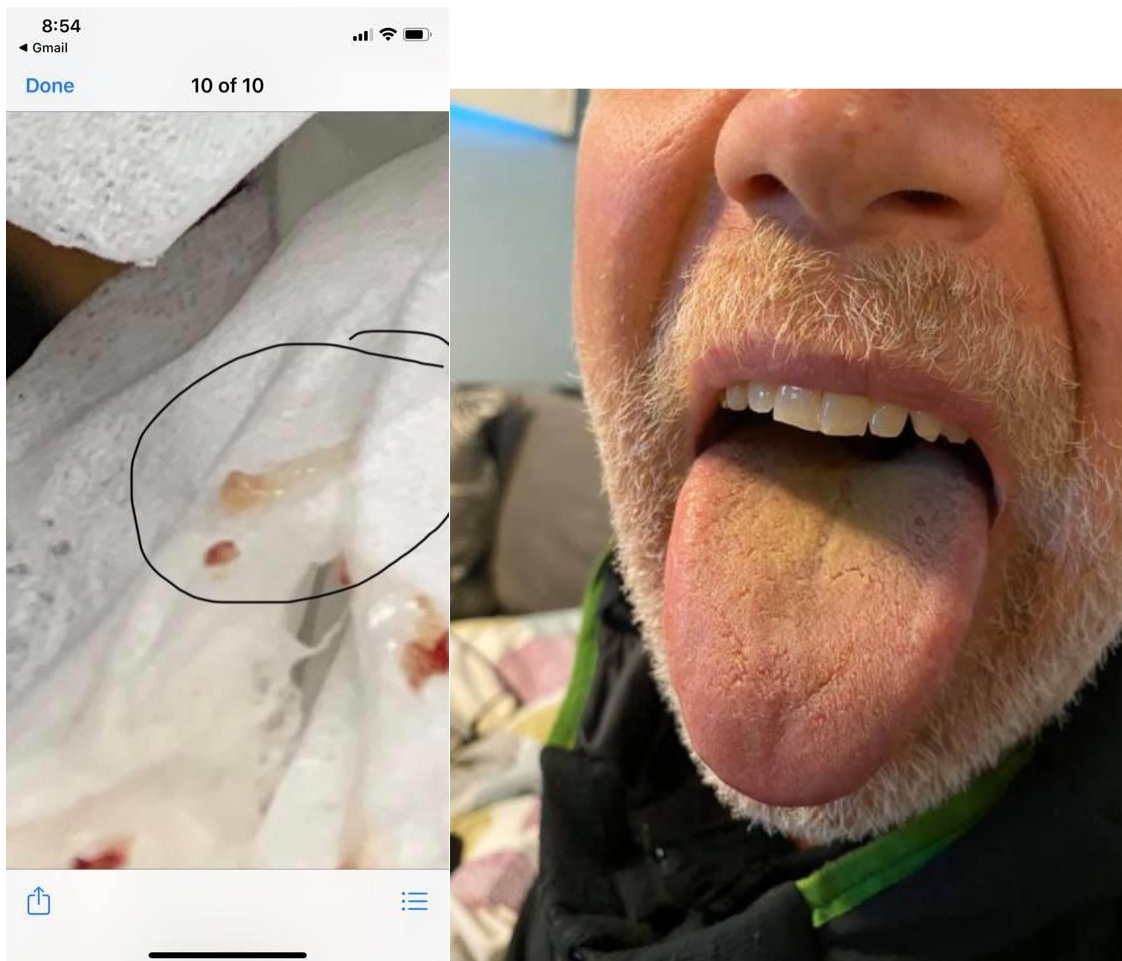


Case No.1

First Diagnosis Mar.22,2020

50-year-old man who stayed at the home of friends with positive covid19 tests: Presenting with (99-100 degree) intermittent fever for past 3 days, whole body aches, a feeling of sensitivity in his eyes, predominant feeling of coldness/chills, slight nasal congestion with blood tinged mucous, fatigue and some stringy phlegm in the back of his throat that he can't seem to swallow or dislodge. No cough. No shortness of breath. Tongue coat color could be due to turmeric. Low appetite, no unusual digestive symptoms, no thirst no headache. He feels cold and doesn't really feel hot except occasionally. Sweating comes and goes. Bowels movements are regular and unremarkable. Some nausea, no desire to eat, but bms normal and no loose stool.



Important Study Questions for this Case

Question 1: How to characterize this pattern of cold and heat?

Doctor Panel answer: The patient has intermittent fever, but the predominant feeling is of cold. Thus, one could argue that this cold/heat pattern could be indicative of either shao yang or tai yang. The SHL states, "In tai yang cold damage disease, there may be fever or they may be no fever, but there must be an aversion to cold." Thus, if aversion to cold predominates in a disease presentation, tai yang (as well as shao yin) cannot be immediately ruled out.

2. How to explain the dry tongue of this patient?

Doctor Panel: There are several possibilities here. 1.) The patient stuck out his tongue for too long. This will inevitably dry the tongue. This is a real possibility when patients are trying to get the best picture of their tongue and shooting multiple shots. 2.) A dry tongue may seem to be indicative of yang ming involvement, but this has to be weighed against other symptoms. This patient does not have copious sweating, high fever, thirst or vexation, so yang ming involvement is probably limited. 3.) Tai yang and shao yang patterns may all lead to problems in the distribution of fluid. For instance in shao yang, fluid can become caught in the waterways and in tai yang disease, fluid could fail to distribute outward or otherwise be caught in the interstices. These instances could also lead to a dry tongue.

3. This patient has some occasional sweating, does this indicate a surface/external vacuity pattern (gui zhi tang)?

Doctor Panel: This kind of occasional sweating does not necessarily indicate surface vacuity. It is more likely a case of inability to sweat out completely (汗出不暢). In such cases, it is still ok to use ma huang. Another case where ma huang can be used in sweating is ma xing gan shi tang. The original indication for MXGST is "in cases of sweating and panting without high heat effusion, MXSGT is indicated". In MXGST, the dosage of Shi Gao is twice that of Ma Huang, this helps to mitigate the diaphoretic quality of Ma Huang. (Not pairing with gui zhi also mitigates sweating)

4. Are body aches a definite sign of external repletion (as in the classic indications for ma huang tang?)

Body aches can also be a sign of dampness. Especially when combined with fatigue, which could be easily be an outward manifestation of cold damp encumbering the spleen. This is an important diff dx to remember in cases to come as dampness plays such a prevalent role in most etiologies.

