



Case Study: Malaria Like Syndrome Due to a Lurking Pathogen.

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The following case demonstrates a fairly unusual progression of a long-standing pathogen. After some provoking, it erupted and finally culminated in a presentation that was reminiscent of the pathogen that had entered 17 years prior. Although the course of this case is consistent with the theoretical resolution of lurking pathogens in that it exited the body in a manner similar to its entry, such progressions are more often an exception than the rule. Moreover, the progression here was characterized by many twists and turns illustrating some interesting aspects of dealing with lurking pathogens.

In terms of my actual treatment, I had the opportunity to make use of a number medicinal combinations and therapeutic strategies that are known to be particularly effective in evicting lurking pathogens. Of greater importance to me however, was that a lurking pathogen framework encouraged me to consider the disease as a dynamic progression rather than a series of static diagnostic snapshots. Making note of where a pathogen has been and where it is going not only gives us clinical clues for treatment, but helps instill confidence in our patients in so far as we can explain the past, present, and future course of disease.

This is especially useful in long-term problems caused by lingering pathogens residing in the deeper layers of the body. The chronic presentation of a lurking pathogen is often relatively mild in comparison to its expression when it becomes activated, or is in the process of being evicted. For example, in the course of its therapeutic transmission from the construction level to the qì level, a pathogen often produces stronger symptoms, such as high fever, constipation, and profuse sweating. In the following case the lurking pathogen did indeed erupt quite violently. Fortunately I had prepared the patient for this possibility.

The Case: Malaria like syndrome due to a lurking pathogen.

For 17 years a 37 year-old female had suffered from afternoon fevers which were especially severe in the autumn. Every day around 4:00 PM she would experience a sense of generalized feverishness that was particularly prominent in her head and felt flu like, with muscle soreness focused particularly in her neck and shoulders, extreme fatigue, and the need to lie down. All of these symptoms would resolve around 11:00 PM when she would go to bed feeling cold, only to wake up hot in the middle of the night.

Seventeen years prior, she had fallen ill in Central America and consequently took a course of the antibiotic Flagyl. In describing her situation, she mentioned that she “had never been the same since.”

At her initial consultation she presented with thirst, night sweats with a sensation of warmth, poor appetite and ‘weak digestion’ although she usually was able to eat when presented with food. She had a tendency towards dry stool constipation, propensity towards anger, and a need to cry but could not. She complained of sinus congestion with thick yellow and slightly blood tinged mucous, burning, red eyes, swollen glands and throat, and ongoing tight and sore throat, enlarged thyroid, and tinnitus. The soles of feet were dry and very hot and she had a high sex drive. She would develop vaginal yeast infections eight times a year, during which she would complain of burning, itching, and yellow vaginal discharge.

Physical examination revealed a slippery and slightly rapid (84 BPM) pulse. The underside of her tongue had lots of distended-purple veins. She had swollen glands in the throat.

Diagnosis: This was a concurrent lesser yang and yang brightness disorder.

Treatment: Modified *Dà Chái Hú Tāng* (Major Bupleurum Decoction)

Prescription was: ¹

<i>Chái Hú</i>	6	
<i>Huáng Qín</i>	10	
<i>Tiān Huā Fěi</i>	10	
<i>Dǎng Shēn</i>	10	
<i>Bái Zhú</i>	10	
<i>Zhú Rú</i>	10	
<i>Zhǐ Shí</i>	10	
<i>Dà Huáng</i>	6	
<i>Jú Huā</i>	6	(clear Liver & eyes, lightly out-thrust)
<i>Gān Cǎo</i>	6	(harmonize)
<i>Chén Pí</i>	6	

Two packets were given to be taken over four days.

Analysis: Although this presentation is not a typical *Dà Chái Hú Tāng* (Major Bupleurum Decoction) pattern, my decision was somewhat straightforward. With the chief complaint of cyclic alternating fever and chills², I knew I wanted to employ the idea of *Xiǎo Chái Hú Tāng* (Minor Bupleurum Decoction). I did though have other options that I had to rule out. For example, alternating fever and chills can also occur in Warm

¹ All doses are in grams.

