

Case Study - Stopping Long-Term Strenuous Exercise Suddenly: An Epidemic Treated with Chinese Herbal Medicine

by Leon Hammer

Introduction

I am presenting a patient who exemplifies a clinical example of a problem of epidemic proportions. In the United States, this problem affects thousands of young adults who present themselves to college health clinics and other medical care facilities with unexplainable severe overwhelming anxiety and frightening seemingly bizarre mental and physical experiences.

Unfortunately this condition, with much less severe symptoms, is found in older people of especially the 'baby-boomer' generation, who were raised on the false premise that extreme exercise, especially running, is necessary for good heart function, and who frequently stop abruptly when they develop arthritic problems, especially of the knees, as they age. The pulse diagnostic picture is similar.

While the issue falls within the diagnostic purview of Chronic Fatigue, the clinical ramifications are tragically much greater for the younger segment of the population. This is a 'qi wild' condition with serious, extensive and ever expanding symptoms and signs that has not been previously described in the literature. They were first described to me by Dr. John Shen when we encountered a patient with this condition in his clinic.

This paper presents the aetiology, pathogenesis, diagnostic process and the possible solutions for, the management of a young woman ten years after having suddenly and precipitously stopped exercising in college at the age of nineteen after more than eleven years of constant strenuous training as a long distance marathon runner.

Note

The patient was in the USA for a short period, several months. We worked together for about two months during which time I treated her with herbs while another practitioner treated her with acupuncture. Her situation was acute and precluded the complete methodology usually included as part of the acquisition and assessment including an exhaustive review of systems.

This patient lived in a foreign country on a brief visit home in the USA for a few months. Her symptoms made her seriously dysfunctional requiring us to intervene quickly. This urgency precluded some of the recorded information that we would ordinarily include, such as a complete registry of her complaints and history and exhaustive 'review of systems' that are instead summarized below in 'presenting problems' and in the following Symptom-Condition chart.

Presenting Problems

This thirty year old woman's initial concerns were a feeling of not being connected to her body, that "my heart and mind are not connected", depression, of not being alive that is very frightening, increasing sensitivity to harshness, loss of boundaries requiring a perfectly calm environment, constantly frantic with the slightest stress [cooking dinner]. Recently there is the sudden onset of increasing frightening thoughts associated with the sense of disconnection from her body and her identity.

"In addition there is postural hypotension, hair falling out and becoming coarse, extreme sensitivity to light difficulty in moving eyes, chest tightness experienced as "caving in", a very weak voice [increased with exposure to people], unstable heat-cold sensations "giving off heat while cold", leaking breasts, itchy legs, dry puckered skin, heavy period with clots, constipation with

constipation and diarrhoea in the same unfinished movement and greatly diminished energy, especially after her usual sleepless nights with eyes open and teeth biting. Of great distress is her increasing distension of her veins of her arms, legs feet, face, abdomen that is worse with physical exertion, stress, standing, alcohol, spices, fried foods and non-organic produce. Her knuckles were stiff and red in the morning until a “liver cleanse released hundreds of gallstones”.

Recently she has sudden onset of thoughts such as sitting back in the passenger seat of her car and being impaled on knives or jumping from the car. She is scared of these thoughts and ones in which she is present in her body and elsewhere in her mind through which she has to work to get to her being.

History

The patient was four weeks premature and was kept in the hospital for an unknown time for treatment of jaundice. Mother had Braxton-Hicks contractions several times for which she was advised to drink alcohol to ameliorate them, and drank to some extent otherwise.

When asked if she experienced any trauma, physical, emotional or sexual during childhood she did not answer the question saying only that her father was an alcoholic until she was six years old and “so there may have been some emotional turmoil in the family”.

The patient has been a competitive long distance marathon runner since childhood and participated heavily in other sports. She entered college at the age of eighteen with a full athletic scholarship at a well-known university where she joined the track team and competed for a year. At the end of that year there was an episode with the track coach that led to her immediate withdrawal from the team after which she ceased running and all other athletic activity.