(Information given to the panel, rendered into Chinese by Will Ceurvels)

患者一

初诊时间 3.22

男 50 岁。前几天去朋友家聚会，其中有几位为新冠确诊患者。3/19 开始发热（37.2-37.8），全身酸痛，畏光，恶寒，稍鼻塞，鼻涕白（稍黄）有血丝，咽喉有卡痰的感觉。患者会不定时发热，但大部分的时间怕冷比较明显（寒多热少），偶尔会出汗，稍恶心，食欲正常，大便正常，无口渴，无头痛，无咳嗽，无胸胁不适。患者体质偏壮实。无慢性疾病史。

舌质红，干，苔薄白，舌根苔稍厚黄（患者拍照时刚吃完姜黄）

初步分析：

全身酸痛，鼻塞，恶寒为主，无高热，偶出汗－太阳表虚证；

表寒外闭，肺气不宣，肺中热气上逼清窍，故见血丝；

恶心，往来寒热 兼有少阳证

【疑惑点】

1. 此种发热情形要如何定义？似乎是往来寒热，但是又以恶寒居多。
2. 舌干为津液已伤。是病势趋于阳明还是三焦郁热，水道留滞的现象？
3. 只有偶尔出汗算是表虚还是表实？（部分人认为此病可以用葛根汤，而有人说患者出汗则麻黄不宜）。

有医师认为舌干，鼻涕稍黄有血丝为病势趋于阳明的前兆，认为是三阳合病而建议用柴葛解肌汤。但是也有医师认为患者怕冷，而并无口渴，怕热，汗出多等阳明症状，太早用到石膏反而会伤胃气，导致病邪转入太阴，后续的病态发展会更棘手。因此，这一派医生建议用柴胡桂枝汤加单位葛根以滋阴液防止病势转入阳明。

此患者的病情虽然比较轻，但是很多医师其实很关注这个病理，因为他们认为如果能够在第一时间开出对的药，就可以帮病人避免新冠的比较可怕的后天的转归。

丁醫師 Dr. Ding

麻杏石甘汤合小柴胡汤证

[I think this] presentation is indicative of a Ma Xing Shi Gan Tang (Ephedra, Apricot Kernel, Gypsum, and Licorice Decoction) + Xiao Chai Hu Tang (Minor Bupleurum Decoction) pattern.

麻杏石甘汤可以理解为风寒在表，肺热在理，所以有汗出可以用，国内群里我说过，小柴胡汤证可见往来寒热，同时兼顾少阳三焦郁热，水汽代谢不畅

For Ma Xing Shi Gan Tang, it can be understood as wind cold in the exterior and lung heat in the interior; thus, it is also applicable when there is sweating.

In the domestic [WeChat] group, I have once mentioned that for the Xiao Chai Hu Tang pattern, there is a manifestation of alternating/recurring chill and fever; at the same time, it also takes care of the depressed heat in the shaoyang three burners, as well as inhibition in the fluid and qi metabolism.

湖州市几位新冠肺炎我会诊意见里用了很多，效果不错

In Huzhou City, for a few cases of covid-19, I have contributed this opinion in the roundtable. It has been applied multiple times with good effect.

宣肺清热达表，麻杏石甘汤效佳，同时小柴胡汤既能治疗往来寒热，还能截断病情进展

To diffuse the lung, clear heat, and reach the exterior, Ma Xing Shi Gan Tang is particularly effective. At the same time, Xiao Chai Hu Tang not only can treat alternating/recurring chill and fever, but it can also cut off the progression of the disease condition.

个人意见，仅供参考！

This is just my personal opinion, it should only serve as reference.

邓醫師 Dr. Deng

患者根苔厚... 同意丁主任建议方，鉴于舌苔和身酸痛，可考虑加桂枝、苍术，大青龙意。

Since the patient has thick coating at the root of tongue... I agree with the recommended formula of Director Ding; yet, considering the tongue coating and body ache and pain, we can also consider adding Gui Zhi and Cang Zhu, which gives the formula a similar structure/intention as Da Qing Long [Tang] (Major Green Dragon Decoction)

龙醫師 Dr. Long

我建议葛根加半夏汤加黄芩。

I would recommend Ge Gen Jia Ban Xia Tang (Pueraria Decoction Plus Pinellia) + Huang Qin

(丁醫師: 龙老师好, 我看见恶寒恶心我第一想到葛根加半夏汤, 后见汗出, 我改了处方! 见到血涕也是我不再用葛根汤的原因之一, 我自己服用过葛根汤, 还是偏温的!)

Dr. Ding: *Hello, Mr. Long! When I first saw aversion to cold and nausea, the first thought I had was Ge Gen Jia Ban Xia Tang; yet, after I see that there is sweating, I changed the formula! In addition, the presence of blood tinged mucous is another reason why I didn't pick Ge Gen Tang. I have tried Ge Gen Tang myself, it is slightly warming.*

我见患者以恶寒发热身痛为主, 只是偶有汗出, 又身体壮实, 少阳证尚不明显, 所以想到用葛根汤, 因为葛根汤是以桂枝汤为基础方的, 所以并不峻猛, 且有葛根甘偏寒还能生津, 有恶心, 苔腻故加半夏, 有血涕, 舌略干所以加黄芩, 黄芩一能清上焦火热, 二可截断少阳。

I see that the chief symptoms of the patient are aversion to cold, fever, and generalized pain. There is only sweating on a few occasions and also the physique is strong and firm, the shaoyang pattern is not yet obvious; thus, I am considering Ge Gen Tang, because Ge Gen Tang is based on Gui Zhi Tang as its foundation, so it is not too drastic or harsh. Moreover, Ge Gen is sweet, slightly cold, and generates fluid. Since there is nausea and greasy tongue coating Ban Xia can be added. For blood tinged mucous and relatively dry tongue, Huang Qin is added. Huang Qin not only clears fire and heat in the upper burner, it can also cut off [the progression into] shaoyang.

葛根汤在小品方和千金中很多变方的, 如葛根龙胆汤就是, 葛根汤加凉药。

For Ge Gen Tang, it has many modifications in *Xiaoping Fang (Small Formulary, by Chen Yanzhi, 5th century CE)* and *Qianjin Fang (Thousand Gold Formula, by Sun Simiao, 652 CE)*, such as Ge Gen Long Dan Tang (Pueraria and Gentian Decoction),¹ in which cooling medicinals are added to Ge Gen Tang.

血涕在某中程度上也和麻黄汤证之衄同理, 当然前提是整体条件要符合。

As for blood tinged mucous, in some way, it shares the same principle of the nosebleed of Ma Huang Tang pattern. Of course, the premise is that the overall conditions must fit.

(丁醫師: 亦即红汗, 患者舌苔似乎不支持葛根汤, 龙老师以为呢?)

Dr. Ding: *This [blood tinged mucous/nosebleed] is also called the “red sweat;” yet, the patient's tongue coating does not seem to support Ge Gen Tang. Mr. Long, what do you think?*

舌苔的确不典型, 单从舌苔看需要用羌活, 苍术之类的芳化药的。

From the tongue coat, it is indeed not what we typically expect. Basing solely on the tongue, we need to use fragrant and transforming medicinals such as the like of Qiang Huo and Cang Zhu.

¹ **Ge Gen Long Dan Tang (“Pueraria and Gentian Decoction”)**: Treat Shang Han [disease] contracted for 3-4 days without recovery, there is vexation in the body, toxin, and heat: Ge Gen (8 liang), Ma Huang (2 liang), Gui Xin (2 liang), Shao Yao (2 liang), Gan Cao (2 liang), Sheng Jiang (2 liang), Da Qing Ye (0.5 liang), Shi Gao (1 liang), Sheng Ma (1 liang), Yu Zhu (1 liang), Long Dan Cao (0.5 liang), and Huang Qin (2 liang). (Vol. 9 of *Thousand Gold Formulas*)

(邓醫師: 这个也有麻黄加术汤意)

Dr. Deng: Adding these herbs give the formula the structure and treatment principle of Ma Huang Jia Zhu Tang (Ephedra Decoction Plus Atractylodes).