² Huáng (1998) a modern day leading expert in *Shāng Hán Lùn*, refers to this cyclic concept as meaning symptoms that appear at certain time or with a certain regularity. This type of presentation as well as sensations of heat then cold are key indications for the use of *Chái Hú*, as well as *Xiǎo Chái Hú Tāng*.

Disease (wēn bìng) patterns like constraint of the Triple Warmer or even damp-heat attacking the membrane source. These diagnoses are tempting due to the secondary concurrent damp signs and symptoms of yellow mucous, frequent yellow vaginal discharge, swollen glands, and a slippery pulse as well as a weakened digestive system. With the patient not exhibiting a textbook pattern for any of them, my decision was made because of her livery constitution (wiry frame & anxious nature), the fact that there was not an overwhelming amount of dampness (to choose one of the above mentioned patterns), as well as my comfort with the Chái Hú paradigm.

Furthermore, it was also clear that there was excess heat in the body that I wanted to clear. Since she was constipated, it was a natural choice to center my prescription around *Dà Chái Hú Tāng* (Major Bupleurum Decoction). Instead of trying to account for every sign and symptom or potentially overly prescribe bitter cold medicinals to quell the heat, I took these few basic observations and focused on the pathomechanism that I saw fit. The pathomechanism for this formula is described by Dǒng (et al.), in a Essentials of the Golden Cabinet (*Jīn Guì Yào Lǜè*) commentary, as internally depressed lesser yang ministerial fire, inhibiting the pivot, and resulting in *yángmíng yáng* organ excess. Furthermore, Wú Qiān comments in The Golden Mirror of Medicine that tidal fever is mistakenly left out of Chapter 10, Paragraph 12's original description of signs and symptoms for *Dà Chái Hú Tāng* (Major Bupleurum Decoction.) Essentially I knew I wanted to open up the pivot and expel the pathogen.

The addition of *Tiān Huā Fěi* comes from Line 96 of the *Shāng Hán Lùn* in the discussion of *Xiǎo Chái Hú Tāng* (Minor Bupleurum Decoction), where it recommends the removal of *Bàn Xià* and the addition of *Tiān Huā Fěi* if there is thirst. *Zhú Rú* enters the Gallbladder and Stomach and was added to further aid in clearing the heat as well as calm the spirit, release constraint, and alleviate irritability. With *Chén Pí* & *Bái Zhú* it helps strengthen and harmonize the stomach and eliminate damp and phlegm. Although *Bái Sháo* is originally in *Dà Chái Hú Tāng* (Major Bupleurum Decoction) it was excluded because there was no abdominal pain and distention.

Phone consult (4 days later): After 2 packets, her fevers and sinus congestion were slightly aggravated and there was no change in her thirst and burning eyes. There was also now what the patient described as some “white goopy stuff” in the corners of the eyes. She did though, feel some movement in her abdomen, she reported that she had a sense that her core energy was recovering. Although there was no significant improvement in her chief complaints, there also were no major side-effects, so I decided to stay the course with only slight modifications. With little effect on the heat I decided to tonify less and clear more.

I therefore increased the dose of *Dà Huáng* to 10g, *Jú Huā* to 10g, added *Zhī Zǐ* 6g, and subtracted *Dǎng Shēn*. I also gave her an additional 20 grams of *Jú Huā* to make as a daytime tea to drink. My intention was to more effectively move her stool, clear more heat, and soothe her eyes. She took two more packets of herbs over the course of four days.

Visit 2 (4 days later): She reported that for three days her fevers were completely gone and though the fevers had now returned they were less intense. She had an increase in core energy and was feeling “lighter.” Both her nocturnal heat and night sweats had abated. Her eyes were 60-70% better, and her sinuses were relatively clear. She began to pass soft orange-brown stools with a foul smell five to seven times a day accompanied by lots of gas. Despite the rapid improvement of her symptoms the patient urged us to pursue a treatment based on article she read on the internet. We both suspected that she had contracted malaria 17 years prior. Consequently she went and found research on treating post-malarial disease with high doses of the single medicinal *Qīng Hāo*. As well as *Qīng Hāo*'s pharmacological actions of treating Malaria and Post-Malaria syndromes, it is understood in Chinese medicine as being able to vent a pathogen in the yin level out to the yang level (Bensky, 2004, p.220). Though I recommended against it, she was adamant about trying this approach. We therefore compromised and I gave her one packet of the following:

<i>Qīng Hāo</i>	40 ³
<i>Chái Hú</i>	6
<i>Huáng Qīn</i>	10
<i>Tiān Huā Fěi</i>	10
<i>Dǎng Shēn</i>	10
<i>Zhǐ Shí</i>	10
<i>Dà Huáng</i>	10
<i>Jú Huā</i>	6
<i>Gān Cǎo</i>	6

After drinking a single packet over 24 hours she excitedly reported that she felt much better and requested another dose.

