# Some issues in **warm** disease

## Three essays from Qin Bo-Wei

**By Jason Blalack**

Previously in *The Lantern* (Vol 6:3, 2009), I presented the first part of Qin Bo-Wei's article on the essentials of warm disease. Here I present another piece of his article, comprised of three essays that address some core issues related to warm disease theory. Even though these essays were first published in February 1963, they seem just as relevant today.

IT SHOULD FIRST be pointed out that Qin is known as one of the greatest synthesisers of Chinese medicine. He was renowned for his deep classical study and his ability to take an immense amount information and extract the commonalities. Qin made great efforts to systematically integrate ideas of the past. These essays come from this perspective.

In the first essay, Qin addresses the divide, based on presumed differences, that exists between cold damage and warm disease currents. His argument for resolution of the disputes and integration of the two is an important one.

His second essay on lurking pathogens is particularly relevant in today's era, where we have students and practitioners using the term to describe all sorts of chronic disorders. Qin suggests that the utility of the term may be questionable. Although Qin emphasises the lurking pathogen theory that came out of the warm disease tradition, his historical analysis and questioning can be applied to the general use of the term today.

Qin's third essay deals with the problem of the huge amount of information that exists within the warm disease tradition. Warm disease theory can be quite complicated because there are so many texts and viewpoints. There are, for example, over 60 disease names, such as spring-warmth, summerheat-warmth etc. Although such diversity is one of the reasons many of us love Chinese medicine, some consolidation is helpful to get a handle on the vast information that exists. Hence, Qin argues for restructuring the disease names found in the warm disease literature.

Finally, Qin's method for putting forth change demonstrates a process that we all can learn from in the West. That is, he makes a clear point that we should understand the past, digest it, and only then come up with some advancement. He takes a thorough and cautious step-by-step approach. I think emulating this methodology will only help Chinese medicine continue to develop in a beneficial way.

Following is a translation of Qin Bo-Wei's essays.

## 1. The relationship between warm disease and cold damage

Warm disease (温病 *wen bing)* is a type of illness.[1] Warm disease theory, though, is also a current of thought. This current of thought has been very influential. But some people have seen it as opposing the cold damage (*shang han*) current, and this has given rise to debates that are still unresolved.

However, I believe that warm disease theory is a development of cold damage theory. Consequently, if we make an extra effort to dispel the differences between them, we can greatly improve the clinical application of Chinese medicine's externally contracted disease studies.

To properly discuss this issue, it is fundamental that one has basic knowledge of the topic coupled with clinical experience. Then it is important to ask, what is the origin of the disagreements between the warm disease and cold damage currents? What are the clinical differences? Do they have commonalties? If these issues can be clarified then we will be able to correctly approach these schools of thought, thereby integrating them.

The way I see it, cold damage is the contraction of a cold pathogen, and warm disease is the contraction of a warm pathogen. Hence each has a different cause for the onset of disease. Cold damage considers the six channels as their guiding principle, and generally views things as moving from exterior to the interior. On the other hand, warm disease considers the three burners as their guiding principle, and generally views things as moving from upper to lower.[2] They also have differing methods of pattern differentiation.

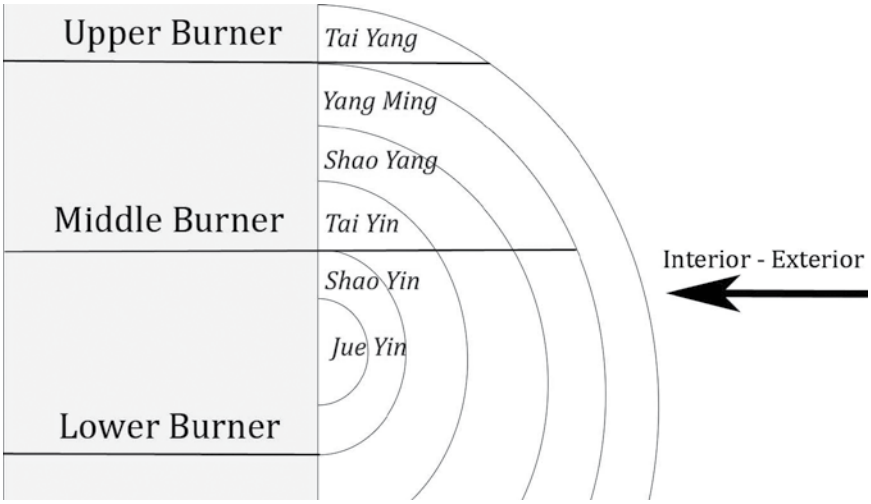
Furthermore, cold damage conditions use a warming method, and in the beginning stages use an acrid and warm strategy. Ultimately the method of returning yang is used. On the other hand, warm disease conditions use a cooling method, and in the beginning stages use an acrid and cool strategy. Ultimately the method of rescuing yin is used. Therefore, the treatment principles are also different.

