Lurking pathogens

Three modern approaches (cont.)

In the previous issue of *The Lantern,* Charles Chace and Jason Blalack presented two case records representing different perspectives on the modern application of lurking pathogens. This is a third case history.

By Jack Schaefer

THIS CASE STUDY SPRANG out my of experience in treating a long-time patient for an acute respiratory infection about a year and a half ago. At that time, I used a fairly standard approach that, in the past, had produced adequate results. However, this time things went quite differently, which helped me understand how over-diagnosis and treatment of acute diseases can create very large problems later on.

In this case, the patient initially appeared to have improved substantially from her initial treatment, but a whole series of events were set into motion involving the creation of a lurking pathogen (*fu xie*). In my opinion, lurking pathogens are much more common in a clinical situation than one might think. The possible translation of *fu xie* as "lurking evil" conjures up images of rare, deadly, deep-seated diseases that wait to spring out on their unsuspecting victims like monsters or demons. I believe, though, that these pathogens are seen very regularly by clinicians, especially given that we live in a world where it is common for people to self-medicate with herbs, supplements, or prescribed-but-unfinished pharmaceuticals.

One of the basic teachings about lurking pathogens is that they often occur as the result of a summerheat pathogen that had its original onset in the summer, then incubated inside the body, and later, either in autumn or winter, was induced to emerge suddenly and seriously by an attack from a secondary external pathogen.[1] Lurking pathogens are also thought to appear as the result of cold attack in the winter that later has its onset in the spring.[2] I believe that the lurking pathogen approach in treatment can also be useful in a greater range of clinical situations. Lurking damp heat pathogens are also frequently the result of untreated, erroneously or incorrectly treated disease patterns, and thus tend to be more prevalent than most practitioners realise, as with the case I am presenting. I have seen this in the student clinic where I supervise as student practitioners struggle with ongoing diseases in their patients and in themselves; diseases that should, by all rights, be fairly straightforward to treat with a solid diagnosis and treatment plan implementation. However, because practitioners often do too much in treatment out of the fear of doing too little, they make constant changes in approach to the diagnosis or treatment plan, moving from one methodology to another, struggling to resolve illnesses. Often the result of over-treatment or inconsistencies in plan and methodology is a lurking pathogen.

In the student clinic situation, the lurking pathogen often presents itself or is created, not

1. Liu, Guo-Hui (2001). *Warm Disease a Clinical Guide*. Seattle, WA: Eastland Press.
2. Ibid.

■ Jack Schaefer received a Bachelor's Degree from the University of Colorado and his Masters Degree in Acupuncture and Oriental Medicine in 2000 from the Oregon College of Oriental Medicine. He has since done post-graduate study at the Nanjing University of Traditional Chinese Medicine and has also practised and lectured in Europe. Jack continues to make regular trips to China for study. He has a private practice in Louisville, Colorado and supervises clinic for the Boulder campus.

only because a practitioner makes mistakes, but rather also as a result of multiple practitioners creating multiple variations of treatment plans which in the end may be only partially carried out. As mentioned earlier, the accidental creation of a lurking pathogen is not only an issue in student clinics, but an issue for experienced practitioners as well; in fact most of us over- or under-diagnose diseases at some point in our careers, sometimes creating a lurking pathogen. In my opinion, when we hit the mark the first time, the result will rarely, if ever, be the formation of a lurking pathogen, just as not every dose of antibiotics will cause a lurking pathogen (as is often claimed in our community). However, getting to this point takes practice and the experience gained through making mistakes. Therefore, we must be able to recognise the course of a pathogen's progression, and just how we may have contributed to its genesis.

When looking at a case, history can be one of the most useful factors in determining whether the symptoms are due to a newly contracted disease or resulting from a lurking pathogen, thus informing our treatment strategy. Though many will argue that it is not necessary to check the patient's history, this knowledge will help us to determine the source of the picture we are currently seeing, and thus aid us in creating the proper treatment method.

