



Approaching covid-19 as **Damp Toxin**

Wu Youke and Xue Xue take us back to school

by Dr Jin Zhao
with Chris Flanagan

Coronaviruses are a large family of zoonotic viruses, which include the common cold and the viruses linked to SARS and MERS, and the Chinese government took extreme measures from December 2019 to control the contagion of coronavirus CoV-19.¹ It has been interesting to our profession to watch traditional herbal medicine employed to treat most of those affected in China.²

1. Feng, Emily and Cheng, Amy. Restrictions And Rewards: How China Is Locking Down Half A Billion Citizens. (2020, February 21). Retrieved from www.npr.org.
2. Xie, E. (2020, February 28). *Traditional medicines help 85 per cent of virus cases, Chinese officials claim.* www.scmp.com/news/china/society/article/3052763/.

THE DATA IN China suggests that the virus provokes relatively mild disease in most of those affected, perhaps 80 per cent of cases. Its first symptoms resemble other upper respiratory tract infections with fever, dry cough, shortness of breath, headache, sore throat, fatigue and diarrhea—the last less commonly seen. This coronavirus specifically attacks the lungs

and about 20 per cent of those affected develop pneumonia, which interferes with the distribution of oxygen to the rest of the organs, potentially leading to multi-organ failure and death.

Deaths are primarily seen among older patients and those with pre-existing health problems such as diabetes, heart disease or chronic pulmonary issues.

In China, viral testing has evolved from testing for antibodies to chest imaging³ to nucleic acid testing. Patients in hospital with covid-19 in China are managed with supplemental oxygen therapy for dyspnoea, conservative fluid management to avoid worsening oxygenation, antimicrobials and anti-virals such as remdesivir, chloroquine and lopinavir/ritonavir.

The Chinese government has also promoted the use of several official herbal

3. On February 15, 2020, doctors in Wuhan broadened the diagnostic criteria for covid-19 to include clinical diagnoses based on chest CT scans. A positive result is based on the findings of "ground glass" patches that extend to the edges of the lungs. www.businessinsider.com

formulas for the different stages seen in the disease progression, the primary treatment being to clear Lung heat and expel toxicity (清肺排毒 *qing fei pai du*). Those differentiations and treatments are currently being widely publicised on the internet, such as the resources on the e-lotus website.⁴

From the presenting symptoms, it is clear that this is *wen yi* 瘟疫 (warm epidemic disease), and not cold-damage or typical warm disease, and that understanding this differentiation should be part of our basic knowledge of traditional East Asian medicine.

Approaching cases of covid-19, I find familiarity with Wu Youke's *Wen Yi Lun* 瘟疫論 (Discussion of Warm Epidemics) and Xue Xue's *Shi Re Bing Pian* 濕熱病篇 (Writings on Damp-Heat Pathogen Diseases) helpful, as well as a good grasp of concepts of internal damage and the ideas of Li Dongyuan and Wang Haogu. These covid-19 cases have aspects not only of cold, but also of dampness and toxin, so I diagnose the pathogen as damp toxin.

溫疫初起，先憎寒而後發熱，日後但熱而无憎寒也。初得之二三日，其脉不浮不沉而數，晝夜發熱，日晡益甚，頭疼身痛。——吳又可

At the onset of warm epidemic, first there is increased sense of cold and after there is fever; one day later, however, there is fever but not increased chills. At the first two to three days, the pulse is not floating and not deep, but rapid, with fever day and night, much worse at dusk, headache and body pains. — Wu Youke

其時邪在伏脊之前，腸胃之後，雖有頭疼身痛，此邪熱浮越于經，不可認為傷寒表証，輒用麻黃桂枝之類強發其汗。此邪不在經，汗之徒傷表氣，熱亦不減。又不可下，此邪不在裏，下之徒傷胃氣，其渴愈甚。宜達原飲。——吳又可

At this time, the pathogen is hiding in the space between vertebrae and the Intestines and Stomach. Although there is headache and body pains, this pathogenic heat is floating and leaping over the channels. One cannot consider this to be cold-damage exterior pattern, and then use such medicines as *Ma Huang* (Ephedrae

