

# 6

## Treatment Methods for Warm Diseases

**B**Y THE EARLY eighteenth century, Ye Gui's *Discussion of Warm-Heat Disorders* had established the four basic principles for treating illness based on the four-level differentiation of disease.<sup>1</sup> These principles have since been widely used in the treatment of warm diseases.

1. *Treat warm disease patterns in the protective level by inducing sweating.* Here, Ye was not referring to the use of acrid and warm herbs, as this would merely serve to add more heat to the body, like throwing gasoline on a fire. Rather, for warm disease patterns in the protective level, the practitioner must release the exterior condition by inducing sweating with acrid and cool herbs such as Fructus Arctii Lappae (*niu bang zi*) and Herba Menthae Haplocalycis (*bo he*). The purpose of inducing sweating is to provide the warm-heat pathogen with a 'substrate' to which it can adhere, and by which it can exit the body.

Some modern writers believe that the emphasis on inducing sweating is misleading, if not actually incorrect. According to Zhao Shao-Qin, a professor at the Beijing University of Traditional Chinese Medicine, Ye Gui did not mean to say that the goal of treatment here is to induce sweating. What he actually meant was that acrid, cool, and light herbs that clear and release heat and vent pathogens should be used. Since the problem here is that a warm-heat pathogen is constrained in the protective level and Lung, these types of herbs can eliminate the warm-heat pathogen, harmonize the nutritive and protective qi, and distribute the fluids, resulting in slight sweating and thus a cure of the disease. The sweating itself is merely a by-product of the process, and not the

reason for treatment.<sup>2</sup> While this idea helps us remember that the sweating Ye Gui was referring to is different from that induced by such acrid and warm herbs as *Herba Ephedrae* (*ma huang*) and *Ramulus Cinnamomi Cassiae* (*gui zhi*) which can injure the yin and fluids, it ignores the important role that sweat plays in providing a vehicle to which the warm-heat pathogens can adhere and exit the body. Dai Tian-Zhang (Dai Lin-Jiao, 1644–1722) in *Expanded Discussion of Warm Epidemics* (*Guang wen yi lun*) noted that “Without sweating, there is no way for the warm-heat pathogen to exit. Therefore, inducing sweating is one of the important treatment methods for warm disease.”<sup>3</sup>

The question arises: Should we always induce sweating in the treatment of a warm disease in the protective level, or for an exterior pattern in a warm disease?<sup>4</sup> According to Meng Shu-Jiang, the key point is whether the patient is already sweating. Generally speaking, if a patient with a protective level disorder is not sweating, the interstices and pores are more or less closed, and sweating should be induced. However, if a patient is already sweating, even slightly, one should not induce further sweating.<sup>5</sup>

2. *Treat warm disease patterns in the qi level by clearing heat with acrid and cold, acrid and cool, or bitter and cold herbs.* According to Ye Gui, “Clearing heat is suitable for patterns that have reached the qi level.”<sup>6</sup> There are three sets of herbs for this purpose:

- acrid and cool herbs
- acrid and cold herbs
- bitter and cold herbs

The first two sets of herbs focus on dispersing heat transversely from the body through the Lung or skin. By contrast, the third set, which includes herbs such as *Rhizoma Coptidis* (*huang lian*), *Radix Scutellariae Baicalensis* (*huang qin*), *Cortex Phellodendri* (*huang bai*), and *Fructus Gardeniae Jasminoidis* (*zhi zi*), draws heat downward to exit the body via the stool or urine. According to Zhao Shao-Qin, purging herbs with bitter and cold properties like *Radix et Rhizoma Rhei* (*da huang*), *Folium Sennae* (*gan xie ye*), and *Herba Aloes* (*lu hui*), and those with sweet and cold properties like *Radix Adenophorae seu Glehniae* (*sha shen*), *Tuber Ophiopogonis Japonici* (*mai men dong*), *Herba Dendrobii* (*shi hu*), and *Radix Trichosanthis Kirilowii* (*tian hua fen*), produce fluids and clear heat; they can also be used to clear heat from qi level patterns of warm diseases.<sup>7</sup>

3. *Treat warm disease patterns in the nutritive level by cooling the nutritive level and clearing heat.* This is accomplished with bitter and cold herbs, which clear

heat by drawing it downward. At the same time, the practitioner should seek to expel heat from the nutritive level via the qi level with acrid, light, and cold herbs. Because nutritive qi is still a form of qi, it is thought to be closer to the qi level than it is to the blood level. This is an example of a common method of treatment in Chinese medicine: Whenever possible, provide more than one route for pathogens to exit the body. Acrid, light, and cold herbs are used to transversely disperse heat from the nutritive level to the qi level. Ye Gui noted that when heat reaches the nutritive level, “there is still a chance of bringing the warm-heat pathogen back to the qi level.”<sup>8</sup> Herbs like Cornu Rhinoceri (*xi jiao*), Cornu Antelopis (*ling yang jiao*), and Radix Scrophulariae Ningpoensis (*xuan shen*), which are bitter, salty, and cold, would seem to be inappropriate since they only serve to move the heat downward instead of outward. Contemporary practitioners agree that the appropriate formula here would combine those herbs with Herba Lophatheri Gracilis (*dan zhu ye*), Fructus Forsythiae Suspensae (*lian qiao*), and Flos Lonicerae Japonicae (*jin yin hua*). Monitoring changes in the tongue is essential for determining whether or not the warm-heat pathogen has returned to the qi level. If the tongue has changed from a deep-red color with less than normal coating (or no coating) to just red with a yellow coating, the warm-heat pathogen has reverted to the qi level.

4. *Treat warm disease patterns in the blood level by cooling the blood and dispersing blood stasis.* Ye Gui said that “When a warm-heat pathogen invades the blood level, it can injure the blood and force it out of the vessels [leading to blood stasis].”<sup>9</sup> Herbs like Radix Rehmanniae Glutinosae (*sheng di huang*), Radix Paeoniae Rubrae (*chi shao*), Cortex Moutan Radicis (*mu dan pi*), and Gelatinum Corii Asini (*e jiao*) should be used to cool and disperse blood. Cooling the blood when a warm-heat pathogen invades the blood level would seem to be the obvious course of treatment for the blood level, but it is not so obvious in the context of blood stasis:

- Herbs that cool blood are cold or cool in nature and can readily congeal the blood and produce blood stasis.
- Heat generated by a warm-heat pathogen can congeal the blood and produce blood stasis.
- Existing blood stasis can block the movement of qi in the blood and give rise to heat, leading to further bleeding.

Therefore, in order to treat the warm-heat pathogen and prevent formation of further blood stasis and bleeding, the practitioner must simultaneously use herbs that can cool blood and disperse stasis. While Ye Gui did mention tonification methods, such as the use of Gelatinum Corii Asini (*e jiao*) and Radix Rehmanniae Glutinosae (*sheng di huang*) for blood level disorders in *Discussion of Warm-Heat Disorders*, most practitioners tend to focus exclusively on the excessive aspects of heat and

blood stasis in the blood level and ignore the deficient aspect, that is, injury to the yin and fluids. According to a contemporary warm disease specialist, Meng Shu-Jiang, blood level patterns may involve injury to the yin and fluids.<sup>10</sup> To avoid this, Radix Rehmanniae Glutinosae Conquिताe (*shu di huang*), Radix Paeoniae Lactiflorae (*bai shao*), and Radix Salviae Miltiorrhizae (*dan shen*) can be added to the herbs listed above.

