

Wen Bing (Warm Diseases) and the 2009 H1N1 Influenza

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ABSTRACT

The epidemiological data of influenza can serve as a basis for the effective use of *wen bing* 温病 theory in the management of the 2009 H1N1 influenza. The long history of Chinese medicine in general and of the *wen bing* school specifically holds much evidence on adapting and responding to changes in the climate, environment and newly emerging diseases. Uncovering and comparing these data and information from Chinese medicine with modern epidemiological ones can perhaps offer another legitimate and valid way of understanding and treating contemporary diseases. Such a methodology may also be another strategy for integrating biomedicine with Chinese medicine. This paper will examine some of the epidemiological features of the 2009 H1N1 influenza and their similarities with the main characteristics of *wen bing* or warm diseases in Chinese medicine. It is suggested that the 2009 H1N1 influenza can be managed from a *wen bing* perspective using a four phase approach.

KEYWORDS *wen bing*, pandemic, H1N1, swine flu, influenza, lingering pathogens, epidemiology.

*I had a little bird
And its name was Enza
I opened the window
And in-flew-Enza*

(An anonymous schoolgirl's poem from the time of
the 1918 H1N1 Spanish Influenza)

Epidemiology of the 2009 H1N1

The 2009 H1N1 (swine flu) is the first influenza pandemic of the twenty-first century. Its rapid spread across the globe has caused considerable panic among health authorities and the general public worldwide.¹ The pandemic raised the spectre of the 1918 Spanish flu, which killed between 20 and 50 million people.²⁻⁵ As of 17 October 2009, the World Health Organization reported 414 000 laboratory-confirmed cases of 2009 H1N1 and nearly 5000 deaths.⁶ The US president declared a national emergency on 23 October 2009 with regard to the H1N1 pandemic.⁷⁻⁹ This reflects the seriousness with which various world governments viewed the situation.

This paper will examine some of the epidemiological features of the 2009 H1N1 influenza with the main characteristics of

wen bing 温病 or warm diseases in Chinese medicine (CM). Some epidemiological data will be used to underscore the theoretical foundations and practice of *wen bing*. It is suggested that the 2009 H1N1 influenza can be managed from a *wen bing* perspective using a fourfold management approach.

Influenza – warm diseases

Influenza is categorised in CM as an exogenous warm disease or *wen bing*; the 2009 H1N1 virus falls into the same classification.¹⁰⁻¹² However, the treatment of such diseases is based on the pattern differentiation fundamental to the practice of CM. It involves diagnosing from a presenting set of signs and symptoms and treating the condition according to CM principles.

Epidemic diseases have been recognised by CM physicians since the Han Dynasty, as evidenced in the *Shang Han Lun* 伤寒论 of Zhang Zhong Jing 张仲景 (150–219 CE), a text that predates the biomedical appreciation of epidemic by several hundred years.^{11,13} The Chinese medical theory of epidemic diseases, however, was developed by Wu You Xing 吴有性 (1582–1652), who proposed that such diseases were caused

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by pestilence qi or *li qi* 疠气, and expanded by various *wen bing* physicians through the centuries.¹¹⁻¹² The development of various schools of CM practice is a direct recognition that diseases change over time and space. In the time of Zhang Zhong Jing and his contemporaries, cold pathogen was the main theoretical focus in northern China. The major cause of diseases came to be seen as warm pathogen by the sixteenth century, an approach that was dominant in central and southern China. Such a shift in perspective nevertheless makes use of the same CM principles. While some of the *wen bing* physicians seem to distinguish between warm diseases and pestilence qi, the contemporary CM approach is to treat the two concepts as equivalent.¹² The main reason is that 'pattern identifications and treatment determinations are too similar to those of the four season warm diseases'.¹² Accordingly, in this paper both terms will be used interchangeably.

