

Classic antecedent: Su Zi Jiang Qi Tang *Perilla Restoring Descending of Qi Decoction.*

Su Zi Fructus Perillae
Sang Bai Pi Cortex Mori
Xing Ren Semen Armeniacae
Xuan Fu Hua Flos Inulae
Fang Feng Radix Saposhnikoviae
Ban Xia Rhizoma Pinelliae preparatum

Fu Ling Poria
Chen Pi Pericarpium Citri reticulatae
Hu Tao Rou Semen Juglandis
Wu Wei Zi Fructus Schisandrae
Gan Cao Radix Glycyrrhizae uralensis
Da Zao Fructus Jujubae

Allergic asthma is a very common disease of children. It is on the increase in all developed countries. Allergic asthma is also called "early-onset asthma" as it starts early in childhood.

The characteristics of allergic asthma are:

- **Early onset**
- **Associated with atopic eczema**
- **Clearly of allergic origin (cats, dogs, horses, house-dust mites, pollen)**
- **Familial incidence**
- **Sometimes associated with allergic rhinitis**
- **Positive skin test**
- **Positive reaction to hyposensitization**

The allergens enter through the nose and, in the bronchi, they trigger an allergic response in sensitive individuals. Children who suffer from allergic asthma are said to be "atopic". Atopy is not a disease but the tendency to develop one of three diseases, i.e. allergic asthma, atopic eczema and allergic rhinitis. Such individuals have much raised levels of IgE which trigger the allergic reaction. This causes bronchoconstriction and therefore breathlessness. The IgE also cause the mast cells in the bronchi to "explode" with the release of histamine and prostaglandins. These, in turn, cause a complex inflammatory reaction that makes the condition chronic with bronchial hyper-responsiveness, secretion of mucus in the bronchi and thickening (and therefore narrowing) of bronchi. This causes chronic allergic asthma.

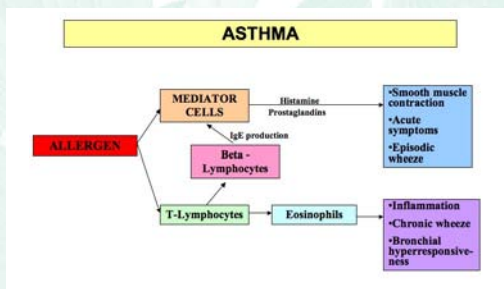
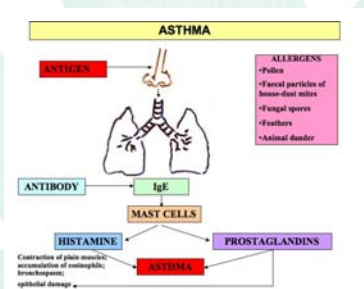
Allergic asthma in children should be compared and contrasted with the late-onset asthma in adults which has the following characteristics:

- **No familial incidence**
- **No reaction to allergens**
- **Skin test negative**
- **No eczema**
- **No reaction to hyposensitization**
- **Phlegm symptoms and signs**
- **Underlying Spleen deficiency**

Why atopy is on the increase in all developed countries is not entirely understood. An interesting theory is the "hygiene theory". According to this theory, as young children live in much cleaner environments than before, they are not exposed to germs so that their immune system does not develop properly. Because of this, the immune system reacts to ordinary antigens found in daily life to which it should not react: these are dander from animals, house-dust mites (or, to be more precise, the faeces of mites) and pollen.

Sheikh and Strachan say: "Improved hygiene is believed to mediate its effect through decreased exposure to infectious agents in early life, and recent evidence has focused attention on the importance of the gastrointestinal microbial environment. In particular, infection with hepatitis A, *Helicobacter pylori*, and toxoplasma in those living in temperate climates, and geohelminths in those living in endemic areas, have been shown to be associated with reduced risk of atopic manifestations."

I personally feel that immunizations play some role in the aetiology of atopy and allergic diseases in a similar way to the hygiene theory above. Due to the high intake of immunizations (and more and more are used), children do not contract normal childhood infections (such as measles, chicken pox, German measles, etc.) so that their immune system does not develop properly. From the Chinese perspective, such childhood diseases (and especially those with a rash) actually strengthen the child's immune system. With so many immunizations, the immune system does not develop properly and the child reacts to ordinary antigens as described above.