About fifty years after the publication of Ye Gui's book, Wu Tang wrote *Systematic Differentiation of Warm Diseases (Wen bing tiao bian)*, which established three basic methods for treating diseases based on three-burner differentiation. Like the four methods described above, these methods are also effective in treating warm disease:

1. *Treat patterns in the upper burner by dispersing the warm-heat pathogen via the skin, nose, and mouth.* Patterns occurring in the upper burner are considered superficial and represent the first stage of a warm disease. In order to treat patterns in the upper burner, use light herbs to disperse and release the warm-heat pathogens. Wu Tang described this method as using herbs that are as light as the feathers of a bird.<sup>11</sup>
2. *Treat patterns in the middle burner by supporting the Spleen's lifting and the Stomach's descending actions.* The middle burner is a bridge that connects the upper and lower burners, bringing qi in the lower burner upward and causing qi in the upper burner to descend. The Spleen's function of lifting, and the Stomach's function of causing qi to descend, are crucial to this task. Injury to the Stomach yin by heat, and the presence of dampness in the Spleen, commonly hamper these functions. Therefore, eliminating dampness through transformation, drying, and draining will support and restore the Spleen's lifting function. Likewise, enriching the Stomach yin and clearing heat from the Stomach will support and restore its descending function. Wu Tang likened these methods to calibrating a scale that must always be kept in balance. This can be done with herbs that are neither too light nor too heavy, and cause neither too much descending nor too much ascending.<sup>12</sup>
3. *Treat patterns in the lower burner by enriching the Kidney and Liver yin.* When a warm disease reaches the lower burner, both Kidney and Liver yin will become badly injured; the practitioner must use heavy and cloying herbs like Radix Rehmanniae Glutinosae Conquिताe (*shu di huang*), Carapax Amydae Sinensis (*bie jia*), and Gelatinum Corii Asini (*e jiao*) because only they can reach the lower burner and are strong enough to enrich the Kidney and Liver yin. Wu Tang described this method as adding a heavy weight to a scale to tip the balance.<sup>13</sup>

Clinically, it is common to find the disease in two levels (or burners) at the same time. When this occurs, it is important to assess the relative degree of disease in each level or burner and treat accordingly.

Since the time that Ye Gui and Wu Tang first set down the principles for treating patterns of warm disease in the four levels and three burners, practitioners have made additional refinements. For example, the contemporary physician Zhang Zhi-Wen has expressed his version of these principles as follows:<sup>14</sup>

1. In the early stage of a warm disease, release the exterior condition with acrid and cool herbs such as *Herba Menthae Haplocalycis* (*bo he*), *Fructus Arctii Lappae* (*niu bang zi*), *Semen Sojae Praeparatum* (*dan dou chi*), *Flos Lonicerae Japonicae* (*jin yin hua*), *Folium Mori Albae* (*sang ye*), and *Fructus Forsythiae Suspensae* (*lian qiao*).
2. In the middle stage of a warm disease, either (a) clear the heat and vent it, with acrid and cold herbs such as *Pericarpium Trichosanthis* (*gua lou pi*), *Rhizoma Phragmitis Communis* (*lu gen*), *Exocarpium Pyri* (*li pi*), *Herba Lophatheri Gracilis* (*dan zhu ye*), and *Fructus Forsythiae Suspensae* (*lian qiao*), or (b) drain the interior heat with bitter and cold herbs such as *Rhizoma Coptidis* (*huang lian*), *Radix Scutellariae Baicalensis* (*huang qin*), *Cortex Phellodendri* (*huang bai*), and *Fructus Gardeniae Jasminoidis* (*zhi zi*). When *Fructus Forsythiae Suspensae* (*lian qiao*) is used to clear and vent the heat, consider not only its acrid flavor and cold nature, but also its light property.
3. In the later stage of a warm disease, generate fluids and enrich the yin with cold substances that are either sweet or salty such as *Radix Rehmanniae Glutinosae* (*sheng di huang*), *Gelatinum Corii Asini* (*e jiao*), *Carapax Amydae Sinensis* (*bie jia*), *Radix Scrophulariae Ningpoensis* (*xuan shen*), *Tuber Ophiopogonis Japonici* (*mai men dong*), *Rhizoma Polygonati Odorati* (*yu zhu*), and *Radix Adenophorae seu Glehniae* (*sha shen*).

Regardless of the stage, for all warm diseases the main thrust of treatment should be to eliminate the warm-heat pathogens, rather than to support the antipathogenic qi. It is the pathogen that causes the disease and injures the yin or fluids, or causes other problems such as phlegm and blood stasis; yet these consequences are of secondary concern, even if important. The details of treatment will of course vary from one type of warm disease to another, as will be discussed in the following chapters.

At present, the consensus is that there are eleven methods of treatment for warm diseases:

1. Release exterior conditions
2. Clear and dispel heat from the qi level
3. Harmonize
4. Dispel dampness
5. Purge
6. Clear heat from the nutritive level
7. Cool the blood
8. Open the orifices

9. Extinguish wind
10. Enrich the yin
11. Secure abandoned disorders

Only clearing heat from the nutritive level and cooling the blood are treatment methods which are peculiar to warm diseases. The other strategies are used in the treatment of a variety of diseases. In this chapter we will consider each of these methods, basically in the order of the severity of the disease, from mild to severe.

## *Release Exterior Conditions*

The first method of treatment is to release the exterior (*jiě biǎo* 解表), which eliminates pathogenic factors through the exterior, that is, through openings in the pores on the surface of the body and the muscular layer. Since this method disseminates the Lung qi, promotes the circulation of protective qi, and opens up the pores, it often induces sweating. Some practitioners refer to this method as ‘diaphoresis.’ However, it must be emphasized that the purpose of this form of treatment is not to induce sweating. As discussed above, in some ways, sweating may be thought of as merely a side effect. In the early stage of a warm disease, sweating shows that the protective qi is strong and is capable of pushing the warm-heat pathogen out of the body. In reality, not every patient will sweat during treatment. However, it should always induce the protective qi to open up the pores and interstices, thereby dissipating and releasing the pathogen. What the patient actually feels is a diminishment in body aches, fever, and aversion to cold. The patient may or may not sweat.

In the clinic, the release of an exterior condition is accomplished with formulas that contain acrid, cool, and dispersing herbs. These are suitable for exterior patterns located in the protective level and Lung in the upper burner at an early stage of a newly-contracted warm disease. This method can also be used in treating a lurking warm disease that is activated by an attack from a secondary external pathogenic factor.