Herba) or *Gui Zhi* (Cinnamomi Ramulus) to strongly cause sweating. This pathogen is not at the channels, and sweating will only injure the exterior level qi, and the fever will also not be diminished. Also, we cannot purge, because this pathogen is not at the interior, and purging will only injure the Stomach qi, and the sufferer's thirst will be more severe. Using *Da Yuan Yin* is appropriate. — Wu Youke

溫疫舌上白苔者，邪在膜原也。
——吳又可

“The warm-epidemic tongue has a white coating; this is because the pathogen is at the *mo yuan* (membrane source).”
—— Wu Youke.

舌根漸黃至中央，乃邪漸入胃。設有三陽現證，用達原飲三陽加法。——吳又可
The tongue root gradually becomes yellow up the centre of the tongue, as the pathogen gradually enters the Stomach. When epidemic diseases present patterns affecting the three yang channels, use *Da Yuan Yin* with additions for the three yang.⁵
——Wu Youke

十濕熱證：初起發熱，汗出，胸痞，口渴，舌白，濕伏中焦。宜藿梗、薏仁、杏仁、枳殼、桔梗、鬱金、蒼朮、濃樸、草果、半夏、幹菖蒲、佩蘭葉、六一散。薛雪（薛生白）

Clause 10: Damp-heat patterns: if there is fever at onset, sweating, chest discomfort, thirst and white tongue coating, this is dampness hidden at the middle *jiao*. It is appropriate to use *Huo Xiang* stems (Pogostemonis/Agastaches Herba), *Bai Dou Kou* (Amomi Fructus rotundus), *Xing Ren* (Armeniacae Semen), *Zhi Ke* (Aurantii Fructus), *Jie Geng* (Platycodi Radix), *Yu Jin* (Curcumae Radix), *Cang Zhu* (Atractylodis

5. As these “additions for the three yang” the *Wen Yi Lun* says: When the epidemic pathogen seeps into other channels you should use those channels to restore ascending and drainage. For example, if there is pain in the ribs, deafness, [alternating] chills and fever, bitter taste and nausea, this is pathogenic heat seeping into the *shaoyang* channel: you should add *Chai Hu* (Bupleuri Radix) 3g. If the lumbar area, back or neck hurt, this is the pathogen heat seeping into the *taiyang* channel, add *Qiang Huo* (Notopterygii Rhizoma seu Radix) 3g. If the eyes, eyebrows and all around the eyes hurt, the nose is dry and sleep poor, this is pathogenic heat seeping into the *yangming* channel, you should add *Ge Gen* (Puerariae Radix) 3g.

4. TCM Resources for Coping with Covid-19. Elotus.org. www.elotus.org/content/tcm-resources-covid-19

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These cases have aspects of not only cold, but also dampness and toxin, so I diagnose it as damp toxin.

■ Dr Jin earned his doctorate at the Chengdu University of Chinese Medicine on Li Dongyuan's choice of herbs in the four seasons. Dr Jin taught in the US before returning to Chengdu, where he sees patients at four clinics, and lectures on schools of thought in Chinese medicine (各家学说), and Chinese medical history.

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At the upper *jiao*, it blocks the Lung pathways so that qi and fluids cannot disseminate through the body and perversely transform to dryness.

Rhizoma), *Hou Po* (*Magnoliae officinalis* Cortex), *Cao Guo* (*Tsaoko Fructus*), *Ban Xia* (*Pinelliae Rhizoma praeparatum*), *Shi Chang Pu* (*Acori tatarinowii Rhizoma*), *Pei Lan Ye* (*Eupatorii Herba*), and *Liu Yi San* (*Six-to-One Powder*). — Xue Xue (*Xue Shengbai*).

