Effective Strategies for Treating Influenza

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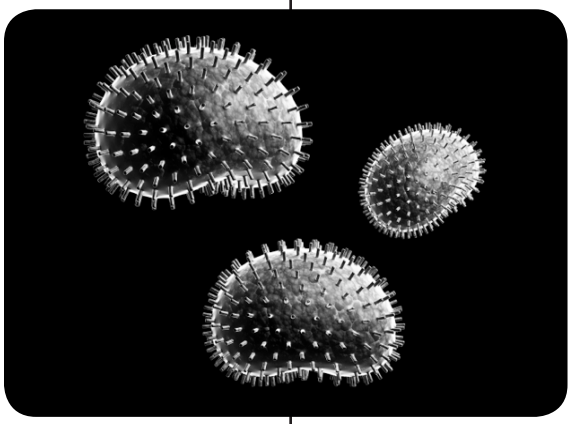
From the *Nei Jing* through the *Shang Han Lun*, *Wen Bing*, and into the modern era, there are over two dozen detailed systems of etiology for devising a treatment strategy for what we now know as influenza. The number of formulas listed in standard Oriental medicine formularies indicated for influenza (over 60 of them!) can be daunting and confusing. These formulas are collected from dozens of sources over the centuries, most of which are based upon very diverse systems of pattern differentiation (Five Phases, 6 Stages, 4 Levels, 8 Principles, *Zang-fu*, Spleen-Stomach School, *Wai-ke* School, etc.). Nearly every contemporary herbalist (East or West) who has tried to treat influenza with standard anti-viral formulas (*Yin Chiao San*, *Gan Mao Ling*, black walnut oil, and gold-enseal, to name a few) has noticed that sometimes the anti-virals seem to be very effective, and sometimes they do not. But for many of us, because we have seen something work sometimes, we tend to cling to the former success and wind up inappropriately prescribing herbs from this category, when different types of formulas would be far more successful.



This paper is intended to serve as a guide for differentiating when to use specific categories of formulas to treat influenza to maximize effectiveness in treatment.

The most important distinctions to be made when treating influenza are to: 1) confirm that it is indeed influenza and not some other genus of microbe; and 2) to determine what phase the disease in in.

Is it a Cold or the Flu?

Determining whether or not your patient is suffering from influenza as opposed to some other disease is sometimes easy, sometimes not. Usually, the epidemic nature of influenza provides a reliable context for identification. That is to say, if one or two people in a work, daycare, or school environment come down with a virus and it seems to be spreading quickly, all it takes is for one medical confirmation of influenza to be established, and the rest of the cases that can be traced to the same exposure are assumed to be the same diagnosis. In the absence of a confirmation, there are some symptomatic criteria that can help with diagnosis. The hardest to differentiate between are severe colds and influenza on the one hand, and normal colds and mild influenza on the other. As a rule, influenza is much more severe, but in 2008, the American Journal of Epidemiology published an observation that "33% of all influenza cases are a-symptomatic.[i]" So, not only can influenza be quite mild, it can also be undetectable to the infected person. This 33% fact suggests one of the reasons that influenza is so contagious: **1/3 of the individuals who carry an active virus do not know they are capable of spreading it!** It should become an automatic rule for the practitioner to assume that during flu season, if s/he encounters one person who might be shedding the virus at home, in the clinic, or anywhere, that for the next few days s/he is a carrier. The same information needs to be passed on to patients so that precautions can be taken.

In an active case of viral infection, there are some common differences between a common cold infection and influenza. In general, a cold is primarily an external pattern and influenza is primarily an internal pattern. The many viruses that cause the common cold have receptors in the adenoids, located in the nasopharynx, behind the nose and at the top of the throat. The receptors for the influenza virus, on the other hand, are located deeper in the body: in the bronchial cells and lung tissue. The cold viruses can become an internal pattern when active virions suspended in nasal or sinus fluids, instead of draining down the esophagus where they are easily destroyed by stomach acids, drain down the trachea, which does not have the same defenses. When they manage to settle below the collar bone, they should be considered "internal." Influenza infections, when the patient is in a full-blown state of the disease, are always internal; but in the initial stages, while the virus is migrating to receptor sites in the lung and bronchii, but before it has a strong foothold, it is still vulnerable and can be treated like an external condition. This migration phase can be as short as an hour or as long as two days. Often there are no symptoms or just mild symptoms during migration, as the *wei* qi gathers and focuses its forces.