[As fundamental as these may sound], in the clinic all of these points are actually a source of disagreement, and have been the basis for long-term debate. Hence, this issue is by no means so simple.

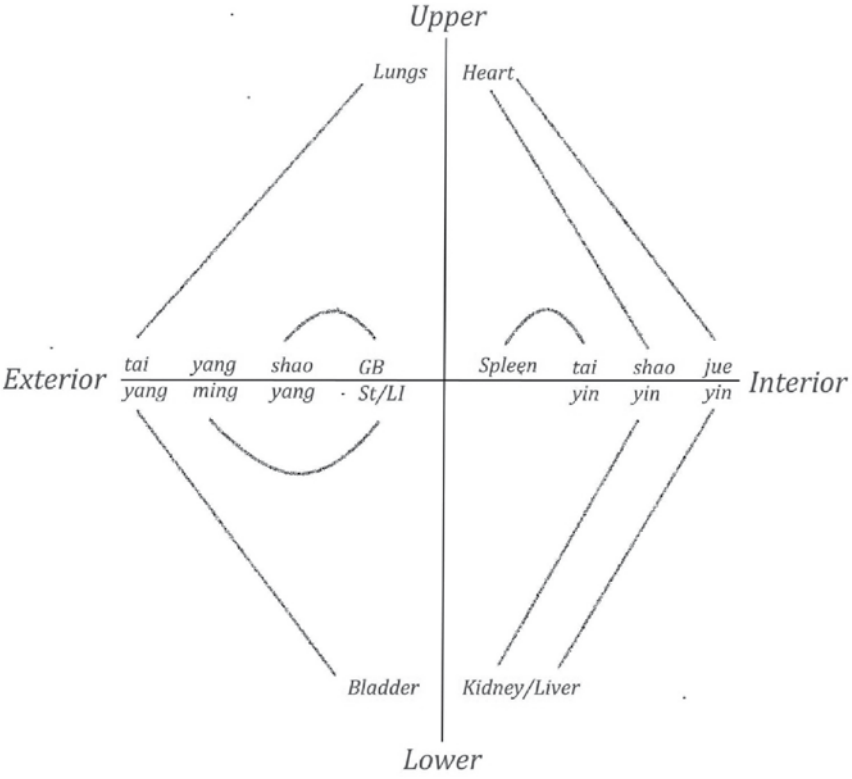
Although the causes of cold damage and warm disease are different, they similarly come about from external pathogens, and the beginning stages are both exterior patterns. As a result, they similarly use resolve exterior methods. In addition, if the exterior pathogen does not resolve, it similarly will transfer into the interior, and then transform into heat. Consequently they both will then require a clear heat and open the bowels method. It should be noted that cold damage theory also has damage to yin, and warm disease also has damage to yang. Hence looking at the onset and course of disease of both, we have to acknowledge that although there are differences they have common ground.

From a pattern differentiation perspective, although the six stages of cold damage emphasises transmission from exterior to interior, it still can be divided into the upper and lower. Although the three burners of warm disease emphasise transmission from upper to lower, it also can be differentiated into the exterior and interior. Furthermore, the fundamental theory of Chinese medicine has its core in *zang-fu* organs, and this has a relationship with the exterior, interior, upper, and lower aspects [of the body].