Dispelling exterior wind and dispersing exterior heat is an important method of treatment for the early stage of a warm disease. One example of this method is releasing the exterior with acrid and cool herbs. This method is used in treating an attack on the protective level and the Lung by wind-heat at an early stage of wind-warmth. The main indications are fever, mild chills and aversion to cold, slight or no sweating, slight thirst, cough, red tip and edges of the tongue with a thin and white tongue coating, and a floating and rapid pulse. Formulas commonly used to facilitate this method are Mulberry Leaf and Chrysanthemum Decoction (*sang ju yin*) and Honeysuckle and Forsythia Powder (*yin qiao san*).<sup>15</sup> Theoretically, only acrid and cool herbs meet these criteria, but clinically, one should add one or two acrid and warm herbs to prevent the possible side effects that are often experienced

from using too many cool herbs, such as congealing of the protective qi and closing of the pores. Obviously, if the protective qi is stagnant and the pores are closed, there is no way for a warm-heat pathogen to exit the body. The warm-heat pathogen may then progress to the qi or even the nutritive or blood levels, and the disease will accordingly deteriorate. It is important to note that there are several different warm-heat pathogens, each with its own indications, methods of treatment, and appropriate formulas.

**Table 6.1**

Release the Exterior

Treatment Methods	Indications	Formulas
Disperse wind and drain heat ( <i>shū fēng xiè rè</i> ), also known as releasing the exterior, with acrid and cool herbs ( <i>xīn liáng jiě biǎo</i> )	Attack on the protective level and Lung by wind-heat at an early stage of warm disease: fever, slight aversion to cold, chills, slight or absent sweating, slight thirst, cough, red tip and edges of the tongue with thin, white coating, floating and rapid pulse	Mulberry Leaf and Chrysanthemum Decoction, Honeysuckle and Forsythia Powder
Vent the exterior and resolve summerheat ( <i>tōu biǎo jiě shǔ</i> ) with acrid, cool, warm, aromatic, and bitter herbs	Accumulation of summer-heat with an attack of cold in the muscles and exterior: headache, uncomfortable body that is stiff or slightly sore, fever, absence of sweating, thirst, restlessness	Newly Augmented Elsholtzia Decoction
Dissipate the exterior and transform damp[-heat] ( <i>xuān bǎo huà shī</i> ) with aromatic, warm, and cold herbs	Attack on the protective level by damp-heat at an early stage of damp-warmth: aversion to cold, generalized heaviness, slight fever, chest and epigastric distention, white tongue coating, soggy and moderate pulse	Agastache, Magnolia Bark, Pinellia and Poria Decoction
Disperse the exterior and moisten dryness ( <i>shū biǎo rùn zào</i> ) with acrid, cool, and moist herbs	Attack on the protective level and the Lung by dry-heat: headache, fever, slight aversion to cold, cough with little sputum, sore and dry throat, dry nose and lips, thin and white tongue coating with scanty saliva, red tip and edges of tongue	Mulberry Leaf and Apricot Kernel Decoction

## CONSIDERATIONS WHEN RELEASING EXTERIOR CONDITIONS

**Underlying or constitutional issues.** For optimal results the practitioner should bear in mind the following considerations:

- *Patients whose fluids are injured by a warm-heat pathogen.* Many practitioners mistakenly use cloying herbs such as Gelatinum Corii Asini (*e jiao*), Radix Rehmanniae Glutinosae Conquिताe (*shu di huang*), and Herba Dendrobii (*shi hu*) in treating patients whose fluids are injured by a warm-heat pathogen, especially by dry-heat during the fall, or those with underlying yin deficiency with a dry mouth, throat, and nose. This, however, is a mistake as these herbs will trap the pathogen inside the body. Instead, one should use herbs like Radix Rehmanniae Glutinosae (*sheng di huang*) and Tuber Ophiopogonis Japonici (*mai men dong*). It is also recommended that the patient eat pears or water chestnuts during the course of treatment to enrich the yin. When rechecking the patient, pay close attention to both the degree of dryness and the strength of the pathogen, and adjust the herbs accordingly.
- *Patients with deficiency of both the qi and yin or fluids.* Avoid using herbs such as Radix Ginseng (*ren shen*) and Radix Rehmanniae Glutinosae Conquिताe (*shu di huang*) in patients who have both qi and yin or fluid deficiency. Not only do these herbs tonify qi, generate fluids, or enrich the yin, they can also exacerbate the heat or trap warm-heat pathogens within the body. Instead, one should use Radix Pseudostellariae Heterophyllae (*tai zi shen*) because it slightly enriches the yin and tonifies the qi without trapping the warm-heat pathogen and exacerbating the heat. After eliminating the warm-heat pathogen, the practitioner can wait and judge the severity of the qi and yin deficiency, and then use stronger herbs as indicated.
- *Women who have recently given birth.* Avoid using strong dispersing herbs such as Herba Menthae Haplocalycis (*bo he*) and Herba Artemisiae Annuae (*qing hao*), which induce strong sweating, in women who have recently given birth. This is because both the qi and blood are deficient in these women, and such herbs can injure the qi and blood. This precaution also applies to women immediately following menstruation, especially after heavy bleeding. According to Ye Gui,<sup>16</sup> the warm-heat pathogen can readily attack the blood chamber (*xuè shì 血室*)<sup>17</sup> during or after menstruation, leading to a complex of warm-heat pathogen and blood stasis. This may disturb or even block the spirit of the Heart. Should the spirit of the Heart be disturbed, the resulting pattern is mild and the patient will present with irritability, insomnia, lack of concentration, and fuzzy thinking. But if it blocks the spirit of the Heart, the pattern is severe with poor memory and delirium, or even coma.<sup>18</sup>

According to Wang Shi-Xiong (Wang Meng-Ying, 1806-1866), a warm-heat pathogen can invade the blood chamber in three ways:<sup>19</sup>

1. At the onset of menstruation, which leads to blood stasis. The treatment is to invigorate the blood.<sup>20</sup>
2. Immediately following the conclusion of menstruation, because of the resulting emptiness of the blood chamber. The treatment is to nourish the blood and enrich the yin, clear heat, and cool the blood.
3. By attacking the blood chamber and inducing early menstruation, with heavy bleeding. The treatment is to clear heat to normalize the movement of blood.

Based on his own experience and that of his colleagues, the contemporary physician Zhao Shao-Qin in *Length and Breadth of Warm Disease [Differentiation]* described the herbs that should be used in each of the three types of invasion of the blood chamber by a warm-heat pathogen. For the first type, use a modified Minor Bupleurum Decoction (*xiao chai hu tang*), that is, one that omits Radix Ginseng (*ren shen*) and Fructus Zizyphi Jujubae (*da zao*), but contains Radix Rehmanniae Glutinosae (*sheng di huang*), Semen Persicae (*tao ren*), Fructus Crataegi (*shan zha*), and Cortex Moutan Radicis (*mu dan pi*) or Cornu Rhinoceri (*xi jiao*). For the second type, use Radix Rehmanniae Glutinosae (*sheng di huang*), Radix Scrophulariae Ningpoensis (*xuan shen*), Radix Salviae Miltiorrhizae (*dan shen*), Radix Paeoniae Rubrae (*chi shao*), and Radix Paeoniae Lactiflorae (*bai shao*). And for the third type, use Radix Rehmanniae Glutinosae (*sheng di huang*), Radix Sanguisorbae Officinalis (*di yu*), Radix Paeoniae Rubrae (*chi shao*), Cornu Bubali (*shui niu jiao*), and Cortex Moutan Radicis (*mu dan pi*).<sup>21</sup>

