**Clear the Root – Case History**

Male: 57yrs old

Main complaint:acute inability to urinate, feeling tired with hypo-gastric pain and very weak flow\dribbling urination and uncontrolable\incontinent diarrhoea lasting 24-48hours and mild fever.

The patient also complained of long-term, difficult weak flow urination which, he had ignored for some time. Urination had not been normal since an acute bacterial prostate infection at age 35yrs. This was treated with antibiotics.

He also suffered from pain and stiffness in both knees and lower back. His left knee shows cartilage damage and regeneration. He is over weight with a distended abdomen and purple distended veins in both legs and feet.

He also suffers occasional tinnitus, mild dizziness, low back ache worse for exertion, inability to get or maintain an erection and low sex-drive, night sweats,dry mouth with no desire to drink. There has also been long term bowel aggravation consisting of changeable stools with predominant loose bowels, discomfort and flatulence all relieved by passage of stool. His appetite is strong and he tends to over eat.

He comments that for as long as he can remember he has suffered from a very dry cough with little or no phlegm. On witnessing the cough, it is paroxysmal very dry and the patient finds it difficult to catch his breath but produces a very small amount of phlegm at the end of coughing and although it is severe and his face reddens it sounds weak. He occasionally uses an inhaler when it is very bad.

His urine is always very yellow and he has either no thirst or acute thirst.

After 24 hours of not urinating an urethral cather is inserted and the patient commenced tamulosin(flomaxtra) for 5 days before visiting the urologist. 5days later the catheter is removed and the patient was still unable to produce any urine. Re-catheterisation was not possible as the urethra was complete closed shut and the urethra traumatised. A prostate biopsy was also taken at this stage and was later cleared as benign. Super-pubic catheterisation was performed and the patient was to return for a TURP in 2 weeks. Even with continuation of the medication for a further 2 days urination was still not possible. But with a non-urethral catheter urination could be attempted and monitored.

Tongue:Body was swollen all over especially from the tip to the mid section. The body in this front-mid section was also very red and completely peeled of coating. The root was covered with a very thick sticky, slightly un-rooted dirty yellow coating with some reddish purple spots distributed under the coating at the rear.

Pulse: slightly rapid and floating, full in the lung position and weak in both rear positions. Of note was also a wiry and choppy characteristic throughout.

Diagnosis: Kidney yin deficient, Damp-heat in the Large intestine and bladder and kidney, phlegm dryness in the lung with lung yin deficiency, Wind-cold Bi Syndrome and blood stasis of the knees.

Three Treasures Clear the root was prescribed at a 3 tabs 3 times per day dosage. And Acupuncture was performed 4 times in 28 hours using points, Sp 9, Sp10, Sp6, Ren 3, St28, Kid8, St36, Ren7, Liv3, UB23.

On day 3, after the 4 sessions of acupuncture and 3 days of clear the root urination with possible with only 100ml residual left in the catheter. After another week the catheter was made redundant. The Urologist was advised and the TURP cancelled and the catheter removed. Urination continued as normal for a further 2-3 weeks and the patient reported urinating with better strength of flow and more comfortably than he had done in about 15 years.

However, the Tamulosin was continued and Fenasteride was also prescribed although this was discontinued after 1 week as deemed unnecessary. After removal of the super-pubic catheter the patient became ill with a fever, body aches, rigours, vomiting and diarrhoea. Swabbing of the abdominal catheter wound showed a staph´ infection and Augmentin was prescribed. The patient recovered and urination was uninterrupted. 3-5days further on the patient again developed a fever, chills, nausea, vomiting and diarrhoea. He was admitted to hospital and administered IV gentamycin for a gram negative bacterial infection of unknown origin or location. Recovery came 3-4days later and urination remained normal throughout.

Presently the patient is urinating well, taking clear the root at 3 times 3 per day and also still using the Tamulosin. No further acupuncture has been administered since.

- Giovanni Maciocia