Because of the respective locations of the receptor cells in each genus of virus, there are common sets of immune responses that can help us determine which one we are dealing with. Compare signs, symptoms, and data using the following chart:[ii]

Symptoms / Dynamics	Cold	Flu
Fever	Not common; usually less than 101.5° F	**Characteristic, high, 102°-104° F, lasting 3-4 days**
Headache	Not common	**Prominent**
Loss of appetite	Common, but usually mild	**Characteristic, pronounced**
Generalized aches and pains	Mild	Can be severe
Fatigue/weakness	Slight	Can be extreme, lasting up to three weeks
Extreme exhaustion	Never	**Early, pronounced, and can linger for days**
Stuffy nose and/or blocked sinuses	Common	Occasional
Sneezing	Almost always	Occasional
Sore throat	Common	Occasional
Chest discomfort and cough	Mild to moderate; cough is usually hacking	Common, can become severe and manifest as several different types of cough
Duration	Mild- 2-3 days; Average- one week; Severe- up to two weeks	Commonly 2-5 days, can linger for up to three weeks
Incubation	8-12 hours	1-4 days after exposure
Contagious phase	From 24 hours before onset of symptoms up to 5 days after symptoms appear.	Adults are contagious from 1 day before symptoms appear and up to 3-7 days after symptoms appear; Children can be contagious up to one week after fever disperses.

Please note that the most common indicator of (full-blown) influenza is extreme exhaustion accompanied by severe body aches. Typically, the person in this phase of influenza doesn't even like to speak because of the expense of energy it takes; likewise, they do not like getting up off the couch or out of bed without necessity. If the television is on, even if it is annoying them, they may choose to simply endure it rather than expend the energy to turn it off or leave the room. The second most common indication of full-blown influenza is lack of appetite. Fluids are very important and need to be pushed on the patient, but they usually cannot handle more than a few bites of food throughout the day.

It is noteworthy that cough is not necessarily a determinant for either the common cold or influenza, although it can be severe in either case. Oftentimes a cold is just a headache and/or sinus/nasal trouble; the cough is secondary to drainage. In influenza, although there are patterns with copious phlegm, the majority do not list cough as a main symptom, though it is nearly always present. In the "constrained heat/fire" pattern (see below) of influenza, the cough is typically high and clear, without a lot of force. The patient will nearly always be experiencing severe body aches with this pattern and because even the weak coughs send a sudden surge of pain through their body, they control it, since there is clearly nothing to expectorate.

The most typical signs and symptoms of the common cold are in the throat and nose/sinuses, because of the location of the receptor sites. Look for runny or stuffy nose and sore throat. The cough often begins in the throat as a "tickle" or irritation, but the phlegm can become quite pronounced and drop into the bronchia, at which time, as stated above, the normally exterior condition becomes an interior one.

There are over 200 viruses that can cause the common cold. Up to 80% of these are caused by the rhinovirus (but estimates vary greatly). Other viruses that are frequently discovered to cause the common cold are RSV (respiratory syncytial virus), adenovirus, coronavirus, and HPIV (human parainfluenza virus).

In marked contrast, there are only three genuses of viruses that cause influenza and only one species found in each: Influenza A, Influenza B, and Influenza C. This information might cause one to conclude that we can only contract a true case of influenza three times in life, but we know this to not be the case. The reason is that flu viruses, all three genuses of them, undergo minor but immunologically significant mutations called "drifts" and "shifts." A drift is a simpler and more frequent mutation, occurring 1-2 times a year within a species. Shifts, on the other hand, are major mutations occurring approximately once per decade. The reason we can catch the flu multiple times over a lifetime is because we must have the antibody for each individual mutation in order to be immune to it.

Typically, Influenza A causes the most severe response in humans and is the genus of the great pandemics. It is mainly a virus of aquatic birds and likely transferred to humans through the constant exposure of those who tend waterfowl. The only species known to be able to contract Influenza A are birds, humans, pigs, seals, horses, and whales, yet the virus can only be transmitted to humans from other humans, domesticated waterfowl, and pigs. Influenza B thrives in humans, seals, and ferrets, while Influenza C, the least common of the three genuses, is a disease we share only with dogs and pigs.