This disease happened in the wintertime, and locally the weather had been continuously damp and cold for a few weeks, so we can consider external damp toxin plus cold. These patients' tongues tended to have thick, white, greasy coatings, but the tongue bodies themselves were not puffy and big because this was dampness caused by an external pathogen and not internal damage, so the body constitution is not changed. Because even the symptom of high fevers is caused by damp and cold, too many cold and bitter herbs cannot be used to treat it. There are sometimes digestive signs like poor appetite, nausea or vomiting or diarrhea—typical middle *jiao* symptoms of damp toxin.

The pathogenesis is mainly driven by damp toxin, so there is cold pathogen stagnating at the exterior and damp toxin accumulation in the collaterals. At the upper *jiao*, it blocks the Lung pathways so that qi and fluids cannot disseminate through the body and perversely transform to dryness.

In the middle *jiao* the damp turbidity encumbers and obstructs, and in the *shaoyang San Jiao* it blocks the pores and interstices and transforms to heat expressed as fevers. Additionally, a large number of Western medicines and Chinese patent medicines are bitter, cold and will injure the middle *jiao*. People of different constitutions have different physical reactions, and different pattern types will emerge, but in the end all patterns are of pathogenic qi entering the *mo yuan* (membrane source), and the *xuan fu* everywhere in the system become blocked and overwhelmed. The disease manifests in the Lung but involves multiple *zang*.

When we analyse the external pattern signs of aversion to cold and fever, we see that they are not due to cold invasion blocking the exterior, and if there is fever and constipation it is not caused by *yangming* transforming to heat. Both of these are due to dirty turbid pathogenic qi stored deeply inside the *mo yuan* and blocking the qi mechanism. This

makes yang qi unable to disseminate in the body, and this is why there is aversion to cold and fever. The more severe the obstruction, the higher the fever will be. The qi mechanism does not move downward, so there is constipation.

有自汗而解者，但出表為順，即不藥亦自愈也。 —吳又可

Some will recover with spontaneous sweating; the pathogen only exits the exterior in a normal way, so that even without taking medicines, these persons are cured. —Wu Youke.

When cold-damage disease is treated at the beginning, the recovery can be quite impressive, in one to two days and even a healthy person can recover on her own in seven days, but this disease is one of toxin, so recovery will be 10 days on average and the whole course of disease is quite long. However, not everyone needs treatment to recover.

The correct treatment method is to not use very acrid or very warm herbs, nor bitter or cold herbs that directly drain. As long as the tongue coating is thick, greasy and turbid, then it is necessary to firmly carry out the dispersion of pathogenic qi, vent and express the *mo yuan*, and disseminate the Lungs to transform dampness, also resolve the toxicity.

Correct treatment focuses on unimpeding the qi of the exterior body and the Lung qi, on qi transformation and on damp transformation. The main formula we use is *Hou Po Xia Ling Tang* (*Agastache, Magnolia Bark, Pinellia and Poria Decoction*); its key herbs include *Huo Xiang* (*Pogostemonis/Agastaches Herba*), *Hou Po* (*Magnoliae officinalis Cortex*), *Ban Xia* (*Pinelliae Rhizoma praeparatum*), *Fu Ling* (*Poria*) and *Bai Dou Kou* (*Amomi Fructus rotundus*).

This is partially combined with *Da Yuan Yin* (*Reach the Source Drink*), but using only *Bing Lang* (*Arecae Semen*), *Cao Guo* (*Tsaoko Fructus*) and *Hou Po*—about half of the ingredients. The other omitted ingredients, *Huang Qin* (*Scutellariae Radix*), *Bai Shao* (*Paeoniae Radix alba*) and *Zhi Mu* (*Anemarrhenae Rhizoma*), could close the pores of the body over the qi of the pathogen and prevent the body expressing it.

We use these herbs—*Bing Lang*, *Cao Guo* and *Hou Po*—to dispel dampness, remove

filth, and strengthen the middle *jiao* to course and disinhibit, vent and express, and from Xue Xue, we know to add *Cang Zhu* (*Atractylodis Rhizoma*) and *Shi Chang Pu* (*Acori tatarinowii Rhizoma*). We also prevent the pathogen's transformation to either dryness and heat or of cold transformation to ice. We select herbs to balance and harmonise, that can be easily modified as needed. The treatment is to disperse the Lung and resolve toxicity, open the collaterals and transform phlegm, vent and express the *mo yuan*, and this approach continues throughout the treatment. It is most important to focus on damp and toxin.

