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

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 qi 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 *Đà Châu Hư Tăng* (Major Bupleurum Decoction)

Prescription was: ¹

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<th>Medicine</th>
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<tr>
<td>Châu Hư</td>
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<td>Hoàng Qín</td>
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<td>Tiễn Huá Fèn</td>
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<td>Dàng Shēn</td>
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<td>Bái Zhú</td>
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<td>Đài Huáng</td>
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<td>Jú Huá</td>
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<td>Chén Pí</td>
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Two packets were given to be taken over four days.

**Analysis:** Although this presentation is not a typical *Đà Châu Hư Tăng* (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 Châu Hư Tăng* (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

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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 Châu Hư, as well as Xiǎo Châu Hư Tăng.
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 Dōng (et al.), in a Essentials of the Golden Cabinet (Jīn Guì Yào Lüè) 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 Fēn 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 Fēn 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 Huánɡ to 10g, Jú Huā to 10g, added Zhī Zī 6g, and subtracted Dōng 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:

Qīng Hāo  40³
Chái Hú  6
Huáng Qín  10
Tīān Huā Fēn  10
Dāng Shēn  10
Zhǐ Shì  10
Dà Húáng  10
Jú Huā  6
Gān Cǎo  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, I modified the formula slightly to protect the middle by increasing the Dāng 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:

<table>
<thead>
<tr>
<th>Medicinal</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>Chái Hú</td>
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<tr>
<td>Huáng Qín</td>
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<td>Tiān Huā Fèn</td>
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<td>Báí Zhú</td>
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<td>Zhú Rú</td>
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<td>Dà Huáng</td>
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<td>Chēn Pǐ</td>
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<td>Zhī Zǐ</td>
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**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 *cùn* was deficient, *guān* was deficient and deep, *chí* 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 yīn was waning, and in hopes of restoring this I modified the formula as follows:

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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.

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Chái Hú 6
Huáng Qín 6
Dàng Shēn 10
Bái Sháo 10
Guī Bàn 10
Tài Zì Shēn 10
Dà Huáng 6
Jú Huā 6
Sāng Yè 6
Zhǐ Shí 6
Gān Cǎo 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 qi 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 qi constraint.

I therefore replaced Bái Zhú with Tài Zǐ Shēn, which is more yin nourishing yet still tonifies the Spleen. I considered Zhǐ Zī too harsh and replaced it with Sāng Yè, which is light, dispersing and moistening, as well as clears heat from the liver. Guī Bàn 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 Nǐ Sān (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 Jiǎ Wèi Xīǎo Yāo Sān (Augmented Rambling Powder) (patent) because of her approaching period and increased breast tenderness. I gave her two packets for four days of the following:

Chái Hú 6
Huáng Qín 10
Tiān Huā Fèn 10
Tai Zi Shen 10  
Yu Jin 10  
Bai Shao 10  
Huo Ma Ren 18  
Bing Lang 6  
Nu Zhen Zi 10  
Mu Dian Pi 6  
Ju Hu 10  
Gan Cao 6

**Analysis:** Because of her upcoming menstrual period I decided to move the blood with Mu Dian Pi and Yu Jin, which also clear heat. I replaced Gu Bi with Nu Zhen Zi because I believe it works better in conjunction with Mu Dian Pi for clearing deficient heat and the severity of yang rising was decreased. I replaced Da Huang with Bing Lang and increased Huo Ma Ren because I wanted to focus on moistening and regulating the intestines instead of just purging. This modification may have been unsound, especially with Da Huang’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 Da Huang.

Huang Qin 10  
Chai Hu 10  
 Tian Hua Fen 10  
Dang Shen 12  
Zhi Zi 6  (Clear heat from the blood level)  
Sheng Di 6  (Clear heat from the blood level)  
Dang Gu 6  
Da Huang 8  
Ju Hu 10  (Cool and calm the Liver)  
Sang Ye 10  (Cool and calm the Liver)  
Chen Pi 6  
Gan Cao 6

**Analysis:** In this prescription Sang Ye and Ju Hu 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 Huang Qin, Sheng Di, and Zhi Zi. I also increased the Chai Hu 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)” Huang Qin cools the liver and gallbladder at the qi 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 Jià Xīāng Rǔ Yīn (Newly Augmented Elsholzia Decoction)