"Drifts" and "shifts" do not change the species identification of the virus; rather, they change what are called the species' "serotype." Serotypes are determined by protein antigens on the surface of the virus. The important antigens in influenza are H (hemagglutinin) and N (neuraminidase). Each new mutation of influenza is identified by an H and an N number; hence, in 2009, when there was concern over a possible pandemic of "swine flu," the virus quickly became known as its serotype: H1N1. Neuraminidase is essential to the virus for self-replication; hemagglutinin possesses an action that interests us greatly as practitioners of Oriental medicine because it is responsible for causing what some of the classics termed "constrained heat/fire in the lungs"

The word hemagglutinin breaks down to disclose its action: "heme" refers to red blood cells, and "agglutination" means "clumping" or "to clump." The hemagglutinin on influenza viruses causes an immune response in our bronchial and lung tissue wherein red blood cells clump around the virus to protect it. This process actually creates a capsule made of our own red blood cell tissue around a colony of virions, allowing them to replicate free from direct attack by our white blood cells and other immune strategies. When the colony has sufficiently replicated and gained strength, it creates pressure from within the RBC capsule, a small breach is allowed in the capsule wall, and the pressure from within shoots tens of thousands of new virions into the surrounding area. Anti-viral medicines tend to be cold-natured, and when used at this full-blown phase of the disease, only causes the capsule to congeal around the colony. Anti-virals cannot penetrate the wall of the capsule any more than they can destroy red blood cells (If they could destroy red blood cells, we would not be using them as medicine, only as poisons!) This is not to suggest that anti-viral herbs have no effect during this phase of influenza. They can diminish heat signs, and because they make the area surrounding the viral colony inhospitable, they can sometimes slow down the progression. The danger in using cold anti-viral substances to treat the full-blown stage of influenza is that more often than not, the practitioner winds up prolonging the illness: the virus isn't killed, but it isn't quite as active either. So instead of the illness being at maximum intensity for a few days before turning the corner toward health, the patient is 40-80% of the maximum for a week or two, or even three, often without a clear day they can point to and say "I was finally over it on this day."

Constrained Heat/Fire

[**A Word About Fire**—Before unpacking the concept of constrained heat/fire, it is perhaps useful to remind the reader of the difference between heat and fire in an Oriental medicine diagnosis. The easy way to think of the difference is that fire is severe heat. But this does not tell us enough. Heat can be extreme without transforming into fire; and some herbs can clear heat and fire, while others can only clear heat. The hallmarks of "fire" are these: 1) fire affects the eyes and maybe even vision, 2) fire agitates and makes one irritable, 3) fire affects *shen*. The irritation and irritability are self-explanatory. What the other two statements mean is that when heat has transformed into fire, the vision often becomes blurry as well as the eyes turning red. One's ability to concentrate is affected: all cases of heat leading to delirium are incidences of heat transforming into fire. The agitation and the *shen*-disturbing qualities also have a strong tendency to disturb sleep.]

Influenza in the fully engaged phase is "constrained heat (or fire) in the lungs." Constrained heat is different from a diagnosis of "lung heat." Constrained heat refers to a class of warm pathogens that get physically embed-

ded or lodged in actual tissue. In the case of influenza, the tissue is lung or bronchi, and the mechanism of becoming "lodged" is hemagglutination.

Chapter 71 of the *Su Wen* states: *"Huǒ yù fā zhī"*("For fire from constraint, disperse it"). *Fā* is an archery term, meaning "let fly"—rather like the way our cavalry would respond to a shout of "Charge!"—the archers of ancient China would hear the order: "*fā!"* In medicine, *fā* is usually translated as either "effuse" or as "disperse." "Effuse" is preferred when wishing to emphasize the outward movement of the therapeutic intention; one never intends to scatter a pathogen deeper toward the interior.

If cold, often bitter substances like *huang qin* (scutellaria), *ban lan gen* (isatis), *shi gao* (gypsum), or goldenseal, congeal the RBC capsule around the colony; this is the opposite effect of dispersion. There is a special sub-class of herbs that can be used to disperse / effuse constrained heat in the lungs. One or more of them must be used as chief herb in formulas that disperse constrained heat from the lungs. They can be called "The Three *Pi*":

Sang Bai Pi (mulberry root bark)
Di Gu Pi (lycium root bark)
Gua Lou Pi (trichosanthis husk)

Of these "three *pi*," *sang bai pi* (mulberry root bark) is perhaps the strongest for dispersing acute constrained heat in the lungs. *Gua lou pi* (trichosanthis husk) requires large doses to be effective; and *di gu pi* (lycium root bark) is the one of this set that can disperse either acute or latent constrained heat.