Symptoms began with tension, hyperactivity, could not rest in bed; eyes fluttered and open; something wrong w/ arms and legs; personality change gregarious to feeling vulnerable & reclusive. Recently she had a sudden onset of frightening thoughts and depersonalization about which she was afraid to talk.

Pulse Summary [See separate page for Pulse Chart]

Introduction

Typically, when I encounter a patient I take their pulse before inquiring about the nature of their reason for

coming and their complaints and history. I find that depending as much as I do diagnostically on the pulse I prefer to not be distracted from as pure a reading as possible and influenced by other information.

Below is a record and summary of my first pulse examination. Almost immediately I was informed by one sign that alerted me to what I was to expect when I heard her reason for coming.

Pulse Analysis

#51 is a 30 year-old woman who has a severe Qi Wild condition [Yielding Hollow Full-Overflowing Wave] and whose Middle Burner is collapsing [Separation of Yin Yang].

The Upper Burner is severely Qi deficient with severe stagnation and some Damp Heat in the Lungs. In the Heart there is Phlegm Misting the Orifices ,Yin deficiency and severe Blood deficiency

There is moderate Qi stagnation and a severe Damp Heat condition in the GI system and GB with some question of Excess Heat [infection-inflammation] in the Intestines [or Bladder, perineum] (Flooding Excess in Proximal Positions and PLB).

There are signs of possible depression [lack of joy], feeling stuck [with her condition] (Cotton 3+), a propensity to panic or phobia [Mitral Valve Prolapse] and Phlegm Misting the Orifices [and possible problems with memory and attention].

In the Lower Burner there are strong signs of infection and Blood stagnation.

Symptom-Condition Chart

The purpose of this chart is to translate symptoms into Chinese medical conditions so that the focus is on the condition and not on the symptom. This is the first step in a methodology developed to teach people how to ‘think’ in Chinese medicine to reach a diagnosis of an individual beyond a ‘pattern’

SYMPTOM	CONDITION
<p>Veins distended Arms, legs, feet, face, abdomen. Varicose V., petechiae on feet <u>Worse:</u> Hot, physical exertion stress, standing, alcohol, spices, fried & de-natured fds. <u>Better:</u> Meditate pulling blood back to Heart; legs over head spread arms→ Joint popping</p>	<p><u>Separation of Yin and Yang</u> [See below] Stop prolonged excessive exercise suddenly 11 yrs ago: ago: Lost weight; tense; hyperactive; could not rest in bed Eyes Fluttered, twitched, and open; something wrong w/ arms Personality change gregarious to feeling vulnerable & reclusive Tired, hard to rest, loud noise shock, pain rt. pelvis. and hip Later: red and stiff knuckles in AM helped w/ Liver cleans→ hundreds of gall stones; legs itchy, skin dry, thin, puckered; periods heavy w/ clots Recently Sudden onset of frightening thoughts & depersonalization</p>
<p>Tension→even cook dinner-frantic Blood moving up w/ tension Bite sides of mouth & teeth grinding and loud biting in sleep</p>	<p><u>Separation of Yin and Yang</u> [See below]</p>
<p>Not connected in my body Heart and mind not connected Dream that friend 'possessed' could not relate to her for days Easily startled</p>	<p><u>Separation of Yin and Yang</u> [See below] GB-Heart Disharmony</p>
<p>Depression: visions of not being Alive-very frightening</p>	<p><u>Separation of Yin and Yang</u></p>
<p>Run down- Age 22 after college Greatly ↑Sensitive to harshness Avoid people-lost boundaries Need perfect environment, calm Sense that cannot protect self Sensitive as child-nature-awe</p>	<p><u>Separation of Yin and Yang</u> [See below]</p>
<p>Energy diminished- ↑Moving to England last summer</p>	<p><u>Separation of Yin and Yang</u> [See below]</p>
SYMPTOM	CONDITION
<p>Postural Hypotension Moving from family home</p>	<p><u>Separation of Yin and Yang</u> not true deficiency- circulation of Blood, not amount of blood</p>
<p>Hair Falling out-thick, coarse</p>	<p><u>Separation of Yin and Yang</u> Liver Blood deficiency: probably not true deficiency- circulation of Blood, not amount of blood</p>
<p>Eyes- hard to move light sensitivity-esp night Spots- round, black</p>	<p><u>Separation of Yin and Yang</u> Liver Blood deficiency: probably not true deficiency- circulation of Blood, not amount of blood Kidney Blood deficiency</p>
<p>Chest Tightness, caving in Relieved by 'popping' w/ meditat</p>	<p><u>Separation of Yin and Yang</u> [began after stopping running]</p>
<p>Throat Yellow mucous in AM Less with diet change recently</p>	<p>GB Damp Heat</p>

