

Lurking pathogens

A case study from the late Qing dynasty

■ Part 1

By Jason Blalack & Charles Chace

Introduction and Liu Bao-Yi's biography

Liǔ Bǎo-Yí (柳寶詒) (1842-1901) is a transitional figure in the development of warm disease theory, positioned as he is at the end of the Qing dynasty and at the cusp of the modern era. Born in the province of Jiāng Sū, the county of Jiāng Yín and the town of Zhōu Zhuāng, his courtesy name was Zì Gǔ-Sūn and his assumed name was Guān Qún-Qīng. Liǔ studied Confucianism in his youth but quickly abandoned it to study medicine. He was renowned both for his ability to diagnose and treat warm diseases (瘟病 *wēn bìng*), and for his innovative theories. Early in his practice he became famous for his ability to cure every patient, a reputation bolstered by his successful treatment of a high government official. Later in his life, Liǔ returned to Zhōu Zhuāng where he wrote and taught many students, a number of which went on to become well-known physicians in their own right. His best-known work is a compilation of case studies with commentary, entitled *Liu's Selection of Case Records by Four Physicians* (*Liu Xuan Si Jia Yi An*). The case presented below is excerpted from this book.

Liǔ is best known for his work in understanding lurking pathogens (伏邪 *fú xié*), a topic he spent his life studying and that he treated with great success. A warm disease lurking pathogen refers to a pathogen that is contracted, brews, and lurks in the inte-

rior, or alternatively might be nothing more than an ongoing accumulation of internal heat. In either case a new warm disease pathogen or disrupting factor can pull out the lurking pathogen creating a complex and sometimes serious eruption. Many times the initial stages will manifest as interior heat, but there are also many similarities to the initial stages of an exterior warm disease. Liǔ established important guidelines in treating such diseases.

Much of Liǔ's thinking can be understood as a development of ideas advanced by Wáng Mèng-Yīng whose work was based in turn on Yè Tian-Shì's. Liǔ made three major contributions to the treatment of lurking pathogens in warm disease.

1) Liǔ believed that even though cold damage (伤寒 *shāng hán*) tends to damage a person's yáng, and warm disease (瘟病 *wēn bìng*) tends to scorch a person's yin, both theories account for the relationship between the body's correct qì and the pathogen (邪 *xié*), and states of deficiency and excess within the body. He was therefore of the opinion that warm disease can be treated in accordance with the methods of the six channels described by cold damage theory even though lurking pathogens in warm disease transmute via different routes than pathogens associated with cold damage. In the case that follows, both the original physician and Liǔ Bǎo-Yí rely on six-channel theory as their primary diagnostic paradigm even as they treat in a manner that is entirely consistent with the principles of warm disease. Our commentary on this case draws upon both six channel and four aspect theory as a means for

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Fluids become a major issue in following visits: if one considers the etiology of lurking pathogens, it can help explain the extreme situation that is to come.

胸闷头痛，寒热往来，邪在少阳。有汗热仍不解，是伤于风也。舌心苔薄，边色干红，阴亏之体，邪未外达，而津液暗伤，渐有化燥之象。证经七日，中脘拒按，似欲大便而不得出，少阳之邪传及阳明，胃气将燥实矣。防其谵语。拟少阳阳明两解法治之。柴胡 黄芩 半夏 枳实 甘草 瓜蒌仁 豆豉 黑栀 桔梗 竹茹 另滚痰丸(一钱五分)。治按：温邪深伏者，往往有汗不解，未必皆因于风也。少阳阳明合病，是大柴胡证，想因将燥未燥，故不用大黄，稍用滚痰丸以示意也。

Visit 1

[This patient has] chest oppression, headache, and alternating fever and chills, [indicative of] a pathogen located in the shào yáng. He is sweating with a fever that is still unresolved, which is damage due to wind. There is a thin coat in the center of his tongue and the sides are dry and red. In a yin-depleted body, with a pathogen that is unable to reach outward [to be resolved], and also fluids that have become secretly damaged, these are signs of a gradual transformation into dryness. The condition has persisted for seven days, he has epigastric discomfort upon palpation, and although he wants to move his bowels he cannot. The pathogen in the shào yáng has passed into the yáng míng, and the Stomach qì is about to become dry and replete. [The goal is to] avert the onset of delirious speech. The plan is to use methods for resolving both the shào yáng and yáng míng to treat [this condition].

Chái Hú
Dòu Chí
Zhī Shí

Guā Lóu Rén
Bàn Xià
Jié Gěng
Gān Cǎo

Huáng Qín
Hēi Zhī
Zhú Rú

1 qian & 5 fen of Phlegm-Rolling Pill (*Gǔn Tán Wǎn*) taken in addition to the above formula.