Phase Treatment of Influenza

Influenza can be effectively treated when the precise phase of the disease progression has been properly identified. For our purposes, which are defined by the parameters of effectiveness and simplicity, we will acknowledge five phases, but our concentration will be upon only three of these (Phases 1, 2, & 3).

Phase 1: Prevention Phase, or the "I don't want to catch the flu" phase.

Phase 2: Initial Exposure Phase, or the "I think I may have caught the flu" phase.

Phase 3: Fully Engaged/Full-blown Phase, or the "I have the flu" phase.

Phase 4: Critical Phase, or the "I need to get to a hospital" phase.

Phase 5: Sub-Phase: Latent Phase, or the "Why do I seem to keep getting sick with the same disease?" phase.

The Critical Phase is not usually going to be within our scope to handle, other than to recommend that the patient get to an urgent care or ER as soon as possible—and so this phase will not be part of the present discussion. Oriental medicine is perhaps better equipped to understand and deal with the Latent Phase of illness better than any other form of medicine, but the topic is a voluminous one unto itself, and needs to include a great deal more than simply influenza. Suffice to say of the Latent Phase that if a patient does not fully recover in 10 days (due to wrong treatment or no treatment), then a slow recovery can indicate that a latency is being created. When there is latency, the patient remains vulnerable all season long, perhaps even for multiple seasons, if the *wei* qi does not find a way to expel the pathogen. Alternately, a latency can create an "echo pattern" wherein the patient gets sick in a similar pattern every few weeks during the winter. Most often, when the echo pattern is active, the disease manifests as a less intense version of the original illness. Latencies can combine with a new infection of any sort to make them more intense. For instance, if one has a latent (lurking) constrained heat that is inactive and one contracts, say, a cold virus, the cold virus can combine with the lurking constraint, which can transform an external pattern into a severe internal-external pattern.

Phase 1 (the Prevention Phase) is, strictly speaking, not a true phase of influenza, since it assumes that the disease has not yet been contracted. But prevention during flu season is a major issue throughout the world and warrants some discussion here. All OM practitioners are familiar with ways to support the upright *(zheng)* qi, or augment the defensive *(wei)* qi. Likewise, like everyone in the medical field, and even the vast majority of families and workplaces, we have all been taught something about Universal Precautions: Just training yourself to be mindful to wash your hands frequently and to not touch your face can go very far toward prevention, as well as protection for the patients who visit your clinic during flu season. There are some areas of prevention that do not get the attention they deserve and which play a major role in whether one contracts the disease or not. "Stressors" to the immune system drain our strength to combat illness. Some of these need to be addressed months before flu season, others, such as insufficient sleep, can be dealt with as they arise. An example of a stressor that requires longer periods of attention is a

stress-inducing life situation. Someone who tends to get sick easily and takes on a workload that interferes with rest and recuperation will be more susceptible to a severe infection during flu season.

The ancient Chinese person certainly had to deal with chemical toxicity, but not the variety and the frequency to which the modern person is subject. Summertime, when the body is opened to the outside and qi is naturally effusive, is an ideal time to detoxify. There are many ways to accomplish this and more ways being promoted every year. One OM strategy is to use **Siler and Platycodon Formula** *(Fang Feng Tong Shen San)* to eliminate heat-type stagnation in the body and encourage a general cleansing from the inside out.

Mediumship. Summertime is also an ideal time for building mediumship (the ability for fluids in the body to convey something from one place to another). If an individual is deficient in *jin* (thin) fluids, *ye* (thick) fluids, or blood, then when they contract a virus, even if they receive the right treatment, their ability to eliminate it from their bodies is compromised. Along these same lines, one must take into consideration pathways of elimination. If the patient is chronically constipated or has blocked urine or compromised ability to sweat, these need to be addressed **before** flu season.

Phase 1 (Prevention Phase) Formulas to Consider

Formulas that support upright *(zheng)* qi—These are appropriate for patients undergoing chemotherapy, the elderly, and the immune-compromised. They typically supplement underlying deficiencies of spleen qi and kidney, as well as gently circulate blood. Some of them emphasize building blood, and some, like mushroom –based formulas support the immune system more directly. The following formulas can be used during the Prevention Phase:

Siler and Platycodon Formula *(Fang Feng Tong Sheng San)* assists in the elimination of accumulated toxin from the body.