Respiration: Bronchitis past summer-1 month moved to England Voice very weak, frail related to Degree of discomfort w/ people	Lung Qi deficiency [severe] and Damp Heat [see pulse & tongue]
Breasts leaked fluid 1 yr ago Stopped spontaneously	
Heat: gives off heat Prefers heat but heat causes veins to expand	Qi-yang deficiency
GI Since college Constipation w/ travel in emotion comfortable environ. Water sound, mucous 25-27yr BM:unfinshed; constip-diarrhoea in same movement Pain: recently had to push- persisted	<u>Separation of Yin and Yang</u> + Liver→Stomach-Int. [began after stopping running] Spleen Damp Spleen Qi-Yang deficiency
Sighing- ages 25-27	Liver Qi Stagnation
Sleep Tense; eyes open; teeth biting Tired in AM-improves w/ move	<u>Separation of Yin and Yang</u> affecting Heart-Circulation→Heart Qi deficiency
Fibroid: large confirmed by exam	Blood stagnation probably related to circulation problems from <u>Separation of Yin and Yang</u>

Diagnostic Catalogue

This catalogue attempts to organize the conditions according to solid-hollow organs, pernicious influences, qi, blood and body fluids, areas of the body, trauma, toxicity and neo-plastic activity.

CONDITION	SYMPTOMS	HISTORY	SIGNS
QI WILD Circulation impaired by stopping exercise suddenly, accounts for most Sx	See Symptom-Condition Chart above #1-6, 9, 10	See Symptom-Condition Chart above	<u>P</u> : <u>Yielding Hollow F/O Wave</u> Separation of Y/Y In four principal positions Changing qualities
HEART Separation Y/Y Qi-Yang defic. Shock Qi Stag. [Closed] Blood deficiency Qi Agitation Phlegm Misting Orifices Yin deficiency Mitral Valve Prolapse	Tired in AM Bizarre emotional – physical symptoms “ Chest tight-cave in Memory-concentrate Postural Hypotension Anxiety; sleep-eyes open Bizarre emotional – physical symptoms Panic attacks Ongoing anxiety	Traumatic interaction w/ coach & w/alcohol father Premature 4 weeks Jaundiced at birth	<u>P</u> : LDP ⇌ F/A “ Muffled [3+] Thin; rate/w/exert↑37b/m Smth Vib: NP,MV,LDP Slippery Tight MVP: ~Slippery; Smth Vib Muffled [3]
SPLEEN-Stomach-Intest Qi-Yang deficiency Stomach-Int Excess Heat Qi Stagnation ? Colitis; excess damp heat	BM: Constip-Diarrhoea Same movement Unfinished; strain Constip. w/stress Pain; mucous, water sounds	Since college	<u>P</u> : RMP- ⇌ Empty; ↓Sub[4] Rob Pnd:RMP3; SPEP3+; LI[3] SPEP: Muffled [4] LI: Inflated PP & PLB Flooding Excess SPEP; LI, SI : Choppy LI, SI: Slippery
LIVER-GB Qi-Yang deficiency Blood deficiency Qi Stagnation GB Damp Heat	Fatigue Light sensitive; Eyes hard to move Hair falling out Sighing	No drug history, hepatitis or parasite	<u>P</u> : LMP: Yielding Hollow F/O Empty GB: Tight; Slippery; Choppy Robust Pnd [2+]
Lower Burner Excess Heat Blood Stagnation	Fibroids		<u>P</u> : PLB-Fld. Excess; Slippery; Tig PP: Fld Excess; Rob Pnd[3] PP & PLB- Choppy
LUNGS Separation of Y/Y Qi deficiency Qi Stagnation Damp Heat	Voice very weak, frail [related to degree of discomfort w/ people]	Bronchitis last summer	<u>P</u> : RDP. SLP - ⇌ Absent SLP: Muffled [5,2]; Narrow Tense; Slippery
Chest Separation of Y/Y	Chest Tightness, caving in Relieved by ‘popping’ w/ meditation		
Kidney Qi –Yang Deficiency Blood, Yin Deficiency	Vulnerability Prefers heat “though Gives off heat”	Premature 1 month Sensitive as child Jaundiced at birth	<u>P</u> : RPP- Reduced Substance PP- Thin [3,4]; Tight