Liǔ Bǎo-Yī's comments: Deeply hidden warm pathogens often appear in conditions characterised by frequent sweating without resolution; this is not necessarily due to wind. Shào yáng-yáng míng combination diseases are *Dà Chái Hú Tāng* (Major Bupleurum Decoction) patterns. Wang believed the patient was developing signs of dryness but not yet suffering from dryness, and hence did not use *Dà Huáng* but instead a small dose of Phlegm-Rolling Pill to indicate his intent [i.e. purging].

describing the pathodynamics at play.

2) He pioneered the treatment method of assisting the yin to draw out a lodged pathogen when there is warm disease with yin deficiency. This was most likely developed from Wáng Mèng-Yīng's idea that if the Stomach fluids are not exhausted, the patient will not die, and the concept of "rescuing the fluids of the yáng míng" to treat warm-heat diseases. This all stemmed from the words of Yù Jiān-Yán: "The qì of true heaven that a person is born with are the fluids in the Stomach."

3) Liǔ pointed out that the symptom of "daze"¹ (i.e. coma) in warm disease was not from profound excess but from profound deficiency. In patients with purely excess heat one often purged the bowels to bring someone out of a coma; one could not do this if the patient's condition was purely deficient.

All of Liu's essential ideas were based on the theories and interpretations of earlier physicians. His own contributions are part of a continuous flow of information linking one theory to the next. Given the current popularity of the concept

of lurking pathogens, and the speculation that is often associated with them, we have found it especially useful to ground ourselves in the writings of those who have spent their lifetimes developing such theories. The authors' approach to the case that follows is based on the principle that it's often more fruitful to study one thing carefully than to develop a superficial understanding of many disparate ideas, and it has deepened considerably our understanding of the application of warm disease theory.

This case study demonstrates some of the ideas fundamental to understanding lurking pathogens. It not only exemplifies many of the common principles of warm disease theory, but also presents a number of other concepts less commonly discussed in the literature. These include:

- 1) Lurking pathogens present as multiple pathogens occurring on multiple layers.
- 2) Clearing one layer may uncover a pathogen on a deeper layer.
- 3) The deeper one goes, the more severe the presentation may be.²

■ A glossary of herb names used in this article appears on page 36.

4) The pathogenic expression of these deeper levels is sensitive to lifestyle factors, particularly dietary indiscretions.

In this case study, Liǔ Bǎo-Yī comments on a case record by another eminent physician, Wáng Xù-Gāo (王旭高)³ (1798-1862), providing the reader with two points of view. Wáng himself did not even consider this a lurking pathogen and it is instructive to consider how each physician approached the case. The material is presented in both Chinese and in translation. Each visit is followed by our commentary and analysis. The first is on the facing page, with commentaries below.

Wáng Xù-Gāo's interpretation:

■ This disease is due to an external wind invasion that has penetrated to the shào yáng-yáng míng levels. Wáng not only acknowledges that the fluids had become damaged and signs of dryness were starting to emerge, but the pathogen was unable to be resolved.

■ He assumes that the etiology involved a progression from tái yàng to shào yáng to yáng míng.

Liǔ Bǎo-Yī's interpretation:

■ The pathodynamic is not necessarily due to wind, but is instead an expression of a lurking pathogen.

■ Although the fluids are not yet completely depleted, they have become sufficiently impaired so that phlegm is forming. This mild degree of fluid damage does not preclude the use of purgative methods. *Gǔn Tán Wǎn*'s use here is based primarily on its general purgative influence, which is the means by which it transforms phlegm.

■ Liǔ agrees with Wáng in all the particulars of the case except for its etiology.

Translators' interpretation & comments:

■ Physicians of Wáng's era typically strove to combine the classical cold-damage (*shāng hán*) model with the more modern warm disease (*wēn bìng*) paradigm. Wáng's initial assessment of this case as a shào yáng-yáng míng level disease exemplifies such an integrative perspective.

■ In cold-damage patterns, delirious speech occurs when Stomach fluids become dry. Wáng wanted to prevent this possibility, and we might assume that he felt that eliminating the root, phlegm-heat, would be sufficient.

■ Notice that Wáng's formula does not directly address the fluid depletion even though he says the fluids had been damaged. He considers the fluid depletion of little regard. Liǔ notes that there are signs of dryness but the patient was not yet suffering from dryness. However, fluids do become a major issue in following visits. If one considers the etiology of lurking pathogens, it can help explain the extreme situation that is

to come. Lurking pathogens can hide in the deep layers of the body and insidiously damage yin. It is not the current "wind pathogen" that is causing the dry red tongue, but an ongoing or constitutional condition fueled by a lurking pathogen.