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<tr>
<td>楞音</td>
<td>15</td>
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<tr>
<td>白扁豆</td>
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<tr>
<td>华石</td>
<td>10 (main cook, powdered)</td>
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<tr>
<td>连翘</td>
<td>15</td>
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<td>后坨</td>
<td>10</td>
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<td>丸香</td>
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<td>柿兰</td>
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<td>赫叶</td>
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<tr>
<td>赊草</td>
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<td>柏叶</td>
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**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 Yǐn⁶ (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 prescription I added Huà Shí, Huò Xiāng, and Pèi Lán to further aid in eliminating the dampness. Hè Yè together with Jīn Yín Huā and Bái Biǎn Dòu is a combination taken from Qīng Luò Yǐn (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

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⁶ Xiāng Rú Yǐn 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 Yín 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. 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 Liǔ 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 yin deficiency.

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

Shēng Dì 10
Dàn Dòu Chǐ 10
Chái Hú 10
Huang Qín 10
Tài Zǐ Shēn 10
Jú Huā 10
Gé Gēn 10
Tiān Huā Fēn 10
Gǎn Cǎo 10
Dà Zāo 6
Chèn Pī 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 Xiāo Chái Hú Tāng theme with Chái Hú and Huang Qín. Furthermore, because the pathogen resided in the shaoyin, I followed a few of Liǔ 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.

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9 Shaoyin essentially refers to the Kidneys.
10 This is similar to Liǔ Bǎo-Yí’s combination of Dàn Dòu Chǐ and Xuán Shēn that is often added to Huang 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 Liǔ Bǎo-Yí to my knowledge does not actually discuss Shēng Dì with Dàn Dòu Chǐ. He does though often use Xiān Shēng 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 Shēng 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 Tāi 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:

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\begin{align*}
&Shēng Dì & 15 \\
&Dàn Dòu Chǐ & 10 \\
&Biē Jià & 15 \\
&Qīng Hāo & 6 \text{ (granular)}^{11} \\
&Chái Hú & 8 \\
&Huàng Qīn & 10 \\
&Zhǐ Zī & 10 \\
&Jū Huā & 10 \\
&Liān Qiáo & 15 \\
&Tāi Zǐ Shēn & 10 \\
&Gān Cāo & 6 \\
&Chēn Pī & 6
\end{align*}
\]

**Analysis:** Biē Jià and Qīng Hāo is another eloquent combination that Liǔ Bāo-Yī uses for lurking pathogens that vents heat from the kidneys. It is of course from Qīng Hāo Biē Jià Tāng (Artemisia Annua and Soft-Shelled Turtle Shell Decoction). As Bensky and Barolet (1990) explain, “Biē Jià 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 Jià), Artemisiae annuae Herba (Qīng Hāo) is directed deep into the yin levels where it can rout the pathogens from the depths; (p.220).” Liān 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.

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

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<table>
<thead>
<tr>
<th>Chinese Medicine Ingredients</th>
<th>Quantity</th>
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<tr>
<td>Shú Dì</td>
<td>10</td>
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<tr>
<td>Guī Bǎn</td>
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<td>Huáng Bǎi</td>
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<tr>
<td>Zhī Mǔ</td>
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<td>Shān Yao</td>
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<tr>
<td>Zhì Gān Cǎo</td>
<td>6</td>
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Sources:

Anonymous, *An Annotated Huang Di’s Inner Classic: Basic Questions* (黄帝内經素问校釋 Huáng Dì Nèi Jīng Sù Wèn Xiǎo Shì), Běi Jīng, Rèn Mín Wei Shēng Chǔ Bān Shè


*Liu’s Select Case Histories From Four Currents* (柳選四家医案 Liú Xuǎn Sì Jiā Yī Ān), Běi Jīng, Zhōng Guó Zhōng Yī Yào Chǔ Bān Shè: (1997). This is an anthology of four case collections written by Yóu Zài Jīng (尤在涇), Bó Rén (伯仁) Wáng Xū Gāo (王旭高), and Zhāng Zhǒng Huá (张仲华). Liu is the anthologist and comments on each of the cases. The passage cited here appears in the context of a case in Wang’s Case Histories from the *Encircling River and the Grass Court* (環溪草堂医案- Huán Xī Cǎo Táng Yī Ān)