Warm diseases are characterised by the following:

1. They are caused by warm-heat pathogenic qi, contracted externally through the nose and mouth as opposed to through the skin as taught by Zhang Zhong Jing.
2. They are infectious diseases that can become epidemic under certain conditions, seasonal and geographical, though they are not bound by either. Seasonal influences do, however, play an important role in the rise, spread, virulence and mutability of the diseases. Hence, the warm diseases bear names such as spring warmth 春温, latent summerheat 伏暑, and autumn dryness 秋燥.¹¹⁻¹²
3. They are diseases that penetrate according to a standard rhythm or levels, i.e. through the *wei* 卫 (defensive), *qi* 气, *ying* 营 (nutritive), *xue* 血 (blood). The speed at which a warm disease progresses from one level to another is not necessarily constant, gradual or sequential, as it is predicated on the constitution of the individual and the virulence of the pathogenic qi.
4. Such diseases have special clinical characteristics, one of which is the presence of fever throughout all four stages. Others include cough, sore throat, tiredness, headache, and bodyache.^{11-12,14}

The three key features of warm-heat pathogenic qi are:

1. Symptoms appear very quickly;
2. Heat signs and symptoms often predominate;
3. The hot nature of the pathogenic qi readily injures body fluids and yin.^{11-12,14}

Within clinical settings, CM physicians are likely to note that:

- The onset of the warm disease is acute;
- Heat signs, especially fever, are certainly present at the initial stage;
- Manifestation of the disease changes frequently due to heat injuring body fluids and yin.^{11-12,14-15}

When influenza, including the 2009 H1N1, is examined, the characteristics and features closely resemble those described of warm-heat pathogenic qi above (see Table 1).

TABLE 1 Features of *Wen Bing* Disease and H1N1 2009

Wen Bing	H1N1 2009 virus
Pathogenic qi enters via nose and mouth into the lungs	Virus spreads through coughing or sneezing, eventually settling into the lungs causing respiratory issues
Cough	Cough
Sore throat	Sore throat
Runny nose	Runny or stuffy nose
Tiredness	Fatigue
Fever	Fever
Headache	Headache
Bodyache	Bodyache, myalgia
Chills	Chills
Nausea	Nausea
Vomiting	Vomiting
Diarrhoea	Diarrhoea
Signs and symptoms appear quickly	Acute presentation
Hot nature; yin and body fluids readily consumed	Fever is a key symptom

The Centre for Disease Control and Prevention notes that influenza viruses of all known types, including the 2009 H1N1, are 'spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something – such as a surface or object – with flu viruses on it and then touching their mouth or nose.'¹⁶ The signs and symptoms of influenza are fever, cough, sore throat, runny or stuffy nose, body aches, headaches, myalgia, chills, fatigue, possibly nausea, vomiting and diarrhoea.¹⁷⁻¹⁹

Severity depends on how deeply the pathogen has invaded the body in a given geographical setting and climate. The signs, symptoms and transmission route ascribed to influenzas are strikingly similar to those described by the *wen bing* school 温病派. Thus, the condition that biomedicine calls ‘influenza’ has been identified by the *wen bing* school several hundred years earlier. The treatment methods and strategies used by the *wen bing* school have been and continue to be applied successfully. On looking at historical evidence, Cheng and Leung observed that the 1918 H1N1 pandemic had significantly less impact in China than in the rest of the world. They pointed out that early twentieth-century China was ‘an underdeveloped and closed-door country at that time, and it is not likely that China’s general population used western medicine as the main means of disease treatment. Traditional Chinese medicine would have been the only form that the public relied on’.¹⁰

Cheng and Leung seem to suggest from the epidemiological data that traditional Chinese medicine is just as effective (if not more so) as biomedicine, in treating virulent influenza.¹⁰ Although the authors did not mention the *wen bing* school specifically, this paper asserts the likelihood that the school’s theories and treatment strategies underpinned the CM approach to the 1918 influenza.