■ Liǔ does not tell us why he thinks the lurking pathogen came about.

■ Liǔ counsels that conditions characterised by ongoing sweating without resolution accompanied by signs resembling an exterior involvement may actually be due to a lurking pathogen.

■ This visit's condition was brought about by a lurking pathogen characterised by phlegm, heat, or phlegm-heat. Either way, there were two pathogenic factors, phlegm and heat, and it was necessary to remove them prior to engendering fluids. This assumes that the heat and/or fluid depletion was mild. This also explains the presence of *Bān Xià*, *Zhú Rú*, *Zhī Zǐ*, and the absence of *Bái Sháo* (normally in *Dà Chái Hú Tāng*) in a formula that is supposed to be treating the imminent onset of fluid dryness.

Herb analysis:

■ This formula may also be understood as a combination of *Huáng Qín Tāng* (Scutellaria Decoction) and *Zhī Zǐ Dòu Chǐ Tāng* (Gardenia and Prepared Soybean Decoction), both of which function to vent lurking pathogens outwards. Interestingly, although Wáng understood the concept of lurking pathogens, he did not identify the presence of one here. He viewed the etiology exclusively in terms of a wind invasion. The fact that Liǔ does not quarrel with Wáng's treatment indicates that both etiologies require the same treatment approach. For example, after exterior wind has penetrated to the interior and transformed to the above presentation, one must include a passageway out through the exterior. Furthermore, the concept of evicting a pathogen outwards for such a pattern is a further evolution (or deviation) from a cold-damage approach. The typical cold-damage yáng míng-tái yàng patterns do not include exterior venting medicinals, and typically concentrate on evicting through the bowels. This exemplifies a basic warm disease (*wēn bìng*) concept that when dealing with wind invasions or lurking pathogens, one must always try to vent it outwards as well as downward via the bowels and urine. One might say the more viable avenues of exit the better.

■ The *Gǔn Tán Wǎn* (phlegm rolling pill) purges and transforms existing phlegm more gently than *Dà Huáng*.

■ *Jié Gěng* and *Guā Lóu Rén* are included in the prescription to open the chest and assist in moving the bowels.

■ *Dàn Dòu Chǐ* and *Zhī Zǐ* are used to treat vexing heat in the chest. Although not explicitly stated in Wáng's case, these symptoms are described in a subsequent note as having been eliminated.

But [people should know that] lurking warm pathogens such as this have many layers. One layer can resolve, and then one to two days later another layer may thrust out. Moreover, the pathogen thrusting out from subsequent layers will invariably be worse than the first.

再诊：得汗得便，邪有松达之机，是以胸闷、心跳、烦懊等证悉除，而头痛略减也。虽自觉虚馁，未便多进谷食，亦未可即投补剂，但和其胃，化其邪可耳。 豆豉 炒香半夏 川贝 炒 陈皮 赤茯苓 郁金 石斛 通草 竹茹 诒按：方极受治。

Visit 2

[The patient] had a sweat and a bowel movement, which loosened the mechanism of the pathogen. This has eliminated the chest oppression, throbbing of the Heart, vexation and annoyance, and produced a slight decrease in the headache. Although the patient feels weak and hungry, it would not be good if he ate too much, and it is also inappropriate to administer supplementing medicinals at this time. Therefore harmonizing the Stomach and transforming the [remaining phlegm] pathogen is all that is necessary at the moment.

<i>Dàn Dòu Chǐ</i> (fragrantly stir-fried)	<i>Bàn Xià</i>	<i>Chuān Bèi</i> (stir-fried)
<i>Chén Pí</i>	<i>Chì Fú Shén</i>	<i>Yù Jīn</i>
<i>Shí Hú</i>	<i>Tōng Cǎo</i>	<i>Zhú Rú</i>

Liǔ Bǎo-Yì's comments: The formula is extremely appropriate.

Translators' interpretation & comments:

- The sweat and bowel movement were indicators that the pathomechanism had begun to relax. Previous sweats had not been effective, and although this prescription was not specifically diaphoretic in nature, the sweat that occurred was the result of the relaxation of this pathomechanism.
- The shào yàng-yáng míng pathomechanism was now resolved leaving a remnant phlegm

pathogen. Some heat also remained.

■ The heat made the patient feel hungry, but the remaining phlegm meant eating too much was contraindicated.

■ The pathogenic influence as a whole had diminished and now some fluid engenderment could begin, to protect the Stomach.

■ Including more evicting medicinals could have helped prevent subsequent complications.

Herb analysis:

■ *Dàn Dòu Chǐ* (fragrantly stir-fried) continued to provide a pathway for venting heat to the exterior. Note the Heart/irritability symptoms are gone.