CONDITION	SYMPTOM	HISTORY	SIGNS
Blood Deficiency Stagnation Excess Heat	Hair falling out Postural hypotension Fibroid-large Distended Veins	Moving from family home [See Lower Burner above]	<u>P</u> : Thin [FI-3 Princ. Pos] Choppy [LPP-PLB] Ropy [1/4] Bld. Depth: Thick-Slippery
Emotional [Other than Qi Wild above] Nervous System Tense Feeling stuck Interpersonal conflict	Extreme constant tension		<u>P</u> : Qi Depth- Thin; Tight Cotton [3+] Amplitude Changing side to side

Summary

The primary issue for this 29 year old Nervous System Tense woman is the extreme Qi Wild condition associated with the sudden stopping of both very extreme and long term physical activity from early childhood until the age nineteen.

The consequences described above in her history and the Symptom-Condition Chart are of almost total and progressive physical, mental and emotional deterioration beginning from the cessation of this activity to the present ten years later. At this time she is borderline psychotic.

The patient's Nervous System Tense condition and signs of upper burner [Heart and Lungs] qi stagnation may have their roots in early childhood and her father's alcoholism about which she was reluctant to discuss except to say that he had recovered by the time she was six years old.

Her deterioration is associated with a profound impairment of circulation including a 'separation of yin and yang' of the Heart, severe Heart qi stagnation, agitation, blood and yin deficiency, 'phlegm misting the orifices' and 'mitral valve prolapse'. Her slow rate and some of her other Heart conditions may have been due to the extreme marathon running as a child for at least ten years.

The upper burner is further complicated by 'separation of yin and yang' of the Lung, extreme qi stagnation with damp heat and a possible neoplastic process.

The middle burner is very deficient with severe disruption of her digestive function involving Spleen qi-yang deficiency and 'separation of yin and yang', and excess damp heat in the stomach and intestines with signs of an inflammatory process [possible colitis] in these organs. The Liver is yang and blood deficient with some blood engorgement and the Gallbladder has damp heat.

There is considerable blood stagnation and a damp heat inflammatory process in the lower burner.

On the positive side the rhythm is normal, the rate on exertion does not stay the same or go down and the qualities in each burner resemble each other that is sign of a relatively functioning Triple Burner.

