always nice and warm					*					
Does the patient have any oedema of the face ? N			*		*					
Does the patient have oedema of the ankles ? N			*							
Do you ever feel depressed or mentally listless ? N			*p		*					
Do you tend to be irritable ? occasionally								*		
Do you tend to have sudden out bursts of anger ? N occasionally								*		
What is your urine like ? Clear and pale Y			*							
Dark yellow				*						
Normal										
How often do you urinate ? Frequently Y			*							
Infrequently / scanty				*						
Normal										
What are your bowel motions like and how frequently do you go ? Loose sometimes										*
Constipated never				*p		*				
Normal Y										
Is the patient very thin ? N		*p		*p	*					
Do you get a feeling of oppression or distension of the chest and just below the ribs (hypochondrium) ? N							*	*	*	
Asthma attack elicited by stress ? N							*	*		
Do you get any blurred vision and / or dry eyes ? N									*	

• = likely sign or symptom for the syndrome p = possibly present

Do you get hay-fever ? **No**
If yes when did it start ?

Do you ever get palpitations ? If so when and is it with exercise or rest ? **No**

Tongue: **Normal, thin white coat**

Pulse: Left 1st
“ 2nd **slightly wiry**
“ 3rd

Right 1st
“ 2nd **Slightly wiry**
“ 3rd

Eczema

Do you have eczema ? If so where ? **No**

How old were you when you first got it ?

What makes it better or worse ?

Question	Wind Heat	Damp Heat	Blood Xu
Are the eczema skin lesions very dry and itchy ?	*		
Does it spread all over the body and move from place to place ?	*		
Are the eczema lesions moist, oozing fluid, red and itchy ?		*	
Does it tend to be localised to specific parts of the body, mainly the forearm and lower leg ?		*	
Do you get any dizziness ?			*
Do you get any numbness of limbs, muscle spasms, weakness or cramps ?			*
Do you get floaters in the eyes ?			*
Are your menses scanty ?			*
Are the lips of the patient dull ?			*
Has the patient a dull complexion ?			*
Has the patient got withered and brittle nails ?			*

Other patterns

When air quality bad gets more sniffy and phlegmy

Other information

Is there anything else in your medical history you think might be relevant ?

Had earache and loss of hearing due to clogged with catarrh

Are you on any medication ? If so what are you taking ? How often ?

None at moment. Used to use less in spring and in May - Aug was clear

Salbutamo liquid as a baby. Takes inhaler 2 puffs 2 times daily

Flixotide for cough

Do you use a peak flow meter ? What sort of results do you get for the morning and evening ?

Not now. Morning was slightly lower. Would get big dips when bad.

Do you smoke ? If so how many do you smoke per day ? **No**

Other information continued

Do you drink alcohol ? How much per week ? **No**

Do you drink tea or coffee ? If so how much per day ? **2 cups tea.**

Aetiology

Do you know if you were born premature ? If so how early ? **No 17 days late**

Do you know if your mother had any problems during your birth i.e. caesarean, foetal distress, being induced etc. **Induced 24 hours early, then caesarean.**

Mother smoked during first half of pregnancy.

Were you breast fed and if so for how long ? **Yes but only for 8 days with difficulty**

What vaccinations did you have as child ? **Tetanus, diphtheria and whooping cough, polio. MMR and HIB. Opted out of MMR booster.**

Does anyone or did anyone smoke in your household during your childhood ?
No

Patients view

From your point of view is there anything you would like to say about how this condition lets you live your life

Did not like being woken early.