■ *Bàn Xià*, *Chuān Bèi*, and *Chén Pí* all transform phlegm. *Chuān Bèi* has the secondary function of moistening as opposed to choosing *Zhè Bèi Mǔ*.

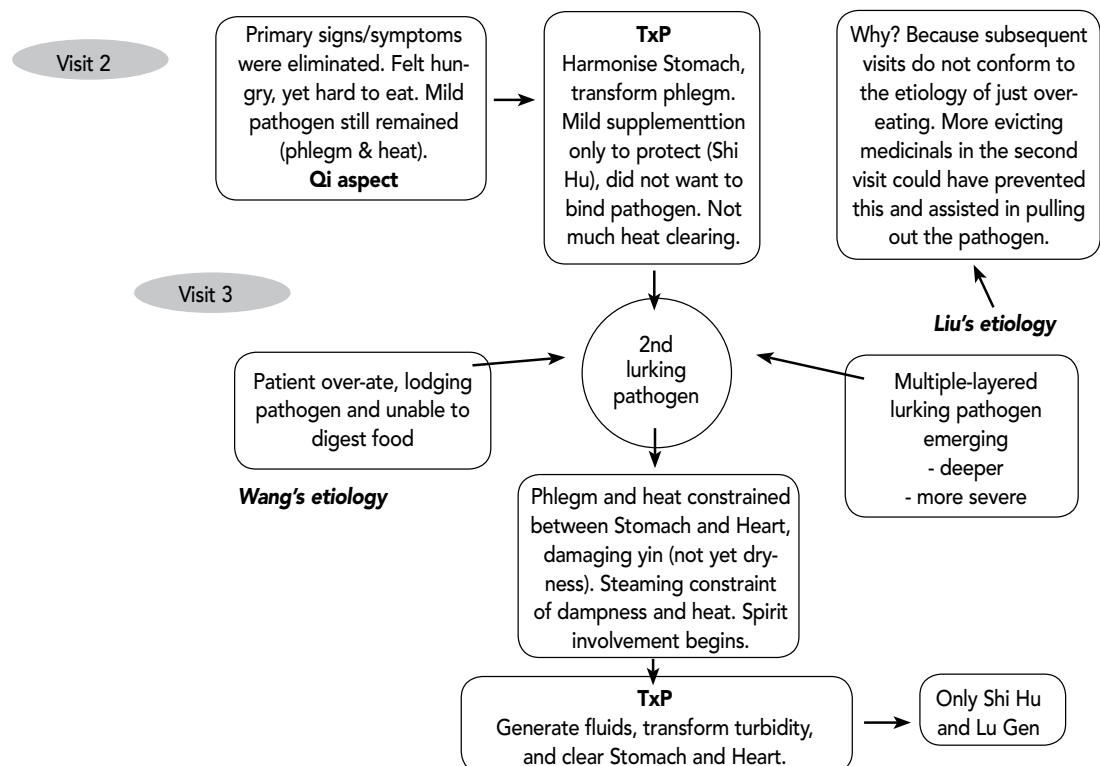
■ *Chì Fú Shén*, *Yù Jīn*, *Shí Hú*, *Tōng Cǎo* and *Zhú Rú* all clear heat in addition to their other functions.

■ *Chì Fú Shén* and *Tōng Cǎo* clear heat by disinhibiting dampness.

■ *Yù Jīn* clears heat, transforms phlegm, and resolves qi constraint in the chest.

■ The combination of the *Chì Fú Shén* and *Yù Jīn* also serves to clear heat from the Heart and Pericardium, further protecting the patient from delirium.

■ The inclusion of *Shí Hú* reflects the addition of the principle of fluid protection. Although, according to some, *Shí Hú* is a questionable call because it can also trap a pathogen in.



三诊：得汗得便之后，用和胃化邪法，一剂颇安，两剂反剧。良以畏虚多进谷食，留恋其邪，不能宣化，郁于心胃之间，湿蕴生痰，热蒸液炼，遂见烦躁、恶心、错语等证。两手寸关脉细滑数，两尺少神，舌边干红，心苔黄腻。皆湿热郁蒸，将燥未燥，欲陷未陷之象。当此阴亏之体，能不虑其内陷乎。拟导赤、泻心各半法，生津化浊，和胃清心。犀角 川连 半夏 枳实 赤苓 鲜石斛 连翘 橘红 黑栀 生草 通草 郁金 竹茹 芦根 另万氏清心丸（六分）。治按：推论病原，未尝不细意研求。但伏温之邪，每多一层。解后，停一二日再透一层，且每有后一层之邪更甚于前者。此证乃第二层之邪发作耳。观后数案，病情自明。若谓谷食恋邪，与以后病情不合矣，且不至有如此重候也。查万氏原方中，山栀、川连、郁金，均已入煎剂，所少者牛黄一味耳，且似此病情，可不必加用。