The Importance of Zheng Qi

According to the *wen bing* school of thought, warm diseases take the path of least resistance. Individuals with a weak or weakened *zheng qi* 正气 (vital qi, also translated as upright qi) are most likely to be among the casualties.^{11-12,14,20} *Zheng qi* can be damaged and drained away by a poor lifestyle, unbalanced diet, overwork, and emotional upheavals. *Zheng qi* can also be compromised if there is a constitutional weakness, that is, if a person’s *jing* was not strong at birth.²⁰ Epidemiological studies of the 2009 H1N1 appear to support the *wen bing* school in this regard. The World Health Organization reports that the very young, the elderly and the immuno-compromised are subject to attacks of seasonal influenza and these groups are at particular risk of severe development when infected with the 2009 H1N1 virus.¹⁹ In severe cases, most patients needed immediate respiratory mechanical support upon admission to a hospital. From the *wen bing* school’s viewpoint, the organ system that is most severely affected by influenza is the respiratory. Thus, warm pathogen first attacks via mouth and nose, entering into the lungs, causes damage there and then progresses to the stomach and in some cases directly to the pericardium.^{11-12,14,20} The WHO further points out that in severe cases, co-morbidity is commonly present, whether in the form of chronic lung disease or neurological disorders. Two other groups were singled out as at risk, namely, minority and indigenous groups, where poor nutrition, lifestyle and access to healthcare are the key factors. From a *wen bing* perspective,

in all these groups of people, *zheng qi* is already weak and therefore, the body is unable to resist any exogenous pathogen. The *wen bing* perspective suggests that as members of these groups are more likely to suffer from deficient *zheng qi*, they are often already weak and therefore, unable to resist the attack of an external pernicious agent.

The 2009 H1N1 influenza distinguishes itself from seasonal influenza in the relatively high number of apparently healthy and fit young people infected.²¹ However, the appearance of health does not in CM’s view necessarily imply health itself. What dictates health according to CM is the internal constitution of the individual, the strength of the qi and blood, and so forth. The *wen bing* school postulates that previously healthy young people who are infected with the 2009 H1N1 influenza virus probably have weak *Zheng Qi*.

On the other hand, *wen bing*’s pestilence qi can also be overwhelmingly powerful so that even individuals with strong *zheng qi* can succumb to the disease. In such cases, however, these individuals are far more likely to recover from the disease and do so in a shorter time than their weaker counterparts.^{11-12,14} In applying this approach, the *wen bing* school can account for the unusual number of presumably healthy young people who were infected with the 2009 H1N1. The concept of *zheng qi* and its role in resisting exogenous pathogens also explains why in this pandemic, most people only experienced a mild form of the disease, lasting three to five days.¹

With these *wen bing* concepts and epidemiological data in mind, a four-phase CM *wen bing* approach to managing 2009 H1N1 is proposed. The strategy will include tools of CM that are not specifically related to the *wen bing* school.

Managing the 2009 H1N1 Influenza

1. PREVENTION

Zheng qi is pivotal in resisting any exogenous disease. There are several methods for strengthening one’s *zheng qi*.

- (i) Diet: maintain a balance in the various types of food, eat according to the seasons and one’s constitution, avoid overeating, eat up to 70–80% of what is needed, and keep everything in moderation. Cooked food is preferred as it is easier to digest.²²
- (ii) Exercise: workouts, brisk walks, *taijiquan* 太极拳, *qigong* 气功, yoga, slow running, gardening, any physical activity that causes mild sweating and exerts the body’s system will help improve one’s condition and strengthens one’s *zheng qi*.²⁰
- (iii) Stress management: while a little mental and emotional stress can be beneficial, too much of either becomes

detrimental. Over-thinking injures the spleen and sustained emotional upheaval injures the lungs, heart, kidneys and liver.