The quandary of patients wanting to dictate treatment is no new phenomena to Chinese Medicine, or Western medicine for that matter. In the past, as well as present, patients would shop around for a doctor that would give them the tonic herb they wanted, or not take formulas that contained herbs that did not resonate with them.⁴ In this situation, I did not consider that her *Qīng Hāo* idea was too extreme or I would not have done it. I have to say I was a bit curious. My main reservation came from not wanting to change the current protocol because of the first formula's initial success. Although my experience with these deep seeded problems is that they can go around and around, never completely resolving. Therefore such an approach is in my opinion, overly courageous. That being said, due to my lack of experience and written literature on giving such a high dose of this medicinal, I would probably not prescribe this way in the future even with a similar situation.

Nevertheless, since the patient adamantly suggested this strategy, it encouraged me to experiment, as well as share responsibility for any negative outcome with the patient. As this put me in a more comfortable situation in regards to feeling responsible for any

³ I did make the final decision on this dosage.

⁴ For example, men not wanting to take *Dāng Guī*.

possible error in what I knew was a difficult case, I am unsure if ethically it was the most sound decision. In the end, though, one cannot help but think that this formula could have been a catalyst for assisting the eviction of the pathogen.

I also made the decision here, and for most of the future visits, to stick with the fundamental *Xiǎo Chái Hú Tāng* (Minor Bupleurum Decoction) strategy. This was due to my belief of where I thought the pathogen was residing and a familiarity in the strategy I thought would evict it. Even though the other medicinals around this core concept changed, it kept a focus to the treatment and a sort of pressure on the pathomechanism I felt was behind the patient's condition.

Still worried about the potential damaging effects of the *Qīng Hāo*⁵, I modified the formula slightly to protect the middle by increasing the *Dǎng Shēn* to 12g, and adding *Dà Zǎo* 4 pieces. I also increased the *Jú Huā* to 10g to clear a little more heat from the liver. I gave her two packets for two days.

Phone consult (6 days later): She reported that she was now feeling very ill and wanted to go back to the previous formula. I gave her two packets, over four days, of the following:

<i>Chái Hú</i>	6
<i>Huáng Qín</i>	10
<i>Tiān Huā Fěi</i>	10
<i>Bái Zhú</i>	10
<i>Zhú Rú</i>	10
<i>Zhǐ Shí</i>	10
<i>Dà Huáng</i>	10
<i>Jú Huā</i>	10
<i>Gān Cǎo</i>	6
<i>Chén Pí</i>	6
<i>Zhī Zǐ</i>	6

Visit 3 (3 days later): She reported that she had just started working the night shift (7pm-3am) and she was exhausted, breathless, warm, and tired. Her mind was racing, she felt shaky, she had cold fingers, and she was now moving her bowels twice daily, but with a sensation of not being fully voided. Her pulse was rapid (92 BPM), right *cun* was deficient, *guan* was deficient and deep, *chi* was deep; left pulse was deep, tight and slightly wiry. Her tongue was short and scalloped with a clear dip in the back as well as the center front. It was unclear to me if this turn of events was a result of my herbal prescribing, the change in her work situation, or both. Regardless of the cause it was obvious that her yin was waning, and in hopes of restoring this I modified the formula as follows:

⁵ I am unsure if my concern is warranted. For example Bensky (2004) says that *Qīng Hāo* does not damage the stomach nor the *qi*, *yīn*, or blood. Although the dose that I was using was 80 grams per packet when a standard dose I would give is 6-12 grams per packet. A packet normally lasting 2 days.