Visit 3

After having [taken the first prescription] that induced a sweat and a bowel movement, I administered the method of harmonizing the Stomach and transforming the pathogen. The patient [initially] felt quite peaceful after taking the first dose of herbs; however, he then took a severe turn for the worse after taking the second dose of herbs. As the good man was worried about his deficient condition he over-ate [thinking that he would strengthen himself, but actually just] caused the pathogen to become lodged. Now it is unable to diffuse and transform, and is constrained between the Heart and Stomach resulting in an accumulation of dampness engendering phlegm. This has produced a steaming heat that evaporates and condenses the fluids, leading to vexation and agitation, nausea, and confused speech. His pulse, on both hands in the *cùn* and *guān* positions, is thin, slippery, and rapid. Both *chǐ* positions lack spirit. The lateral edges of the tongue are dry and red, while in the centre the coat is yellow and slimy. This is all steaming constrained dampness and heat – signs of the pathogen about to become dryness but not as yet dryness, threatening to sink deeper into the body, but not yet sinking. Given the body's yin depletion how can one not be worried about the potential for sinking interiorly? The plan is to use a treatment method based half on *Xiè Xīn Tāng* (Drain the Epigastrium Decoction) and half on *Dǎo Chì Sǎn* (Guide Out the Red Powder) in order to generate fluids, transform turbidity, and clear the Stomach and Heart.

<i>Xi Jiao</i>	<i>Chuān Lián</i>	<i>Bàn Xià</i>	<i>Zhǐ Shí</i>
<i>Chì [Fú] Líng</i>	<i>Xiān Shí Hú</i>	<i>Lián Qiào</i>	<i>Jú Hóng</i>
<i>Hei Zhī</i>	<i>Shēng [Gān] Cǎo</i>	<i>Tōng Cǎo</i>	<i>Yù Jīn</i>
<i>Zhú Rú</i>	<i>Lú Gēn</i>		

In addition, 6 fen of Mister Wan's Heart-Clearing Pill was administered.

Liǔ Bǎo-Yī's comments: In deducing the cause of disease, [I] would never be so careless in my exploration of the case [as was Wáng]. But [people should know that] lurking warm pathogens such as this have many layers. One layer can resolve, and then one to two days later another layer may thrust out. Moreover, the pathogen thrusting out from subsequent layers will invariably be worse than the first. This case is an example of the outbreak of a two-layered pathogen. One need only review the subsequent visits and the patient's condition becomes self-evident. If we infer that his diet trapped the pathogen, then this [inference] does not conform to the subsequent expression of the disease. Moreover, [the patient] would not have developed such severe symptoms. [Finally], if one examines the contents of Mister Wan's original formula we see that *Shān Zhī*, *Chuān Lián*, *Yù Jīn* were already present in the decoction; all it lacked was the single herb *Niú Huáng*. So, given the patient's condition, it really was unnecessary to add it [ie, Mister Wan's Heart-Clearing Pill].

Translators' interpretation & comments:

■ According to Wáng, the overeating, not the prescription nor the circumstance, was responsible for the deterioration of the patient's condition. Nevertheless, Liú's discussion suggests that the deterioration was simply a reflection of a deeper layer of the lurking pathogen making itself evi-

dent. This is an interesting perspective in that Liǔ concurred with Wáng's treatment despite his belief that Wáng had misunderstood the etiology of the case. We must then surmise that nothing could have been done to prevent this layer from emerging. This entry illustrates two points.

1) It was not a mistreatment that brought this

The pathogen has penetrated into the Pericardium where it is obstructed and cannot be evicted. Urgently clear, drain, and aromatically open, in the hopes of turning the disease around.