- (iv) Acupuncture: it is common knowledge in CM that stimulation of the acupuncture point ST 36 *Zusanli* strengthens one's constitution.^{20,23} This can be done daily or for three consecutive days each week. Stimulation can take the form of either needles or 100 moxa cones in each session.²³ Other acupuncture points to consider are CV 6 *Qihai*, CV 4 *Guanyuan* and KI 1 *Yongquan*.²⁰
- (v) CM herbal decoctions: take herbal formulae appropriate to one's constitution for tonification, such as *Bu Zhong Yi Qi Tang* 补中益气汤 (tonify the middle to augment the qi decoction), *Gui Pi Tang** 归脾汤 (restore the spleen decoction), *Si Jun Zi Tang* 四君子汤 (four gentlemen decoction), *Ba Zhen Tang* 八珍汤 (eight treasure decoction), and *Liu Wei Di Huang Wan* 六味地黄丸 (six ingredient pill with rehmannia). However, tonic herbs should be avoided at the first sign of any illness and professional CM advice should be sought. It may also be beneficial to take *Yin Qiao San* 银翘散 (honeysuckle and forsythia powder) occasionally to ensure that no pathogenic qi has a hold in one's body.^{20,24} [*See Editor's Comments on page 29 regarding endangered species]
- (vi) Fumigation: this is a practice that has been used by past *wen bing* physicians. One such formula used in ancient times is called *Tai Yi Liu Jin San* 太乙流金散 (supreme unity flowing gold powder).¹² These days, however, vinegar is the favoured product for fumigating one's abode rather than a complex formula.²⁰

Biomedical physicians are likely to encourage the uptake of vaccination as a preventative measure. Since December 2009, there has been an approved vaccine for adults (single dose) and children (two doses).²⁵ However, from the *wen bing* school's perspective, modern day vaccination itself can be a cause of illness.^{11,26} The intramuscular delivery of the attenuated virus circumvents the exterior defences of the body and enters directly into the interior, into the *qi* level (of the four levels in Ye Tian Shi's 叶天士 diagnostic model: *wei* 卫 defensive, *qi* 气, *ying* 营 nutritive, *xue* 血 blood), resulting in internal latent heat.^{11,26} When faced with an exogenous pathogen later on, the heat then manifests itself.^{11-12,26-27} Although inoculation is not a novel concept in CM, with the practice first recorded in China around the tenth or eleventh century, the way ancient CM physicians administered it differs significantly from the modern biomedical approach.²⁸ Ancient records show that pathogenic material was introduced into the patient either via the nose or via a scratch on the skin.²⁸ In both methods, the pathogen was not delivered directly into the interior but

on the exterior. This allows the body to respond in a natural manner and build up its defence. In other words, one's *zheng qi*, in particular, one's *wei qi*, must be strengthened as part of an illness prevention measure. Vaccination as an aspect of that strategy is not rejected by CM but the biomedical method of deep intramuscular delivery is questioned by some CM practitioners.

2. TREATMENT

HERBAL FORMULAE

The *wen bing* school has more than 1000 formulae for treating over 60 types of syndrome.^{11-12,14} The use and modification of formulae for a patient will depend on a CM practitioner's pattern differentiation of the individual. Influenza falls under the category of wind warmth 风温, based on the signs and symptoms and natural history of the disease.^{11,14,20} *Sang Ju Yin* 桑菊饮 (mulberry leaf and chrysanthemum drink) is the preferred formula in the initial stage of wind warmth.^{11-12,14,29} It is good for 'coursing wind, dissipating heat, and treating cough'.²⁹ The other commonly used formula is *Yin Qiao San* (honeysuckle and Forsythia powder).^{11-12,20,29} The latter is better than *Sang Ju Yin* in 'out-thrusting the exterior with acidity and coolness and for clearing heat and resolving toxins'.²⁹ The key symptoms in this scenario are fever and aversion to cold.¹⁴