The following case illustrates the development and progression of a possible lurking pathogen beginning with over-diagnosis and treatment and culminating in the treatment of that pathogen. When I treated the original problem in this patient, I made several mistakes that are common among practitioners. It has become more and more clear in subsequent analysis that what seemed initially appropriate and often recommended in treatment, instead of curing the disease was in actuality creating more of a problem. Interestingly, the herbs in the first prescription actually created a situation that looked like a lurking pathogen. While it is generally difficult to see or even follow the pathogenesis of a lurking pathogen, I believe that tracing it can be more valuable for clinical situations in the future.

The case

Visit 1: An overweight yet active 40-year-old female came in on October 18, stating that she caught a cold two days previously and that it had been steadily worsening. She reported that she very rarely caught colds or flus – she couldn't remember the last time she was sick. Her symptoms were: sinus headache, unproductive nasal congestion, body aches, neck ache, no objectively measurable fever, but she occasionally went from warm to chilled and said that she had been getting warmer over the previous 12 hours. She was also experiencing lethargy, a slight productive cough, sore throat and constipation. Her pulses were deep, wide, slippery and slightly rapid. Her tongue was wide and swollen, slightly red and purple with a thin white coat. At first glance the diagnosis looked like a case of wind-heat invasion that was moving from the wei level into the qi level accompanied by some exterior dampness. To further complicate matters, she was experiencing slight PMS, and was within a few days of starting her menstrual period. I gave her a version of the formula *Yín Qiáo Sǎn* in a 7:1 concentrated granule form at a dose of four grams, four times per day, modified to treat the heat toxin/qi level symptoms. The choices of herbs were informed by modern biomedical research on several of the herbs. Its ingredients were:

Jīn Yín Huā	9g	(Lonicerae Flos)
Lián Qiáo	9g	(Forsythiae Fructus)
Fáng Fēng	6g	(Vespae Nidus)
Huáng Qín	6g	(Scutellariae Radix)
Qiāng Huó	6g	(Notopterygii Rhizoma seu Radix)
Dà Qīng Yè	9g	(Isatidis Folium)
Bǎn Lán Gēn	9g	(Isatidis/Baphicacanthis Radix)
Chuān Xiōng	6g	(Chuanxiong Rhizoma)
Mǔ Dān Pí	6g	(Moutan Cortex)
Huáng Qí	9g	(Astragali Radix)
Mù Xiāng	6g	(Aucklandiae Radix)
Shí Gāo	6g	(Gypsum fibrosum)
Shēng Dì Huáng	6g	(Rehmanniae Radix)
Chái Hú	6g	(Bupleuri Radix)
Yì Mǔ Cǎo	6g	(Leonuri Herba)

As mentioned, this version of *Yín Qiáo Sǎn* was not modified using traditional Wen Bing methodology, but instead from the perspective of modern research findings. Thus, what is interesting in regard to this formula is the unintended interaction of several of its ingredients and the pathogen itself. When going back and looking at the symptoms again, it appears that this was a case of over-diagnosis, and that the patient was most likely only suffering from a wind/heat wei level pathogen.[3] The combination of a more exterior pathogen than initially diagnosed with a few very cold bitter herbs was the recipe for the creation of a lurking pathogen. For example, the addition of *Bǎn Lán Gēn* and *Dà Qīng Yè* is, for some people, a popular addition to cold formulas for their biomedically proven effects as antibiotic/antiviral herbs, so much so that they have begun to show up in many prepared formulas and are even used quite frequently alone in very high doses.

3. Normally a floating pulse is a key symptom in diagnosing wei level patterns, however this patient up until this point had never had a floating pulse, and from my experience overweight patients may show exterior symptoms and still have deep pulses.

Because practitioners often do too much in treatment out of the fear of doing too little, they make constant changes in approach to the diagnosis or treatment plan, moving from one methodology to another, struggling to resolve illnesses.