Moreover, Chinese medicine is unable to deviate from channel and collateral theory. Hence in pattern differentiation of the six stages and three burners it is fundamental to understand the horizontal and vertical aspects. For example, clinically we see the



*taiyang* pattern of six stages as an upper burner disease. *Yangming*, *shaoyang* and *tai yin* patterns are middle burner diseases. *Shao yin* and *jue yin* patterns are lower burner diseases. The relationship of the internal organs is also identical. The diagrams will help illustrate this point.




To go a step further, we can look at the herbal prescriptions used for cold damage and warm disease. For example, cold damage essentially uses acrid warm resolve the exterior formulas such as *Ma Huang Tang* (Ephedra Decoction). Warm disease uses acrid cold resolve the exterior formulas such as *Sang Ju Yin* (Mulberry Leaf and Chrysanthemum Drink) and *Yin Qiao San* (Honeysuckle and Forsythia Powder). Of course there are differences, but cold damage also has the acrid cold formula *Ma Xing Shi Gan Tang* (Ephedra, Apricot Kernel, Gypsum, and Licorice Decoction). If you use *Ma Xing Shi Gan Tang,* is it true that you don't need *Sang Ju Yin* and *Yin Qiao San*? Or if you use the newer *Sang Ju Yin* and *Yin Qiao San*, do you not need the older *Ma Xing Shi Gan Tang*? I think that these all can co-exist.

In addition, cold damage unblocks the bowels using the purging of the *Cheng Qi Tang* (Order the Qi Decoction) family of formulas and the moist purging of *Ma Zi Ren Wan* (Hemp Seed Pill). Warm disease also uses the *Cheng Qi Tang* (Order the Qi Decoction) family of formulas and equally puts forward the nourish yin, moist-purging formula, *Zeng Ye Tang* (Increase the Fluids Decoction). In addition the warm disease current puts forward the method of combining both *Cheng Qi Tang* (Order the Qi Decoction) and *Zeng Ye Tang* (Increase the Fluids Decoction).

In regard to impaired consciousness, delirious speech, and damage of yin patterns, cold damage uses only the purging drain fire of the *Cheng Qi Tang* (Order the Qi Decoction) family of formulas. In comparison, warm disease uses *Zi Xue Dan* (Purple Snow Special Pill) and *Zhi Bao Dan* (Greatest Treasure Special Pill) to open the orifices and clear the Heart which appropriately combines the ideas of nourishing yin and moist purging. However, I consider all of these ideas not only to be essentially the same, but step-by-step developments based on our predecessor's ideas which consequently have increased our clinical effectiveness.

In fact, warm disease makes use of many cold damage formulas by flexibly applying the concepts to the clinic, such as with modifications of *Fu Mai Tang* (Restore the Pulse Decoction). Cold damage's *Fu Mai Tang* (Restore the Pulse Decoction) fundamentally treats Heart yang insufficiency with simultaneous Heart blood deficiency. Warm disease modifies this formula by subtracting the support yang medicinals, *Ren Shen* (Ginseng Radix), *Gui Zhi* (Cinnamomi Ramulus), *Sheng Jiang* (Zingiberis Rhizoma recens) and *Da Zao* (Jujubae Fructus) and adding *Bai Shao* (Paeoniae Radix alba) to safeguard the yin. This turns it into a key formula that nourishes the Liver and Kidney. This kind of skill at using ancient formulas even further illustrates how the warm disease current is a development out of the foundation of cold damage.

Among the warm disease books, *Systematic Differentiation of Warm Pathogen Diseases* (Wen Bing Tiao Bian, 1798) is one of the most complete. In its first clause it says, "This book follows the method of Zhong Jing's *Discussion of Cold Damage.*" In the second clause it says, "Although this book

was written for warm disease, it actually can be helpful in understanding cold damage."

