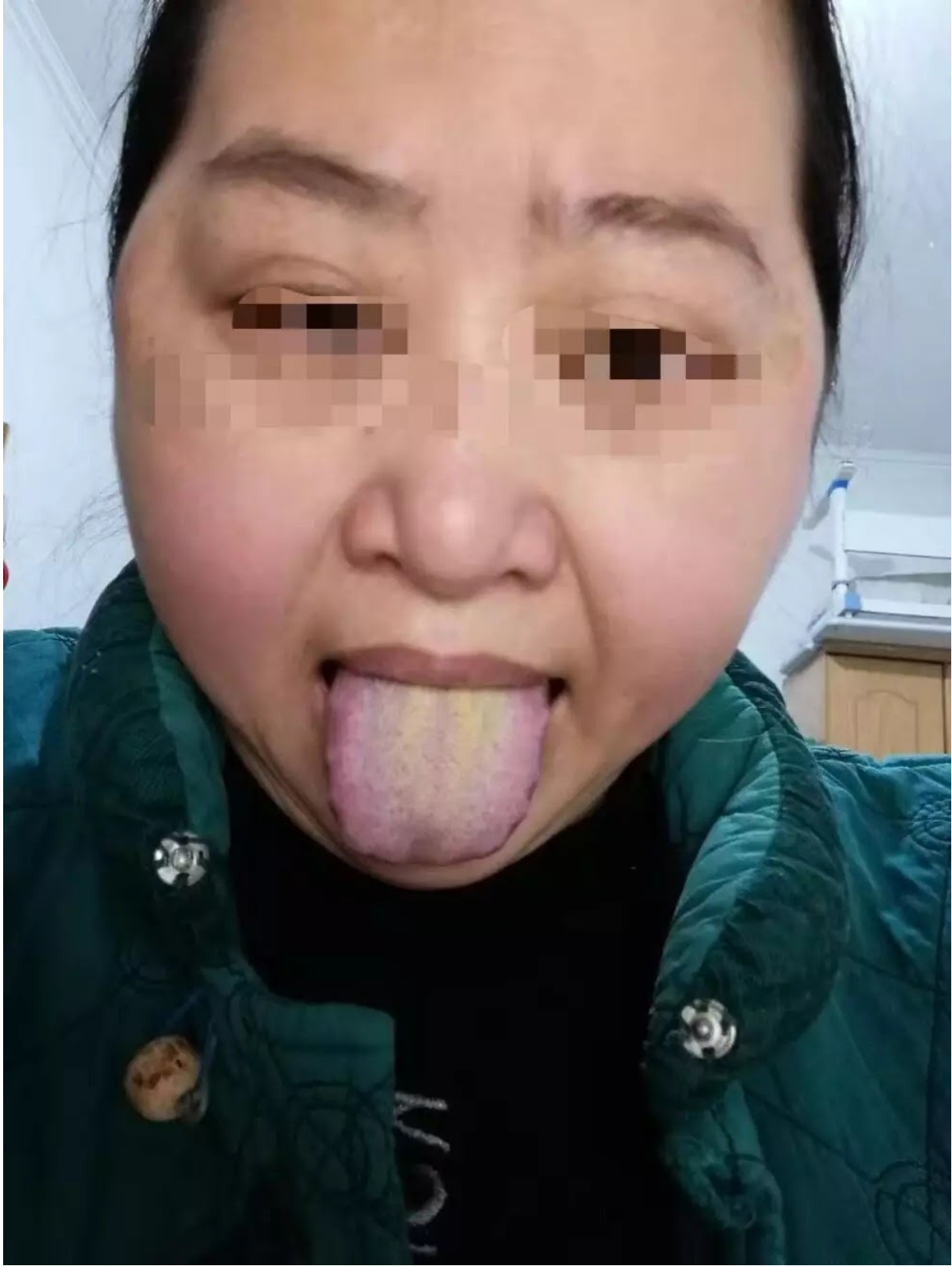


CASE STUDY #4 COVID-19

Female, 47 years old, 163cm, 73 kg, lives in Wuhan. On 1/31, patient came down with fever and went to the hospital for diagnosis. She was diagnosed with potential COVID-19. However, western medication failed to bring her fever down. At the highest it reached 39c.

----- First Treatment 2/5 -----

The patient switched to a designated hospital for treatment [of COVID-19], the hospital did blood analysis and CT scan of the lungs, and she was diagnosed with COVID-19. She was administered IV antibiotics. On 2/6 she did not present with fever, but on 2/7 her fever spiked again to 38.3c. Her fever spiked at noon and at night and she presented with cold hands, aversion to cold at the back, absence of sweating, absence of cough or sputum (phlegm), lack of strength and hypersomnia, oppression in the chest with shortness of breath, heavy panting, (extreme lack of appetite), thin stool 4 times a day, yellow urine. At that time, COVID-19 nucleic acid test results hadn't come out yet. Attached are the face and tongue photos



The face is flushed and red, double eyelid, tongue is red, the tongue body is large (fat), tongue has tooth marks, in the center there is a thick yellow coat.