Ye Tian-Shi ... said that the proper treatment of wind-heat required that one vent the wind and release the heat from the exterior, but when dampness accompanies the wind, one is required to dispel the heat and damp through the lower jiao.

In this case they were chosen here under the assumption that the pathogen was headed into the qi level, and that there may be some heat-toxin present as seen in the sore throat, and further supported in the previously mentioned biomedical researched effects against viruses. These two herbs, when coupled with the use of *Shí Gāo*, the primary ingredient in *Bái Hu Tang*, which is often used for qi level disorders, were all most likely too cold and pushed the pathogen deeper into the patient. Therefore, the very cold nature of these three herbs themselves drove the pathogen deeper into the body, creating an illusion that the symptoms had improved. After taking this formula, the patient initially looked and felt better, but the pathogen was now residing deeper in her body, only to emerge later in more virulent form. The next complication in this situation was the use of *Shēng Dì Huáng*, which in external pathogen invasion is usually considered too sticky. While it is useful for patients with fluid damage from interior heat, it can be too cloying and create internal dampness where a lurking pathogen can hide. It may have been better to retain the *Lú Gēn* (Phragmitis Rhizoma) that is part of *Yín Qiáo Sǎn's* original formulation to nourish fluids more gently. Lastly, the patient's fate was sealed with the use of *Huáng Qí*. While nourishing qi can be a useful tactic in some cases of pathogenic invasion with a pre-existing deficiency, herbs like *Tài Zǐ Shēn* (Peudostellariae Radix) are often safer. *Huáng Qí*, while a very effective herb for treating qi deficiency, in the case of an external pathogenic influence it can actually close the doors and lock the pathogen in. It is this closing of the doors which makes it a major part of *Yù Píng Fēng Sǎn's* function of strengthening exterior deficiency to keep pathogens out of the body, but once the pathogen is inside it is too late. Thus to sum up, the situation with this patient was now one of a) cold driving an external pathogen deeper, b) cloying herbs giving it a place to hide, and c) the exterior being locked to keep it in.

Retrospectively the better approach to treat this wind-heat with dampness would be to consider the use of an idea promoted by Ye Tian-Shi, one of the originators of the Warm Disease School. He said that the proper treatment of wind-heat required that one vent the wind and release the heat from the exterior, but when dampness accompanies the wind, one is required to dispel the heat and damp through the lower jiao.[4] In this formula, the force of the exterior releasing component was insufficient to vent the pathogen to the outside, giving it nowhere else to go but deeper, and there was nothing to drain dampness and heat through the lower jiao.

4. Bensky, Dan and Barlott, Randall. (1990) *Chinese Herbal Medicine Formulas and Strategies*. Seattle, WA: Eastland Press.

Visit 2

As one would predict when using these very cold herbs, the patient called the next day and reported that she had improved significantly and was feeling, in her words, about 60 per cent better, with the exception that she was still having a lot of body aches and was very fatigued. These symptoms appeared to be a sign of exterior dampness and possibly qi vacuity (which still needed to be verified with a proper consultation) but initially it appeared as if the formula she was taking was working. The patient then returned to the clinic eight days later on October 26 for a follow-up, and reported that she felt about 90 per cent improved. Her only current complaints were that she still had some body aches that were not characteristic for her, and that her energy was still much lower than normal. She also reported that she had a little burning in her stomach, was craving sugar, and had bad breath. Her tongue body had become wide and pink, with a thin dry white coating, and her pulses were now deep, wide, slightly slippery slightly rapid. It appeared that Spleen qi vacuity with dampness was a prominent part of her pattern, so her diagnosis was Spleen qi vacuity, with damp and interior Yang Ming heat. I prescribed a 7:1 concentrated granule modification of *Liù Jun Zǐ Tāng* at a dose of four grams, three times a day. It contained:

Dǎng Shēn	9g	(Codonopsis Radix)
Bái Zhú	6g	(Atractylodis macrocephalae)
Fú Líng	9g	(Poria)
Chén Pí	3g	(Citri reticulatae Pericarpium)
Bàn Xià	6g	(Pinelliae Rhizome)
Chái Hú	6g	(Bupleuri Radix)
Huáng Qí	9g	(Astragali Radix)
Mǔ Dān Pí	6g	(Moutan Cortex)
Mù Xiāng	6g	(Aucklandiae Radix)
Shí Gāo	9g	(Gypsum fibrosum)
Shēng Dì Huáng	6g	(Rehmanniae Radix)

The main idea of this formula was to nourish Spleen qi to resolve damp, and secondarily to clear Yang Ming heat. In retrospect, it would appear that the use of *Mǔ Dān Pí, Shí Gāo* and *Shēng Dì* had the potential to create more of problem in holding the original pathogen inside the body by the combination of their cold and cloying natures. *Shí Gāo* alone may have been enough to address the Yang Ming heat. Therefore our lurking pathogen was still locked inside. There is also the possibility for the use of these cold herbs to damage the already weak Spleen, leading to more internal dampness to create a place for the lurking pathogen to hide. Again, with no real exterior releasing herbs, the pathogen was unable to vent.

Without knowing that the pathogen was now suppressed inside the patient, I went about treat-

ing this patient for what I saw, and it was this step of using tonifying herbs that may have prolonged the course of this disease. As explained by the modern warm disease specialist Liu Guo-Hui, when a patient's zheng qi is relatively strong compared to the strength of a lurking pathogen, the ability of the pathogen to express itself is stifled.[5] So, with the modification of *Liù Jun Zǐ Tāng*, I was in essence strengthening her zheng qi. Thus it was possible that the qi nourishing function of the formula contributed to keeping the pathogen in.

Visit 3

The patient stopped by my office 14 days later and reported that her energy was now up to about 90 per cent, she was exercising regularly again and had no more body aches. Her tongue was again puffy and pink with a thin white coating. Her pulse was deep, wide, slightly slippery and still more rapid than normal. She also showed other heat symptoms including irritability, her subjective body temperature was a little warmer than normal, and she was slightly constipated with dry stools. At this point, I attributed her irritability to internal heat, as I could not find any other sources such as Liver qi constraint, and began to suspect that there was something going on that was not fully treated. However, since she felt good, she was unwilling to do anything about it.

Visit 4

On November 9, 27 days after the onset of her cold, things began to get very interesting when the patient came in reporting that she caught the flu again. This time she had been sick for about three days, her current illness had come on very rapidly, and her symptoms had been severe from the onset. She said she had not experienced the gradual worsening of symptoms typical of a garden-variety respiratory tract infection, but she had simply awakened with a full-blown cold. She reported: chest congestion with sticky yellow phlegm, post nasal drip, cough that was dry and painful, burning throat, laryngitis, lumbar ache, fatigue, and low fever. Her tongue coating was thicker and more yellow than normal, and the body was a little red. Her pulses were deep, slippery, and rapid.

The patient said that from the first day she had been taking a commercially available prepared Chinese herbal cold formula, which was based on a combination of *Xiǎo Chái Hú Tāng* and *Sì Wù Tāng* with added ingredients such as *Bǎn Lán Gēn, Shēng Dì Huáng*, at the dosage recommended on the bottle. She reported that the formula had helped the fever slightly for the first day or so, but now she seemed to be getting worse. This situation would again seem to match the mistake I made myself earlier when I first saw her, however this time she didn't feel any better, as she did with this strategy previously. In my opinion, her worsening condition was probably due to the low amount of exterior releasing herbs in that formula. Her current diagnosis was a lurking pathogen expressing itself at the wei level entering qi level; in addition (as it was autumn) there did appear to be an aspect of dryness in the cough. However, this dryness may also have been from the heat of the lurking pathogen burning off yin.