Emphasis is focused on the dampness, even in severe disease stages. It is key to get the body's pores to be open and to exchange materials of life in a regular fashion. Very cold and bitter herbs can't be used precisely because they lead the qi downwards and will close the pores like doors.

Aromatic and acrid herbs are necessary. Aromatic herbs to resolve dampness are used in order to open the door: *Huo Xiang* and *Pei Lan* (*Eupatorii Herba*)—but not *Ma Huang* (*Ephedrae Herba*) and *Gui Zhi* (*Cinnamomi Ramulus*). *Ma Huang* is too hot and too strong and overheats the body. Acrid herbs are also used, such as *Qiang Huo* (*Notopterygii Rhizoma seu Radix*), *Fang Feng* (*Saposhnikoviae Radix*), *Bai Zhi* (*Angelicae dahuricae Radix*), and *Zi Su Ye* (*Perillae Folium*).

If the tongue body is slightly red, this indicates toxin at blood level. To resolve it, very low doses (3-5g) of detoxifying herbs are added. Only one or two of this class of herbs are used at different stages.

Jin Yin Hua (*Lonicerae Flos*) or *Lian Qiao* (*Forsythiae Fructus*) can treat only at the superficial level.

Ban Lan Gen (*Isatidis/Baphicacanthis Radix*) at the blood level.

Hu Zhang (*Polygoni Cuspidati Rhizoma*) for damp heat at the *taiyin* or *shaoyang* levels transformed to heat.

Guan Zhong (*Cyrtomii Rhizoma*) for toxin in the whole body, at all levels.

The formula may need to be changed several times, even in the same day! So only very short courses of one to two days are given for each prescription, with regular monitoring.

裡證下後，脈不浮，煩渴減，身熱退，越四五日復發熱者，此非關飲食勞復，乃膜原尚有餘邪隱匿，因而復發，此必然之理。

After purging internal patterns, the pulse is not floating, the vexing thirst is diminished, the body heat abates, then four or five days later the fevers return; this recurrence is not related to diet or exhaustion, but because the *mo yuan* (membrane source) tends to hide the pathogen inside itself, and so it recurs, this is inevitable. —Wu Youke.

This line explains why it is easy for the pathogenic qi to recur because it is hidden very deep inside the body, even without definite symptoms the disease may not have been completely cured and can still recur, which is why a patient can have a positive viral test even after several negative results. If the patient has fever, we can't say she is cured based on her temperature returning to normal. Damp toxin is still present in the body and lodged deep inside the *mo yuan*—so its treatment will take a long time, and its cure cannot be declared by the change in only one symptom or by a negative test result.

Our task is to look at the patient: when the pulse is calm and especially the tongue coating has returned to normal, and when the symptoms such as chest stuffiness and breathing difficulty are resolved, only then can we consider the patient to be clinically cured. We should follow the usual criteria of Chinese medicine, particularly noting the tongue coating and pulse, and whether the symptoms have completely disappeared.

This disease is dampness, so it is most important to consider the tongue coating. Even if the patient has reduced fever, if her tongue coating is still greasy and thick, the pathogen is still lodged inside. The degree of thickness and greasiness reveals the severity of the condition.

An example of the importance of the tongue coating was in a patient in the ICU with severe shortness of breath, high fever, cough and clear phlegm with some blood, who had a coating that was slightly peeling yet also slightly greasy. I was surprised to learn that he was prescribed *Sheng Mai Yin* (Generate the Pulse Drink), *Qing Zao Jiu Fei Tang* (Clear Dryness and Rescue the Lungs Decoction), and *Qian Jin Wei Jing Tang* (Reed

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Decoction Worth a Thousand Pieces of Gold: *Dong Gua Ren* (Benincasae semen), *Yi Yi Ren* (Coicis Semen), *Tao Ren* (Persicae Semen), *E Jiao* (Asini Corii Colla), *Shi Gao* (Gypsum fibrosum), but nothing to resolve the dampness.