- *Children.* The practitioner must consider two pathological aspects when treating children who have been attacked by a warm-heat pathogen:
  1. A warm-heat pathogen will progress faster in children than in adults because children, by their very nature, are more yang than adults. It is common for children who contract a warm-heat pathogen to experience abnormal progression (*ni chuán* 逆傳). For example, pneumonia or acute bronchitis can easily progress to delirium or even coma in one or two days. It is accordingly very important that you treat the child's illness as soon as possible with a method that is strong enough to halt the progression. This does not mean using a large dosage or a large number of herbs. Rather, you should increase the frequency of treatment. For example, a patient normally takes three doses of a decoction each day. However, children with high fever, severe sore throat, and a cough with yellow sputum should take a dose every two hours, or even hourly.
  2. Children will almost always present with food retention in connection with an attack of a warm-heat pathogen. Food retention may exist either before the child contracts the pathogen due to intake of improper foods, or it may

develop after the child contracts the pathogen. In either case, it can slow down the digestive process. Whenever the tongue coating is thick or greasy, the practitioner should add herbs to the decoction that promote digestion, such as Massa Fermentata (*shen qu*), dry-fried Fructus Hordei Vulgaris Germinantus (*chao mai ya*), or dry-fried Fructus Oryzae Sativae Germinantus (*chao gu ya*).

**Herbal issues.** Consider the following points when using herbal formulas to release exterior conditions:

- *Inappropriate use of only acrid and warm herbs to induce sweating.* The use of only acrid and warm herbs to induce sweating to release a warm disease from the exterior is contraindicated, as this will give rise to the production of fire. However, it is a good idea to include one or two acrid and warm herbs, such as Herba seu Flos Schizonepetae Tenuifoliae (*jing jie*) or Semen Sojae Praeparatum (*dan dou chi*), prepared with Herba Ephedrae (*ma huang*). Including such herbs in the context of a formula made up primarily of acrid and cool herbs will enhance its dispersing function. It will also prevent the pores and interstices from closing, which would slow the process of eliminating the warm-heat pathogen.
- *Producing too vigorous a diaphoretic response.* To prevent injury to the fluids by inducing too vigorous of a diaphoretic response, it is best to induce only slight sweating, that is, just like the drizzle of a summer shower, rather than the torrent of a heavy downpour. In addition, this method should be terminated as soon as the exterior condition nears resolution. The degree of resolution depends upon the patient's constitution, for example, seventy to eighty percent resolved in a healthy individual, or ninety percent resolved in an elderly patient. The remainder should be left to the antipathogenic qi's natural ability to fight illness.
- *Combining with other types of herbs.* It is common for patients with underlying yin deficiency to present with a protective level warm disease. In these cases, some yin-enriching herbs must be included in the prescription, as there will otherwise not be enough fluids to permit sweating. Under these circumstances, acrid and cool herbs should be combined with others such as Radix Rehmanniae Glutinosae (*sheng di huang*), Tuber Ophiopogonis Japonici (*mai men dong*), and Rhizoma Polygonati Odorati (*yu zhu*). If there is both qi and yin deficiency, add Radix Panacis Quinquefolii (*xi yang shen*). While in theory one should avoid the use of bitter and cold herbs to disperse a warm-heat pathogen, this is only a relative contraindication. Wu Tang himself added one or two such herbs to his formula Mulberry Leaf and Chrysanthemum Decoction (*sang ju yin*). In addition, it is not uncommon for wind-heat in the protective level to be accompanied by toxin, or to quickly transform into toxin,

with such symptoms as high fever and a red, swollen, painful throat. For this reason, bitter, cold herbs that resolve toxicity, such as Folium Daqingye (*da qing ye*), Radix Isatidis seu Baphicacanthi (*ban lan gen*), or Herba Taraxaci Mongolici cum Radice (*pu gong ying*), are frequently added to prescriptions for treating protective level conditions.

- *Preserving the nature of the herbs.* Most herbs used in this treatment method are acrid and light. It is therefore suitable to cook them for only a short time (approximately seven minutes) in order to maintain their light and acrid qualities for dispersing warm-heat pathogens.

## *Clear and Dispel Heat from the Qi Level*

The second treatment method is to clear heat (*qīng rè* 清熱). In warm disease theory, this method is used to clear and dispel heat located in the qi level. As previously noted, in qi level patterns there is a fierce struggle between antipathogenic qi and the warm-heat pathogen. If not properly treated in a timely manner, a warm-heat pathogen without form may combine with the formed fecal material and take up residence in the Large Intestine. Alternatively, it may invade the nutritive or blood levels, or injure and exhaust the yin of the Kidney and Liver, leading to the stirring of internal wind. Thus, the qi level is a key stage in warm diseases, and since the inception of warm disease theory, practitioners have attached great importance to treating diseases at this level.

This method serves to clear interior heat directly, while easing irritability, generating fluids, and relieving thirst indirectly. It is especially suitable when heat progresses from the protective level to the Lung and Stomach. As with protective level patterns, there are many different qi level patterns. There are also many indications, methods of treatment, and formulas used for clearing and dispelling heat from the qi level which should be taken under consideration. To clear and dispel heat from the qi level, acrid and cold herbs, or bitter and cold herbs, are utilized. Various treatment methods should be utilized in accordance with the depth and quality of the disease. (See Table 6.2.)

In order to properly use these methods, one should carefully consider the following slight differences among them:

- *Lightly clearing heat and disseminating the Lung qi with light and cold herbs* is directed at a warm-heat pathogen located in the qi level of the upper burner, especially in the chest and diaphragm. Light herbs such as Flos Lonicerae Japonicae (*jin yin hua*), Fructus Forsythiae Suspensae (*lian qiao*), Herba Lophatheri Gracilis (*dan zhu ye*), Fructus Gardeniae Jasminoidis (*zhi zi*),



## PART TWO

# Differentiation and Treatment of Warm Diseases

### *Section A – Warm-Heat Diseases*

**A**S NOTED IN CHAPTER 2 of Part I, warm diseases can be divided into two categories:

1. Warm-heat diseases caused by a warm-heat pathogen without dampness
2. Damp-heat diseases caused by a warm-heat pathogen with dampness.

Generally speaking, warm-heat diseases tend to injure the yin or fluids and readily invade the nutritive and blood levels. By contrast, damp-heat diseases tend to present with qi stagnation, water retention, and accumulation of dampness in one or more of the burners. Clinically, it is uncommon for a patient with a damp-heat disease to present with a purely protective level condition in its early stage. Similarly, nutritive and blood level patterns will usually not occur unless the damp-heat transforms into dry-heat. Therefore, while it is wise to use the different diagnostic schemes flexibly and in concert, it is quite common for practitioners to rely primarily on four-level differentiation for warm-heat diseases, and three-burner differentiation for damp-heat diseases.

Warm-heat diseases include wind-warmth, spring-warmth, autumn-dryness, and warm-toxin. In general, we can use cool or cold herbs to treat these disorders. It is important, however, that you choose a treatment method based on four-level differentiation. Overall, for protective level patterns, use acrid and cool herbs to disperse warm-heat pathogens. For qi level patterns, use sweet and cold or bitter and cold herbs to clear the interior heat. For nutritive level patterns, clear the heat, cool the blood, and enrich the yin with herbs that vent heat from the nutritive level. And

for blood level patterns, cool the blood, promote the circulation of blood, and enrich the yin. For additional information on the selection of treatment methods, see Chapter 6.