Astragalus and Ligustrum Formula *(Huang Qi Dong Qing Pian)* is a *fuzheng* formula that supports the upright *(zheng)* qi by supplementing the spleen and kidney.

Ji Xue Formula *(Huang Qi Ji Xue Wan)* is another *fuzheng* formula that emphasizes support of blood in addition to qi, but also gently moves food stagnation, drains fire, and invigorates blood.

Astragalus Formula *(Huang Qi Jian Zhong Tang)* warms and supplements the middle burner. It is especially useful for children that have not yet developed sufficient stomach fire and are vulnerable to disease.

Jade Windscreen Formula *(Yu Ping Feng San)* is a classical formula for boosting the *wei* qi, making it more difficult for a pathogen to penetrate from the exterior.

Jade Source Formula *(Jia Jian Yu Quan Wan)* is used to build the mediumship of the *jin* (thin) fluids, and to supplement qi and yin.

Ginseng Endurance Formula *(Ren Shen Pian)* consists almost entirely of substances that have been classified by modern medicine as "adaptogens." It boosts energy and decreases the body's response to stress.

Six Gentlemen Formula *(Liu Jun Zi Tang)* is perhaps the most frequently prescribed qi tonic today. Not only does it supplement qi, it also helps to circulate it, eliminate dampness and transform phlegm.

Ling Zhi Lung Formula *(Ling Zhi Fei Pian)* is a highly effective formula for treating chronic or allergic asthma. Many patients with this affliction find it difficult to build their immunity while their lung qi is in a weakened state. This formula eliminates the wheezing and supports the lung-kidney connection so often found in patterns with chronic asthma.

Five Mushroom Formula *(Wu Gu Fang)* is the main formula we use for the "mushroom strategy" of supporting immune function. It can be started much closer to flu season than something like **Jade Windscreen Formula,** which needs a longer period of time to be effective.

Eleuthero Tablets *(Wu Jia Shen Pian)* is a single-ingredient adaptogen. It is an excellent choice when the patient suffers from adrenal exhaustion.

Phase 2 (the Initial Exposure Phase) is the **only** phase in which it is effective to treat with common antiviral formulas. The Initial Exposure Phase can last anywhere from a couple of hours up to 4 days, depending partly upon the condition of the *zheng* (upright) qi and partly upon the nature of the virus. During this phase the virus is traveling from its entry point (the eyes, nose, or mouth) down through the trachea and into the bronchia and lungs. Before the virus is able to establish a protected colony for proliferation through hemagglutination, it is on the move and searching for receptive host cells. While it is moving, the virus is quite vulnerable, and this

vulnerability is why so many formulas have been found to be effective for treatment during initial exposure.

During the Initial Exposure Phase, the condition is still an external one. Often the pulse will be floating/superficial, but not always. If the *wei* qi is weak and the virus fast, the virus can penetrate so quickly that the superficial layer never registers the invasion.[iii] Clinically speaking, the most reliable criteria for determining whether the disease is in the Initial Exposure Phase are twofold: (1) immediate history, and 2) the early development of symptoms. In the immediate history, all one really needs to know is the likelihood of exposure. Did someone in the next cubby go home with flu symptoms? Did a family member contract the virus? Is it going around the school where your children go? If the answer to questions like these are yes, and if one is beginning to feel the onset of symptoms, then consider the diagnosis to be influenza in the Initial Exposure Phase. It is important to educate your patients about this phase (and Phase 3, the Fully-Engaged Phase) and to make sure they have the right formulas at home, because there is seldom time enough after the onset of symptoms to make an appointment while they are still in this phase.

Dosing is just as important during this phase as is choosing the right formula. There are a few strategies that have been found to be effective. The most common one is to take a big dose (usually 1.5-2x the recommended dose on the bottle) every 2-3 hours. A similar strategy is to take small doses (about 1/3 the recommended dose on the bottle) every 20 minutes. The logic of both is to keep a consistent level of medicine in the system so that the virus does not get the opportunity to re-group. In cases where exposure is probable, but no symptoms have yet manifest—as is often the case when a family member comes down with the flu—an effective strategy can be to take a big dose (2-3x the recommended dose on bottle) before going to bed and right after breakfast. This strategy can be applied all the while the family member is contagious (about a week).