*******QUESTION TO READER: WHAT IS YOUR
DIAGNOSIS AND FORMULA?*******

Diagnosis: epidemic toxin (yi du) fettering the exterior, cold-damp encumbering the spleen, and phlegm-damp obstructing the lung.

Treatment principle: resolve the exterior and disperse cold, eliminate damp and warm the center, transform phlegm and rectify qi.

Formula: Wu Ji San with Lai Fu Zi.

Formula: Baizhi 6g, Chuan xiong 6g, Zhigancao 6g, Danggui 10g, Fuling 10g, Rougui 3g, Baishao 10g, Jiang banxia 10g, Zhi Mahuang 5g, Cangzhu 10g, Zhike 10g, Xingren 10g, Chenpi 15g, Jie geng 10g, Houpo 10g, Ganjiang 3g, Laifuzi 10g. 5 prescriptions to decoct, to take 3 times a day, (150mL).

Doctors advice: Avoid fatty foods, fruit and raw cold products.

----- **Interim Follow-up** -----

2/9

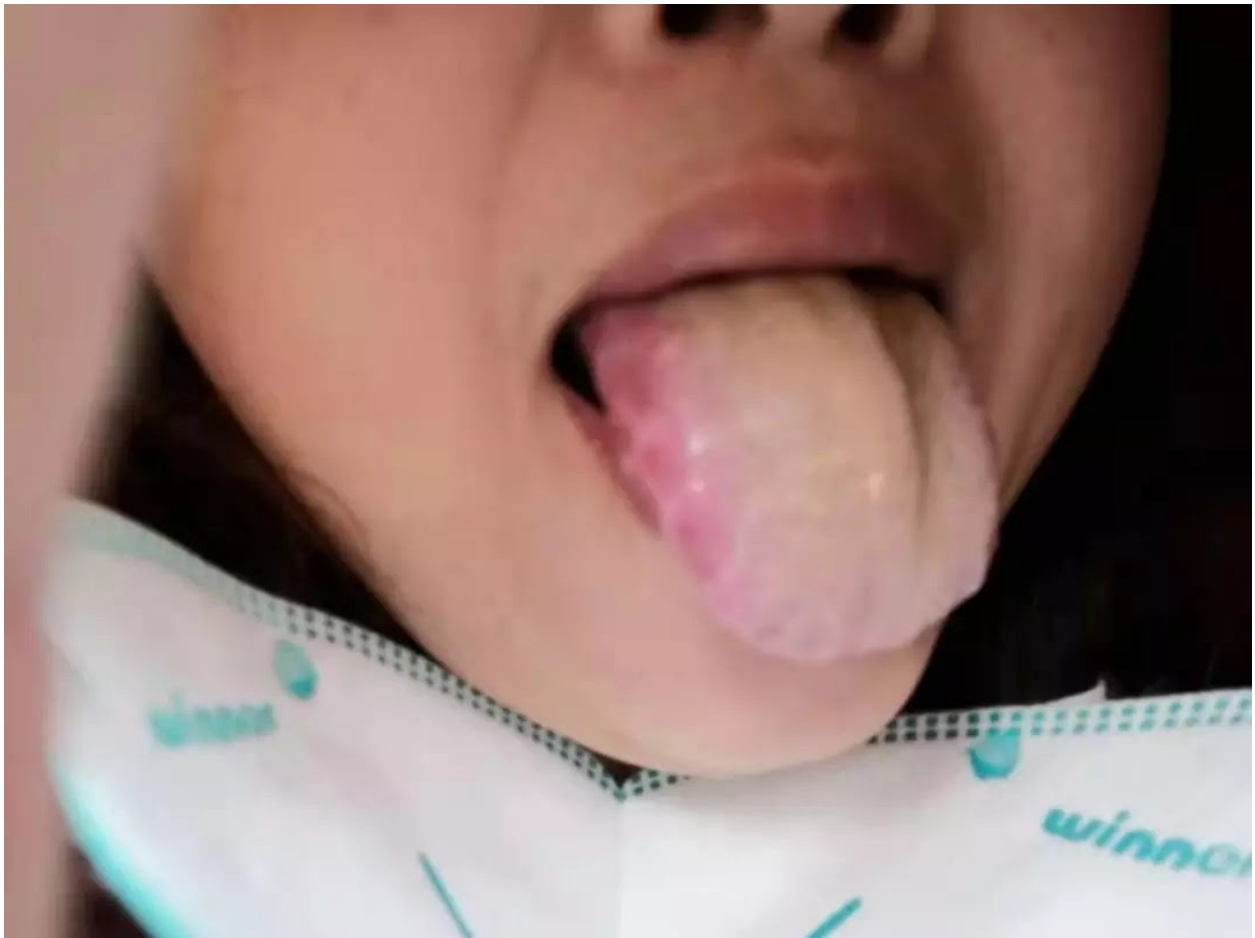
After taking the medicine the evening prior, the temperature was 38.8c. By the next morning it was 37.4c. The diarrhea ceased, and appetite returned.