Management-Formulation

A. Immediate Interventions

1. Qi Wild Condition
2. Heart
 - Shock
 - Separation of Heart Yin and Yang
 - Qi Stag. [Closed]
 - Blood deficiency
 - Qi Agitation
 - Phlegm Misting Orifices
 - Yin deficiency
 - Mitral Valve Prolapse
3. Middle Burner
 - Separation of Yin and Yang of Spleen and Liver
 - Liver and Spleen qi deficiency
 - Stomach-Intestine-Gallbladder Damp Heat and Qi Stagnation
 - Neo-plastic Process

B. Root Issues

Determined after Qi Wild Condition is resolved

C. Secondary Issues

Determined after Qi Wild Condition is resolved

D. Derivative Issues

Blood
Circulation
Damp Heat
Tissue
Stagnation in Lower Burner

Management-Implementation Plan

A. Life-style strategies

1. Food Diary
2. Underarm Temperature

B. Referrals

1. Gynaecological follow-up
2. Qi Gong

C. Herbs

1. Immediate Interventions
 - a. Shock and Blood Stagnation in Lower Burner [Large Fibroid]
 - a. Yunnan Bai Yo
 - b. Separation of Yin and Yang affecting

Circulation and Heart

- a. Day I Stop Exercise Suddenly [1-3gm 3x/day and bedtime]

Huang Qi	15 gm
Dang Qui	6 gm
Chuanxiong	4.5 gm
Shan Yao	9 gm
Suan Zao Ren	12 gm
Long Gu	15 gm
Mu Li	15 gm
San Ji Sheng	12 gm
Bai He	9 gm
[Yi Tang	12 gm]
Gan Cao	6gm
Sang Zhi	12 gm
Dang Shen	15 gm
Si Gua Luo	6 gm
Yuan Zhi	6 gm

b. Day II

Sheng Mai San [1-3gm 3x/day and bedtime]

American Ginseng	3gm
Mai Men Dong	9gm
Wu Wei Zi	6gm
+	
Korean Ginseng	4.5gm
Chang Pu	6gm
Ye Jiao Teng	6gm
Zi He Che	2gm
He Huan Pi	8gm
Long Chi	9gm
Yu Jin	5gm
Shao Yao Ren	10gm
Rou Gui	1gm
Gan Jiang	3gm
Gan Zao	3gm
Wheat	20gm
Da Zao	10gm
Hu Po	1gm
Ho Shou Wu	9gm

c. Spleen Qi deficiency , ST-GB-Int. Damp Heat and Qi Stagnation

1-3 gm with meals

Ren Shen	6gm
Bai Zhu	6gm
Fu Shen	9gm
Gan Cao	2gm
Shan Yao	9gm
Yi Yi Ren	9gm
Bai Bian Dou	6gm
Jie Geng	3gm
Mu Xiang	3gm
Chen Pi	3gm
+	
Huang Lian	2gm
Xiang Fu	6gm
Yin Chen Hao	9gm
Hou Po	3gm
Mai Ya	6 gm
Huang Qi	15gm
Dan Shen	

Ongoing

During the approximately two months of intensive treatment the patient was prescribed herbs that she continued to take for one year with minor changes by a colleague, Scott Tower, who treated her in England. She was treated simultaneously, during the two months in the United States, with acupuncture.

On one occasion when she developed menorrhagia she was prescribed the following formula:

DQ & Gelatin w/ G.L. & Aconite + Gionseng & Astragalus

Dang Gui	9.0
Shao Yao	4.0
Chuan Xiong	3.0
Shu Di Huang	5.0
A Jiao	3.0
Ai Ye	3.0
Gan Zao	3.0
Fu Zhui	0.5 gm
Zhi Gan Cao	6 gm
Sheng Jiang	9 gms
Sheng Ma	6 gm
Huang Qi	9 gm
Chai Hu	3 gm
Sha Shen	10gm
Mai Men Dong	9gm
Yan Huo Suo	9gm

Take daily- up to 3gm TID

We saw her eleven months later at which time she was extraordinarily better as indicated by the chart below, except for one episode of severe abdominal pain while visiting her family in the U.S. to which she attributed it. She moved to Sweden where she was referred to another acupuncturist.