Important Considerations During Phase 2

- It is imperative to remember that generally, people are contagious for influenza one day before the onset of symptoms. So it is wise to begin Phase 2 treatments before the onset of symptoms, when exposure is likely to have occurred.
- The above precautionary dosing must be balanced with the understanding that it is too depleting to use anti-viral formulas all season long simply because one is paranoid about getting sick or spreading the disease. Nearly all anti-viral formulas and substances are clearing/reducing. The ones that are not clearing/reducing generally do not have as strong a capacity to kill the virus.
- Maintaining strong *zheng* (upright) qi (see Phase 1 discussion), observing Universal Precautions (frequent hand washing) and training your patients to not touch their faces goes much further toward prevention and is a more reliable control than herbal strategies once the virus has been contracted.

Phase 2 (Initial Exposure) Formulas to Consider

Gan Mao Ling *(Gan Mao Ling Pian)* is an extraordinarily versatile anti-viral formula. One of the main ingredients of this formula, *ban lan gen* (isatis root) has been tested to be a strong neuraminidase inhibitor. Neuraminidase is the "N" antigen that helps to classify individual strains of influenza (along with Hemagglutinin, which is the "H" antigen identifier). The influenza virus requires neuraminidase in order to replicate. An effective neuraminidase inhibitor administered before the virus has established a strong colony can prevent replication.

Viola Clear Fire Formula *(Di Ding Qing Huo Pian)* is even more general than **Gan Mao Ling** in that it can also be effective against many bacterial infections and can be used to treat latent/chronic viruses. It too has some substances that are neuraminidase inhibitors, though not as high a percentage. In addition to respiratory tract infections, **Viola Clear Fire** can be used for strep throat, hepatitis, and urinary tract infections.

Andrographis Formula *(Chuan Xin Lian Kan Yan Pian)* is an antiphlogisitc formula that is especially useful for treating toxin that has invaded from the exterior, especially in the throat, respiratory tract, or urinary tract. It is the most bitter of the formulas in this category, and so may not be a first choice for children who are still chewing their tablets or mixing crushed tablets in with food. It is an effective formula when toxin has penetrated into the lymph, causing hard swellings. A full 25% of **Andrographis Formula** is isatis root *(ban lan gen)* and so it is a strong neuraminidase inhibitor.

Zhong Gan Ling Formula *(Zhong Gan Ling Pian)* is similar to **Gan Mao Ling**, with some ingredients from **Viola Clear Fire**, plus pueraria *(gen gen)* to guide the action of the formula to the upper part of the body. It should be the formula of choice when the pattern of manifestations involves headache or stiff neck along with the toxin.

Yin Chiao Formula *(Yin Qiao San)* is not as versatile as the above formulas, but can still be used effectively during the Initial Exposure Phase, especially if the first sign is a tickle in the throat or if papules develop.

Phase 3 (the Fully-Engaged Phase) is, in my observation, the least understood in clinic. Many practitioners continue to use anti-viral formulas during this phase, even though the agglutination of the red blood cells makes such formulas ineffective. Oftentimes the virus has progressed to Phase 3 before severe symptoms appear, and it can even be the case that severe symptoms never develop. If the latter is the case, it is important to bear in mind that these individuals can still be contagious and cause the severe symptoms in other people. It should be assumed that if an individual has had even mild flu symptoms for more than 3 days, and the likelihood of exposure to influenza is high, then the patient should be treated with Fully-Engaged Phase formulas.

Signs and Symptoms of The Fully Engaged Phase:

- Extreme exhaustion/fatigue is the primary symptom for full-blown influenza
- A close second is loss of appetite
- Another common symptom is severe body aches (including headache) and chills
- Fever is not always high, but the pulse is usually rapid.
- Cough is usually present, but not prominent.

Phase 3 (the Fully-Engaged Phase) is always "constrained heat/fire in the lungs" and is always an interior pattern. Constrained heat must be dispersed/effused and the herbs that do this must reach the organ level; they must penetrate the lung tissue and break up the capsule of agglutinated red blood cells that protects the viral colonies. As discussed above, few substances in the materia medica have been shown to have this ability. The following are the formulas I most commonly prescribe to treat Phase 3 of influenza.