Herb glossary

Bái Shāo (白芍) *Paeoniae Lactiflorae*, Radix Albus
Bàn Xià (半夏) *Pinelliae Ternatae*, Rhizoma
 Praeparata
Bei Shā Shēn (北沙参) *Glehniae seu Adenophorae*,
 Radix
Bò Hé (薄荷) *Menthae Haplocalysis*, Herba
Chái Hú (柴胡) *Bupleuri*, Radix
Chén Pí (陈皮) *Citri Reticulatae*, Pericarpium
Chì [Fú] Líng (赤茯苓) *Poriae Cocos*, Sclerotium
 Rubrum
Chì Fú Shén (赤茯神) *Poriae Cocos*, Sclerotium
 Pararadicis
Chì Shāo [Yào] (赤芍药) *Paeoniae Lactiflorae*,
 Radix Rubrus
Chuān Bèi [Mǔ] (川贝母) *Fritillariae Cirrhosae*,
 Bulbus
Chuān Lián (川连) *Coptidis Rhizoma*
 Sichuanense
Dà Huáng (大黄) *Rhei*, Radix et Rhizoma
Dà Shēng Dì (大生地) *Rehmanniae*, Radix
Dàn Dòu Chí (淡豆豉) *Sojae*, Semen Praeparatus
Dàn Zhú Yè (淡竹葉) *Lophatheri Gracilis*, Herba
Dōng Guā Rén (冬瓜仁) *Benincasae Hispidae*,
 Semen
Dòu Chí (淡豆豉) *Sojae*, Semen Praeparatus
È Jiāo (阿膠) *Asinii*, Gelatinum
Fú Líng (茯苓) *Poriae Cocos*, Sclerotium
Gān Cǎo (甘草) *Glycyrrhizae*, Radix
Gān Cǎo Shāo (甘草梢) *Fine Licorice Root*
 (Glycyrrhizae, Radix)
Gé Gēn (葛根) *Puerariae*, Radix
Gēng Mǐ (糯米) Non-glutinous rice
Gū Yá (谷芽) *Oryzae Sativae*, Fructus Germinatus
Guā Lóu Rén (瓜蒌仁) *Trichosanthis Kirilowii*,
 Semen
Hǎi Shēn (海參) *Stichopus*
Hei Zhī [Zǐ] (黑軀子) *Gardeniae Fructus*
Huáng Bái (黃柏) *Phellodendri*, Cortex
Huáng Lián (黃連) *Coptidis Chinensis*, Rhizoma
Huáng Qín (黃芩) *Scutellariae Baicalensis*, Radix
Jī Zǐ Huáng (鷄子黃) Chicken egg yolks
Jiē Gēng (桔梗) *Platycodi Grandiflori*, Radix
Jīn Yīn Huà (金銀花) *Lonicerae Japonicae*, Flos
Jīng Jiē (荊芥) *Schizonepetae Tenuifoliae*, Herba
Jú Hóng (橘紅) *Citri Erythrocarpae*, Pars Rubra
 Epicarpium
Lián Qiào (連翹) *Forsythiae Suspensae*, Fructus
Lú Gēn (蘆根) *Phragmitis Communis*, Rhizoma
Máng Xiāo (芒硝) *Mirabilitum*
Mài Dōng (麥冬) *Ophiopogonis Japonici*, Tuber
Mú Dān Pí (牡丹皮) *Moutan*, Cortex Radicis
Mú Tóng (木通) *Clematidis Armandii*, Caulis
Niú Huáng (牛黃) *Bovis Calculus*
Niú Bàng Zǐ (牛旁子) *Arctii Lappae*, Fructus
Niú Xī (牛膝) *Achyranthis Bidentatae*, Radix
Rén Shēn (人參) *Ginseng*, Radix Panacis
Rén Zhōng Huáng (人中黃) *Urinae Hominis*
Sā Shēn (沙參) *Adenophorae seu Glehniae*,
 Radix
Shān Zhī (山梔) *Gardeniae Jasminoides*, Fructus
Shēng Dì Huáng (生地黃) *Rehmanniae*, Radix
Shēng [Gān] Cǎo (生草) *Glycyrrhizae*, Radix, raw
Shēng Má (升麻) *Cimicifugae*, Rhizoma
Shēng Mài Yá (生麥芽) *Hordei Fructus*
 germinatus
Shí Chāng Pú (石菖蒲) *Rhizoma Acorus*
 Graminei
Shí Gāo (石膏) *Gypsum Fibrosum*
Shí Hú (石斛) *Dendrobii*, Herba
Shú Dì [Huáng] (熟地黃) *Rehmanniae*, Radix
 Praeparatae
Tián Xīng Rén (甜杏仁) *Armeniacae Semen Dulce*
Tiān Zhú Huáng (天竹黃) *Bambusae*, Concretio
 Silicea
Tōng Cǎo (通草) *Tetrapanacis Papyriferae*, Medulla
Xī Jiǎo (犀角) *Rhinocerotis Cornu*
Xī Yáng Shēn (西洋參) *Panaxis Quinquifolii*,
 Radix
Xiān Bó Hé Gēn (鮮薄荷根) *Menthae haplocaly-*
 cis, Fresh Radix
Xiān Dì Shēng (鮮地生) *Rehmanniae*, Fresh Radix
Xiān Dì (鮮地) *Rehmanniae*, Fresh Radix
Xiān Hú (鮮斛) *Dendrobii*, Fresh Herba
Xiān Shí Hú (鮮石斛) *Dendrobii*, Fresh Herba
Xuān Míng Fēn (玄明粉) [mang xiao powder]
 Mirabilitum (powder)
Xuān Shēn (玄參) *Scrophulariae Ningpoensis*,
 Radix
Yáng Shēn (洋參) *Panaxis Quinquifolii*, Radix
Yú Jīn (郁金) *Curcumae*, Tuber
Zāo Rén (棗仁) *Ziziphi spinosae*, Semen
Zhè Bèi Mǔ (浙貝母) *Fritillariae Thunbergii*,
 Bulbus
Zhè Zhī (蔗汁) Sugar Cane Juice
Zhī Gān Cǎo (炙甘草) *Glycyrrhizae Melle Tosta*,
 Radix
Zhī Mǔ (知母) *Anemarrhenae Asphodeloidis*,
 Rhizoma
Zhī Shí (枳實) *Citri Aurantii*, Fructus Immaturus
Zhī Zǐ (枳子) *Gardeniae Fructus*
Zhú Rú (竹茹) *Bambusae in Taeniis*, Caulis
Zhú Yè (竹葉) *Lophatheri Gracilis*, Herba