Wind Heat invasion

LU Qi Xu slight

Structured Interview for Atopic Asthma Sufferers

Name: **Nina**

Date of interview: 12/8/98

Date of Birth: **17/11/91**

Occupation : child

:

Permission to contact again Y/N

- 1) Does anyone in your family suffer from asthma ? If so who ? **grandfather (paternal)**
- 2) Do you suffer from allergies ? **Yes Bombay mix**
- 3) Have you had or do you still suffer from eczema ? **Yes**
- 4) When did your asthma start ? **5 years old**
- 5) How often do you get attacks ? **Only 3 major attacks. Minor attacks about 8 per year. Gets wheezy after catching a cold.**

The asthma attack phase

Question	Wind Cold (without sweating)	Wind Cold (with sweating)	Wind Heat	Other	General for all
When you have an asthma attack do you have :-					
wheezing (describe) need deeper, whistling rattely					* Y
breathlessness No					*
tightness of the chest					* Y
Do you have more difficulty breathing out in Y	*			*	
Do you sweat slightly Bit pink not at all	*	*			
Do you feel cold N or slightly chilly N	*	*			
Can the attack be brought on by cold weather Y	* Y				
Do you have a stiffness of the shoulders and neck ?	*				
Do you have sneezing N	*				
Do you have a cough Y	*			*	
Is it barking Y			* Y		
Do you have a fever and aversion (dislike) of cold or a feeling of heat			* Y		
Do you have a headache (describe) Y gets a lot of headaches			* Y		
Do you tend to want to urinate during an attack ? N				*	
Do you have a slight thirst Possibly no thirst	*		* Y		

When do you get the most asthma attacks in the daytime or at night or both ? **Night always**Do you produce any Phlegm ? **No perhaps a little**If so what colour is it ? **Thin and clear**

If patient has been pregnant did the asthma improve during pregnancy. ? N/A

What triggers the asthma attack ?

Dust	Pollen	Animal Dander	Dust mites	Stress	Other Dietary etc.
N	Y	possibly	N	N	? Bombay mix

Non Attack Phase

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Has the patient a pale face or a bright white complexion ? N	*									
Do you tend to sweat easily ? Is this more in the daytime ? Y	* Y				*					
Do you sweat at night ? Y		* Y		*						
Does the patient have a weak voice ? Y	* Y									
Do you tend to catch colds easily ?	* Y									
Do you tend to get short of breath when you exert yourself ? sometimes	* Y				*					
Do you have a tendency to cough ? Y	*				*					
Is it a dry cough ? Y		* Y							*	
Is the cough worse in the evening ? Y		* Y								
Do you produce any watery sputum ? Y	* Y									
Do you have a runny nose? N	*									
Do you tend to feel tired ? N	*									
Do you tend to sneeze ? Y	* Y									
Do you tend to have a dry throat (or tickly), especially at night ? Y		* Y								
Do you tend to have a dry mouth or throat especially in the afternoon ? N				*		*			*	
Do you tend to have a feeling of heat in the afternoon or evening ? sometimes		*		*		*				
Has the patient got a malar flush ? N		*								
Do you tend to feel hot on you hands, feet and chest, especially at night (5 palm heat) ? N		*		*						
Do you have difficulty getting to sleep ? N										
Do you tend to wake up during the night ? no		*		*						*
Do you have a good appetite (would you eat what is put in front of you because you are hungry or do you have to be tempted to eat by having things you particularly like) ? Y						*				
Do you have any pains in your stomach (dull) ? N						*				
Do you tend to feel full after eating ? N						*				
Do you feel thirsty ? Yes				*		*		*		
no desire to drink		*				*				
drink in small sips		*				*				
Do you ever get a bitter taste in the mouth ? N								*		
Do you suffer from lower back ache ? N			*	*	*					
Do you ever get ringing in the ears ? What is it like ? Low rushing noise, gradual onset. N				*						
Sudden onset, high pitched whistle								*p		