If the patient delays seeking treatment, the pathogen may enter the *qi* level. Alternatively, the pathogen may penetrate from the upper *jiao* to the middle *jiao* (of the three burner differentiation system, also part of the *wen bing* school). The key symptoms in this stage are fever, constipation and damage to body fluids, i.e. dryness.¹⁴ The appropriate formulas include *Bai Hu Tang* 白虎汤 (white tiger decoction), *Zeng Ye Tang* 增液汤 (increase the fluids decoction), *Tiao Wei Cheng Qi Tang* 调胃承气汤 (regulate the stomach and order the qi decoction), *Zeng Ye Cheng Qi Tang* 增液承气汤 (increase the fluids and order the qi decoction).^{11-12,14,20}

The *wen bing* school teaches that if wind warmth disease is left untreated it will penetrate into the *ying* (nutritive) and *xue* (blood) levels. The patient may experience symptoms including confusion, delirium, loss of consciousness, macules, and high fever. These signs and symptoms are similar to those delineated by biomedicine regarding the more severe cases of 2009 H1N1, which include confusion, sudden dizziness, pain/pressure on chest/abdomen, severe/persistent vomiting.³⁰ The *wen bing* school argues that warm diseases first attack the lungs, then frequently the stomach and intestines which accounts for the nausea and vomiting and abdominal symptoms.^{11-12,14,20} In some instances, the disease proceeds directly from the lungs into the pericardium, accounting for the delirium, confusion and loss of consciousness.^{11-12,14,20} There are several formulae available for the latter cases and their application depends on

more precise diagnoses. The commonly used formulae are *Qing Ying Tang** 清营汤 (clear the nutritive level decoction), *An Gong Niu Huang Wan** 安宫牛黄丸 (calm the palace pill with cattle gallstone), *Xi Jiao Di Huang Tang** 犀角地黄丸 (rhinoceros horn and rehmannia decoction), *Qing Hao Bie Jia Tang* 青蒿鳖甲汤 (sweet wormwood and soft-shelled turtle shell decoction) and *San Jia Fu Mai Tang* 三甲复脉汤 (three-shell decoction to restore the pulse). These herbal prescriptions are calculated to restore consciousness, clear heat strongly, open orifices, extinguish wind, stop bleeding and nourish yin.^{11-12,14,20,24} [*See Editor's Comments on page 29 regarding endangered species]

FU XIE 伏邪 – LINGERING PATHOGENS

When a warm disease invades a body and it is not cleared completely, there remains some pathogenic factor. This pathogenic factor is referred to as lingering pathogens or *fu xie*.^{11-12,14,20,26} Liu states, 'remnants of heat' refers to a situation where heat from excess has been fighting with the body's yin.¹¹ In the process both sides are injured and the heat thus become less forceful due to the yin's moderating influence. Maciocia notes that a pathogenic factor 'may appear to have been expelled, and the patient appears to recover, but actually a residual pathogenic factor has been formed'.³¹ *The Chinese-English Dictionary of Traditional Chinese Medicine* defines *fu qi/fu xie* as:

the syndrome of pathogen incubating in the body for a long period before the onset of the disease. The affected regions are deeper or shallower. The more deeply the pathogen incubates, the more severe the illness will be. The onset of the illness starts from the interior and slowly extends to the exterior, usually with long and various course.³²

After the resolution of the acute symptoms, the patient may not be conscious of any adverse result of *fu xie* and be under the impression that all is well. However, *fu xie* has consequences and can manifest itself in common signs and symptoms, from allergies to persistent intermittent low-grade fevers.³¹ The chronic allergies/sensitivities may be dismissed as hay fever. The persistent intermittent low fever may be ignored or put down to stress. The constant shortness of breath on exertion where none existed prior to the disease may be ignored or regarded as a part of ageing. *Fu xie*, however, predisposes the patient to exogenous pathogens causing them to fall ill more easily. It can act as a Trojan horse and allow warm pathogens to enter more rapidly than normal into the interior of the body causing a more severe disease state.^{11-12,14,20,26,32}

It is vitally important in treating warm diseases to ensure that the pathogens are fully and completely expelled. In this, CM differs from biomedicine. In the latter, antibiotics and antivirals are used to kill or inactivate the bacteria and viruses. The

implication is that these dead microbes are still left in the body and may in time be removed by the body's system altogether or they may not be removed at all.²⁶ CM, however, is insistent that pathogens must also be expelled from the body.^{11,26} It was the *wen bing* school that first proposed the concept of *fu xie* or *fu qi wen bing* 伏气温病, variously translated as lingering, lurking, residual warm pathogen disease.