黎醫師 Dr. Li

患者寒多热少，汗少，表束未解，故发热怕冷。从体质而言，西人多食肉，面色红润，当为阳明体，易从热化，舌红苔黄干痰黄可证，表邪入里化热则伤络。总属风寒束表，入里化热化燥。治以发表为重，汗出为目标。议方：麻杏石甘汤合桑杏汤。

The patient has predominant chill and little fever with little sweat; [this means] the exterior inhibition has not been resolved, therefore, there is heat effusion and aversion to cold.

As for the body constitution, westerners eat more meat. The complexion is red and moist, it should be the yangming body [constitution], which tends to transform into heat, as evidenced from the red tongue, yellow coating, dry and yellow phlegm. When the exterior evil enters the interior, it transforms into heat and damages the network-vessels.

From an overview, this is the wind-cold inhibiting the exterior, and then entering the interior, transforming into heat and dryness. So for its treatment, one should focus on the goal of effusing the exterior and breaking the sweat.

My opinion: Ma Xing Shi Gan Tang (Ephedra, Apricot Kernel, Gypsum, and Licorice Decoction) + Sang Xing Tang (Mulberry Leaf and Apricot Kernel Decoction).

孫醫師 Dr. Sun 1 (transcribed by Mia Zhu)

上面邓舒群老师出的方子，我认为柴胡证即少阳证不太明显。他的恶心并不是真正的恶心。我感觉还是用葛根汤好，因为体质强壮。因为葛根汤可以少用麻黄或不用麻黄，也可以用羌活代麻黄。我同意龙秀锦老师的建议，葛根汤加半夏、黄芩。

As for the formula prescribed by Dr. Li Deyu above, I really don't see the patient presenting with a Chai Hu pattern, or shaoyang pattern. This type of nausea is not a true nausea. I still feel Ge Gen Tang is better, because the constitution is strong. Also, for Ge Gen Tang, you can use just a little Ma Huang or not use it altogether; you can also substitute it with Qiang Huo. I agree with the recommendation of Dr. Long Xiujin: Ge Gen Jia Ban Xia Tang (Pueraria Decoction Plus Pinellia) + Huang Qin.

看到这个舌头有热的表现，是外寒内热，舌质有点伤阴的感觉，所以葛根汤我还是比较赞同的。因为他不是多咳嗽、没有多大痰。所以我还是坚持用龙医生的方案。

This tongue is manifesting heat. This is exterior cold and interior heat. Based on the texture, there is a hint of damage to the yin. So, I still endorse Ge Gen Tang more, because the patient does not cough much, does not have profuse phlegm. So, I still adhere with the recommendation of Dr. Long [Xiujin].

还有一个，我感觉问题在哪儿呢？他身上酸困，一般就是夹湿的表现。但是在舌质舌苔上看有伤阴的表现，这个时候解肌还是必要的，葛根是必要。上面有老师建议用麻杏石甘汤合桑杏汤，这是对着肺部去了，去治咳嗽了。现在主要是他偶尔出汗，这种出汗是病汗，不是正常的汗。这种病汗也不是桂枝汤证，因汗出不畅，还是想办法要发出来。内浸外透。

In addition, I feel that there may be an issue here. For the patient's soreness and encumbrance, this is generally the manifestation of dampness; yet, from the tongue texture and coating, it seems that there is also a manifestation of a damage to yin. At this time, it is still necessary to resolve the muscle; thus, Ge Gen is required.

As for the recommendation of Dr. [Li Deyu], of combining Ma Xing Shi Gan Tang with Sang Xing Tang, this is directed at the lung; this is treating coughing. Yet, now, the patient still has sweating from time to time. This type of sweating is a pathologically induced sweating, it is not a normal sweat. This type of pathological sweating is not a Gui Zhi Tang pattern either. This is due to the inhibition in sweating; yet, the body is still trying to sweat it out, resulting in soaking [of dampness] inside and outthrusting [of sweat] outside.

Mia Zhu: 想请教一下具体的处方和操作，因为各位老师的观点稍有相佐，怎么归拢呢？因为我们的水平有限 I wish for guidance for a specific formula and direction, as there are slight differences in the opinion of each of the teachers. How do we reconcile the differences?

孫醫師 Dr. Sun 1: 我不支持麻杏石甘汤。因为他不口渴，不确切。这只是我自己的意见。个人看法：麻杏石甘汤证，柴胡汤证，都不明显。I disagree with Ma Xing Shi Gan Tang, because the patient does not have thirst. So, this is uncertain. From my personal opinion, both Ma Xing Shi Gan Tang pattern and [Xiao] Chai Hu Tang pattern are uncertain.

孫醫師 Dr. Sun 2: 我的观点是小柴胡汤麻黄汤桂枝汤三方合用，孙老师所说是患者外寒内湿化热伤阴。From my point of view, we should combine Xiao Chai Hui Tang, Ma Huang Tang, and Gui Zhi Tang together. What Mr. Sun means is the patient has exterior cold and interior dampness that transforms into heat and damages the yin.

龙醫師 Dr. Long: 患者没咳症，不必用麻杏配。As the patient does not have the sign of coughing, there is no need for the combination of Ma Huang and Xing Ren.

邓醫師 Dr. Deng: 麻杏石甘不必有“口渴”或咳。Ma Xing Shi Gan Tang does not necessarily have to have thirst or cough.

孫醫師 Dr. Sun 1 (transcribed by Mia)

我没去过美国，我听说有些国家的麻黄是不让用的。所以，我讲可以用羌活代替，因为羌活胜湿，解表能力是比较强的。对这个病人来说，他偶尔咳嗽就当不咳嗽也行，不能贪多。所以，我想加上羌活更好，邓班长说用苍术。但我看到伤阴情况下苍术不合适，（说明下）不代表谁对谁正确。也不知道临床一线医生会采纳哪个建议。这里大家一块儿来交流，非常高兴。互相找毛病，共同提高。

I have never been to the States. I've heard that Ma Huang is not allowed in certain countries. So, I mentioned that it can be replaced by Qiang Huo, as Qiang Huo prevails over dampness. Also, its ability to resolve the exterior is relatively stronger. For this patient, if he just coughs from time to time, you can regard it as no coughing. We should not be too greedy. Therefore, I think it is much better if we can include Qiang Huo. Dr. Deng, the class leader, mentioned to include Cang Zhu; however, for this condition of damage to the yin, I do not think it is suitable... This does not mean who is right or who is correct. We do not know which recommendation the frontline clinician will listen to. Here, we are all discussing together. I am very happy. As we find one another's flaw, we all become better.

我打字慢，想问下邓班长（邓舒群）：麻杏石甘汤不必有渴也不必有咳，那它到底主治什么？光是发热吗？主证和次证都要看看。每个人治病有自己的习惯，看问题的角度肯定不同，我还是不推荐这个方子。

I am slow with typing... I wanted to ask Dr. Deng, the class leader, [when you said that] Ma Xing Shi Gan Tang requires neither thirst nor coughing, then what is its main indication? Is it simply the heat effusion? We should consult with both the primary and secondary signs. As every person has their own habit in treatment, each has its own angle to look at the problem. I still do not recommend this formula.

Mia Zhu: 各位老师，想商量一下，制定一个“拍板机制”My teachers, I want to consult with you all and see if we can determine a way to give the final verdict.