Phase 3 (Fully-engaged Phase) Formulas to Consider

Mulberry and Lycium Formula *(Xie Bai San)* has the strongest dispersing action among the formulas considered here. It is the main formula for treating constrained heat in the lungs when phlegm is not prominent. If the patient displays any of the most common symptoms from Phase 3 **and** the pulse is >90bpm, then **Mulberry and Lycium Formula** is the formula of choice. If there is a cough, it will be high and clear-sounding, but relatively infrequent. There may be wheezing present as well. The cough will likely not be the main complaint of the patient, but when they do cough, it will cause a surge in the headache and body aches. The pain that coughing causes leads the patient to be conservative with the cough; unlike a productive cough, this high, clear cough offers no relief. The location of the virus in the actual lung *zang* impairs the lung's governance over the qi. The impaired lung function leads to stagnation of qi in the limbs, which creates the severe body aches. This same stagnation creates another interesting sign **Mulberry and Lycium Formula** is also used to treat strong chills with "hot skin"; another sign of stagnation. Hot skin is different from the "hot flesh" seen in yangming syndrome. The difference is that if you apply light pressure on "hot skin", you will feel the heat, which fades away quickly if you press down into the flesh. In yangming syndrome, the heat from the "hot flesh" is felt more clearly by pressing down into the flesh. The OM declaration that "The lung rules the skin" can be seen demonstrated in the **Mulberry and Lycium Formula** pattern.

Siler and Platycodon Formula *(Fang Feng Tong Sheng San)* utilizes a different strategy than **Mulberry and Lycium Formula**. It is the main formula used for influenza when fever is the most prominent sign. The strategy of **Siler and Platycodon Formula** is one of dispersing and cooling through mobilization. One of the main ingredients, platycodon *(jie geng)* opens the chest and releases trapped lung qi, while the rest of the formula disperses and releases through several other portals: bowels, bladder, and skin. The resulting mobilization, together with the heat and toxin-clearing herbs, effectively treat the fever and weaken the viral colony. It should be the first formula to prescribe for influenza not only when fever is prominent, but also when there is constipation, inhibited urination, or skin eruptions.

Ginseng and Scute Combination *(Ren Shen Xie Fei Tang)* is the strongest in the category to rectify qi and to resolve phlegm and stop cough. It contains both mulberry bark *(sang bai pi)* and platycodon *(jie geng)* to disperse/effuse, but it also contains ren shen (ginseng) to support the qi. The strong phlegm-resolving action is achieved by the joint actions of platycodon *(jie geng)*, apricot seed *(xing ren)*, and aurantium fruit *(zhi ke)*. The formulation is actually quite similar to **Siler and Platycodon Formula**, but the damp-draining herbs are removed and replaced with mulberry bark *(sang bai pi)*, ginseng *(ren shen)*, aurantium fruit *(zhi ke)*, and apricot

seed *(xing ren)*. It is the formula of choice when influenza presents with copious yellow phlegm, or when treating someone who suffers from chronic bronchitis and then contracts an acute infection of influenza.

Conclusion

Proper identification of the progress (phase) of an influenza infection can mean the difference between success and failure in the treatment. This is particularly important when one recalls that influenza has been responsible for millions of deaths. A well-trained clinician can educate his/her patients regarding the signs and symptoms of influenza with the result that the condition never develops into Phase 3, the Fully-Engaged Phase. If upright *(zheng)* qi is managed and supported well prior to flu season, and if proper administration of formulas during the Initial Exposure Phase is followed, influenza should never become full-blown, much less, develop into a life-threatening condition.

Endnotes

[i] *American Journal of Epidemiology*, 167 (7), 2008.

[ii] The statistics in this chart were compiled from information publicly provided by 1) Centers for Disease Control, 2) American Lung Association, 3) World Health Organization.

[iii] If the *wei* qi is weak and the virus fast, the virus can penetrate so quickly that the superficial layer never registers the invasion. In such cases, there is effectively no Initial Exposure Phase. If the patient is prone to invasion of this type, it is recommended to prescribe *Ren Shen Bai Du San* (Ginseng and Mint Formula) (KPC 0020) if the patient is prone to developing wind-cold or wind-cold-damp conditions, or *Ren Shen Xie Fei Tang* (Ginseng and Scute Combination) (KPC 0040), if the tendency is more toward heat and phlegm.