It can be seen that the [ancient] warm disease scholars had no disagreement with the cold damage scholars; hence to put these two currents against each other makes no sense. Furthermore, since cold damage and warm damage currents already exist, the proponents of each should mutually respect and value each other, eliminating their prejudices. There is a responsibility to unify these two currents, turning it into a completely integrated Chinese medicine externally contracted disease theory.

## 2. The issue of newly contracted pathogens and lurking pathogens

In the past, there have not only been disagreements between the practitioners and scholars of warm disease and cold damage, but also a controversy within the warm disease current itself, between the theory of newly contracted pathogens and lurking pathogens.[3] I believe that there is a close relationship between the origin of this controversy and above-mentioned warm disease and cold damage one.

The name, lurking pathogen, principally comes from the *Inner Classic* (*Nei Jing*), where it says "if there is damage by cold in the winter, there will be a warm pathogen disease in the spring", and "if there is sufficient essence, there will be no warm disease in the spring." Therefore Wang Shu-He (王叔和) said, "if a cold pathogen strikes and disease immediately occurs, this is called cold damage. If there is no disease, and there is a cold toxin that is stored in the interstices of the flesh, when spring arrives it transmutes into a warm disease."

After this, many differing opinions were put forth. For example, Pang An-Chang (庞安常) and Zhu Gong (朱肱) believed that "if in the winter one contracts the qi of a cold toxin, and it lurks and does not discharge, then when spring arrives and it encounters the warm qi, it transforms, creating a warm disease."

Han Di-He (韩祗和) went a step further and believed that if one first contracts cold in the winter and then again contracts a new seasonal pathogen in the spring, then this causes the onset of disease. Other doctors such as Li Dong-Yuan (李东垣), Zhu Dan-Xi (朱丹溪), and Wang Hai-Cang (王海藏) had another view: that people who over-indulged in sexual activity or overwork weakened themselves until their Kidney water was insufficient to control the sprouting of wood qi in spring [and this ascending yang qi] therefore expresses itself as a warm disease.

Consequently Wang An-Dao (王安道) points out two types of pathology involved in the onset of disease with a lurking pathogen. One is constrained heat that follows springtime yang as it ascends and spreads. The second is a new pathogen stirring up previously existing constrained heat in the interior. His analysis is that if there is aversion to wind or cold then this is a newly contracted pathogen stirring a lurking pathogen. If there is no aversion to wind or cold then this is a lurking pathogen discharging to the surface from the interior.

This idea was established, until Wang Shi-Shan (汪石山) clearly pointed out the demarcation of lurking pathogen and newly contracted disease theory. He believed that if there was damage in the winter from a cold pathogen but the disease developed in the springtime, this was a lurking pathogen warm disease. If during the springtime one was exposed to [abnormally] warm qi and immediately fell ill, this was a newly contracted warm disease.

When Ye Tian-Shi (叶天士) said "Warm pathogens are contracted in the upper part of the body, first attacking the Lungs, and they may be abnormally passed to the Pericardium", this even more clearly indicated the cause and the pathodynamic of a newly contracted warm disease.

These are the general ideas of newly contracted and lurking pathogen theory. I believe that the progression from lurking pathogen to newly contracted disease is our forefathers' gradual evolution in understanding of warm disease theory.

At the present, the question is whether both terms – newly contracted and lurking pathogen – should co-exist. Advocates for the term lurking pathogen argue that we definitely see symptoms of lurking pathogens in the clinic. Now I want to talk about my own clinical experience.

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■ Jason Blalack M.S., LAc is the author of the forthcoming book *Qin Bo-Wei's New Guidelines for Treatment* (working title), to be published in 2011 by Eastland Press. He maintains a private practice in Boulder, Colorado and runs a website highlighting Chinese medicine case studies: www.ChineseMedicineDoc.com

Lurking pathogen and newly warm disease both belong to heat type diseases; ancient and modern scholars agree. Here are some differences. A newly contracted warm pathogen disease develops immediately, a lurking pathogen warm disease does not. Newly contracted pathogenic diseases have exterior symptoms, lurking pathogen disease does not. Newly contracted diseases progress from the exterior to the interior, lurking pathogen diseases transmit from the interior to the exterior. Newly contracted diseases transmute very slowly, lurking pathogens transmute quite rapidly.