His temperature quickly returned to normal, but the patient's tongue coating become very thick and greasy and the tongue body very puffy. Then, two days later, he almost died—he went on artificial ventilation because the damp toxin had overwhelmed his system; it closed all his pores and blocked all pathways so the pathogen had no way to exit.

We must remember that all covid-19 patients are being treated with antibiotics and antivirals, which worsen the dampness and damage the middle *jiao*, so we should consider the impact of Western pharmaceuticals on the patient's condition. I think that correctly differentiated, Chinese herbal treatment alone resolves these patients' condition faster than treatment with combined western and Chinese medicine.



The patient's tongue on January 31.

Case history

This patient's long course of treatment and recovery reflects the tenacious and lingering nature of damp-toxin disease.

A 31-year-old man living in Wuhan city with a history of exposure to the coronavirus became sick on January 21 with apparent cold symptoms and a cough. Ten days later, a local clinic confirmed he had a pulmonary infection. His initial complaints were of dry mouth, bitter taste, desire to drink hot water, fear of cold, cough with white sputum, throat pain and scratchy sensation, headache, difficulty breathing, overall fatigue, drowsiness, runny nose, sneezing, chest stuffiness, muscle aches and poor sleep. His appetite was good, bowel motions twice the previous day, urination a little yellow. He took pseudoephedrine capsules and amoxicillin around January 27, then no medicine.

He consulted with me, and I prescribed herbs but he was unable to take them. At that time, the most important ingredients were aromatic transform-dampness herbs to release the exterior such as *Bo He* (Menthae haplocalycis Herba), *Zi Su Ye*, *Huo Xiang*, *Pei Lan*, *Jing Jie Sui* (Schizonepetae Spica), *Xiang Ru* (Moslae Herba), *Ju Hua* (Chrysanthemi Flos), *Mu Xiang* (Aucklandiae Radix) and *Xi Xin* (Asari Herba).

I advised the man to drink and eat clean, bland foods like porridges, stewed vegetables and small amounts of meat cooked with small amounts of oil and salt. He should not eat pickled, braised or cured meats, cold and greasy foods, food cooked with hot peppers, difficult-to-digest dishes (like stewed pig feet, fish stew or glutinous rice), only small amounts of fruit (best if washed down with hot water) and should not smoke or drink alcoholic beverages. It was also not appropriate to eat food and drink that was too sweet or too sour. The sweet taste generates dampness, and the sour taste

Differentiation of epidemic-disease and cold-damage⁶

Epidemic disease	Cold-damage
May not have initial cold; affected by seasonal pestilential qi.	Caused by <i>ganmao</i> , or wearing thin clothes and catching a draft, being soaked in rain, disrobing in the wind, not covering up after bathing, or catching an unseasonal external pathogen.
After feeling cold, but fever and not chills, often lingers 2-3 days and then is gradually stronger, or lingers 5-6 days and suddenly takes a turn for the worse.	External layer is cold, limbs have acute spasms, aversion to wind and cold, which develops to head and body pains, fever and chills, floating pulse, infection, onset and transmission very rapid.
Enters from mouth and nose.	Enters from hair-orifices (pores).
Pathogen hides at <i>mo yuan</i> , boundary of interior and exterior, or if enters from exterior, its scope is the three yang. If from the interior, its scope is Stomach and abdomen.	Moves from the exterior to interior, first at <i>taiyang</i> , then moves inward to <i>yangming</i> , <i>shaoyang</i> , and to the three yin levels.
Treatment at onset: coursing and disinhibiting is important. When the pathogen moves first to the interior, and after exterior, first purge and after sweat.	Treatment at onset: can induce sweating and resolve disease, so if disease is first at the exterior, first sweat.
Contagious	Not contagious

6. From p.152 of Ren, X. Q., Qiu, P. R., & Ding, G. D. (Eds.) (1986). 中医各家学说 (The Theories of Different Schools in Chinese Medicine) Shanghai, China: Shanghai Kexue Jishu Chubanshe. Reprint 2016.

condenses and astringes damp qi, which interferes with its expulsion.