<i>Chái Hú</i>	6
<i>Huáng Qín</i>	6
<i>Dǎng Shēn</i>	10
<i>Bái Sháo</i>	10
<i>Guī Bǎn</i>	10
<i>Tài Zǐ Shēn</i>	10
<i>Dà Huáng</i>	6
<i>Jú Huā</i>	6
<i>Sāng Yè</i>	6
<i>Zhǐ Shí</i>	6
<i>Gān Cǎo</i>	6

Analysis: Her underlying deficiency was much more predominant, possibly due to her working the night shift. It was also evident that there was more Liver qì constraint, by her wiry pulse, cold fingers, and not feeling fully voided after a bowel movement. Rather than adding an herb like *Xiāng Fù*, I shifted to a more yīn nourishing approach that I hoped would address her deficiency while indirectly relieving the Liver qì constraint.

I therefore replaced *Bái Zhú* with *Tài Zǐ Shēn*, which is more yin nourishing yet still tonifies the Spleen. I considered *Zhī Zǐ* too harsh and replaced it with *Sāng Yè*, which is light, dispersing and moistening, as well as clears heat from the liver. *Guī Bǎn* and *Bái Sháo* descend yáng and nourish the yīn and blood. *Bái Sháo* was also chosen because of its sour flavor and its ability to moderate and protect the liver from *Chái Hú*'s dispersing nature. Furthermore, with the addition *Bái Sháo*, *Sì Nì Sǎn* (Frigid Extremities Formula) is completed within the formula.

After taking two packets in four days she reported that she felt better on this prescription but she was still slightly constipated, her red eyes persisted, and she still had a stuffy nose.

I increased the *Sāng Yè* to 10g and added *Huǒ Má Rén* 10g to address these symptoms.

After 2 more packets I modified the formula by increasing the *Jú Huā* to 10g.

Visit 4 (8 days later): Still unused to her night shift hours, she came in very weak, wanting to just lay down, but her fevers were generally better. Her appetite was up and down, and her bowels were not as regular, alternating between loose and dry. She felt emotionally frustrated and slightly depressed because she had not been feeling as strong as she had previously, and felt that her inner strength was low. Her eyes were burning. She had self medicated with some *Jiā Wèi Xiāo Yáo Sǎn* (Augmented Rambling Powder) (patent) because of her approaching period and increased breast tenderness. I gave her two packets for four days of the following:

<i>Chái Hú</i>	6
<i>Huáng Qín</i>	10
<i>Tiān Huā Fěi</i>	10

<i>Tài Zǐ Shēn</i>	10
<i>Yù Jīn</i>	10
<i>Bái Sháo</i>	10
<i>Huǒ Má Rén</i>	18
<i>Bīng Láng</i>	6
<i>Nǚ Zhēn Zǐ</i>	10
<i>Mǔ Dān Pí</i>	6
<i>Jú Huā</i>	10
<i>Gān Cǎo</i>	6

Analysis: Because of her upcoming menstrual period I decided to move the blood with *Mǔ Dān Pí* and *Yù Jīn*, which also clear heat. I replaced *Guī Bǎn* with *Nǚ Zhēn Zǐ* because I believe it works better in conjunction with *Mǔ Dān Pí* for clearing deficient heat and the severity of yang rising was decreased. I replaced *Dà Huáng* with *Bīng Láng* and increased *Huǒ Má Rén* because I wanted to focus on moistening and regulating the intestines instead of just purging. This modification may have been unsound, especially with *Dà Huáng*'s ability to move blood, mobilize liver stagnation, and drain heat from the blood.

Phone consult (4 days later): This prescription produced no change in her fevers or her burning eyes. Although her bowels were still not regular they were less dry. I gave her the following prescription where I reintroduced *Dà Huáng*.