Clinically, is it really possible to make a clear diagnosis based on these parameters? I feel that it is very difficult. In addition, a lurking pathogen that is in the non-immediacy period of the disease has no symptoms. Furthermore, in the early stage of the onset of disease, lurking pathogens will often have many exterior symptoms, as well as rapid transmutations. In addition, newly contracted warm diseases can very quickly and immediately transform to an interior heat presentation.

On the other hand, from the source of lurking pathogen theory, the *Inner Classic*: "In the winter when there is damage by cold, then there must be a warm pathogenic disease in the spring." Therefore up until this point, all spring warmth patterns are caused by lurking pathogens, and the principle idea for treatment is to clear internal heat. However, wind warmth has the acrid cool release exterior formulas, *Sang Ju Yin* (Mulberry Leaf and Chrysanthemum Drink) and *Yin Qiao San* (Honeysuckle and Forsythia Powder). Spring warmth also has the acrid cool release exterior formula, *Cong Chi Jie Geng Tang* (Scallion, Prepared Soybean, and Platycodon Decoction). Although the names of the formulas are different, they are the same in substance.

| ***Yin Qiao San*** (Honeysuckle and Forsythia Powder) | ***Cong Chi Jie Geng Tang*** (Scallion, Prepared Soybean and Platycodon Decoction) |
|---|---|
| **Wind-warmth (newly contracted disease)** | **Spring-warmth (lurking pathogen)** |
| *Jin Yin Hua* (Lonicerae Flos) & *Lian Qiao* (Forsythiae Fructus) | *Lian Qiao* (Forsythiae Fructus) |
| *Jie Geng* (Platycodi Radix) | *Jie Geng* (Platycodi Radix) |
| *Bo He* (Menthae haplocalycis Herba) | *Bo He* (Menthae haplocalycis Herba) |
| *Dan Dou Chi* (Sojae Semen preparatum) | *Dan Dou Chi* (Sojae Semen preparatum) |
| *Jing Jie* (Schizonepetae Herba) | *Cong Bai* (Allii fistulosi Bulbus) |
| *Dan Zhu Ye* (Lophateri Herba) | *Dan Zhu Ye* (Lophateri Herba) |
| *Lu Gen* (Phragmitis Rhizoma) | *Zhi Zi* (Gardeniae Fructus) |
| *Niu Bang Zi* (Arctii Fructus) | |
| *Gan Cao* (Glycyrrhizae Radix) | *Gan Cao* (Glycyrrhizae Radix) |

■ Chart added for comparison. It does not appear in Qin's original essay.

As for the location of lurking pathogens, some physicians thought that they were located in skin and muscles, some in the muscles and bones, and also some thought they were located in the *shaoyin* and triple burner.

Consequently they thought that the lurking pathogen could exit from the *shaoyang, yangming*, or *shaoyin* as well as from the blood and yin aspects.

However, the treatment is exactly the same for the interior "spring warmth" pattern [which was the original name for a lurking pathogen emerging in springtime from a winter exposure] and for that of "wind warmth" [which was the original name for a newly contracted warm pathogen in springtime]: in both cases one differentiates and treats based on the signs and symptoms.

Actually we can say that after a warm disease presentation has undergone a pattern differentiation of the triple burner and protective, qi, nutritive, and blood, that the distinction of a newly contracted pathogen and lurking pathogen patterns loses its practical significance.

Furthermore, regardless of whether the lurking pathogen spontaneously erupts, comes about from a newly contracted pathogen, or if people use contemporary language saying the patient's disease is in a "latent period", it seems a bit hard to fathom that a pathogen is lying in some undetermined location for a season or more.[4] Consequently it is my opinion that the term, lurking pathogen, is not necessary in present day. However, we should admit that lurking pathogen theory did historically motivate the development of warm disease theory; it is a process of increasing understanding.