emergence, but a circumstance of overeating (diet) plus a previous lurking pathogen. This lurking pathogen can also be viewed as a constitutional condition of the patient.

2) In the presence of multiple layers of lurking pathogens, one must work through successive layers, evicting what are sometimes progressively more severe pathogens.

■ Although the patient had overeaten and was unable to fully digest his food, the formula did not address food stagnation. Furthermore even with the etiology, there was no purging at this stage. This is because at that time neither food nor damp-heat-phlegm complexity was located in the Intestines, the target for purging. Food stagnation was not addressed because “the food” had already merged/transformed with other pathogens resulting in dampness and phlegm.⁴

四诊：证交十二日，身热不扬，神昏舌短苔霉。邪入膈中，闭而不达。急急清泄芳开，希冀转机为妙。犀角 鲜地生豆豉四钱 连翘 玄参 牛蒡子 枳实 郁金 天竹黄 石菖蒲 鲜石斛 鲜薄荷根 芦根 另紫雪丹五分。诒按：此接病情，大是可危。

Visit 4

The illness has persisted for 12 days, the generalised fever has not resolved, the spirit is clouded, and the tongue shortened with a mold-like coating. The pathogen has penetrated into the chest centre/Pericardium where it is obstructed and cannot be evicted. Urgently clear, drain, and aromatically open, in the hopes of turning the disease around.

Xī Jiǎo *Lián Qiào*
Xiān Dì Shēng (mixed with 4 qián of
Dòu Chǐ, smashed together)

Xuān Shēn *Niú Bàng Zǐ*
Zhǐ Shí *Yù Jīn*
Tiān Zhú Huáng *Shí Chāng Pú*
Xiān Shí Hú *Xiān Bó Hé Gēn*
Lú Gēn

Taken in addition to 5 fēn of *Zǐ Xuě Dān* (Purple Snow Elixir).

Liú Bǎo-Yī's note: This condition is extremely grave.

Translator's note: *Xiān Dì Shēng* (*Xiān Shēng Dì Huáng*) clears more heat than *Shēng Dì* and generates less fluids.

Purple Snow's Pattern: Veiling of the Pericardium by transmission of heat and phlegm. Clinical manifestations: deep red tongue body, muddled consciousness and delirium, cold extremities and a hot thorax, stiffness of the tongue and difficulty speaking, and high fever.

Translators' interpretation & comments:

■ There is phlegm-heat in the chest-centre—Pericardium.

Visit 4

Pathogen obstructs and penetrates deep into the chest and Pericardium. Construction aspect [Phlegm & heat in Pericardium].

TxP
 Clear, drain, aromatically open. (Pray for a miracle). No focus on Stomach at this point. Mistake?

Herb analysis:

■ *Lián Qiào* shifts the pathogen from the nutritive aspect back outward to the qi aspect.

■ *Niú Bàng Zǐ* is similar to *Lián Qiào*, in that it can shift the pathogen from the nutritive to the qi aspect. It also can mildly promote bowel movements, opening another avenue to evict the pathogen.

■ Purple Snow Elixir treats the patterns of “blazing heat sinking into the Pericardium generating internal Liver wind” or “veiling of the Pericardium by transmission of heat and phlegm”.⁵

■ *Bó Hé Gēn*'s properties are acrid and cold, and enters the Lung, Spleen and Pericardium. It mobilizes qi in those three organs and helps evict the pathogen from the deep layers (Pericardium), especially combined with *Shēng Dì*.