Thus, in the treatment of someone who presents with flu-like symptoms, a comprehensive and in-depth history of the patient is essential in drawing out any previous *fu xie*. This suggests that post-resolution treatment strategies are essential once the acute signs and symptoms are gone.

3. FOLLOW-THROUGH/UP

It can be difficult to convince a patient of the need for follow-up treatment once their presenting condition has been rectified. The above discussion of *fu xie* underscores the need to educate patients in the concepts of CM. The follow-through for the clinician is to ensure that (1) the treatment prescription was correct and effective in resolving the disease; (2) the herbal prescription has been taken correctly and consistently by the patient; (3) the patient has had ample rest, physically, emotionally, mentally; and (4) the patient has been eating a proper diet.^{20,27} If any of these four aspects has been compromised, the physician should consider that some warm disease pathogen may still remain. If left untreated, this can then result in a cycle of illness followed by a short period of recovery and then illness again, a cycle that will surely drain the patient's qi and damage the blood over time. Perhaps this is what epidemiologists allude to when they 'long puzzled over why seasonal infectious disease outbreaks occur when they do. Perhaps the more important question is why they do not occur when they do not. Is the human population already relatively resistant for 6–9 months each year?'³³ Dowell, from whom the previous observation comes, further notes that

pathogens do not physically migrate across the equator and that nationwide epidemics do not necessarily result from chains of person-to-person transmission. Rather, the pathogens may be present in the population year-round, and epidemics occur when the susceptibility of the population increases enough to sustain them. Perhaps the most significant prediction is that people are relatively resistant to disease if exposed in the off-season and that the specific physiologic process leading to seasonal resistance should be identifiable and perhaps modifiable.³³

The trend that epidemiologists have discerned recently would appear to fit in neatly with the concept of *fu xie* proposed some three hundred years ago, a concept that continues to be developed by the *wen bing* school.¹¹ It would seem that modern epidemiological data supports the theory and clinical

practice of an ancient school of thought in traditional Chinese medicine. It would also reinforce to CM physicians the vital need to follow through the treatment of the acute stage of the 2009 H1N1 influenza, or for that matter, any disease.

A well-known herbal prescription for expelling *fu xie* is *Xiao Chai Hu Tang* 小柴胡汤 (minor bupleurum decoction). Herbal formulae used to treat the acute stage of 2009 H1N1 or wind warmth disease at the *qi*, *ying* and *xue* levels can also be prescribed with modifications. Herbs such as *Chantui* 蝉蜕 (Cicadae periostracum), *Dandouchi* 淡豆豉 (Sojae semen praeparatum) *Bohe* 薄荷 (Menthae haplocalycis herba), *Jingjie* 荆芥 (Schizonepetae herba) and *Niubangzi* 牛蒡子 (Arctii fructus) can be added to guide the *fu xie* to the exterior for expulsion.^{29,34,35}

4. REINFORCING

The last phase of managing someone with the 2009 H1N1 influenza, or in the language of *wen bing*, wind warmth, is reinforcing the constitution of the patient. In any disease process, *qi* would be used up in overcoming the pathogen. The more severe the disease is, the more *qi* is consumed, the more the damage needs to be arrested and repaired and the constitution rebuilt. The attention to repairing damages and building up *qi* is of particular need in those with prenatal *qi* deficiency. Where the disease is not so severe, the measures enunciated in phase one, prevention, can be applied to restore a patient's constitution. Obviously, tonic herbs should only be used if the physician is satisfied that there is no lingering pathogen. Otherwise, the latter can be strengthened and so embed itself even more deeply in the body, rendering it harder to expel.