* = likely sign or symptom for the syndrome p = possibly present

Non Attack Phase continued

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Do you tend to feel chilly ? N			*		*p					
Do you tend to have cold limbs? N					*					
Does the patient have any oedema of the face ? N			*		*					
Does the patient have oedema of the ankles ? N			*							
Do you ever feel depressed or mentally listless ? see saw emotions			*p		*					
Do you tend to be irritable ? Y								*		
Do you tend to have sudden outbursts of anger ? Y gets frustrated								*		
What is your urine like ? Clear and pale Y			* Y							
Dark yellow				*						
Normal										
How often do you urinate ? Frequently Y			* Y							
Infrequently / scanty				*						
Normal										
What are your bowel motions like and how frequently do you go ?										*
Constipated				*p		*				
Normal Y										
Is the patient very thin ? N		*p		*p	*					
Do you get a feeling of oppression or distension of the chest and just below the ribs (hypochondrium) ? N							*	*	*	
Asthma attack elicited by stress ? N							*	*		
Do you get any blurred vision and / or dry eyes ? N									*	

• = likely sign or symptom for the syndrome p = possibly present

Do you get hay-fever ? **Yes**

If yes when did it start ? **Last 12 months and getting worse**

Do you ever get palpitations ? If so when and is it with exercise or rest ? **No**

Tongue: **Normal, wet, redder tip**

Pulse: Left 1st **thready**
 “ 2nd
 “ 3rd

Right 1st **Rapid 120 superficial**
 “ 2nd **thready**
 “ 3rd

Eczema

Do you have eczema ? If so where ? **Y on legs and arms**

How old were you when you first got it ? **9 months old**

What makes it better or worse ? **Lanolin and cows milk makes it worse**

Question	Wind Heat	Damp Heat	Blood Xu
Are the eczema skin lesions very dry and itchy ? N	*		
Does it spread all over the body and move from place to place ? N	*		
Are the eczema lesions moist, oozing fluid, red and itchy ? Y		*Y	
Does it tend to be localised to specific parts of the body, mainly the forearm and lower leg ? Y		*Y	
Do you get any dizziness ? N			*
Do you get any numbness of limbs, muscle spasms, weakness or cramps ? N			*
Do you get floaters in the eyes ? N			*
Are your menses scanty ? N/A			*
Are the lips of the patient dull ? N			*
Has the patient a dull complexion ? N			*
Has the patient got withered and brittle nails ? N			*

Other patterns

Has a cold at the time.

Other information

Is there anything else in your medical history you think might be relevant ?

Had hearing problems due to ear infections and has had grommets put in.

Are you on any medication ? If so what are you taking ? How often ?

Flixotide 2 puffs 3 times a day. Ventolin when needed but difficult to use.

Polmecord Bricnyl when needed. Salbutamol 2 puffs after an attack.

Do you use a peak flow meter ? What sort of results do you get for the morning and evening ? **No**

Do you smoke ? If so how many do you smoke per day ? **No**

Other information continued

Do you drink alcohol ? How much per week ? **No**

Do you drink tea or coffee ? If so how much per day ? **No**

Aetiology

Do you know if you were born premature ? If so how early ? **No possibly 1 week late**

Do you know if your mother had any problems during your birth i.e. caesarean, foetal distress, being induced etc. **Born so quickly in half an hour that mother went into shock. Facing spine presentation.**

Were you breast fed and if so for how long ? **Bottle-fed**

What vaccinations did you have as child ? **Tetanus, diphtheria and whooping cough, polio. MMR and HIB.**

Does anyone or did anyone smoke in your household during your childhood ?
No

Patients view

From your point of view is there anything you would like to say about how this condition lets you live your life

Wind Heat invasion

LU Qi Xu

LU Yin Xu ?

Damp Heat

Structured Interview for Atopic Asthma Sufferers

Name: **George**Date of Birth: **5/10/93**Date of interview: **3/10/98**Occupation : **child**Permission to contact again **Y/N**

- 1) Does anyone in your family suffer from asthma ? If so who ? **father**
- 2) Do you suffer from allergies ? **Yes Peanuts, hazelnuts and other nuts**
- 3) Have you had or do you still suffer from eczema ? **Yes and still does**
- 4) When did your asthma start ? **3 months old**
- 5) How often do you get attacks ? **Only 1 major hospitalisation attack. Minor attacks all the time. Gets wheezy after catching a cold and EIA.**

