

The use of Lung & Spleen simultaneous treatment for COVID-19

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According to Traditional Chinese Medical (TCM) theory, it is believed that the disease is located in the lung, spleen, and stomach--especially the lung and spleen. It's called simultaneous lung-spleen treatment (脾肺同治).

To begin, three quotes from the classics can help elucidate understanding of this concept. The Classic on Medical Problems, chapter 58 states, 《难经·五十八难》 “There are five ways that cold pathogens can hurt the body: middle wind (stroke), cold, warm dampness, heat, and warm diseases, and they all cause different suffering.”² Here, “warm-dampness” is regarded as an exogenous febrile disease. In Discrimination of Febrile Diseases 《温病条辨》 states, “febrile diseases have wind, heat, plague, warm, toxic, heatstroke, damp, dry, cold, and malaria types.”³ It also states that epidemic patients who are endemic are extremely pestilent, which can easily spread from family to family. As can be seen, the main difference here refers to the concept of Qi, referring to the pathogens able to pass through air. According to The Yellow Emperor's Classic on Internal Medicine, a plague can be classified according to the five movements of Qi⁴. Although the aforementioned epidemic types have different names, their pathogenesis is the same. They are all caused by the combination of “triple deficiency” (三虚相合), which have a sudden onset and high-death rate. Lastly, in The Theory of Pestilence 《温疫论》⁶, it describes that the pathway of the invasion of the pestilence is through the nose and mouth. As can be seen, the understanding of plagues were similar as that in Europe as can be remembered by the Plague Doctors who would wear crow masks due to the obsolete (according to conventional medicine) medical theory of miasma, where noxious wind was seen as the cause of infection.

The symptoms of COVID-19 include both those of Spleen-Stomach diseases, such as cough, fatigue, and muscle soreness. As TCM emphasizes a holistic concept of unification between all things, people are affected by changes around them. In December 2019, Wuhan, which is abundant with water, the winter was colder than usual. So, TCM analysis also includes this concept, understanding that the wetness of the environment could play a factor in the disease and should also be considered for diagnosis and treatment.

As stated in 《温热论》⁷ Theory of Warm-Heat, warm pathogens attack from the top--first the lung and then the pericardium. As the nose is the orifice of the lung and highest of all TCM organs as well as governing the skin, the pathway of COVID-19 is expected to affect the lung. As the first symptoms of COVID-19 include fever and a dry cough, it is further suggested that the disease begins its assault on the lungs, and during that time, the disease should be treated there (see our previous post about lung-clearing and detoxifying decoction (清肺排毒汤)). In TCM physiology, when the function of the stomach-spleen are compromised, the movement of liquids within the body is affected, resulting in fluid filling the lungs, which brings the discussion to the spleen-lung connection.

The connection between the spleen and lung by their connection with water metabolism. Importantly, the spleen separates the clean from the turbid, letting the clean ascend and descending the turbid. When compromised, the turbid may ascend, infecting the lungs. Thus, in order to harmonize the

organs' function and mutual cooperation and restraint, the two can be treated at the same time. Here is a case study to illustrate:

A middle-aged women who was diagnosed with COVID-19 was admitted to the hospital on January 29, exhibiting symptoms of dark complexion, chills, sore back, chest tightness, dry mouth, poor appetite, sleepy, and normal stools. Her tongue was red, but the coating was yellow and slightly greasy. Her fever was slight at 37.3C. She was treated with 10-Gods decoction (十神汤) to disperse cold-wind, transform internal stagnant dampness, and clear her fever. The next day her fever returned to normal, and the aversion to cold was treated. Though her tongue had not changed, it was suggested that the pathogens were still superficial and the internal dampness still existed, but the heat had been transformed. 10g of astragalus and 20g of forsythia were added. On February 1st the patient began to clearly recover.

Bupleurum 15 g
Notopterygii Rhizoma 10 g
Atractylodes 15 g
Pueraria 20 g
Cimicifuga 10 g
Tangerine peel 15 g
Magnolia 10 g
Dahuricae Angelica Root 10 g
Rhizoma Ligustici 10 g
Caulis Perillae 15 g
Ephedra 10 g
Raw licorice 10 g
Ranunculaceae 10 g
Cyperus rotundus 6 g
Bitter Almond 10 g

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Language Focus:

1. 肺脾同治 Fèi pí tóngzhì
2. 《难经·五十八难》云：“伤寒有五，有中风，有伤寒，有湿温，有热病，有温病，其所苦各不同”。“Nán jīng • wǔshíbā nàn” yún: “Shānghán yǒu wǔ, yǒu zhòngfēng, yǒu shānghán, yǒu shī wēn, yǒu rè bìng, yǒu wēn bìng, qí suǒ kǔ gè bùtóng”
3. 《温病条辨》曰：“温病者，有风温，有温热，有温，有温毒，有暑温，有湿温，有秋燥，有冬温，有温疟”，“温疫者，厉气流行，多兼秽浊，家家如是，若役使然也”。“Wēn bìng tiáo biàn” yuē: “Wēn bìng zhě, yǒu fēng wēn, yǒu wēn rè, yǒu wēn, yǒu wēn dú, yǒu shǔ wēn, yǒu shī wēn, yǒu qiū zào, yǒu dōng wēn, yǒu wēn nüè”, “wēn yì zhě, lì qì liúxíng, duō jiān huì zhuó, jiā jiā rúshì, ruò yì shǐrán yě”
4. 三虚相合 Sān xū xiànghé
5. 《黄帝内经》言：“五疫之至，皆相染易，无问大小，病状相似”。“Huángdì nèijīng” yán: “Wǔ yì zhī zhì, jiē xiāngrǎn yì, wú wèn dàxiǎo, bìngzhuàng xiāngsì”
6. 《温疫论》言：“温疫之为病，非风、非寒、非暑、非湿，乃天地间别有一种异气所感”为“非其时而有其气”。“Wēn yì lùn” yán: “Wēn yì zhī wèi bìng,

fēi fēng, fēi hán, fēi shǔ, fēi shī, nǎi tiāndì jiān bié yǒuyī zhǒng
yì qì suǒgǎn” wèi “fēi qí shí’ér yǒu qí qì”

7. 《温热论》. “Wēn rè lùn”
8. 清肺排毒汤 Qīng fèi páidú tāng
9. 十神汤 Shí shén tāng

Source: 2020. 蔡梦圆, 吴澎泞, 杨仁旭, 彭波. “肺脾同治”法在新型冠状病毒肺炎中的应用. 中药药理与临床. <https://doi.org/10.13412/j.cnki.zyyl.20200302.003>