■ *Dàn Dòu Chǐ* is mixed with *Xiān Dì Shēng* so that it is not as cloying so as not to trap the pathogen. Together they clear heat and slightly nourish yin. One opinion is that the *Dàn Dòu Chǐ* helps vent the pathogen from the nutritive aspect outwards.

■ *Tiān Zhú Huáng* clears and transforms phlegm heat: for phlegm heat in the Lungs with difficult to expectorate sputum. It also clears the Heart and arrests convulsions: for such disorders as spasms and convulsions due to phlegm heat, wind stroke with phlegm obstruction and gurgling sounds in the throat, and childhood convulsions, especially useful in treating children. Combined with *Shí Chāng Pú*, it is used for coma associated with heat and wind stroke with phlegm obstruction.

五诊：神情呼唤稍清，语仍不出，邪欲达而未达也。胸胁红点稍现，迹稀不显，斑欲透而未透也。口臭便秘矢气，阳明燥实复聚也。舌短心焦边绛，膈中邪火方炽也。芳香开泄之中。参以生津荡实，竭心力而图之，冀挽回于万一。前方加沙参、生地、大黄、玄明粉。诒按：服此方后，想已得有大解，气分之邪热得泄，故下方专于清营。

Visit 5

His expression now clears a bit when called, but he still cannot utter any words, [indicating] that while the pathogen is on the verge of eviction, it has not yet been evicted. Thinly scattered, faint, red spots have appeared on his chest and rib sides, sparse and unobvious. The macules are trying to erupt but have not yet erupted. He has bad breath, constipation and flatulence, showing repletion dryness [ie, dry stool] has again accumulated in the yáng míng. His tongue is shortened, the center scorched and the sides crimson indicating that the pathogenic fire in the chest is blazing. In the midst of using aromatic, acrid, opening and draining [medicinals], add the strategy of generating fluids to sweep away the repletion. I am doing my utmost to plan a way of treatment, in the slim hope that we can save him. The following medicinals were added to the previous prescription:

Shā Shēn Shēng Dì
Dà Huáng Xuán Míng Fěn [Máng Xiāo powder]

Liǔ Bǎo-Yī's comments: After the administration of this prescription [the physician] believed that he had achieved some significant resolution [of the pathogen] and that the heat pathogen had been drained from the qì aspect. Therefore, in the subsequent prescription he shifted his focus to clearing the nutritive.

I am doing my utmost to plan a way of treatment, in the slim hope that we can save him.

Translators' interpretation & comments:

It is important to note that the macules were trying to erupt but could not. Macules, in general are a positive sign that heat is being released.⁶ Generally speaking, when macules are not fully erupting, one should encourage the eruption with medicinals like *Jīng Jiè*, *Gé Gēn* etc. which vent trapped heat from the nutritive and/or blood aspects to the surface. Trapped heat at the nutritive and/or blood may be complicated or caused by constipation preventing the expression of macules.⁷ One should purge gently and only for a brief time, backing off as soon as the bowels start to move. Hence *Dà Huáng* and *Máng Xiāo* powder were added to the prescription. This lends validity to Wáng's methodology.

Endnotes

1. 昏沉 (*hūn chén*)
2. This concept is rarely discussed in Chinese medicine, although it is consistent with some homeopathic ideas concerning the resolution of miasms and it is a useful model in treating modern complex illness. The typical Chinese medical model of even severe lurking pathogens is that with proper treatment the intensity of their presentation diminishes as the pathogen progresses outward. Only if the condition is not treated or is treated improperly will the signs and symptoms increase in intensity. In this case record, one pathogen is cleared away only to expose a deeper one.
3. His given name was Wáng Tài-Lín (王泰林).
4. This is Liǔ Guo-Hui's interpretation of Wáng's rationale.
5. Signs and symptoms include: high fever, irritability and

Visit 5

1. Yang ming repletion with dryness.
2. Fire blazing in chest
3. Heat in blood construction aspect (macules).

Previous formula ineffective. This formula adds the treatment principles of engendering fluids & purging.

restlessness, delirious speech, impaired consciousness, muscle twitches, spasms, convulsions, thirst, dark urine, severe constipation, and childhood convulsions. With a treatment principle of: clear heat from the Pericardium, open orifices, purge dried stools and heat from the Large Intestine.

6. Although it is also somewhat of a negative sign in regard to the pathogen being located at a relatively deeper layer of the body (nutritive and/or blood).

7. Liu Guo-Hui, pg. 125-126: "Constipation due to accumulation of heat in the Large Intestine may impair the flow of qì on the surface, retarding the expression of macules or papules. In this case, the practitioner should purge gently and only for a brief time."

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■ Visits 6-14 will appear in the next issue of *The Lantern*.