The asthma attack phase

Question	Wind Cold (without sweating)	Wind Cold (with sweating)	Wind Heat	Other	General for all
When you have an asthma attack do you have :-					
wheezing (describe) deeper breathing, whistling					* Y
breathlessness					* Y
tightness of the chest					* Y
Do you have more difficulty breathing out	*				
in Don't know				*	
Do you sweat slightly Y wringing and clammy		* Y			
not at all	*				
Do you feel cold	*				
or slightly chilly Y		* Y			
Can the attack be brought on by cold weather No	*				
Do you have a stiffness of the shoulders and neck ? no	*				
Do you have sneezing No	*				
Do you have a cough Y like trying to clear throat	* Y			*	
Is it barking No			*		
Do you have a fever and aversion (dislike) of cold or a feeling of heat No			*		
Do you have a headache (describe) No			*		
Do you tend to want to urinate during an attack ? No				*	
Do you have a slight thirst			*		
no thirst Yes	* Y				

When do you get the most asthma attacks in the daytime or at night or both ? **More evenings and night**

Do you produce any Phlegm ? **No**

If so what colour is it ?

If patient has been pregnant did the asthma improve during pregnancy. ? **N/A**

What triggers the asthma attack ?

Dust	Pollen	Animal Dander	Dust mites	Stress	Other Dietary etc.
?	No	No	?	N	Ribena

New wool carpet, EIA

Non Attack Phase

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Has the patient a pale face or a bright white complexion ? No	*									
Do you tend to sweat easily ? Is this more in the daytime ? Y	* Y				*					
Do you sweat at night ? Yes at about 9 pm and then this wears off		* Y		*						
Does the patient have a weak voice ? Y	* Y									
Do you tend to catch colds easily ? Y	* Y									
Do you tend to get short of breath when you exert yourself ? Y	* Y				*					
Do you have a tendency to cough ? Y	* Y				*					
Is it a dry cough ? Y		* Y							*	
Is the cough worse in the evening ? N		*								
Do you produce any watery sputum ? N	*									
Do you have a runny nose? N	*									
Do you tend to feel tired ? N	*									
Do you tend to sneeze ? N	*									
Do you tend to have a dry throat (or tickly), especially at night ? N		*								
Do you tend to have a dry mouth or throat especially in the afternoon ? N				*		*			*	
Do you tend to have a feeling of heat in the afternoon or evening ? N		*		*		*				
Has the patient got a malar flush ? N		*								
Do you tend to feel hot on you hands, feet and chest, especially at night (5 palm heat) ? N		*		*						
Do you have difficulty getting to sleep ? N						*				
Do you tend to wake up during the night ? no		*		*						*
Do you have a good appetite (would you eat what is put in front of you because you are hungry or do you have to be tempted to eat by having things you particularly like) ? Y						*				
Do you have any pains in your stomach (dull) ? N						*				
Do you tend to feel full after eating ? N						*				
Do you feel thirsty ? No				*		*		*		
no desire to drink Y		* Y				*				
drink in small sips		*				*				
Do you ever get a bitter taste in the mouth ? N								*		
Do you suffer from lower back ache ? N			*	*	*					
Do you ever get ringing in the ears ? What is it like ? Low rushing noise, gradual onset. N				*						
Sudden onset, high pitched whistle N								*p		