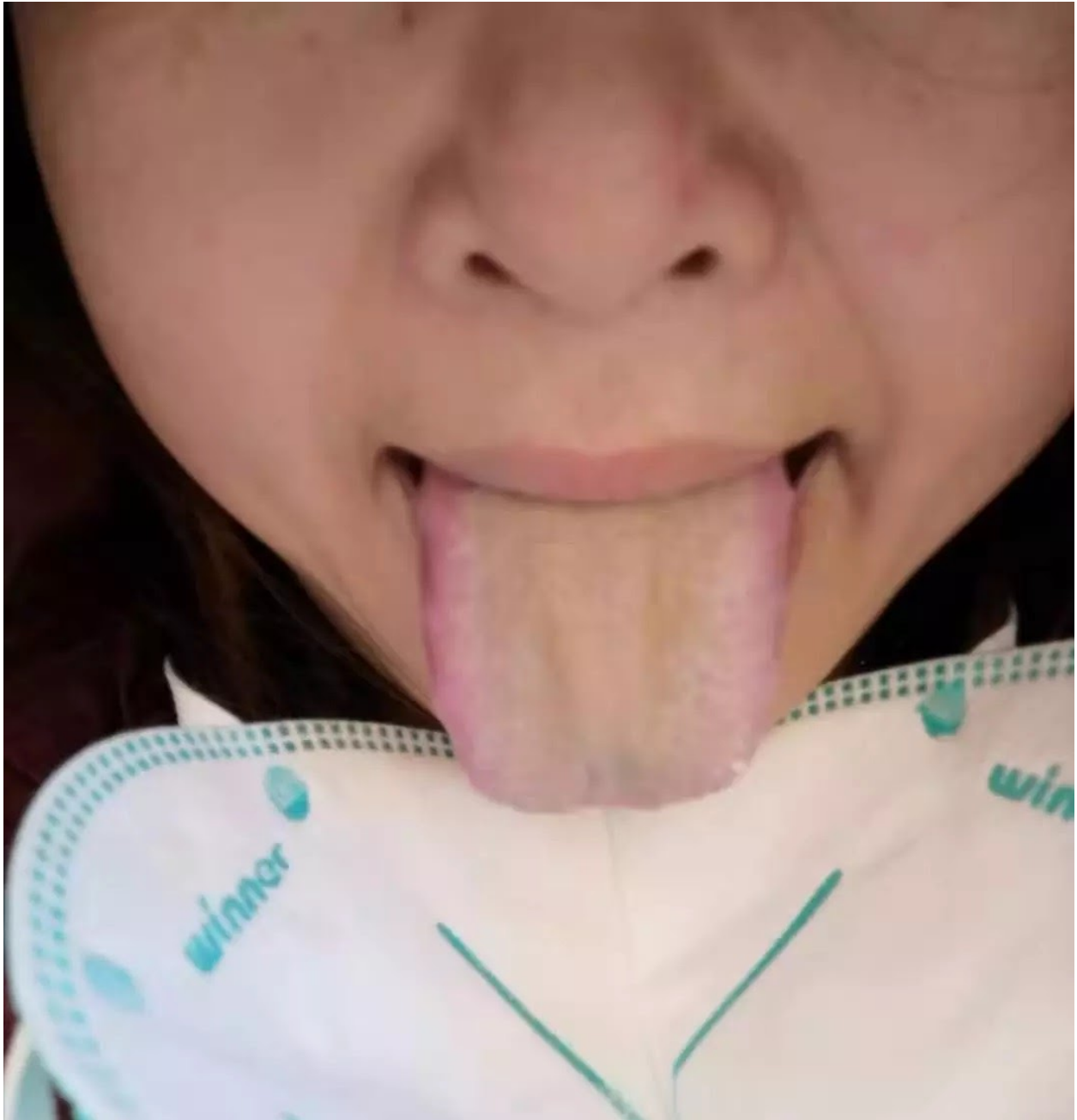
2/10

The patient informed me that her temperature had gone up to 38c yesterday night. This morning it was 37c. She asked if this was normal. I told her not to worry and to continue taking her herbs.

2/12

The patient informed me that she hadn't had a fever spike for two days. The COVID-19 test came back positive. Attached are pictures of the tongue





The tongue is red, it is moist and fat with teeth marks, the point is red, and the middle is yellow. At night the mouth is dry, occasional sweats, phlegm in the throat, white sticky phlegm that is easy to expectorate.