<i>Huáng Qín</i>	10	
<i>Chái Hú</i>	10	
<i>Tiān Huā Fěi</i>	10	
<i>Dǎng Shēn</i>	12	
<i>Zhī Zǐ</i>	6	(Clear heat from the blood level)
<i>Shēng Dì</i>	6	(Clear heat from the blood level)
<i>Dāng Guī</i>	6	
<i>Dà Huáng</i>	8	
<i>Jú Huā</i>	10	(Cool and calm the Liver)
<i>Sāng Yè</i>	10	(Cool and calm the Liver)
<i>Chén Pí</i>	6	
<i>Gān Cǎo</i>	6	

Analysis: In this prescription *Sāng Yè* and *Jú Huā* were not meant to release the exterior, but to provide an ascending avenue outward for the entrenched pathogen, which furthermore balances the non-diffusing straightforward heat clearing action of *Huáng Qín*, *Shēng Dì*, and *Zhī Zǐ*. I also increased the *Chái Hú* which with its clear and light and ascending nature “excels at forcing a pathogen at the half-exterior level of the lesser yang out to the exterior where it can be dispersed (Bensky, p.76)”. *Huáng Qín* cools the liver and gallbladder at the qì level and internally helps to resolve the pathogen located half in the interior. They work together to eliminate the pathogen.

After 2 packets, taken over four days, her eyes burned less, fevers improved, and her overall symptoms were 40% better. But she now felt that she was “getting sick” and had occipital tightness and generalized achiness.

Was she just getting sick or was something else happening? This is where it finally occurred to me that a lurking pathogen was making itself known. She did not have a floating pulse nor fever and chills.

Phone Consult: She checked in the next day and reported that she was very sick with simultaneous chills and fever, generalized abdominal cramps, low appetite, full body aches, diarrhea and nausea, and lots of crying. She complained of heat in her head, burning eyes, a dry mouth unquenched by water, and dry lips. However her sinuses were open and she was no longer having trouble breathing and her sore throat was gone. She felt better after bowel movements which no longer burned but had a strong odor. When she came in to pick up her herbs, she was so weak that she could not get off the couch and had to call someone to come pick her up.

Was this a lurking pathogen or just a newly acquired illness? I decided that she was in the process of evicting a lurking summer-heat damp pathogen. The key factor in my assessment was that there was no environmental influence (actually it was cold and dry out) nor was there any apparent dietary contributing factor that could explain the summer heat damp presentation. Where did this come from? This pathogen’s presentation was very similar to the very hot and damp environment she was in when she originally became ill 17 years prior. With such a sequence of events one cannot help think about Chapter 3 of the *Sù Wèn*, “Summer exposure to Summerheat [if it doesn’t cause immediate illness] will lead to malaria-like chills and fever in the autumn.” Especially since her symptoms were worse in the autumn.

Knowing the patient’s history and therefore hoping the presentation was related to the original pathogen, I quickly switched my treatment strategy to match her current presentation. I gave her 1 packet for two days of the following:

Prescription: Modified *Xīn Jiā Xiāng Rú Yīn* (Newly Augmented Elsholzia Decoction)

<i>Xiāng Rú</i>	9
<i>Jīn Yín Huā</i>	15
<i>Bái Biǎn Dòu</i>	15
<i>Huá Shí</i>	10 (main cook, powdered)
<i>Lián Qiáo</i>	15
<i>Hòu Pò</i>	10
<i>Huò Xiāng</i>	10
<i>Pèi Lán</i>	10
<i>Hé Yè</i>	6
<i>Gān Cǎo</i>	10
<i>Sāng Yè</i>	6

Diagnosis: Erupting lurking pathogen manifesting as summerheat and dampness collecting internally, while a cold pathogen fetters the exterior, where the cold is **equal** to the summerheat.

Analysis: This diagnosis contains two overlapping layers. There was a combination of cold on the exterior (body aches, chills and fever, and absence of sweat) and summerheat and dampness collecting in the interior (nausea, diarrhea, abdominal cramps, and low appetite). Including heat (/summerheat) was based on the symptoms of: heat in her head, burning eyes, a dry mouth unquenched by water, and dry lips. This is in contrast to the diagnosis of the base formula *Xiāng Rú Yīn*⁶ (Elsholtzia Decoction), which is Summerheat and Dampness Collecting Internally while a Cold Pathogen Fetters the Exterior, where there is **more** cold than summerheat.⁷ Originally both of these patterns are described as occurring due to an initial attack of summerheat and dampness which is then closely followed by an external attack by cold. Although in this situation, it is unclear if the lurking pathogen was venting all the way up to exterior or the lurking pathogen was erupting in the interior and an additional pathogen was simultaneously attacking the exterior.