His condition had worsened by February 7, when he complained of dry cough triggered by movement, scanty, clear sputum with blood traces, dizziness and chest stuffiness, yellow urine, unformed stool, poor sleep quality, waking at night every two hours, pain in upper back, drowsiness and fatigue.

A CT scan showed advanced disease and he was diagnosed with critical stage illness. He had difficulty breathing, and was using an oxygen mask, with an oxygen saturation rate of 93, and unabating fever for seven days.



Ren Shen	5	Ginseng Radix
Chen Pi	10	Citri reticulatae Pericarpium
Ban Xia	10	Pinelliae Rhizoma praeparatum
Fu Ling	15	Poria
Guan Huo Xiang	15	Pogostemonis/ Agastaches Herba
Zi Su Ye	10	Perillae Folium
Cao Guo	3	Tsaoko Fructus
Bing Lang	5	Arecae Semen
Hou Po	10	Magnoliae officinalis Cortex
Bai Kou Ren	10	Amomi Fructus rotundus
Xing Ren	10	Armeniaca Semen
Ban Lan Gen	5	Isatidis/Baphicacanthis Radix
Cang Zhu	15	Atractylodis Rhizoma
Shi Chang Pu	5	Acori tatarinowii Rhizoma
Dong Gua Ren	20	Benincasae Semen
Wei Jing	20	Phragmitis Rhizoma

Third consultation, February 9

Two days later, he had no fever, heartrate was 86 bpm, and he was admitted to the hospital with an elevated respiratory rate, cough with scanty clear sputum with blood clots triggered by sitting up or removing the respirator. He had dizziness and chest stuffiness, dry mouth with bitter taste, very yellow urine, dark brown diarrhea five times daily. Sleep was improved, waking at night at 2-3am, and no body aches. Mild drowsiness and fatigue, wanting to sleep in

the daytime; night sweats. He was prescribed a short course of Lopinavir/ritonavir tablets, seven globulin and steroid injections and moxiflacin (a fluoroquinolone antibiotic).

I prescribed *Huo Po Xia Ling Tang* plus *Da Yuan Yin jia wei*:



Fa Ban Xia	10	Pinelliae Rhizoma praeparatum
Fu Ling	15	Poria
Guan Huo Xiang	15	Pogostemonis/ Agastaches Herba
Zi Su Ye	10	Perillae Folium
Cao Guo	3	Tsaoko Fructus
Bing Lang	5	Arecae Semen
Hou Po	10	Magnoliae officinalis Cortex
Bai Kou Ren	12	Amomi Fructus rotundus
Xing Ren	10	Armeniaca Semen
Lian Qiao	5	Forsythiae Fructus
Wei Jing	20	Phragmitis Rhizoma
Dong Gua Ren	30	Benincasae Semen
Cang Zhu	15	Atractylodis Rhizoma
Bai Mao Gen	10	Imperatae Rhizoma
Gao Ben	5	Ligustici Rhizoma
Pao Jiang	5	Zingiberis Rhizoma praeparatum

Fourth consultation: February 10



Changes noted were that his cough was essentially without sputum and he was having headaches, less diarrhea compared to the previous day and improved sleep. The dizziness was no longer located at the temples but was more like a sensation of not yet having fully woken up. (Tongue picture was taken within an hour of drinking herbs, so the coating colour was affected.)