邓醫師 Dr. Deng (transcribed by Allen Tsaur)

我們今天都是老朋友可以說這樣更有利，麻杏石甘湯，有熱無熱，有汗無汗都能用，主要是藥物比例的問題，平常使用一般是咳嗽明顯時使用，但是不咳嗽、喘的時候也有可能用，主要是藥物比例的問題，調整一下就可以。

Today, we are all good old friends, so this is quite beneficial to all of us. For Ma Xing Shi Gan Tang, it can be utilized whether this is heat or not, whether there is sweat or not. This is mostly the issue of the ratio between medicinals. Normally, it is used when there is clear sign of coughing; yet, it can also be used when there is no coughing or when there is simply panting. This is again the issue of the ratio between the medicinals. We can resolve it with some adjustment.

這個處方裡面，我不建議大劑量的使用石膏，主要是截急投標的作用就可以，我實際建議用大青龍湯，它也有麻黃加朮的意思，它同一個是舌白苔。關於傷飲的問題，表氣一通，進一步就可以了，他這個是關係疾病，氣機的問題解決後，它就迎刃而解。

As for this formulation, I do not recommend a high dosage of Shi Gao. We mostly want to achieve the effect of interrupting the acute disease and addressing the branch symptoms. Actually, I recommend using Da Qing Long Tang (Major Green Dragon Decoction). This formula also carries the meaning of Ma Huang Jia Zhu [Tang] (Ephedra Decoction Plus Atractylodes). They both share the white tongue coat.

As for the issue regarding the damage to fluid, once the exterior qi is freed up, it will be okay. This is an associate/concomitant disease. Once the qi transformation is resolved, it will be solved as though meeting the edge of a knife (i.e. easily resolved).

關於這個有很多舌象，比方描述舌淡、舌乾、舌苔微黃都用，可能有些初學者覺得不可思議，究竟怎樣可以才使用，舌頭淡可以用、舌苔微黃可以用、舌乾也可以用，它只是傷寒病的發展過程，肯定能夠出現的，就像現在醫學的參考數據，升糖指標的區間範圍，它這個藥量調整就可以。

[For this formula], it is applicable with many different tongue types, for example, it can be used for pale tongue, dry tongue, and slightly yellow coating. Perhaps, some beginners may find it astonishing, and they may ask, "So what exact condition does it apply to?" as it can be used for pale tongue, slightly yellow coating, and dry tongue. This is simply the course of development of the shanghan (cold damage) disease. It will definitely show up. It is like the data reference in modern medicine, like the interval range of the glycemic index. [For such course and range,] one simply needs to adjust the dosage.

孫醫師 Dr. Sun 1 (transcribed by Mia Zhu)

少数服从多数，下级服从上级，我听邓班长的！还是由邓班长拍板吧！

Just as the minority should obey the majority, the subordinate should obey the higher authority, I obey [the words] of Dr. Deng, the class leader. Let Dr. Deng, the class leader, pass the final verdict!

其实邓班长所说的话，我能理解，你想解表，对吧？这个也是可以的。但就是从用方的配伍来看，是一种实战经验。但是呢，太阳伤寒，麻黄汤；太阳中风，桂枝汤；太阳温病，葛根汤证。不管从哪个方面来讲，我还是提倡葛根汤的变化。这个大青汤要是在出现早期出现“烦”，这个还可以用。如果想他的国家，我不知道有没有，能不能用。他们那些体制因素啊，能不能买到那个东西。因为好多原因吧。

Actually, I can understand the words of Dr. Deng, the class leader. You want to resolve the exterior, right? This is acceptable. For the compatibility of formulas [towards disease], this is based on the experience of actual combat; yet, for taiyang cold damage, it is a Ma Hang Tang [pattern]; for taiyang wind strike, it is a Gui Zhi Tang [pattern]; for taiyang warm disease, it is a Ge Gen Tang pattern. From whatever perspective [we have covered], I still wish to push for a modification of Ge Gen Tang.

For this Da Qing Long Tang, it appears in the early stage with vexation. At the moment, it is applicable. Besides, let's take consideration of the patient's country. I am not sure if they have [Ma Huang] available or if it can be used at all. Due to their policy, they may not obtain it... Perhaps due to many reasons.

孫醫師 Dr. Sun 2: 好的，邓师兄用大青龙汤。 Yes, just as Dr. Deng, the senior apprentice, mentioned, let's use Da Qing Long Tang.

孫醫師 Dr. Sun 1 (transcribed by Mia Zhu)

要结合实际情况啊。为什么我要这样说呢，因为上面这个病案这些病症也不知是哪个国家的，有什么要求。比如说，我们这个地方，有些大药房就不让用细辛、附子，他们有一些禁忌。所以要清楚当地的情况，让群里老师参考一下，心中有数，省得做无用功。

So, I think we need to conform with the actual circumstances. Why am I saying this? Because we do not know from this case which country the person is from, and what type of policy it has. For example, at my location, some prominent dispensary does not dispense Xi Xin and Fu Zi, as they have certain taboo. As such, we need to be clear what is the circumstance of the patient's location, so we can have it for reference and understand what's going on. That way, we will not waste our effort.

(told them about the policy, regulation regarding Ma Huang, Xi Xin, Fu Zi, and Guang Fang Ji in the States)

龙醫師 Dr. Long: 麻黄不易取得就以羌活代。 When it is difficult to obtain Ma Huang, substitute it with Qiang Huo.

李醫師 Dr. Li: 孙老师，以您对荆防败毒散的使用经验，这例用荆防败毒散如何？万病回春有记载加黄芩的例子，可否考虑？ Mr. Sun, from your experience of using Jing Fang Bai Du San (Schizonepeta and Saposhnikovia Toxin-Vanquishing Powder) [for the coronavirus], can we use [it] in this case? *Wanbing Huichun (Returning to Life from Ten Thousand Diseases, by Long Yanxian, 1615 CE)* records cases where Huang Qin is added. Can we consider that?

孫醫師 Dr. Sun 1 (transcribed by Mia Zhu)

我再说两句话吧。我又仔细看了这个病案。因为大便正常嘛，又不口渴，所以说呢，他没有阳明证，少阳证不明显，病还在太阳。起码无里证，也不在三阴证，所以这个点还在表，这是个大方向。具体不再讲了，不耽误大家休息。

Let me share two more sentences. I reviewed this case again in detail. Since the bowel movement is normal and there is no thirst, so in other words, the person does not have the yangming pattern. Shaoyang pattern is uncertain. The disease is still in taiyang. At least there is no interior sign, and it is not [any of the] three yin pattern. So, for this case, it is still in the exterior. This is the general guideline. I am not going into the detail again, so I do not delay everyone from resting.

针对李老师关于荆防败毒散的提问：荆防败毒散不适合这个病人。因为不管荆防败毒散也好，人参败毒散也好，都不适合。因为它们是时方。时方的话要辩证施治，它的病机不在这个方面。

As for Dr. Li's question regarding whether Jing Fang Bai Du San is suitable for this patient. It does not matter if it is Jing Fang Bai Du San (Schizonepeta and Saposhnikovia Toxin-Vanquishing Powder) or Ren Shen Bai Du San (Gionseng Toxin-Vanquishing Powder), for this case, both are inappropriate. The reason is that they are post-antique formulas. For post-antique formulas, we need to identify the pattern in order to carry out the treatment. For which, the disease mechanism does not seem to fit this case.