The record ends here except for one letter that said she was much better than what I recorded in the following chart below.

The following is a chart that I developed in order to follow the patient's symptoms:

SYMPTOM	2'25'05	12'16'05
Veins distended	10	5
Tension→even cook dinner-frantic Blood moving up w/ tension Bite sides of mouth & teeth grinding and loud biting in sleep	7	2
Not connected in my body Heart and mind not connected Dream that friend 'possessed' could not relate to her for days Easily startled	7	0
Depression: visions of not being alive-very frightening	0	0
Run down- Age 22 after college Greatly ↑Sensitive to harshness Avoid people-lost boundaries Need perfect environment, calm Sense that cannot protect self Sensitive as child-nature-awe	6	3
Energy diminished- ↑Moving to England last summer	7	3
Postural Hypotension moving from family home	0	0
Hair Falling out-thick, coarse	0	0
Eyes- hard to move light sensitivity-esp night Spots- round, black	6 6 10	1 1 10
Chest Tightness, caving in Relieved by 'popping' w/ meditat	7	0
Throat Yellow mucous in AM Less with diet change recently	0	0
Respiration: Bronchitis past summer-1 month moved to England Voice very weak, frail related to Degree of discomfort w/ people	6	1
Breasts leaked fluid 1 yr ago Stopped spontaneously		0
Heat: gives off heat Prefers heat but heat causes veins to expand	8	1

GI Since college Constipation w/ travel and emotionally comfortable environ. Water sound, mucous 25-27yr BM: unfinished; constipation-diarrhoea in same movement Pain: recently had to push- persisted	0 0 0	
Sighing- ages 25-27	0	
Sleep Tense; eyes open; teeth biting Tired in AM-improves w/ move		2
Constant Thinking	10	2
Fibroid: large confirmed by exam	10	?

Pathogenesis

The pathogenesis of this massive separation of yin and yang that we call 'qi wild' is briefly as follows: exercise requires increase in blood volume causing the vessels to expand to accommodate the increased blood volume. Stopping suddenly causes precipitous drop in blood volume but the vessels continue to be expanded and contract only relatively slowly. The vessel walls are Yang and the blood is Yin and the vessel walls are not nourished sufficiently by the blood Yin and lose their flexibility causing circulatory problems. The Yin and Yang are separated leading to a Qi Wild Condition in which the tissues of the body, including the brain, are no longer functionally nourished by the Heart, circulation and blood in a stable sufficient fashion. The result is mental, emotional and physical chaos.

Conclusion

Colleges are eager to give athletic scholarships for large numbers of entering students in the hope that some few of them will qualify for varsity teams. In fact only a tiny percentage of these athletic scholarship students succeed and the rest are discarded from the athletic programs.

These are students who have spent their entire childhoods preparing for this moment in their life when they would enter the limelight and go on even with professional athletic careers. The unending physical work they have performed during their formative years is phenomenal.

When they are rebuffed, most of the rigorous training ends abruptly, partially because there is no program to follow, trainers to assist and even more often because the rejection and sense of failure is accompanied by severe depression. For all these reasons they stop exercising abruptly.

Having been a psychiatrist in a college clinic for seven years, I saw forty years ago what has now become a flood of calls for help at college health clinics with the presenting symptoms of depression and especially, severe anxiety and bizarre emotional and physical experiences. I have found this syndrome in adults as well who cease long term exercise suddenly.

I recognized the negative effects of jogging to the heart previous to my Chinese medical training. However, prior to my work with Dr. Shen and Chinese medicine I had no way to recognize the 'qi wild' syndrome that ensues from the circulatory shock associated with abruptly stopping long years of strenuous exercise. He recognized the Yielding Hollow-Full Overflowing pulse wave pathognomonic of this condition and developed a formula, presented above to resolve it. For the patient presented it was a life-altering diagnostic and management-treatment success.