On the other hand, warm disease belongs to the scope of external diseases and we should also consider newly contracted diseases as such. However, due to internal factors, the onset of disease of a newly contracted warm pathogen can produce

particular transmutations.[a] For example, the *Inner Classic* pointed out "if there is storage of essence then warm disease will not occur in the spring." Essence here refers to the body's essential qi; hence a deficiency of essential qi is the cause of the onset of disease.

For another example of how internal factors can influence the onset of a newly contracted warm pathogen, the *Revised and Expanded Discussion of Warm Diseases* (Guang Wen Re Lun), points out that warm disease has "four damages" and "four insufficiencies." The four damages are great consumption (大痨 *da lao*), great desire, major disease, and chronic disease. The four insufficiencies are exhausted qi, blood, yin, and yang. I believe that the four damages are human matters whereas the four insufficiencies are endowed from heaven. The four damages are temporary, whereas the four insufficiencies are constitutional.

If these four damages and four insufficiencies are present and coupled with a warm pathogen, then often the pathogen will enter even more deeply, due to a correct deficiency (正虚 *zheng xu*). Once the pathogen enters deeply, transformations occur and it is difficult to evict. Consequently, the sequence of one's treatment method is different from a typical warm disease pathogen. In addition, Wang Meng-Ying (王孟英) said, you have to take extra care of children, after they get a warm disease, it can easily lead to internal heat. I consider these ideas related to what people call lurking pathogen warm disease.

Furthermore, in clinical application, if a patient with a newly contracted warm disease has a strong tendency towards internal heat, or they have yin aspect constitutional deficiency, their condition will transform to heat more rapidly than normal, and one will see very easily and quickly an internal pattern. This is similar to what people call lurking pathogen warm disease. Consequently, we don't need the name lurking pathogen. However, the meaning of lurking pathogen as well as the experience of ancient doctors treating lurking pathogens still requires us to pay attention to it. Furthermore it is necessary for us to organise and summarise these ideas.

**Jason's commentary**: Qin takes a somewhat controversial stance, asking us to look at the clinical implications and utility of the term lurking pathogen. We should ask, can we understand "lurking pathogen theory" just through our modern outline of Chinese medicine itself?

For example, *Huang Qin* (Scutellariae Radix) and *Mu Li* (Ostreae Concha) are said to address lurking heat in the interior, in the context of *Chai Hu Gui Jiang Tang* (Bupleurum, Cinnamon Twig, and Ginger Decoction). However, what is the value in naming this a lurking pathogen versus merely chronic interior heat?

As a further example, *Xie Bai San* (Drain the White Powder), written in 1119, is commonly described as treating lurking fire in the Lungs.[5] However, the original author did not explain it in this fashion and it was later authors, such as Wang-Ang (王昂) in 1682, who initiated the use of this term. Many other explanations throughout history for this formula's etiology have existed, such as constrained heat, constrained fire, and even simply Lung heat. Did Wang-Ang see something that others missed, or did he prefer a different set of terms to describe his clinical reality?

Essentially though, historical ideas such as lurking heat in the nutritive aspect were used to make up core treatment strategies for a heat pathogen in the nutritive aspect. Thus, nowadays, the treatment principles and methods should be congruent.

Although I think Qin has an important point, there may be some benefit in using, or at least understanding, how classical doctors used the term lurking pathogen. For example, there are specific treatment ideas and theory, especially in the warm disease current, that may warrant further examination. Take for example those from the famous Qing dynasty physician Liu Bao-Yi (柳宝诒). The use of the term may give us a handle on a certain genre of warm disease treatment strategies.

Many such strategies quite simply do not appear in modern textbooks. Hence the

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a That is, an internal constitutional pattern of, e.g. yin deficiency, qi deficiency etc., will influence how an externally contracted pathogen manifests in the body and how it transmutes.

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more simplified our medicine becomes, the more important it is to dive into original texts. There is a fine line between condensing material and losing essential information. I think the consolidation and simplification that has occurred over the past 50 years has gone far beyond what Qin originally envisioned when he developed his synthesis of Chinese medicine. Therefore, we may benefit from reclaiming some of the complexity that once existed, even from Qin's era.