All Chinese books say that “asthma” (they do not differentiate between allergic and non-allergic asthma) corresponds to *Xiao-Chuan* and that Phlegm is the main pathogenic factor in this disease. The underlying cause is Spleen-Qi deficiency. I personally disagree with this view for reasons that are beyond the scope of this brief leaflet.

Briefly, in my view, allergic asthma is due not to Phlegm but to Wind in the bronchi which causes the broncho-constriction: the allergen may be seen as a form of “Wind”. I therefore use herbs that restore the descending of Lung-Qi and expel Wind. In chronic allergic asthma, there is some Phlegm in the bronchi but this is more the consequence than the cause of asthma. The cause of the allergic reaction and constitution I attribute to a deficiency of the Lung’s and Kidney’s Wei system. I attribute the atopic constitution to this deficiency.

The remedy *Breathe Easy* was formulated specifically for allergic asthma in children. It restores the descending of Lung-Qi (with Su Zi, Sang Bai Pi, Xuan Fu Hua and Xing Ren), expels Wind (with Fang Feng), resolve Phlegm (with Ban Xia, Chen Pi and Fu Ling), tonifies the Kidney’s Wei system (with Hu Tao Rou) and the Lung’s Wei system (with Wu Wei Zi). Wu Wei Zi has also an anti-allergy effect from the point of view of modern research.

Please note that the remedy *Breathe Easy* treats only the *Biao* i.e. the pathogenic factors causing allergic asthma and it does not treat the *Ben*, i.e. the root of the problem which is a deficiency of the Wei systems of Lungs and Kidneys. Although the remedy does contain Hu Tao Rou and Wu Wei Zi, its main impact is restoring the descending of Lung-Qi and expelling Wind.

When treating a child with chronic asthma, one must usually treat both the *Biao* and the *Ben*. To do this, I combine *Breathe Easy* with either *Herbal Sentinel – Yang* or *Herbal Sentinel – Yin* (from the *Three Treasures* range). When I use two remedies, I usually use one in the morning and one in the afternoon. For example, if I was prescribing *Herbal Sentinel – Yang* with *Breathe Easy*, I would prescribe the former in the morning and the latter in the evening; vice versa if I was using *Herbal Sentinel – Yin*.

The dosage used depends on the age of the child and on the severity of the symptoms. For example, for a 3-year-old child, I would prescribe 2g once or twice a day, i.e. between 2 and 4 grams a day.

Allergic asthma vs “normal” asthma

It is important to note that the remedy *Breathe Easy* is for allergic asthma, therefore without much Phlegm and without expectoration of mucus. The child is not expectorating phlegm but is simply wheezy and breathless. I feel that “asthma” is diagnosed wrongly in many cases.

Let us consider this scenario. A small child, say 3 years old, falls ill with an upper respiratory infection. This gets gradually worse and eventually affects the chest causing breathlessness and expectoration of phlegm: this is an acute episode of bronchitis for which antibiotics are usually prescribed. The remedy *Chest Release* is for this situation (it is a variation of Qing Qi Hua Tan Tang *Clearing Qi and Resolving Phlegm Decoction*).

In many cases, the child seems to improve but, from the Chinese point of view, there is some residual pathogenic factor left over in the chest in the form of Phlegm, often with Heat. The child continues to cough; if he or she especially coughs at night, they are diagnosed as having “asthma” and prescribed cortisone-based inhalers and broncho-dilators. This is in my opinion wrong and condemns the child to months or years of drug therapy that he or she does not need.

The proper treatment consists in resolving the residual Phlegm and restoring the descending of Lung-Qi: the remedy *Resolve Phlegm* (a variation of Wen Dan Tang *Warming the Gall-Bladder Decoction*) does exactly this and it was formulated to treat residual Phlegm-Heat in the Lungs causing chronic cough and breathlessness.

To summarize, we should compare and contrast the following three remedies:

Breathe Easy: for allergic asthma without much Phlegm.

Chest Release: for an acute episode of bronchitis with cough and expectoration of mucus after a flu or cold with Phlegm.

Resolve Phlegm: for chronic cough and breathlessness with residual Phlegm-Heat following a chest infection and possibly the use of antibiotics.

¹Sheikh A and Strachan D P, *Current Opinion in Otolaryngology*, 2004 June; 12 (3): 232-6.

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