The reinforcing phase may involve an honest discussion between the physician and the patient on changing lifestyle, addressing harmful habits and adopting a different outlook on health. It is also a great opportunity for educating the patient on the various aspects of Chinese medicine to encourage a deeper understanding. This extends to what is traditionally called *yang sheng* 养生, literally cultivating life. The build-up phase overlaps with many aspects of the prevention phase.

Conclusion

The epidemiological data for influenza presented above serve as a basis for the effectiveness and historical and empirical use of *wen bing* theory and treatment methods in the management of the 2009 H1N1 influenza. This paper does not offer 'evidence' in the same mode as those espoused by biomedical science. A Cochrane meta-analysis by Chen et al.³⁶ suggests that the application of that model of evidence to CM is filled with difficulties due to the different natures of the two medical systems. Chen et al. conclude that the 'present existing evidence is too weak to support or reject the use of any Chinese

Medicinal herbs for preventing or treating uncomplicated influenza'.³⁶ However, they recognise that the aim in CM in treating influenza is 'not only to cure the respiratory syndrome, but also to treat the whole body'.³⁶ Thus, they acknowledged that the use of standard biomedical trials to assess CM is difficult due to the differences in herbal prescription, pharmacological agents used and the diagnostic pattern differentiation. The same conclusion is applicable to *wen bing* and its use on the 2009 H1N1 influenza. Chen et al. assert that one 'must accept that the overall treatment concept for TCM is different to that used in western medicine'.³⁶

It can be argued that experiential evidence can be offered on the use of *wen bing* theory in treating 2009 H1N1 influenza. As discussed above, the mild form of 2009 H1N1 did not require hospitalisation. Most patients either would have sought assistance from their general practitioners or would have recovered from the illness on their own, if their constitution was strong. Others would have been treated by their CM practitioners for influenza. In late June 2009 in New South Wales, routine laboratory testing for the 2009 H1N1 virus was restricted to those hospitalised with the severe form of the illness.³⁷ It would have been difficult to gather evidence for the CM treatment of the mild form of 2009 H1N1 in that climate.

It is not a matter of subordinating CM to biomedicine but rather using what is relevant from biomedicine to expand and deepen CM theory and practice. The long history of Chinese medicine in general and of the *wen bing* school specifically holds much evidence on adapting and responding to changes in the climate, environment and newly emerging diseases. Uncovering these huge bases of data and information from CM and comparing them with modern epidemiological ones can perhaps offer another legitimate and valid way of understanding and treating contemporary diseases. Such a methodology would also provide another strategy for integrating biomedicine with Chinese medicine. There is surely no need to reinvent the wheel.

Clinical Commentary

The 2009 H1N1 influenza is the first flu pandemic of the twenty-first century. It has caused considerable panic and anxiety in the public and medical establishment. The aetiology and presentation of the influenza are remarkably similar to those patterns enunciated by the *wen bing* School of traditional Chinese medicine. On that basis, TCM practitioners can use *wen bing* theory as a foundation to manage the 2009 H1N1 influenza effectively. This paper examines the similar manifestations of warm diseases and swine flu and offers a working framework covering their prevention and treatment.

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EDITOR'S COMMENT:

* These formulas (pages 26 and 27) contain *muxiang*, *xijiao shexiang* and *niubuang*, substances that are listed in Appendices I, II or III of the Convention on the International Trade in Endangered Species of Wild Fauna and Flora (CITES). International trade in such substances is banned (Appendix I) or requires relevant permits from the CITES authorities in the exporting and importing countries (Appendices II and III). The use of these traditional names are for academic reference only and effective substitutes are available. The Australian Acupuncture and Chinese Medicine Association Ltd and the AJACM oppose the illegal use of endangered species of wild flora and fauna. For further information, please refer to <http://www.cites.org/> and <http://www.acupuncture.org.au/escs.cfm>.

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