In today's time though, the utility of the term needs to be questioned in a different manner. That is, the term lurking pathogen has become an *en vogue* term for describing any pathogen dormant in the body, or an illness that is reoccurring. Quite simply though, with such an approach, can't any pathogen (e.g. cold, damp, heat, phlegm etc.) involved in a chronic condition be considered a lurking pathogen? Hence, one cannot assume that using lurking pathogen theory, medicinals, or formulas (developed historically) will be correct in such cases. Proper Chinese medicine differentiation is paramount and in most (lingering pathogen) instances one's solution will most likely fall within the scope of basic Chinese medicine. Hence, I do not think that using the term as a general idea for a pathogen that lingers in the body is useful clinically.

Relating such conditions and formulas to lurking pathogens can actually steer us away from the proper treatment methods. For example, we often hear, and are taught, that *Xiao Chai Hu Tang* (Minor Bupleurum Decoction) is great for lurking pathogens. Consequently, when we see a patient who chronically gets sick or has a lingering problem we immediately jump to the class of formulas that "address" lurking pathogens.

A question to consider is, what formula is not good for "lurking pathogens" (as used in this general sense)? A very large percentage of formulas are appropriate for chronic "lurking pathogen" conditions. Even the simple *Gui Zhi Tang* (Cinnamon Twig Decoction) is routinely used for pathogens that are lodged in the muscle layer for sometimes years at a time. Along the same lines, *Xiao Chai Hu Tang* (Minor Bupleurum Decoction) is appropriate for a cold pathogen lodged in, or constraining, the *shaoyang*. Hence, more important than labeling something as a lurking pathogen, is to ascertain the type of pathogen (cold, hot, damp, etc.) and location of the pathogen (e.g. *shaoyin*, membrane source, the minute collaterals at the blood level, etc.). This ultimately brings us closer to fundamental Chinese medicine diagnostics.

Because of this more modern broad convention, the term is currently overused and creates confusion when trying to put it into context of Chinese medicine's historical usages. It is quite possible that we need a new term to define our modern interpretations to help differentiate them from historical usages. This is because, as we have seen, the meaning of the term lurking pathogen has become convoluted. This is not only within Chinese medicine's past, but also due to our Western integration of the concept of "lingering" pathogens, such as viruses. Quite simply, people are using this single term in different ways. Nonetheless, we should constantly evaluate possible unique usages throughout history and in the modern-day clinic.

### 3. A restructuring of Warm Disease names

*(Qin continues)*

The names in the warm disease current are extremely complicated. Besides the name, warm disease itself, there is wind-warmth, spring-warmth, summerheat-warmth, autumn-warmth, winter-warmth, damp-warmth, warm-epidemic, warm-toxin, warm-malaria, as well as lurking summerheat, autumn-dryness etc. All of these are within the scope of warm disease.

I think that these should be restructured with some added explanation. Only after we rectify these terms will we be able to perform some judicious pruning.

(1) **Spring-warmth**: Warmth is the qi of spring and the onset of warm disease mostly occurs in the spring season. In the *Inner Classic* it clearly points out that "[if the disease occurs] before the summer solstice then it is warm disease." This shows that spring warmth is a seasonal disease of springtime, but one that has been influenced by "damage from cold during winter"; most people

regard spring warmth as a lurking pathogen warm disease.

(2) **Wind-warmth** is a newly contracted warm disease that occurs in spring. Ye Tian-Shi said "Wind warmth is a result from the contraction of wind during the spring months, when the wind's qi is already warm." In fact, "wind-warmth" is the true springtime warm disease, since "spring warmth" was the name used for the lurking pathogen that manifested in the springtime. They had to have a new name (e.g. "wind warmth") for a simple exposure to warm pathogen in the springtime because [the most logical name] "spring warmth" was already taken.

(3) **Summerheat-warmth** is a warm disease that occurs in the summer. It is caused by summerheat combined with damp heat. Therefore summerheat that has a tendency towards warmth is called summerheat-warmth. Summerheat that has a tendency towards damp is called damp-warmth. These are different than the general warm disease outline.