Xing Ren	10	Armeniaca Semen
Bai Kou Ren	10	Amomi Fructus rotundus
Dong Gua Ren	20	Benincasae Semen
Lu Gen	15	Phragmitis Rhizoma
Fa Ban Xia	10	Pinelliae Rhizoma praeparatum
Huo Xiang	15	Pogostemonis/ Agastaches Herba
Hou Po	10	Magnoliae officinalis Cortex

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Fu Ling	15	Poria
Xie Bai	10	Allii macrostemi Bulbus
Cao Guo	5	Tsaoko Fructus
Bing Lang	5	Arecae Semen
Shi Chang Pu	5	Acori tatarinowii Rhizoma
Yin Chen Hao	10	Artemisiae scopariae Herba
Qiang Huo	5	Notopterygii Rhizoma seu Radix
Ban Lan Gen	5	Isatidis/Baphicacanthis Radix
Ze Qi	10	Euphorbiae helioscopiae Herba

2 bags, and give daily feedback.

Fifth consultation: February 12

No fever, heart rate 85 bpm, which increases to 100 bpm when rising to a standing position, still hospitalised, still using an oxygen mask, very little cough and essentially no sputum. The symptoms of dizziness and chest stuffiness were reduced, also the difficult breathing, dry mouth, urine was very yellow, diarrhea was clearly improved but stool three to four times a day. Recent sleep was improved, and the drowsiness and fatigue were reduced.



Xing Ren	10	Armeniaca Semen
Bai Dou Kou	10	Amomi Fructus rotundus
Dong Gua Ren	20	Benincasae Semen
Lu Gen	15	Phragmitis Rhizoma
Fa Ban Xia	10	Pinelliae Rhizoma praeparatum
Cang Zhu	15	Atractylodis Rhizoma
Hu Zhang	5	Polygoni Cuspidati Rhizoma
Huo Xiang	15	Pogostemonis/Agastaches Herba
Hou Po	10	Magnoliae officinalis Cortex
Cao Guo	5	Tsaoko Fructus
Bing Lang	5	Arecae Semen
Shi Chang Pu	5	Acori tatarinowii Rhizoma
Qiang Huo	5	Notopterygii Rhizoma seu Radix
Ban Lan Gen	5	Isatidis/Baphicacanthis Radix
Xie Bai	10	Allii macrostemi Bulbus
Sheng Jiang	5	Zingiberis Rhizoma recens

2 bags

Sixth consultation: February 14

Almost no cough and no sputum. Dizziness and chest stuffiness symptoms were reduced, Recently, sleep was better and he felt an

improved sense of vigour. The standing heart rate was no longer perceptible, and the monitor had been removed, blood oxygen was checked intermittently, presently no dry mouth and no bitter taste, on oxygen, blood oxygen rate 100, and without oxygen 97-98. CT scan showed lung improvement. (The scan was taken on February 12).



Xing Ren	10	Armeniaca Semen
Bai Dou Kou	10	Amomi Fructus rotundus
Dong Gua Ren	20	Benincasae Semen
Lu Gen	15	Phragmitis Rhizoma
Fa Ban Xia	10	Pinelliae Rhizoma praeparatum
Cang Zhu	15	Atractylodis Rhizoma
Hu Zhang	5	Polygoni Cuspidati Rhizoma
Huo Xiang	15	Pogostemonis/ Agastaches Herba
Hou Po	10	Magnoliae officinalis Cortex
Cao Guo	5	Tsaoko Fructus
Bing Lang	5	Arecae Semen
Shi Chang Pu	5	Acori tatarinowii Rhizoma
Qiang Huo	5	Notopterygii Rhizoma seu Radix
Ban Lan Gen	5	Isatidis/Baphicacanthis Radix
Xie Bai	10	Allii macrostemi Bulbus
Sheng Jiang	5	Zingiberis Rhizoma recens
Sheng Gu Ya	20	Oryzae Fructus germinatus
Sheng Shan Zha	5	Crataegi Fructus
Chao Ji Nei Jin	5	Gigeriae galli Endothelium Corneum

2 bags

Seventh consultation: February 15

Oxygen assistance has now been changed from mask to nasal tube. No dizziness, slight shortness of breath after speaking, yellowish brown stool, not very formed, but no diarrhea, two to three BM per day. Recently sleep was good, energy level improved, and mouth was not dry nor had bitter taste.