人参败毒散针对虚证，主要是扶正祛邪的，它着眼点、主要病机是扶正为主。荆防败毒散主要祛风，主要是以针对受风邪为主的一种外感表证，还属于有寒湿引起的，病人本身体内有热气。所有荆防败毒散基本上不适合。加黄芩也不适合，大方向不对，没有细末稍更不是这个意思了。这个病人身体比较强壮，出现酸困重的，没表现出荆防败毒散的症状和病理机制。

Ren Shen Bai Du San (Gionseng Toxin-Vanquishing Powder) is specifically for deficient patterns. It mainly supports the upright [qi] while dispelling the evil. Its target and its main disease mechanism is to support the upright [qi].

Jing Fang Bai Du San (Schizonepeta and Saposhnikovia Toxin-Vanquishing Powder) is specifically targeting the exterior pattern due to external contraction of wind evil. It also treats those induced by cold damp, where the patient originally has heat within their body. So, by essence, Jing Fang Bai Du San is inappropriate.

The addition of Huang Qin is also inappropriate, it is not indicated for this pattern. It does not fit the detailed branch [symptoms]]. This patient has a relatively strong physique, when there is soreness and encumbrance, it does not display the indications and disease mechanism of Jing Fang Bai Du San.

荆防败毒散用来预防还是可以的。但对这个病人不适合。

Nevertheless, Jing Fang Bai Du San can be used for preventative measure; yet, it is inappropriate for this patient.

用羌活胜湿汤或者九味羌活汤，或者达原饮，还是可以的。这个病人，他已经病了几天了，虽然有表证，从经方角度来说，上面几位老师讲的还是可以的，但荆防败毒散我一点都没想到。反正每个人都不一样。我一般都凭第一感觉。

As for Qiang Huo Sheng Shi Tang (Notopterygium Dampness-Overcoming Decoction), Jiu Wei Qiang Huo Tang (Nine-Ingredient Notopterygium Decoction), or Da Yuan Yin (Membrane-Source Opening Beverage), they are all acceptable.

But for this patient, he has been sick for several days, yet he still has an exterior pattern. From the point of view of classical formulas, the recommendations of the various teachers here are acceptable. Nonetheless, Jing Fang Bai Du San never came to my mind at all. As everyone goes about this differently, for me, I tend to rely on my first instinct.

邓醫師 Dr. Deng (transcribed by Mia Zhu, checked by Allen Tsaur)

年后我治疗一例福建在家隔离的疑似患者，主证和该患者同，舌苔中后薄白，用桂麻各半汤愈。

After the Chinese New Year, I treated a suspected case who was isolated at home in Fujian. The person's chief complaints were similar to that of this patient [that we are discussing]. The tongue coating is thin and white in the center and back. He was cured after taking Gui Ma Ge Ban Tang (Half Cinnamon Twig – Half Ephedra Decoction).

这里面要注意两个问题，第一个是身酸痛，第二个是舌苔的问题。这个舌苔呢，比较干。但是我不知道他是拍照时伸出来立即拍的，还是等了一会儿才拍，或者是反复拍了两次，选了一张。这个要注意。还有一个就是它提示吃了姜黄。这个染苔的问题，如果是口服的话，那么染胎不会那么均匀。

Here, we need to be aware of two issues: First, there is generalized soreness and pain. Second, there is the issue with the tongue coating.

This tongue coating is relatively dry; however, I do not know if the picture was taken as soon the tongue was extended, or it was taken after [the tongue] has been extended for a while, or if two images were taken and only one was chosen. We need to be aware of this.

Also, it is mentioned that the patient just took Jiang Huang (curcumin). For the issue of its coloring of the tongue coating, if the patient takes it orally, then the coloring would not be so evenly distributed.

这个可能需要现场的一线医生来把握。因为我们看到的是这种舌象到底具体拍摄的时间。如果他舌头伸出来久，那么肯定是干燥一些。

This may need to be handled accordingly by the frontline practitioner at the clinic, because for the tongue image we see here, we do not have a specific timeline of when and how it is taken. If the patient extends the tongue for a while, then certainly the tongue will [look] dryer.

关于石膏的问题，还有探讨的必要。当然石膏在大剂量使用必须是“烦渴”。按照黄老师的总结，是一个药证，它这个烦渴。石膏量可大可小。石膏还有一个作用，是解肌。《神农本草经》说解肌有幾味药，其中就有石膏和麻黄。如果舌苔干，石膏也是可以用的。

As for the question regarding Shi Gao (Gypsum Fibrosum), there is a need to further explore it. Of course, in order to utilize a high dosage of Shi Gao, there must be [the sign] of vexation and thirst. According to Prof. Huang Huang's conclusions, this is [Shi Gao's] medicinal pattern, this vexation and thirst.

The dosage of Shi Gao can be high or low. In addition, Shi Gao also has another effect, which is “resolving the flesh.” According to *Shennong Bencao (Divine Farmer's Materia Medica, 1st-2nd CE?)*, there are a few medicinals that are said to resolve the flesh, such as Shi Gao and Ma Huang. If the tongue coating is dry, Shi Gao can also be utilized.

中医主证方面，经常会提到，或干或淡黄，它是一个微甚的问题。“流水看伤寒”，伤寒是一个线性变化的过程。有时候我们会看到寒热相杂，并不像我们教材上表述的那样棱角分明。因

为看病，包括黄煌老师也讲，我们经常也会使用的四逆汤合三黄汤。在人的生命体上，寒热并存是非常多的。

As for the indications in Chinese medicine, we often talk about “perhaps dry or pale yellow” [of the tongue]. This is an issue regarding mild or exuberant [state of the disease].

“Please regard the shanghan (cold damage) [disease] like the flow of water.”

Shanghan (cold damage) is a progression of sequential changes and transformations. Sometimes we see a mix of heat and cold [signs], which are not as clearly defined and distinct as expressed by the textbook. This is because when we diagnose and treat [patients], which Prof. Huang Huang also mentions, we often combine Si Ni Tang (Counterflow Cold Decoction) with San Huang Tang (Three Yellow Decoction). For the living human body, it frequently manifests with the co-existence of heat and cold [conditions].

联合使用，平、抑身体机能，都有可能出现。这涉及到用药經驗的问题。外感病嘛，解肌透表是必须要做的。

When utilizing [cold and hot formulas] together and for either balanced or repressed bodily function, this [type of manifestation] tends to show up. This will be a matter of one’s experience in utilizing the medicinals.

As for externally contracted disease, one must accomplish resolving the flesh and reaching the exterior.

所以第一线的医生看得最真切。首先他要有一个第一印象，然后再看其他医生的建议。尽管从不同角度、方向，可能对你当时的选择会有一点干扰，会犹豫、拿不定主意，但是对于长期的临床，这些碰撞是非常有必要的。多个角度，认识问题会更全面。以后再遇到类似的问题可能会一触而发。这个中医诊断上《内经》说“一会即觉”。无论是望形望色，这都是第一位的。

Therefore, the frontline practitioner will be the clearest in their observation. First, they must have their first impression; then they can consult with the recommendations from other practitioners.