The original prescription called for *Bái Biǎn Huā*, but due to its unavailability *Bái Biǎn Dòu* was substituted. Consequently I increased the dosage of *Hòu Pò* and *Lián Qiáo*. This, as Liu Guo-Hui (2001, p.388) points out, is to prevent the pathogen from being trapped. To this base prescription⁸ I added *Huá Shí*, *Huò Xiāng*, and *Pèi Lán* to further aid in eliminating the dampness. *Hé Yè* together with *Jīn Yīn Huā* and *Bái Biǎn Dòu* is a combination taken from *Qīng Luò Yīn* (Clear the Collaterals Decoction) which resolves summerheat. *Sāng Yè* was added because of its light, dispersing, and cooling nature, which further balanced out the thermal nature of the formula, and provided a bit of moistening to the lungs. This prescription as a whole resolves the exterior, disperses summerheat, transforms and drains interior dampness.

That night she experienced simultaneous vomiting and diarrhea. The next day she had fever and chills, and muscle aches and pain in her jaw and gums. She had a fever of 100.5 F. Her eyes were no longer burning and the whites were brighter. I encouraged her to continue taking this formula.

Visit 5:

When she returned she reported that she had not been able to eat any solid food the whole day, and she had a sensation of warmth. Her occipital region, jaws, and gums were still

⁶ *Xiāng Rú Yīn* contains *Xiāng Rú*, *Hòu Pò*, and *Bái Biǎn Dòu*.

⁷ Please consult Liu's (2000) Warm Diseases book for a further discussion (p.386-389)

⁸ Base prescription is: *Xiāng Rú* 6g, *Jīn Yīn Huā* 9g, *Bái Biǎn Huā* 9g, *Lián Qiáo* 6g, *Hòu Pò* 6g.

sore and painful. Her thirst was less, she had no sweating, and her burning eyes had greatly diminished. Her eyes did indeed look clearer. Her right pulse, *chi* and *guan* positions, were deep and tight; the *cun* was deep and slippery and overall slightly deficient. The left *cun* position was floating and thin; the *guan* and *chi* were tight.

I surmised that a large percentage of the pathogen was evicted. This allowed a kind of peeling back of the onion which exposed a lurking pathogen in the *shaoyin*⁹. Quite simply, clearing away one layer can expose a deeper layered pathogen (Blalack & Chace, p.31-37). Therefore, her current presentation had afforded us an opportunity to evict it from this deep region. This type of situation was elaborated on by Liǚ Bǎo-Yí, whereby the deep lying pathogen has transformed to heat, half comes out through the *yáng* layers, while the other half lingers in the *yīn*. This type of split pathogen corresponds to an underlying *yin1* deficiency.

Therefore I decided to make use of Liǚ Bǎo-Yí's combination of *Shēng Dì* and *Dàn Dòu Chǐ* to dislodge pathogens from this level.¹⁰

<i>Shēng Dì</i>	10
<i>Dàn Dòu Chǐ</i>	10
<i>Chái Hú</i>	10
<i>Huáng Qín</i>	10
<i>Tài Zi Shēn</i>	10
<i>Jú Huā</i>	10
<i>Gé Gēn</i>	10
<i>Tiān Huā Fěi</i>	10
<i>Gān Cǎo</i>	10
<i>Dà Zǎo</i>	6
<i>Chén Pí</i>	6

Analysis: Many of these herb choices are based on previous formulas, taking into account where the pathogen had been located as well as her constitution. Note how, for example, I still employ the *Xiǎo Chái Hú Tāng* (Minor Bupleurum Decoction) theme with *Chái Hú* and *Huáng Qín*. Furthermore, because the pathogen resided in the *shaoyin*, I followed a few of Liǚ Bǎo-Yí's ideas in the treatment of lurking pathogens. He said this about *Dàn Dòu Chǐ*:

Dàn Dòu Chǐ is made from black soybeans, which themselves enter the Kidney channel, and is made by steaming in a pent-up container just like the pathogen itself before it begins to emerge.

⁹ *Shaoyin* essentially refers to the Kidneys.