The results of the nucleic acid test⁷ on the 13th was negative. He must have two negative results, but this shows improvement!

7 Liu, D.H., Di, N., & Jia, D. (2020, February 20). China Applies Stricter Criteria for Diagnosing Covid-19 Cases. Retrieved from www.caixinglobal.com.

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Lu Gen	15	Phragmitis Rhizoma
Fa Ban Xia	10	Pinelliae Rhizoma praeparatum
Gang Zhu	15	Atractylodis Rhizoma
Yin Chen Hao	5	Artemisiae scopariae Herba
Huo Xiang	15	Pogostemonis/ Agastaches Herba
Hou Po	10	Magnoliae officinalis Cortex
Cao Guo	5	Tsaoko Fructus
Bing Lang	5	Arecae Semen
Shi Chang Pu	5	Acori tatarinowii Rhizoma
Qiang Huo	5	Notopterygii Rhizoma seu Radix
Ban Lan Gen	5	Isatidis/Baphicacanthis Radix
Xie Bai	10	Allii macrostemi Bulbus
Sheng Jiang	5	Zingiberis Rhizoma recens
Sheng Gu Ya	20	Oryzae Fructus germinatus
Sheng Shan Zha	5	Crataegi Fructus
Chao Ji Nei Jin	5	Gigeriae galli Endothelium Corneum

3 doses consecutively.

This was followed by another three doses of slightly modified herbs: *Cao Guo*, *Xie Bai* and *Sheng Gu Ya* were replaced by:

Jin Yin hua	2g	Lonicerae Flos
Bai Kou Ren	10g	Amomi Fructus rotundus
Dong Gua Ren	15g	Benincasae Semen
Ren Shen	2g	Ginseng Radix

Ban Lan Gen was reduced to 3g. A further three doses reduced *Hou Po* to only 5grams.

On February 18, the lung CT images were reviewed, and he was discharged.

Follow up, February 26



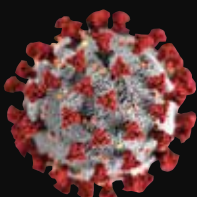
No fever, heart rate 83 bpm. No cough, no runny nose, no sputum. Still has minor dizziness, noticeable after sleeping poorly, unable to speak for a long time, the breath is inadequate, occasionally there is

a feeling of tightness in the chest, ability to breathe deeply is improving, light yellow urine, stool is dark brown, normal. Recently, sleeping about seven hours a night, and also wanting to sleep during the day, for about one hour. No dry mouth, no bitter taste. Eating was normal, and physical weakness had improved. Previous three days had small blisters on the palms of his hands, which were itchy, invisible but palpable, appearing relatively packed together; better today. The picture shows that the tongue coating is improving.

I prescribed another five doses of herbs:

Lu Gen	15	Phragmitis Rhizoma
Fa Ban Xia	10	Pinelliae Rhizoma praeparatum
Gang Zhu	15	Atractylodis Rhizoma
Gan Jiang	2	Zingiberis Rhizoma
Huo Xiang	15	Pogostemonis/Agastaches Herba
Hou Po	5	Magnoliae officinalis Cortex
Cao Guo	3	Tsaoko Fructus
Ban Lan Gen	3	Isatidis/Baphicacanthis Radix
Bai Dou Kou	10	Amomi Fructus rotundus
Dong Gua Ren	20	Benincasae Semen
Sheng Jiang	5	Zingiberis Rhizoma recens
Ren Shen	2	Ginseng Radix
Sheng Shan Zha	5	Crataegi Fructus
Chao Ji Nei Jin	5	Gigeriae galli Endothelium Corneum
Lian Qiao	3	Forsythiae Fructus

ESSENTIAL GUIDE TO TREATING COVID-19



This compilation is offered free to practitioners of Chinese medicine via *The Lantern* website, offering an informed, comprehensive approach to the worldwide pandemic as a *wen yi* 瘟疫 epidemic pathogen.

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