From the many perspectives and directions, at the moment, you may be distracted for the right choice. You may hesitate without settling on a certain idea; however, for an extended practice in the clinic, these types of obstacles are necessary. With many perspectives, you will be more comprehensive in your understanding of the disease. So, when you encounter similar issues in the future, the idea will jump forth as soon the contact is made. Regarding the Chinese medical diagnosis, the *Inner Canon* states, “upon encountering, one recognizes it immediately.” Whether it is [diagnosis] by sight of the physical body or the color, this must be the first task.

程曉巍 (Will Ceurvels): 刚刚邓医师提到的石膏的两种不同的作用（烦渴，解肌）是否有剂量上的差别？ Just now, Dr. Deng mentioned the two types of different effects by Shi Gao (vexation-thirst and resolving flesh), is there a difference in the dosage [to achieve the different effect]?

孫醫師 Dr. Sun 1 (transcribed by Mia Zhu)

同意邓医生的观点。从这个病案的描述来看，少阳、阳明证都不明显，病人身体也比较强健。病仍在太阳，有汗，但汗出不畅的话，桂枝麻黄各半汤或桂一麻一还是正确的。但是要考虑到美国当地无法获取麻黄的特点，所以同意龙医师的意见。我平时看病，一看病机，二是辨证。同意黄煌教授的方法。现在比较欠缺的是没有病人的脉象。这边写到“寒多热少”，这涉及到两种病情，一个是实寒，也包括寒湿；一个是少阴的寒。不管实寒还是虚寒，石膏是禁忌。如果说到解肌，石膏离开麻黄，解肌的效果会差。有一个方是小柴胡加石膏汤。这个病人我不提倡用石膏。我看病时，会看三次舌象。在开始、中间和开完方后。这个舌象伤阴表现很明显。单纯看舌象，我同意用石膏，这也是大部分医生建议石膏的原因。主要还是要看一线医生的判断。

I agree with the perspective of Dr. Deng. From the description of this case, it is unclear if there is shaoyang or yangming pattern. The patient is also relatively strong and healthy in his physique. The disease is still located in taiyang. There is sweating, but if the sweating is inhibited, then it is correct to use Gui Zhi Ma Huang Ge Ban Tang (Half Cinnamon Twig – Half Ephedra Decoction), or to alternate between taking Gui Zhi Tang and Ma Huang Tang.

Nevertheless, we need to take consideration that practitioners cannot obtain Ma Huang there in the States. So, I agree with the recommendation of Dr. Long.² Usually when I treat in clinic, I first observe the disease mechanism and follow up with pattern identification. I agree with the methodology of Prof. Huang Huang. Now, what we are lacking is the pulse image of the patient.

Here, it is described that the patient has “predominant cold and little heat.” This may involve with two types of disease conditions. One is excess cold, which includes cold-damp; the other is the cold of shaoyin. No matter if it is excess cold or deficient cold, Shi Gao is contraindicated. If we are talking about resolving the flesh, when Ma Huang is no longer paired with Shi Gao, its effect for resolving the flesh will become marginal.

There is a formula called Xiao Chai Hu Jia Shi Gao Tang (Minor Bupleurum Decoction Plus Gypsum). For this patient, I would not advocate for the usage of Shi Gao. When I treat, I would look at the tongue image three times: once at the beginning of the session, once in the middle of the session, and once after the formula is determined. For this tongue image, the yin damage is rather obvious. Basing solely on the tongue image, I agree that we should use Shi Gao. This is likely the reason why most doctors here suggest using Shi Gao. Nevertheless, it should be determined by the frontline practitioner.

邓醫師 Dr. Deng: 麻黄内地有些地方也配不到，我们市中心医院（三甲）就没有麻黄。 For Ma Huang, it is also unavailable in the interior regions [of China]. Ma Huang is unavailable in my hospital in the city center (Tertiary Grade A Hospital).

² Substituting Ma Huang with Qiang Huo; also he proposes using Ge Gen Jia Ban Xia Tang + Huang Qin.

孫醫師 Dr. Sun 1: 是的。所以要“通融、通融”。这个就尴尬了！ Yes... so we need to “accommodate... and make exceptions...” This is quite awkward....

程曉巍 Will Ceurvels: 另外，一些文献好像有提出石膏的剂量倍于麻黄可缓解麻黄的发汗效果，不知道医师们对此说法有何见解？ Also, some literature proposes that if Shi Gao's dosage is double that of Ma Huang, it can moderate and negate Ma Huang's effect of effusing sweat. What do you doctors here think about this statement?

邓醫師 Dr. Deng: 一个剂量，一个配伍，这个要紧跟主证。 One is about the dosage, the other is about the compatibility; they must fit tightly with the main signs and symptoms.

孫醫師 Dr. Sun 1: 麻黄，也是大将军。替代了，疗效就会打折扣。 Ma Huang is the chief general... if it is substituted, the remedial effect will be greatly reduced.

程曉巍 Will Ceurvels: 邓医生 了解了，谢谢。 Dr. Deng, I understand now. Thank you.

丁医生 Dr. Ding: 无麻黄，柴葛解肌汤是否可以试试，个人意见！ If Ma Huang is unavailable, maybe we can try Chai Ge Jie Ji Tang (Bupleurum and Pueraria Flesh-Resolving Decoction). This is just my personal opinion.

孫醫師 Dr. Sun 1: 丁医生 这个可以。 Dr. Ding, this is acceptable.

孫醫師 Dr. Sun 3: 邓医生 孙医生 两位老师讲的非常好，细致推敲，逐方解读，精准理顺病机，从体质和地域等大方向着眼点入手！学习了！ Dr. Deng and Dr. Sun (#1), your explanations are very well done. They are meticulous in deduction, explaining each part of the formula, with precise principles that conform with the disease mechanism, as well as the approach on the main aspect regarding the patient's constitution and geographical concern. I have learned much!

孫醫師 Dr. Sun 1: 孫醫師 这个就是 三因制宜、整体观啊。基础而已。 Dr. Sun (#3), this is simply taking considerations of the three circumstances and the holistic view. These are just the basics.

邓醫師 Dr. Deng: 外感病是中医的优势, “一服而起”就是这类病。 Externally contracted disease is the strength of Chinese medical practitioners. “After one dose, [the disease] is uprooted.” This phrase precisely describes this type of diseases.

吕医生 Dr. Lü: 柴胡杏仁汤加大黄 5 克! Chai Hu Xing Ren Tang³ with 5g of Da Huang!

Mia Zhu: 吕老师 谢谢您 能抽时间讲下思路吗? Dr. Lü, thank you! Would it be possible for you to take some time to explain your reasoning?

吕医生 Dr. Lü (transcribed by Mia Zhu)

肺虐。体质大柴胡。病位在：太阳偏里，少阳偏表，太阴伏热。

This is lung malaria with Da Chai Hu Tang (Major Bupleurum Decoction) [constitution].

The disease is located in taiyang but slightly interior, shaoyang but slightly exterior, with deep-lying heat in taiyin.

我对麻黄剂和桂枝剂在这个患者身上，暂时先不考虑。包括石膏剂，因为他没有口渴。我第一感觉可能要大柴胡汤，但马上又把自己给否决了。进一步考虑大柴胡汤加杏仁和石膏，这是胡希恕的经验。也是治疗恶寒、关节疼痛、发热，后来我看他没有口渴，大便也正常，有鼻衄，咽喉有痰，鼻中带血。我当时在分析这个问题。他的舌苔有点白，虽说喝了药，但是舌根部稍微偏腻。

For this patient, at the moment, I do not consider Ma Huang or Gui Zhi formulas [appropriate]. The same goes for Shi Gao, as the patient does not have thirst.