# 7

## Wind-Warmth

**W**IND-WARMTH (*fēng wēn* 風溫) is caused by an attack of the wind-heat pathogen (*fēng rè* 風熱) during the spring or winter.<sup>1</sup> Initially, it is characterized by signs and symptoms related to the protective level and the Lung including fever, slight chills, aversion to cold, cough, and slight thirst. If it occurs in winter, usually due to unseasonably warm weather, it is referred to as winter-warmth (*dōng wēn* 冬溫). Biomedical diseases such as influenza, lobar pneumonia, and acute bronchitis overlap somewhat with the Chinese medical diagnosis of wind-warmth, and can be treated with the same methods.

### *Etiology and Pathology*

The etiology of wind-warmth is an attack on the body by an exogenous wind-heat pathogen. Both wind and heat are yang pathogens characterized by upward and outward dispersion. The nose and mouth are situated in the upper or yang aspect of the body, and are thus prone to attack by wind-heat. The Lung opens through the nose and is therefore the first yin organ that is subject to attack. Because the Lung governs the protective qi and the skin and hair, an invasion of the Lung by wind-heat will necessarily involve the surface of the body, resulting in stagnation of the protective qi as well as the Lung qi.

Practically speaking, there are actually two pathologies and two distinct clini-

cal manifestations in early-stage disease: sometimes the wind-heat mainly attacks the protective level and sometimes it mainly attacks the Lung. In the first case, wind-heat attacks the protective layer, leading to stagnation of the protective qi. This, in turn, leads to a struggle between antipathogenic qi and wind-heat resulting in fever, slight chills, aversion to cold, headache, absent or slight sweating, and a floating, rapid pulse. In the second case, the disease is located in both the exterior and the Lung, but is focused in the Lung. The pathology is failure of the Lung qi to disseminate and descend as a result of an attack by wind-heat. Cough is the main symptom, coupled with slight fever and chills.

## *Factors for Identifying Wind-Warmth*

There are three important factors to consider in identifying wind-warmth:

1. *Time of year.* If a warm disease appears in the spring or winter, the practitioner should consider the presence of wind-warmth.
2. *Signs and symptoms.* The main signs and symptoms relate to the Lung and protective level. In the early stage these include fever, aversion to cold, chills, cough, thirst, and a floating and rapid pulse. These may be followed by the appearance of a qi level pattern, such as accumulation of heat in the Lung, and at an even later stage by injury to the Lung and Stomach yin.
3. *Correct diagnosis of the illness.* Carefully differentiate between wind-warmth and spring-warmth since they share certain traits. (See Chapter 8 for further discussion of spring-warmth.)

Since so many organs can be involved in wind-warmth, once a diagnosis is made, it is very important to pinpoint its location. Otherwise there will be no clear target, and treatment will be ineffective.

As noted, in the early stage of wind-warmth only the protective qi and Lung are involved, leading to chills, aversion to cold, fever, sneezing, nasal congestion, headache, and cough. The practitioner must determine the predominant site of the attack. If it is the protective qi, exterior signs and symptoms (chills, aversion to cold, fever) will be paramount. Conversely, if the main focus of attack is the Lung, cough will be paramount. In some cases the Triple Burner or Gallbladder channels may be involved, leading to ear problems such as itching, pain, a plugged sensation, or diminished hearing.

If the pathogen has reached the qi level, one must identify whether the Lung, Stomach, or Large Intestine is involved. If it is the Lung, the main manifestations will be cough and wheezing or dyspnea. If it is the Stomach, the main manifestations will be irritability, profuse sweating, and thirst because heat opens the pores

and forces fluids out through the skin. If it is the Large Intestine, the main manifestations will be tidal fever and either constipation with hard and dry stools or a discharge of intensely foul-smelling liquid.

Should heat progress directly to the Pericardium, one must determine if it is causing an interior blockage of the Heart or an exterior collapse of yang qi. Interior blockage of the Heart will present with muddled consciousness, stiffness of the tongue with difficulty speaking, and a feverish chest and abdomen. Exterior collapse of yang qi may present with muddled consciousness (or, if severe, coma), cold extremities, profuse cold sweat, weak voice, and a very submerged and faint pulse.

## *Progression of Wind-Warmth*

Once correctly diagnosed, the next important step is to determine the progression. Two distinct pathogenic factors cause wind-warmth: wind and heat. Since they are both yang pathogenic factors, wind-warmth progresses rather quickly. It is important to understand how the disease is progressing so that treatment can be provided in a timely manner, thereby preventing further progression. There are two modes of progression for wind-warmth: normal and abnormal (see also Chapter 4).

### NORMAL PROGRESSION

In the normal progression, the wind-heat pathogen progresses from the protective to the qi level, primarily affecting the Lung, Stomach, and Large Intestine. It is easy to understand why the Lung is susceptible to wind-heat since it is the most superficial of the yin organs, and is regarded as the 'delicate' organ in Chinese medicine. But why does wind-heat so easily attack the Stomach and Large Intestine? In traditional Chinese medical theory the tissue corresponding to the Stomach is muscle. When wind-heat progresses from the skin to the muscles and flesh, it will directly affect the Stomach, which is the organ associated with muscle tissue. Finally, since the Lung is paired with the Large Intestine, an attack by wind-heat on the skin or the Lung can readily progress to the Large Intestine.

To fully understand the progression of wind-warmth one must be familiar with common qi-level patterns caused by an attack of wind-heat. One pattern is heat from excess in the Stomach characterized by vigorous fever, profuse sweating, and thirst with a preference for cold beverages, and a flooding and big pulse. Another pattern is clumping of dry stool and heat in the Large Intestine, which manifests as tidal fever, delirium, dry and hard stool in the Large Intestine that leads to a discharge of foul water, a dark-yellow tongue coating, and a submerged and forceful pulse. In addition, when wind-heat reaches the interior of the body, wind transforms into heat. This is because wind blocks qi circulation, and the resulting

constraint leads to heat. Therefore, when wind-heat invades the qi level, the heat may injure the yin of the Lung and Stomach, resulting in cough with little sputum, dry throat and mouth, thirst, and a red tongue with less than normal coating. If the heat is not quickly dispelled, it may invade the lower burner and exhaust the Liver and Kidney yin.

But a note of caution: A patient with a qi-level pattern may not necessarily manifest any of these typical signs and symptoms at the very onset of the illness. It is therefore extremely important to detect the initial signs and symptoms in order to identify the progression from the protective to the qi level as early as possible. If this is done, the patient can be treated in such a way that the disease does not progress but resolves relatively quickly. In general, if the patient is thirsty and prefers cold beverages, and has a yellow tongue coating, the illness is progressing from the protective to the qi level. One should not wait for the full presentation of each pattern before initiating treatment. This will lead to poor results because heat will have already damaged the yin or fluids, and the treatment regimen will be more difficult and prolonged.