At this point I decided to re-evaluate my approach. Given the patient's narration of her sudden progress toward a qi level type of illness, I suspected that her symptoms could now be the manifestation of a lurking pathogen. Not only did it appear to be a lurking pathogen presentation, it appeared that this one was actually formed as a result of her earlier treatment. While she had no memory of any summerheat type of disease during the summer months, or any sicknesses in the summer, she did seem to be presenting with a lurking pathogen. This diagnosis seemed correct, given that there was already some unusual heat present before she got sick this time. The dryness she was experiencing may have arisen from the fact that lurking pathogens can exhaust yin over time. In Meng Shu-Jiang's book *Teaching Reference Books for Traditional Chinese Medical Colleges: Warm Diseases* it says that one method for determining if a disease is a newly contracted disease or is a lurking damp heat pathogen is the presence of interior heat symptoms at the onset of the warm disease.[6] In addition, according to the Qing dynasty scholar He Bing-Yuan, "Compared with a newly contracted warm disease, a lurking warm disease is more severe. It is much easier to treat the newly contracted warm disease and harder to treat a lurking one."[7] These two statements would seem to support this idea.

My experience with this patient in the past showed that she normally had a pulse rate of around 65bpm, while her pulse rate for the previous few weeks was always 75bpm or more, a possible heat sign. She said that she felt warmer, and this was accompanied by some uncharacteristic irritability without any corroborating Liver symptoms. She had sudden onset of this flu without going through the typical progression one goes through when catching a cold. These symptoms all can be indicative of internal heat which, given the statements above by He Bing-Yuan and Meng Shu-Jiang, could indicate the presence of a lurking pathogen.

When a patient's zheng qi is relatively strong compared to the strength of a lurking pathogen, the ability of the pathogen to express itself is stifled. So, with the modification of Liu Jun Zi Tang, it was possible that the qi nourishing function of the formula contributed to keeping the pathogen in.

5. Liu, Guo-Hui. (1998) Lectures at the Oregon College of Oriental Medicine. Portland, OR

6. Liu, Guo-Hui (2001). *Warm Disease a Clinical Guide.* Seattle, WA: Eastland Press.

7. Ibid.

If these symptoms are indeed the expression of a lurking pathogen, the appropriate treatment method, according to Wang Lu's *Discourse on Tracing Back to the Medical Classics*: "...is to clear interior heat and disperse the externally contracted signs and symptoms. Also, in some cases, exterior signs and symptoms will automatically disappear once the interior heat has been fully cleared."[8] In addition, according to Liu Bao-Yi, in order to treat a lurking pathogen one must clear and vent heat, and nourish Kidney yin. Wei or qi level formulas alone, such as *Yín Qiáo Sǎn* or *Bái Hu Tāng* are insufficient for this condition. With this information in mind, I composed a prescription to treat these heat symptoms more completely, release the exterior, and moisten dryness. She took this formula, again a 7:1 concentrated granule, for five days at a dose of four grams four times a day, and was instructed to finish it, even if she felt better. It contained the following:

Huáng Qín	12g	(Scutellariae Radix
Huáng Lián	6g	(Coptidis Rhizome)
Lián Qiáo	12g	(Forsythiae Fructus)
Shí Gāo	10g	(Gypsum fibrosum)
Niú Bàng Zǐ	10g	(Arctii Fructus)
Bó Hé	6g	(Menthae haplocalycis Herba)
Xuán Shēn	6g	(Scrophulariae Radix)
Bǎn Lán Gēn	10g	(Isatidis/Baphicacanthis Radix)
Jié Gěng	3g	(Platycodi Radix)
Chén Pí	6g	(Citri reticulatae Pericarpium)
Chái Hú	3g	(Bupleuri Radix)
Shēng Má	3g	(Cimicifugae Rhizoma)
Mài Mén Dōng	6g	(Ophiopogonis Radix)
Bǎi Hé	6g	(Lilli Bulbus)
Zhì Gān Cǎo	3g	(Glycyrrhizae Radix preparata)

In accordance with Wang Lu's teachings, I used *Huáng Qín* and *Huáng Lián* in this formula for their ability to clear heat from the upper burner, while *Niú Bàng Zǐ*, and *Bǎn Lán Gēn* were used for their ability to clear heat and resolve toxins. *Shí Gāo* was used for its ability to clear heat from qi level diseases. In contrast to my earlier premature use of *Bǎn Lán Gēn* and *Shí Gāo*, I felt that it was safe to administer here because the pathogen was already well established in the qi level.