On my first instinct, I think we may need Da Chai Hu Tang; however, I immediately reject this thought. Then I take another step to consider if [it is possible] to combine Da Chai Hu Tang with Xing Ren and Shi Gao, basing on the experience of Prof. Hu Xishu. This is [a formula] that also treats aversion to cold, joint pain, and heat effusion. But I see that he does not have thirst with normal bowel movement... there is nosebleed, phlegm in throat, blood tinge mucous; I was analyzing this issue. Even though he has taken medicinal (curcumin), his tongue is slightly white, and the root of tongue is slightly greasy.

然后，我马上再一感觉考虑，这个病人是一个传染者，他可能是一个新冠肺炎，因此考虑到的是杏仁汤。在吴鞠通《温病条辨》中第 54 条或 56 条，原文大致“肺疟，咳嗽频仍，寒从背起，舌白渴饮，伏暑所致。”这个患者有一个情况：全身酸痛、畏光、恶寒。这些给我们的一种感觉是大青龙汤证。但是，大青龙汤证有个特征，一定有大烦躁，而且手脚会冰冷。用大青

³ This is the combination of Xiao Chai Hu Tang (Minor Bupleurum Decoction) with Xing Ren Tang (Apricot Kernel Decoction, from *Wenbing Tiaobian, Systematized Identifications of Warm Diseases*, 1798 CE). The latter's ingredients are: Xing Ren (3 qian), Huang Qin (1.5 qian), Lian Qiao (1.5 qian), Hua Shi (3 qian), Sang Ye (1.5 qian), Fu Ling (3 qian), Bai Dou Kou (0.8 qian), Li Pi (2 qian).

龙汤特别的是，孩子和大人发烧时耳朵会宣红的，但是他不会有汗的。这个患者会偶尔有汗出。

Thereafter, I rethought and reconsidered about it. This patient has contracted an infectious disease, and it is possible that this is the novel coronavirus. Therefore, Xing Ren Tang⁴ came to my mind.

On Line 54 or Line 56 of *Wenbing Tiaobian (Systematized Identifications of Warm Diseases)*, the text roughly says, “Lung malaria, frequent coughing, cold [sensation] emerges from the upper back, white tongue, thirst with consumption of fluid, this is caused by deep-lying summer-heat [evil].”

For this patient, there is a condition: generalized soreness and pain, aversion to light, and aversion to cold. These give us an impression that it is the Da Qing Long Tang (Major Green Dragon Decoction) pattern; however, Da Qing Long Tang pattern has a feature: there must **be great vexation and agitation, as well as icy cold hands and feet**. What’s unique about Da Qing Long Tang is that when children and adults have fever, the ears are red; however, there is no sweating. As for this patient, he occasionally has outbreak of sweat.

这位患者偶尔有汗出，马上就考虑到他还是一个半表半里证。马上考虑到柴胡杏仁汤。它里面是柴胡、黄芩、半夏、甘草，杏仁。

From this patient’s occasional outbreak of sweat, I immediately consider that this is still a half-exterior-half-interior pattern. I immediately consider Chai Hu Xing Ren Tang. Within it, there is Chai Hu, Huang Qin, Ban Xia, Gan Cao, and Xing Ren...

这个方子里我们要重用两个药。一个是桑叶，一个是白蔻仁。一个是走表，一个是化湿。一个还可以温中，因为它里边还有连翘。因为杏仁是个非常轻巧的药。然后再加一点大黄。如果是生大黄，我会用 3 克；如果是炙大黄，我会用 5 克。因为患者的体质还在这儿决定的。这个时候如果过用石膏会把病引入太阴了，这样病会麻烦。在杏仁汤里如果用滑石的话，可在 20 到 30 克之间。用点通草，因为它可以通过这个淡渗利湿兼有走表的方法，把患者的这个症状给引出来，不要把病往里边儿再引深入了。他虽说不咳嗽，但是喉咙已经有的卡痰感了。而且患者是不定时地发热，也是有柴胡证的，类似于往来寒热啊。

For this formula, we need to rely heavily on two ingredients. The first is Sang Ye, and the other is Bai Dou Kou. One goes to the exterior, the other transforms dampness. One can also warms the center. Also, [this formula] also contains Lian Qiao. Since Xing Ren is a very light and dexterous herb...

We should further add a little Da Huang. If it is raw Da Huang, I would use 3g. If it is processed Da Huang, I would use 5g. This should be determined here by the patient’s constitution. If Shi Gao is used excessively here, it will guide the disease into taiyin, this will makes this disease troublesome.

Within Xing Ren Tang, if we are using Hua Shi, we can use between 20-30g. Add a little bit of Tong Cao,⁵ because we can rely on the method of disinhibiting dampness by bland

⁴ See previous footnote for the ingredients

⁵ i.e. Mu Tong.

percolation with concurrent movement in the exterior, in order to guide the patient's symptom outward. This way, it will not further lead the disease deeper inward.

Even though it says that he does not cough, there is already sensation of phlegm and congestion in the throat. In addition, ***the patient has fever without a set time interval***, this is also a Chai Hu pattern, as it is similar to the alternating/recurring chill and fever.

我在用大青龙汤的指征，刚才跟大家说了，他一般会出现头痛，会出现烦躁。特别像孩子，他来了完全都不想理你，怎么都不配合你。大人你跟他多说一句话他就烦不过。这是典型的大青龙汤证。但是他的手脚是冰冷的，量体温非常高。而且我会看他的耳朵，耳朵特别红。这个情况下，手是冰冷的，两个耳朵是红的，这是我平时用大青龙汤的指征，一般是一剂到两剂，必须把它拿下来。

For my own indications of Da Qing Long Tang, I just mentioned it to everyone, there is usually headache, vexation, and agitation. Especially for children, when they come [to the clinic], they completely ignore you and refuse to cooperate with you. For adults, if you say one extra sentence, they are overcome by their vexation. This is the classic case of Da Qing Long Tang pattern; yet, the hands and feet are icy cold, the body temperature is very high. For me, I would look at the ears. The ears are particularly red.

For this condition, there are icy hands and red ears, these are my indicators for utilizing Da Qing Long Tang. Normally, only one or two doses are prescribed. After which, it should be stopped.

因为大青汤的麻黄量比较大，麻黄大于桂枝，还有石膏在里边稍佐着，这个方用药有技巧。麻杏石甘汤我也把它排除了，因为麻杏石甘汤是汗出而喘无大热者，但是这个患者我后来把它排除了。小柴胡汤我排除的目的是，因为它里边儿有大枣、有党参。

Furthermore, the dosage of Ma Huang is relatively higher in Da Qing Long Tang. [The dosage of] Ma Huang is higher than that of Gui Zhi, and it is assisted by Shi Gao. Skills and experience are required to utilize this formula.

As for Ma Xing Shi Gan Tang (Ephedra, Apricot Kernel, Gypsum, and Licorice Decoction), I have eliminated it [from my selection], because Ma Xing Shi Gan Tang is for those with sweating, panting, and without great heat. That's why I eliminated it for this patient.

As for Xiao Chai Hu Tang (Minor Bupleurum Decoction), the reason why I eliminate it is due to its ingredients of Da Zao and Dang Shen.