## ABNORMAL PROGRESSION

In the abnormal progression, heat progresses directly from the protective to the nutritive or blood level, or from the Lung to the Pericardium or Heart, without first progressing to the qi level (here the qi level refers to organs other than the Lung). The signs and symptoms reflecting involvement of the Pericardium or Heart include muddled consciousness or coma, delirium, cold extremities, and stiffness of the tongue with difficulty speaking. In such cases the wind-heat pathogen stays in the Lung for only a very short time, and manifestations of the Lung qi's inability to descend and disseminate are present for only a day or two, especially in children. Why then does the wind-heat pathogen invade the Pericardium or the Heart so easily? According to Ye Gui in *Discussion of Warm-Heat Disorders*, "If a patient has constitutional weakness of the Heart coupled with phlegm, when a warm-heat pathogen attacks the body it will attack this weak place, leading to blockage of the Pericardium by transmission of heat."<sup>2</sup> In this case, weakness of the Heart refers to Heart qi or yin deficiency.

Another example of abnormal progression is the onset of rashes as a result of heat invading the collaterals of the Lung, forcing blood from the vessels. There are two different manifestations of this disorder. In the first there is no cough, just bleeding from rashes or the nose. In the second there is cough coupled with bleeding and thirst. Generally, the presence of papules, which relate to the Lung, or macules, which relate to the Stomach, are indicative of a qi level pattern. However, the presence of bleeding indicates that the pattern is at the blood level (see Table 7.1).

**Table 7.1** Progression and Clinical Manifestations of Wind-Warmth

Transmission Type	Sample Patterns	Clinical Manifestations
▶ NORMAL PROGRESSION .....		
Progression to the qi level	Heat from excess in the Stomach	Vigorous fever, profuse sweating, severe thirst, flooding pulse
	Clumping of dry stool, heat in the Large Intestine	Tidal fever, delirium, constipation or discharge of foul-smelling liquid per rectum, dark-yellow tongue coating, submerged, forceful pulse
▶ ABNORMAL PROGRESSION .....		
Progression directly to the Pericardium	Veiling of the Pericardium by heat and phlegm	Muddled consciousness or coma, delirium, cold extremities, stiff, dark-red tongue with speech difficulty

## Treatment Principles

There are four treatment principles, each of which is based on a different stage in the progression of wind-warmth:

1. In the early stage the focus should be on dispersing wind-heat with acrid and cool herbs. Use the method of eliminating the exterior condition by dispelling exterior wind and dispersing exterior heat with such herbs as Herba Lophatheri Gracilis (*dan zhu ye*), Fructus Arctii Lappae (*niu bang zi*), and Flos Lonicerae Japonicae (*jin yin hua*). To prevent these cold herbs from causing the pores to congeal, add one or two mildly acrid and warm herbs, such as Herba seu Flos Schizonepetae Tenuifoliae (*jing jie*) or Semen Sojae Praeparatum (*dan dou chi*), when it is prepared with Herba Ephedrae (*ma huang*).
2. In the middle stage it is desirable to combine three methods. The first is to clear heat from the qi level with acrid and cold herbs such as Gypsum (*shi gao*) and Rhizoma Phragmitis Communis (*lu gen*). The second is to clear and drain fire with bitter and cold herbs such as Radix Scutellariae Baicalensis (*huang qin*) and Rhizoma Coptidis (*huang lian*). The third is to drain the heat out through the bowels by purging with bitter and salty cold herbs such as Radix et Rhizoma Rhei (*da huang*) and Mirabilitum (*mang xiao*).

3. At a later stage, or when the patient is experiencing the “remnants of heat” (*yú rè* 余熱),<sup>3</sup> the practitioner should clear heat, enrich yin, and generate fluids with sweet and cold herbs<sup>4</sup> such as Radix Adenophorae seu Glehniae (*sha shen*), Tuber Ophiopogonis Japonici (*mai men dong*), Radix Rehmanniae Glutinosae (*sheng di huang*), and Radix Scrophulariae Ningpoensis (*xuan shen*).
4. If the wind-heat has progressed directly to the Pericardium, the heat should be cleared and the orifices opened as quickly as possible with aromatic, bitter, and cold herbs such as Calculus Bovis (*niu huang*), Borneol (*bing pien*), Cornu Rhinoceri (*xi jiao*), Herba Lophatheri Gracilis (*dan zhu ye*), Radix Salviae Miltiorrhizae (*dan shen*), Rhizoma Coptidis (*huang lian*), and Fructus Forsythiae Suspensae (*lian qiao*).

## *Differentiation and Treatment of Wind-Warmth in the Protective Level*

### ATTACK ON THE PROTECTIVE LEVEL BY WIND-HEAT THAT SLIGHTLY AFFECTS THE LUNG

**Manifestations.** There are two concurrent aspects to this pattern:<sup>5</sup>

1. *Attack on the protective level and exterior by wind-heat* with fever, slight chills and aversion to cold, absent or slight sweating, slight thirst, headache, red tip and edge of the tongue with a thin, white coating, and a floating, rapid pulse.
2. *Failure of the Lung qi to disseminate and descend due to an attack of wind-heat* with cough.

NOTE: Among these signs and symptoms the fever, slight chills and aversion to cold, cough, red tip and edge of the tongue and white coating, and the floating, rapid pulse are the key points of identification for the pattern of attack on the protective level by wind-heat that slightly affects the Lung. Since this pattern is in certain respects similar to wind-cold attacking the *tai yang*, as described in *Discussion of Cold Damage (Shang han lun)*, differentiating between the two is important (see Table 7.2).

**Pathology.** Wind-heat attacking the protective level leads to stagnation of the protective qi. In addition, the attack affects the Lungs slightly, leading to failure of the Lung qi to disseminate and descend. In this pattern, exterior signs and symptoms in the protective level predominate.

**Table 7.2**

Comparison of Wind-Heat Attacking Protective Level vs. Wind-Cold Attacking *Tai Yang*

Pathology	Common Signs & Symptoms	Differences	Treatment
Stagnation of protective qi and failure of Lung qi to disseminate and descend due to attack of wind-heat	..... ..... ..... ..... ..... Fever, aversion to cold, absent or slight sweating, headache, floating pulse	Attack on protective level by wind-heat that slightly affects the Lung: fever predominates with mild chills, slight thirst, cough, red tip of tongue, rapid pulse	Release the exterior with acrid and cool herbs, and disseminate Lung qi
Disharmony between protective and nutritive qi, obstruction of <i>tai yang</i> Bladder channel	..... ..... ..... ..... ..... .....	Wind-cold attacking <i>tai yang</i> : chills predominate with no thirst, floating and moderate or tight pulse	Release the exterior with acrid and warm herbs, harmonize nutritive and protective qi, and promote sweating

**Treatment principles.** Release the exterior with acrid and cool herbs, and disseminate the Lung qi with herbs that are light in weight. Although there may be a cough, this pattern constitutes only a mild attack on the Lung. Therefore, treatment need only disseminate the Lung qi in order to distribute the protective qi to the exterior and alleviate the cough.