¹⁰ This is similar to Liǚ Bǎo-Yí's combination of *Dàn Dòu Chǐ* and *Xuán Shēn* that is often added to *Huáng Qín Tāng* to evict pathogens from the *shaoyin*. *Shēng Dì* acts in a similar way as *Xuán Shēn* but nourishes more *yīn* and fluids. Although Liǚ Bǎo-Yí to my knowledge does not actually discuss *Shēng Dì* with *Dàn Dòu Chǐ*. He does though often use *Xiān Shéng Dì* smashed with *Dàn Dòu Chǐ* (同打) in case studies and specifically discusses them together. They are used when there is a severe lurking pathogen in the *shaoyin* with some difficulty in the mechanism to outthrust it. He says, together they “clear the construction [level] and drain heat” as well as “diffuses and evicts a lurking pathogen in the *shaoyin*.” Note: *Xiān Shéng Dì* clears more heat and generates less fluids compared to *Shēng Dì*.

Because its nature and flavor is harmonious and neutral, without the drawback of strong diaphoresis or damage to the yin, it is just right for assisting the expression of a deep lying pathogen in the lesser yin (Bensky, 2004, p.65).

Together *Dàn Dòu Chǐ* and *Shēng Dì* enter the yin and outthrust the evil.

I also kept in mind his adage, “In treatment of latent warm diseases one must protect the yin fluids at every step,” by adding *Tài Zǐ Shēn*, *Gé Gēn*, and *Tiān Huā Fēn*.

She took 1 packet over 2 days. After a few days there were no fevers, her bowels had normalized, and she had more energy, but her eyes were again burning and she was irritable. For seven days she took no medication and then she called and checked in. I spoke to her at this time and her fevers had mildly returned, eyes were burning, but her bowels were moving. She had dry lips and thirst, and there was a sensation of heat in her neck. I encouraged her to continue this course of treatment because the pathogen was on the defensive and was once again trying to take up residence in the deeper regions of the body. We needed to attack and drive it out before it could take hold again. I prescribed:

<i>Shēng Dì</i>	15
<i>Dàn Dòu Chǐ</i>	10
<i>Biē Jiǎ</i>	15
<i>Qīng Hāo</i>	6 (granular) ¹¹
<i>Chái Hú</i>	8
<i>Huáng Qín</i>	10
<i>Zhī Zǐ</i>	10
<i>Jú Huā</i>	10
<i>Lián Qiáo</i>	15
<i>Tài Zǐ Shēn</i>	10
<i>Gān Cǎo</i>	6
<i>Chén Pí</i>	6

Analysis: *Biē Jiǎ* and *Qīng Hāo* is another eloquent combination that Liǚ Bǎo-Yí uses for lurking pathogens that vents heat from the kidneys. It is of course from *Qīng Hào Biē Jiǎ Tāng* (Artemisia Annuum and Soft-Shell Turtle Shell Decoction). As Bensky and Barolet (1990) explain, “*Biē Jiǎ* directly enters the yin regions to enrich the yin and reduce the fever from deficiency... *Qīng Hāo*... vents the heat and expels it from the body (p.101)” Bensky (2004) further says, “With *Trionycis Carapax (Biē Jiǎ)*, *Artemisiae annuae Herba (Qīng Hāo)* is directed deep into the yin levels where it can rout the pathogens from the depths; (p.220).” *Lián Qiáo* is included to shift the pathogen up and outward.

She took 4 packets of herbs over eight days. I spoke to her 3 weeks later and she reported that her fevers had never returned and she felt well. I encouraged her to continue rebuilding the body with the following granular formula. With a follow-up phone call after another couple of months passed, I found out that she never actually took the formula because she felt no return of the symptoms.

¹¹ An extracted granular form was given for this one herb, because our pharmacy was out of the bulk form.

<i>Shú Dì</i>	10
<i>Guī Bǎn</i>	10
<i>Huáng Bǎi</i>	6
<i>Zhī Mǔ</i>	6
<i>Bái Sháo</i>	6
<i>Xiāng Fù</i>	6
<i>Chén Pí</i>	6
<i>Gǒu Qǐ Zi</i>	10
<i>Shān Zhū Yú</i>	10
<i>Shān Yao</i>	6
<i>Zhì Gān Cǎo</i>	6

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