(4) **Autumn-warmth** is a newly contracted warm disease that occurs in the autumn.

(5) **Winter-warmth** is a newly contracted warm disease that occurs in the winter. It commonly comes about because of seasonal qi warmth.

(6) **Damp-warmth** is a pattern related to a warm pathogen confined with dampness.

(7) **Warm-epidemic** is a heat type presentation related to seasonal epidemics.

(8) **Warm-toxin** is a pattern related to wind-warmth that manifests with local redness, swelling, and heat type pain, such as swollen face epidemic (大头瘟 *da tou wen*), epidemic parotitis (蛤蟆瘟 *ha ma wen*) etc..

(9) **Warm-malaria** is a warm pathogen that forms into malaria.

(10) **Lurking summerheat** refers to a summerheat-warmth disease that erupts in the autumn, and is actually a pattern of autumn-warmth confined with dampness.

(11) **Autumn-dryness** refers to a pattern of dry heat in autumn that actually has nothing to do with warm disease.

If this type of explanation is correct then my opinion is that after we resolve newly contracted and lurking pathogen issue, then spring-warmth, wind-warmth, summerheat-warmth, autumn-warmth and winter-warmth all can be unified. Damp-warmth, warm-epidemic, warm-toxin can be preserved [as their own disease]. Lurking-summerheat and autumn-dryness should belong to the scope of summerheat disease and dry disease [respectively]. Warm-malaria should be in the scope of malaria. Our forefathers realised that these all belong to externally contracted heat diseases. However, their classification methods were fairly problematic.

Hence, if we could unify cold damage and warm disease theory, systematise warm disease theory, sort out the summerheat, autumn dryness and epidemic pestilence patterns, then Chinese medicine's externally contracted disease theory could be integrated.

In regard to the issue of warm disease systematisation, the beginning of the book *The Importantly Revised and Expanded Discourse on Warm-Heat Disease* (*Zhong Ding Guang Wen Re Lun*) points out "five methods for differentiating warm-heat diseases". Immediately following are the "treatment methods for the fundamental warm-heat disease pattern", "treatment methods for concurrent warm-heat disease patterns" and "treatment methods for warm-heat complicated patterns". That is, this "fundamental warm-heat disease pattern" is caused by a single basic warm disease pathogen. The book presents this fundamental presentation and its transmutations.

Thus there is the basic pattern with its possible associated pathogens (e.g. wind, dampness, toxin), as well as conditions that may complicate this basic pattern such as phlegm-water, by blood amassment, or by Spleen deficiency or Kidney deficiency. This type of organisational method enables one to understand the overall picture, as well as aiding in differentiating the primary and secondary issues.

By using such academic thinking and analysis of these issues, we have a relatively more advanced understanding as [compared to the past].

## Endnotes

1. First mentioned in Chapter 4 of *Basic Questions* (素问 Su Wen).
2. Actually Zhang Ji (张机) in the *Essentials of the Golden Cabinet* (Jin Gui Yao Lue) first introduced treating internal disharmonies via differentiation of the three burners.
3. Actually Qin uses the term lurking qi (伏气 *fu qi*) throughout his essay. However within this paper I choose the more recognisable term lurking pathogen (伏邪 *fu xie*). It should be noted that there are various English translations for this term lurking (伏 *fu*), such as hidden, deep-lying, or lingering.
4. To elaborate further, many physicians such as Ding Xue-Ping, believe that a lurking pathogen must be hidden away for a warm pathogen heat disorder to manifest. However, how does one actually know that there is a pathogen hidden away, especially when there are no symptoms present beforehand? Hence when the patient actually becomes ill, how can one be certain that this is because of pathogen that has just been lingering unnoticed, versus a pathogen that just entered the body? As Qin points out, it is not easy to make such clinical determinations.
5. *Di Gu Pi* (Lycii Cortex), *Sang Bai Pi* (Mori Cortex), *Gan Cao* (Glycyrrhizae Radix) and *Jing Mi* (nonglutinous rice).