**Formula:**

**HONEYSUCKLE AND FORSYTHIA POWDER (*yin qiao san*)**

SOURCE: *Systematic Differentiation of Warm Diseases*

- Flos Lonicerae Japonicae (*jin yin hua*) . . . . . 30g
- Fructus Forsythiae Suspensae (*lian qiao*) . . . . . 30g
- Radix Platycodi Grandiflori (*jie geng*) . . . . . 18g
- Herba Menthae Haplocalycis (*bo he*) . . . . . 18g
- Herba Lophatheri Gracilis (*dan zhu ye*) . . . . . 12g
- Radix Glycyrrhizae Uralensis (*gan cao*) . . . . . 15g
- Herba seu Flos Schizonepetae Tenuifoliae (*jing jie*) . . . . . 12g
- Semen Sojae Praeparatum (*dan dou chi*) . . . . . 15g
- Fructus Arctii Lappae (*niu bang zi*) . . . . . 18g
- Rhizoma Phragmitis Communis (*lu gen*) . . . . . 15–30g

ANALYSIS OF FORMULA: This important and popular formula treats attack on the

exterior by wind-heat. Herba seu Flos Schizonepetae Tenuifoliae (*jing jie*), Semen Sojae Praeparatum (*dan dou chi*), and Herba Menthae Haplocalycis (*bo he*) release the exterior through *slight* sweating. Flos Lonicerae Japonicae (*jin yin hua*), Fructus Forsythiae Suspensae (*lian qiao*), and Herba Lophatheri Gracilis (*dan zhu ye*) clear heat and let it exit from the exterior following diaphoresis. Fructus Arctii Lappae (*niu bang zi*), Radix Glycyrrhizae Uralensis (*gan cao*), and Radix Platycodi Grandiflori (*jie geng*) together disseminate the Lung qi. Rhizoma Phragmitis Communis (*lu gen*) is commonly used to generate fluids and alleviate thirst.

MODIFICATIONS: This is a very common disorder that presents with a multitude of permutations. The basic formula can be modified as follows:

- For exterior cold and interior heat (fever, chills, aversion to cold, severe headache, general body aches, lack of sweating, thirst, yellow urine, red tongue tip), add Herba Ephedrae (*ma huang*) if there is no sweating and Radix Ledebouriellae Divaricatae (*fang feng*) for the general body aches. Together these herbs dispel exterior cold by opening the skin pores and thereby allowing it to exit the body. No more than 6g of either Herba Ephedrae (*ma huang*) and Radix Ledebouriellae Divaricatae (*fang feng*) should be added. If too large a dosage is used, the sweating may be excessive, which can severely damage the fluids.
- For wind-heat attacking the Lung, Liver, and Gallbladder channels (runny nose, sneezing, nasal congestion, plugged sensation in the ears, itchy eyes), add Flos Chrysanthemi Morifolii (*ju hua*), Radix Scutellariae Baicalensis (*huang qin*), Flos Magnoliae (*xin yi hua*), and Radix Bupleuri (*chai hu*).
- For wind-heat and dampness attacking the exterior (pain and a heavy sensation throughout the body), add Radix Gentianae Qinjiao (*qin jiao*), Ramulus Mori Albae (*sang zhi*), and Rhizoma Atractylodis (*cang zhu*) to eliminate exogenous dampness.
- For an attack of wind-heat on both the Lung and protective qi associated with stagnation of endogenous dampness in the middle burner (nausea or vomiting, chest distention, thick and greasy tongue coating), add Herba Agastaches seu Pogostemi (*huo xiang*) and Tuber Curcumae (*yu jin*) to resolve the interior dampness.
- For combined exogenous and endogenous dampness (contained fever, chest and epigastric distention, yellow urine, greasy tongue coating), add Herba Artemisiae Annuae (*qing hao*), Herba Agastaches seu Pogostemi (*huo xiang*), Herba Artemisiae Yinchenhao (*yin chen hao*), and Talcum (*hua shi*).
- For an attack on the throat by heat and toxin that has transformed from wind-heat in the Lung and protective level (swelling and pain in the throat), add herbs to clear heat, resolve toxicity, and relieve the swollen throat, such as Fructificatio Lasiosphere seu Calvatiae (*ma bo*) and Radix Scrophulariae

Ningpoensis (*xuan shen*). This method was formulated by Wu Tang in *Systematic Differentiation of Warm Diseases (Wen bing tiao bian)*.<sup>6</sup> Folium Daqingye (*da qing ye*) and Radix Isatidis seu Baphicacanthi (*ban lan gen*) are also effective for treating sore throat due to heat and toxin. If the patient feels severe pain locally and the tonsils look red and swollen, add warm herbs with an acrid flavor to promote blood circulation. According to the early twentieth-century physician He Lian-Chen (He Bing-Yuan) in *Revised and Expanded Discussion of Warm Diseases (Chong ding guang wen re lun)*, these types of herbs will prevent the stagnation of blood circulation that would otherwise be caused by acrid and cool or cold herbs.<sup>7</sup> In my experience, herbs that are useful for this purpose are Semen Persicae (*tao ren*) and Flos Carthami Tinctorii (*hong hua*).

- For invasion of the blood by heat (out-of-control bleeding including epistaxis), avoid herbs that are either warm or ascending, such as Herba seu Flos Schizonepetae Tenuifoliae (*jing jie*), Semen Sojae Praeparatum (*dan dou chi*), and Radix Platycodi Grandiflori (*jie geng*), which may induce or exacerbate the epistaxis by increasing heat or pushing it toward the nose. Instead, add charred Fructus Gardeniae Jasminoidis (*zhi zi*), Radix Scutellariae Baicalensis (*huang qin*), or Rhizoma Imperatae Cylindrica (*bai mao gen*) to clear heat, cool blood, and stop bleeding.
- For injury to the fluids by heat with significant thirst, add Radix Trichosanthis Kirilowii (*tian hua fen*) and increase the dosage of Rhizoma Phragmitis Communis (*lu gen*) to clear heat and generate fluids.
- For heat invading the collaterals of the Lung (papules), remove Semen Sojae Praeparatum (*dan dou chi*), which is warm when it is prepared with Herba Ephedrae (*ma huang*), and substitute charred Herba seu Flos Schizonepetae Tenuifoliae (*jing jie*) for Herba seu Flos Schizonepetae Tenuifoliae (*jing jie*), the function of which is to stop bleeding. In addition, add Radix Rehmanniae Glutinosae (*sheng di huang*), Cortex Moutan Radicis (*mu dan pi*), Radix Scrophulariae Ningpoensis (*xuan shen*), and Herba Lophatheri Gracilis (*dan zhu ye*) to cool blood, express eruptions and rashes, and facilitate the exit of heat from the body.
- For the initial stages of an abnormal progression of heat to the nutritive level from the protective level (restlessness, insomnia, red tongue), add herbs to cool the blood and enrich the yin, such as Radix Rehmanniae Glutinosae (*sheng di huang*) and Radix Scrophulariae Ningpoensis (*xuan shen*).
- For injury to the fluids by heat (reduced urination), add Rhizoma Anemarrhenae Asphodeloidis (*zhi mu*), Fructus Gardeniae Jasminoidis (*zhi zi*), and Radix Scutellariae Baicalensis (*huang qin*) to clear the heat, and Tuber Ophiopogonis Japonici (*mai men dong*) and Radix Adenophorae seu Glehniae (*sha shen*) to enrich the yin. This treatment strategy, developed by Wu Tang in

*Systematic Differentiation of Warm Diseases*, was based on his understanding of a statement in the *Inner Classic* that heat should be treated by combining bitterness and sweetness.<sup>8</sup>

- For carbuncles that manifest as red, swollen, and painful lumps, remove the warm herbs Herba seu Flos Schizonepetae Tenuifoliae (*jing jie*) and Semen Sojae Praeparatum (*dan dou chi*), but add Herba Taraxaci Mongolici cum Radice (*pu gong ying*), Herba cum Radice Violae Yedoensis (*zi hua di ding*), Flos Chrysanthemi Indici (*ye ju hua*), Bulbus Fritillariae Thunbergii (*zhe bei mu*), Radix Angelicae Dahuricae (*bai zhi*), Radix Paeoniae Rubrae (*chi shao*), and Radix Trichosanthis Kirilowii (*tian hua fen*) to clear heat, resolve toxicity, cool blood, and drain pus.