* = likely sign or symptom for the syndrome p = possibly present

Non Attack Phase continued

Question	LU Qi Xu	LU Yin Xu	KID Yang Xu	KID Yin Xu	KID failing to receive Qi	ST Yin Xu	LIV Qi stagnation insulting LU	LIV Fire insulting the LU	LIV Yin Xu	Other
Do you tend to feel chilly ? N			*		*p					
Do you tend to have cold limbs? N					*					
Does the patient have any oedema of the face ? N			*		*					
Does the patient have oedema of the ankles ? N			*							
Do you ever feel depressed or mentally listless ? N			*p		*					
Do you tend to be irritable ? Y								*		
Do you tend to have sudden out bursts of anger ? N								*		
What is your urine like ? Clear and pale			*							
Dark yellow				*						
Normal Y										
How often do you urinate ? Frequently			*							
Infrequently / scanty				*						
Normal N										
What are your bowel motions like and how frequently do you go ?										*
Constipated				*p		*				
Normal Y										
Is the patient very thin ? N		*p		*p	*					
Do you get a feeling of oppression or distension of the chest and just below the ribs (hypochondrium) ? N							*	*	*	
Asthma attack elicited by stress ? N							*	*		
Do you get any blurred vision and / or dry eyes ? N									*	

• = likely sign or symptom for the syndrome p = possibly present

Do you get hay-fever ? **Yes sometimes in mid summer**
If yes when did it start ? **2 years ago**

Do you ever get palpitations ? If so when and is it with exercise or rest ? **No**

Tongue: **Normal, wet, sl. swollen at edges, sl. central crack, dip in LU area. Small red patch on LHS LU area which on enquiry was that he had bitten it that day.**

Pulse: Left 1st **thready and sl. rapid**
“ 2nd “ “
“ 3rd “ “

Right 1st **empty**
“ 2nd **thready and sl. rapid**
“ 3rd “ “

Eczema

Do you have eczema ? If so where ? **Y on knee and elbow creases, face and eyelids**

How old were you when you first got it ? **baby**

What makes it better or worse ? **Better aqueous cream and hydrocortisone. Woolly clothing and fleeces make him worse.**

Question	Wind Heat	Damp Heat	Blood Xu
Are the eczema skin lesions very dry and itchy ? Mainly and flakes but then later ooze when very bad	*		
Does it spread all over the body and move from place to place ? N	*		
Are the eczema lesions moist, oozing fluid, red and itchy ? Y		*Y	
Does it tend to be localised to specific parts of the body, mainly the forearm and lower leg ? Y		*Y	
Do you get any dizziness ? N			*
Do you get any numbness of limbs, muscle spasms, weakness or cramps ? Y Gets cramp in lower limbs in bed			*
Do you get floaters in the eyes ? N			*
Are your menses scanty ? N/A			*
Are the lips of the patient dull ? N			*
Has the patient a dull complexion ? N			*
Has the patient got withered and brittle nails ? N			*

Other patterns**Other information**

Is there anything else in your medical history you think might be relevant ?
Peanut allergy is life threatening. First appeared at the age of 6 months. Even to sniff peanuts cans set off a reaction that starts with itching eyes and face then hives start to appear and breathing difficulties. It feels like needles in the throat.

Are you on any medication ? If so what are you taking ? How often ?
Flixotide 250 taken daily (used to have Becotide 50). Salbutamol inhaler when needed. Has to take prednisolone after any chest infection. Has antibiotics on standby for the first signs of infection. GP allows parents to reduce dose of normal medication if not needed. Adrenalin carried all the time and has to take steroids after using this.

Do you use a peak flow meter ? What sort of results do you get for the morning and evening ? **No**

Do you smoke ? If so how many do you smoke per day ? **No**

Other information continued

Do you drink alcohol ? How much per week ? **No**

Do you drink tea or coffee ? If so how much per day ? **Tea half a cup a day.**

Aetiology

Do you know if you were born premature ? If so how early ? **No**

Do you know if your mother had any problems during your birth i.e. caesarean, foetal distress, being induced etc. **Planned caesarean**

Were you breast fed and if so for how long ? **Bottle-fed**

What vaccinations did you have as child ? **Tetanus, diphtheria and whooping cough, polio. MMR and HIB.**

Does anyone or did anyone smoke in your household during your childhood ?
No

Patients view

From your point of view is there anything you would like to say about how this condition lets you live your life

As he has always had it he lives with it.

Wind Cold (with sweating) invasion

LU Qi Xu

Slight signs of LU Yin Xu

Damp Heat (eczema)