Next, emulating Liu Bao-Yi's strategy of venting a pathogen outward, I used *Bó Hé, Niú Bàng Zǐ*, *Chái Hú,* and *Shěng Má* to release the exterior. Next, to follow Liu Bao-Yi's strategy to nourish yin, I used *Bǎi Hé* and *Mài Mén Dōng*. Though a blood level herb, *Xuán Shēn* was used for its ability to clear heat and nourish fluids, as well as to nourish Kidney and Lung yin. *Bǎi Hé* and *Mài Mén Dōng* were also used not only for their minor ability to clear heat, but also to moisten the Lungs (metal), the mother of Kidney (water). Additionally, *Mài Mén Dōng* moistens the Intestines to promote bowel movement. *Niú Bàng Zǐ, Bó Hé*, *Xuán Shēn*, and *Jié Gěng* were used for painful and swollen throat. *Chén Pí* and *Zhì Gān Cǎo* were added to the formula to harmonise and protect the Spleen qi from the cold herbs.

Visit 5

On November 18, the patient returned. At this point, treating her became more complicated. She reported that she waited until that day to begin taking her herbs, as she felt too sick and lacked the motivation to take them. Consequently, her symptoms progressed to include a loss of voice, cough, sticky yellow blood-tinged mucus that was hard to expectorate, fever, fatigue and head congestion. She went to her MD, who told her that she had bronchitis. Since she did not want medication, she began taking the herbs as prescribed. At this point the patient's presentation was most consistent with a Lung phlegm heat pattern expressing itself on the qi level, but beginning to show some ying level symptoms, namely thirst but with little desire to drink water, and blood-tinged mucus. Since the patient had little money, I asked her to finish the formula with the addition of 12g of *Dǎn Nán Xīng* (Arisaema cum Bile) in order to strengthen the heat clearing action and address the phlegm. I felt that the formula prescribed was just on the strong side before, so with the addition of *Dǎn Nán Xīng* would probably still be effective.

Visit 6

Four days later, November 22, the patient returned to the clinic for another follow-up. She reported that she was improving and her new symptoms were that her throat was only a little sore and her voice had returned. She had a slight cough with little phlegm, felt only slightly warm and was not sweating. She had some nose and ear congestion, with clear, sticky mucus that was hard to expectorate from the throat, and a low appetite. Her pulse was slightly slippery, floating and rapid. Her tongue was pink with a red tip and a thin white coating. These symptoms gave the impression that her pathogen was moving outward from qi level disease to wei level disease, as lurking pathogen is said to be treated. Given the wei level wind-heat symptoms, I gave her a 7:1 granule formula consisting of *Yín Qiáo Sǎn* modified with slightly higher doses of *Jié Gěng* and *Jīn Yín Huā*. If this formula was to do its job, according to Liu it would induce sweating to release the exterior so that the pathogen could leave the body using the sweat as a substrate. He states that, according to Meng Shu-Jiang, when a patient is experiencing disease in the wei level and is not sweating, the pores are

8. Ibid.

Ante Babic's

Tips for running a successful clinic ...

