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A case report of vertigo with Chinese medicine treatment upon syndrome differentiation

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Vertigo is a symptom of illusory movement. Some patients perceive self-motion whereas others perceive motion of the environment. The main difference between dizziness and vertigo is that the patients with vertigo have a rotational component. It arises because of asymmetry in the vestibular system due to damage to or dysfunction of the labyrinth, vestibular nerve, or central vestibular structures in the brainstem. A 31-year-old woman from Vietnam experienced vertigo for several years. She felt as if everything was turning around, and that she was not able to balance and might fall. The patient had to take a rest, staying in bed to relieve the discomfort. However, the patient once fainted and hit her head four years ago and the symptom got worse since then. The vertigo attacked more often, two to three times a month, accompanying with temporal headache. She had ever come to many hospitals for medical treatments, but there were no improvements, even though she sought for medical advice in Vietnam. The patient was referred to Chung Shan Medical University Hospital for Chinese medical treatment on 08-08-2014. After diagnosing based on syndrome differentiation, she was considered as dual vacuity of qi and blood, syndrome of phlegm-damp stagnation, and little hepatic stagnation. The doctor prescribed her some powder of Chinese medicine, Gui Pi Tang (8g/day, TID), Ban Xia Bai Zhu Tian Ma Tang (7g/day, TID), and bupleurum (1g/day, TID) combined, and gave her health education. There was a significant improvement of vertigo when the patient received for four-month TCM treatment, but she discontinued the treatment because she went back to Vietnam at that time. One year later, we contacted the patient to know how she had been recently. The frequency of Vertigo was twice to three times per month but has now reduced to once every three months. The vertigo was improved significantly via Traditional Chinese medicine.



Figure 1: Chinese medical etiopathogenesis and pathogenesis.



Figure 2: Chinese medicine, Gui Pi Tang, Ban Xia Bai Zhu Tian Ma Tang, and bupleurum.

Biography

Tong-Chien Wu received his MD cum laude from School of Post-Baccalaureate Chinese Medicine in China Medical University and has been devoted to clinical practice in Traditional Chinese Medicine in Taiwan. Three years after graduation, he has completed specialist degrees in Acupuncture Medicine and Traditional Chinese Internal Medicine. He is currently serving as a Physician in Integrated Chinese and Western Medicine of Chung Shan Medical University Hospital, and a Master student at Research Institute of Acupuncture Science in China Medical University. His expertise includes metabolic diseases and pain control; he has administered two research programs in the areas of Chinese herbal therapeutics in diabetes mellitus and acupuncture analgesia.

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