**DECOCTION AND ADMINISTRATION:** To facilitate the exit of wind-heat from the body, not only must one select light herbs, they must also be properly decocted and administered. Otherwise, the results will be less than optimal. Therefore, after differentiating the illness, and choosing an appropriate method of treatment and formula, one must select the proper method of decoction and administration.

*Decocting.* According to Wu Tang in *Systematic Differentiation of Warm Diseases*, all the ingredients in the formula should be ground into powder, with the exception of Rhizoma Phragmitis Communis (*lu gen*), which should be fresh. Soak the herbs in cold water in an earthen pot for 30 minutes, then bring the pot to a boil under a high flame for about eight minutes. Once the strong fragrance of herbs permeates the air, stop cooking the decoction.

Why should the herbs be decocted in this manner? Their function here is to disseminate the Lung qi and facilitate the exit of wind-heat from the body. For this purpose, it is the light nature and acrid flavor of the herbs, rather than their bitter flavor, that is needed. If the herbs are cooked for a longer period of time, their light nature and acrid flavor will be leached out with the steam, and only the bitter flavor will remain. Should this occur, their effect will be felt in the middle burner, rather than the upper burner, where they can disseminate the Lung qi and facilitate the exit of wind-heat.<sup>9</sup>

*Dosage.* As a general rule, the following method can be followed for determining the proper dosage of a Chinese herbal decoction:<sup>10</sup>

- Adults, over 14 years for females and 16 years for males,<sup>11</sup> should take one-half cup of the decoction two to three times daily.
- Children, ranging from one to 14 years for females and one to 16 years for males, should take two to three spoonfuls of the decoction three times daily.

- Infants less than a year old should take one to two spoonfuls of the decoction three times daily.

However, because here the formula Honeysuckle and Forsythia Powder (*yin qiao san*) is being used to treat an acute attack, and the wind-heat must be dispersed as quickly as possible, I believe that the conventional dosage is inadequate. I therefore recommend that the dosage and frequency of this formula be increased as follows:

- Adults should take one-half cup of the decoction six times daily.
- Children can safely take three to five spoonfuls of the decoction six times daily.
- Infants can safely take two to three spoonfuls of the decoction six times daily.

### **Case study: Honeysuckle and Forsythia Powder (*yin qiao san*)<sup>12</sup>**

Four days previously, the patient, a 16-year-old male, overate during a meal and then hurried back home. That night he suffered from aversion to cold, chills, fever, headache, epigastric distention, and vomiting. The fever remained even after a period of sweating. Later still, the patient began to cough and developed chest pain. Following the appearance of these symptoms, he was hospitalized.

*First visit.* The patient presented with a fever, aversion to cold, chills, slight sweating, distended pain in the head, pain in the left side of the chest, cough followed by the expectoration of sticky, slightly yellow or brownish sputum, epigastric distention, and constipation, thirst for cold beverages, red tongue tip, white and slightly yellow tongue coating, and a floating, slippery, rapid pulse. He had a temperature of 41°C, pulse rate of 115 beats per minute, white blood cell count of 18,300/μl, and a sputum culture that was positive for *Streptococcus pneumoniae*. A chest x-ray revealed a focal area of consolidation in the left lower lobe. From a biomedical perspective, he was diagnosed with lobar pneumonia. A traditional Chinese doctor diagnosed it as wind-warmth affecting the Lung, coupled with retention of food in the Stomach. The patient was treated by relieving this exterior pattern with acrid and cool herbs, and others that promote digestion and eliminate food retention. The formula chosen was a modification of Honeysuckle and Forsythia Powder (*yin qiao san*):

Semen Sojae Praeparatum ( <i>dan dou chi</i> ) . . . . .	12g
Flos Lonicerae Japonicae ( <i>jin yin hua</i> ) . . . . .	9g
Fructus Forsythiae Suspensae ( <i>lian qiao</i> ) . . . . .	9g
Folium Mori Albae ( <i>sang ye</i> ) . . . . .	9g
Herba seu Flos Schizonepetae Tenuifoliae ( <i>jing jie</i> ) . . . . .	4.5g
Herba Menthae Haplocalycis ( <i>bo he</i> ) . . . . .	3g (add at end)
Semen Pruni Armeniaca ( <i>xing ren</i> ) . . . . .	9g

Fructus Arctii Lappae ( <i>niu bang zi</i> ) .....	9g,
Radix Platycodi Grandiflori ( <i>jie geng</i> ) .....	4.5g
Fructus Citri Aurantii ( <i>zhi ke</i> ) .....	4.5g
Pericarpium Trichosanthis ( <i>gua lou pi</i> ) .....	12g
Semen Trichosanthis ( <i>gua lou ren</i> ) .....	12g
Folium Eriobotryae Japonicae ( <i>pi pa ye</i> ) .....	9g

*Second visit.* After two days treatment with the decoction the patient's fever, chills, and aversion to cold abated, his epigastric distention decreased, and he had a bowel movement. He still had slight distending pain in the chest and a cough with sticky and yellow sputum. The doctor further modified the formula by removing Herba seu Flos Schizonepetae Tenuifoliae (*jing jie*), Semen Sojae Praeparatum (*dan dou chi*), Pericarpium Trichosanthis (*gua lou pi*), Semen Trichosanthis (*gua lou ren*), and Folium Eriobotryae Japonicae (*pi pa ye*), and adding Radix Peucedani (*qian hu*) (6g), Fructus Gardeniae Jasminoidis (*zhi zi*) (9g), and Radix Scutellariae Baicalensis (*huang qin*) (4.5g) for another two days. Two days later all the signs and symptoms were gone, the chest x-ray was negative, and the white blood cell count was within normal limits at 7,200/ $\mu$ l.<sup>13</sup>

## WIND-HEAT ATTACKING THE LUNG

**Manifestations.** There are two concurrent aspects to this pattern:

1. *Failure of the Lung qi to disseminate and descend due to an attack on the Lung by wind-heat* with severe cough.
2. *Attack on the protective level and exterior by wind-heat* with slight fever, slight increase in thirst, slight aversion to cold, a thin and white tongue coating, and a floating, rapid pulse.

**NOTE:** Unlike the previous pattern, this one stresses the attack on the Lung by wind-heat. There are milder exterior signs and symptoms. The key identifiers for this pattern are severe cough, fever, and slightly above-average thirst. (See Table 7.3 for a summary of the differences between wind-heat attacking the protective level and slightly affecting the Lung, and wind-heat attacking the Lung.)

**Pathology.** Failure of the Lung qi to disseminate and descend due to an attack on the Lung by wind-heat.

**Treatment principles.** Disperse and disseminate the Lung qi with acrid, cool, and light herbs, which are associated with eliminating exterior signs and symptoms, and direct the Lung qi downward with bitter herbs