Even the best treatment for lifestyle excess can be destroyed by four little words:
1. But
2. I
3. like
4. it.

closed and sweating needs to be induced.[9]

A follow-up phone call three days later from the patient verified that she was back to normal within about two days. She said she had no heat symptoms, no body aches, and that her energy had returned. It would appear, on the basis of symptoms alone, that the lurking pathogen was now eliminated. Interestingly however, in February and again in April she caught two more colds. Though they were not as severe as those in the autumn, they were more frequent than this patient reports to normally contract. Both times, the diagnosis was wind heat invasion, wei level disease, and both times she was able to be treated with a simple modification of *Yín Qiáo Sǎn*. These pathogens were eliminated by using these formulas within a couple of days each time. What I find interesting is that both of these colds followed a short period of intense stress and fatigue. My thinking here is that the lurking pathogen from the autumn was still not completely resolved, a premise supported by Chapter 3 of the *Su Wen*, describing how diseases attacking in the winter may express in the spring as warm diseases. This phenomenon can be explained thus: the expression of yang qi in spring time increases, the yang qi in the body also expresses, therefore the pathogen too is allowed to express itself.

Secondly, as stated earlier, Liu Guo-Hui has stated that lurking pathogens do not tend to express themselves until the body's zheng qi is weakened and unable to resist expression of the pathogen.[10] When the strength of the disease and the body's zheng qi are equal, as may have been the case with the pathogen after the last treatment in the autumn and all through the winter, the pathogen does not tend to be expelled. On the contrary, it lurks deeply in the body, only to come out with the approach of spring or the weakening of the zheng qi. In my opinion, with regard to respiratory illness, the constant strengthening of one's upright qi may only keep the pathogen locked inside and only through the proper venting of the pathogen can it be expelled for good.

Given these teachings, it appears that the pathogen my patient caught the previous autumn was not yet completely vented and released, which is why she again had two expressions of it as spring approached. Only after her body's zheng qi became weakened through stress and overwork was the pathogen able to express itself. Nonetheless, both times she was successfully treated with a standard formula that did not require large amounts of bitter, heat clearing herbs to expel the pathogen. Earlier I quoted Qing dynasty scholar He Bing-Yuan where he mentions that lurking pathogens tend to be more severe and difficult to treat than newly contracted diseases. In this case it was easy to see the seriousness when the patient came in with a sudden case of what her doctor called bronchitis. However, it did respond well and reasonably quickly to the formulas given, at the time that they were given. Contrary to what a lot of people report in the repeated venting of lurking pathogens getting more and more violent over time, with this patient it was not unlike letting the air out of an inner-tube: at first the air comes out with force and vigor, but each subsequent time air is released, it comes out more slowly and gently.

Conclusion

Although we all aspire to be skilled clinicians who never miss a diagnosis, few of us, if any, ever realise this goal. In our desire to do right by our patients, we can make the mistake of throwing everything we can think of at them. Yet it is important to see how this approach to a clinical situation can create new conditions that are even more difficult to treat. In my view, this is the realm of the lurking pathogen. As this case illustrates, a situation that is incompletely treated or over-treated can become a series of recurring illnesses. This case demonstrates how attacking an illness with the wrong weapons can actually result in a disease that behaves more aggressively than it might had it been handled more gently and skilfully. As we are raised in a science-based culture, when we are then faced with modern biomedical research on herbal effects, it can be difficult to place faith in older perspectives. Nonetheless, these various points of view about warm pathogens have been developing since Wang An-Dao first proposed in 1368 that warm diseases should be considered differently than cold diseases, and these old ideas would not have survived had there not been something to them.

Medicine is in itself a practice, and that is what practitioners are encouraged to do. There are endless seminars covering different perspectives and methodologies, which is good in helping Chinese medicine grow. The problem comes in the mixing of paradigms or treatment protocols. We must constantly go back and examine what we have done, and question the theoretical mechanism behind a case that does not go as planned. This practice will not only tell us what we might have done incorrectly, but also how we can remedy the situation. In addition, we must always look past quick short-term gains to the longer-term result of a chosen approach. In my opinion, the methodology behind diagnosis and treatment of lurking pathogens can be very useful when viewing our own cases gone awry. This case has taught me a lot about trusting in the methodology that we have been given.

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9. Liu, Guo-Hui (2001). *Warm Disease a Clinical Guide*. Seattle, WA: Eastland Press.
10. Liu, Guo-Hui (1998) Lecture Oregon College of Oriental Medicine. Portland, OR.