那么就考虑到柴、芩、夏、草。柴胡量稍微大一些，因为他是外国人，体质可能比我们壮实，可以用到 30 克，黄芩 10-15 克，半夏用姜半夏，用 10 克就可以了，甘草用生甘草，用到 6-10 克。

From here, we can consider [to have] Chai Hu, Huang Qin, Ban Xia, and Gan Cao. The dosage for Chai Hu needs to be relatively higher. Since he is a foreigner, the constitution is likely stronger and firmer than us, so it can be as high as 30g. For Huang Qin, use 10-15g. For Ban Xia, use Jiang Ban Xia, about 10g is enough. For Gan Cao, use raw Gan Cao at 6-10g.

因为患者这种酸痛，我们不一定非要看成是一种表证是一种寒症。有湿的话，一样会导致酸痛，也会导致恶寒。湿性重浊，湿性粘腻，湿入阴邪，它会导致这些症状。这是我一个思路啊，大家可以探讨一下。因为他的舌苔薄白，舌根黄腻。我把这些情况和症状全部捋了一遍。我分析一下，舌苔是非常重要的。就是刚才我们邓班长说得非常对的。这个伤寒看法和温病的看法，以及这个思路。

For this type of soreness and pain, we do not necessarily have to regard it as an exterior pattern or a cold pattern. When dampness is present, it can also cause soreness and pain. The nature of dampness is heavy and turbid, it is sticky and greasy. When dampness enters [to combines] with the yin evil, it will cause these signs and symptoms.

This this is my thought process. We can all examine it a little.

Since his tongue coating is thin and white, but yellow and greasy at the root of tongue. I have gathered all the conditions, signs and symptoms. From my analysis, the tongue coating is very important. Like what Dr. Deng, the class leader, just mentioned, it is quite correct. This is the perspective from the shanghan (cold damage) and wenbing (warm disease) and the thought process.

杏仁汤的服法有一个窍门，是用梨皮，有时候把梨皮削个 3-5 片丢进去一块儿煮。因为这个患者有个特征，微汗，稍有汗出，少有恶心，这种情况下加梨皮进去，然后少加一点点炙大黄。

When consuming Xing Ren Tang, there is a trick. It is to use Li Pi (pear peel). Sometimes, I scrape out 3-5 slices of Li Pi and decoct it along with the [medicinals]. This is due to a feature of the patient: mild sweating, slight outbreak of sweat, slight nausea. For this condition, we should add Li Pi; later on, a little bit of prepared Da Huang should be added.

黄醫師 Dr. Huang

这个病案可以用小柴胡汤加桂枝汤，即柴胡桂枝汤。考虑到美国麻黄比较不方便，所以可以不用麻杏甘石汤

For this case study, you can consider Xiao Chai Hu Tang + Gui Zhi Tang, which is Chai Hu Gui Zhi Tang (Bupleurum and Cinnamon Twig Decoction). For the consideration that Ma Huang may be difficult to obtain in the States, so you can disregard Ma Xing Shi Gan Tang.

这个柴胡桂枝汤在古代是治疗疟疾的一张重要配方。新冠病毒感染后，它所出现的症状有很多的症状跟疟疾差不多。这张方也是免疫调节剂，所以对于一些免疫有缺陷的人可能更合适。那么，从我们临床来看，柴胡体质的人大多数免疫也会有问题的。所以，柴胡桂枝汤这张方应该是这次新冠肺炎的一个主打方。中国因为湿气比较大，湿大，有消化道症状，脸黄，舌苔腻，那就不用柴苓汤。外国人的话，桂枝体质比较多，所以小柴胡汤合上桂枝汤。

This Chai Hu Gui Zhi Tang is an important formulation for the treatment of malaria in the ancient time. After the contraction of the novel coronavirus, many of its manifested symptoms are similar to that of malaria. This formula is also a regulating formula for one's immunity; thus, it could be more fitting for those who have deficiency in immunity. From the clinical perspective, most people with the Chai Hu constitution tend to have issues in their immunity; therefore, Chai Hu Gui Zhi Tang should be the main frontline formula for this novel coronavirus.

In China, due to the higher humidity, there is more dampness; when there is gastrointestinal symptoms, sallow complexion, greasy tongue coating, you should use [Xiao Chai Hu Tang + Wu Ling San, which is called] Chai Ling Tang (Bupleurum and Poria Decoction). For foreigners, [I see a wider] prevalence for Gui Zhi constitution; that's why we are combining Xiao Chai Hu Tang with Gui Zhi Tang.

同时呢，这个柴胡桂枝汤也能用来治疗像莱姆氏病，美国非常多见。那么还有什么恙虫病、斑疹伤寒，这些都能用。甚至我们还用来治疗带状疱疹，也是病毒引起的。特别是对于现在有一些患者出现新冠肺炎的胸闷咳嗽以外，恶寒发热还有身体疼痛，肌肉酸痛等等，这个是非常有效的。从体型上来看，相对来说瘦弱的人，年龄大一点儿的，或者说他本身有一些基础病的，这个就是免疫功能比较差的，这张方是更好了。

At the same time, this Chai Hu Gui Zhi Tang can also treat Lyme disease, which is prevalent in the US. As for scrub typhus and typhus, it can also be used for these occasions. To the point we even use it to treat shingles, which is also caused by virus.

So now, for patients who are presented with chest oppression and coughing of the novel coronavirus, if there is also aversion to cold, heat effusion, generalized pain, or muscle ache... etc., this [formula] is very effective. For those who are relatively slim or weak in physique, in advanced age, or if the person has certain existing conditions or with weakened immunity, this formula is particularly useful.

熊醫師 Dr. Xiong

从症状、面部特征和舌质红苔少而中部淡黄苔（膩苔少），知为大柴胡汤证！

From the symptoms, features on the complexion, red tongue texture, little coating, light yellow coating in the center (little greasy coating), it is evident that this is the Da Chai Hu Tang (Major Bupleurum Decoction) pattern.

从舌尖边红知道的肺热阴虚，伤了肺部气分，所以用桑杏汤！如用杏仁汤，则方中茯苓利水伤阴，白蔻芳香辛温也伤阴！仅供参考！

From the redness on the sides and tip of the tongue, this indicates lung heat and yin deficiency, as well as damage to the qi aspect of the lung. So, Sang Xing Tang (Mulberry Leaf and Apricot Kernel Decoction) should be used.

As for Xing Ren Tang [recommended by Dr. Lü], the formula contains Fu Ling, which disinhibits water and damages the yin. As Bai Dou Kou is fragrant, acrid, and warming, it is also damaging the yin. This is just for your consideration.

那个病人用大柴胡汤（用赤芍、法半夏、熟大黄，生姜大枣可以不用）+桑杏汤（用南沙参、浙贝母、梔子，可以不用香豉）也许更好！

So, for this patient, it may be better to use:

Da Chai Hu Tang (using Chi Shao [instead of Bai Shao], (Fa) Ban Xia,⁶ processed Da Huang; Sheng Jiang and Da Zao can be removed.)

Combined with Sang Xing Tang (using southern Sha Shen, Zhe Bei Mu, and Zhi Zi; Dou Chi can be removed)

⁶法半夏 (Fa) Ban Xia is Ban Xia processed with limestone, licorice, and a little bit of alumen. It is considered to be more mild and neutral than other forms of processing.