2/14

The patient told me that after being admitted to the hospital she had continued to take herbs, and declined western medical interventions. After speaking with the patient's assigned resident physician, she was allowed to continue with the above

formula, and the hospital decocted three days' worth of the formula for her. She had not had fever for four days and her appetite, sleep and stool had returned to normal.

(From 2/1-2/10, due to the ardors of sickness and the overall stressful environment associated with the pandemic, the patient had all but lost the will to live. After improving with herbs, she gained a renewed hope.)

----- **Third Treatment 2/15** -----

After executing a comprehensive analysis of the patient, I concluded that although her fever had abated, she still had inhibited phlegm qi, dampness obstructing the middle jiao.

*******QUESTION TO READER: WHAT IS YOUR DIAGNOSIS AND FORMULA?*******

Formula: Chaipo tang jia Laifuzi, Chenpi and Xingren

Chaihu 10g, Huangqin 6g, Jiangbanxia 10g, Dangshen 15g, Zhigancao 6g, Fuling 15g, Jiegeng 10g, Houpo 10g, Xingren 10g, Laifuzi 15g, Ganjiang 5g, Hong Da Zao 15g. Decoct and take twice a day, each time 180mL.

Doctor advice: as above.

2/16

The patient sent feedback: a doctor of the Huoshen pai came to inspect her. He was very approving of both formulas, and took a picture. He urged the patient to practice 8 brocades (八段锦), avoid cold food and oily, fatty products.

2/17

Patient tests negative for COVID-19. The patient was reassured/comforted, it was in fact Chinese medicine that had provided an effective and miraculous cure.

Discussion:

Because the entire treatment was conducted by telemedicine, this case study does not include, pulse, abdominal auscultation or diagnoses derived from presentation of leg. My analysis of the patient's overall presentation is as follows: fever, aversion to cold and lack of sweating suggest replete exterior condition. Dry mouth suggests depletion of fluids following fever. Chest oppression, shortness of breath and dyspnea suggest inability of lung qi to diffuse, dampness blocking qi dynamics and congested phlegm in the chest and diaphragm. Poor appetite is a sign of dampness blocking the middle burner and spleen yang damage. Thin stools 4x daily suggests dampness stuck in the intestines. Yellow urine suggests stagnant dampness transforming to heat. Fat tongue with teeth marks is indicative of cold damp trapped in the interior. Thick greasy yellow tongue suggests dampness and turbidity stagnating and transforming to heat.

With this analysis in mind, I chose Wu Ji San for the first formula. For information on this formula, please see Huang Huang's "Jing Fang Clinical Handbook". The formula resolves the exterior, warms the middle, clears dampness and phlegm and disperses glomus. Li Shi-mao says this formula is indicated for, "cold dampness attacking the exterior, aversion to cold with no sweating, pain in the head and body, chest glomus, fat tongue with teeth marks, greasy white tongue. He notes that if the exterior is not resolved, the aversion to cold will remain." SHL line 3 states, "whether or not the patient has come down with fever, there will certainly be aversion to cold." Line 134 states, "If there is aversion to cold, the exterior has not yet been resolved." Line 160, "If after sweating, vomiting or purging, patient still exhibits aversion to cold, this indicates that the exterior has yet to be resolved." Exterior attacks of yin pathogens can also penetrate to the interior. They can do this either through conformation passage (as in passing from taiyang to shaoyin) or they can directly penetrate to the interior three conformations and six bowels. (note: Presumably this is an explanation for how cold dampness seems to be affecting the spleen while also affecting the exterior in this case.)

The patient began taking herbs on 2/8. By 2/11, the patient's fever had already come down and energy, sleep and bms were all normal. This was proof that the right formula had been selected. On 2/15, taking into account that the patient reported occasional sweating, dry mouth, phlegm in the throat, spitting white mucousy phlegm, fat tongue with teeth marks, I prescribed Chai Po Tang with lai fu zi, xing ren and chen pi. I reasoned that the patient had dampness obstructing spleen yang, dampness and phlegm obstructing the lung, and shaoyang pivot disharmony. Thus my treatment plan was to transform phlegm, regulate qi,

disinhibit the throat, expel phlegm and dampness, and harmonize the shaoyang pivot to expel the pathogen out through the exterior. Both formulas included lai fu zi to eliminate phlegm, downbear qi, quell asthma, digest food and unblock stagnancy. Dan Xi Xin Fa states, “lai fu zi’s ability to cure dampness can be likened to breaking down walls and tearing down barriers.” Zhang Xi-chun states, “Lai Fu Zi allows the patient to more effectively absorb food, and thus the qi phase naturally is nourished.” Combined with dang shen, the formula both eliminates and supplements at once, just like Zhong Jing’s zhi zhu tang.

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