



Resolve Phlegm™

Classic antecedent: Wen Dan Tang *Warming the Gall-Bladder Decoction.*

Ban Xia *Rhizoma Pinelliae preparatum*
Fu Ling *Poria*
Chen Pi *Pericarpium Citri reticulatae*
Zhu Ru *Caulis Bambusae in Taeniam*
Zhi Shi *Fructus Aurantii immaturus*
Gua Lou *Fructus Trichosanthis*
Zi Wan *Radix Asteris*

Pi Pa Ye *Folium Eriobotryae*
Chuan Bei Mu *Bulbus Fritillariae cirrhosae*
Xing Ren *Semen Armeniacae*
Tai Zi Shen *Radix Pseudostellariae*
Shan Zha *Fructus Crataegi*
Gan Cao *Radix Glycyrrhizae uralensis*
Da Zao *Fructus Jujubae*

The remedy Resolve Phlegm was formulated to expel residual Phlegm-Heat in the Lungs following repeated invasions of Wind in children. It clears Lung-Heat, resolves Phlegm, restores the descending of Lung-Qi, and stops cough.

The clinical manifestations associated with *Resolve Phlegm* include a productive cough that persists for weeks or months after an upper respiratory infection, yellow sputum, a feeling of oppression of the chest, poor appetite, irritability in younger children, disturbed sleep, catarrh, red tongue that is redder in the front third and with a sticky-yellow coating, Slippery-Rapid pulse.

This clinical situation is caused by the retention of a residual pathogenic factor in the Lungs in the form of Phlegm-Heat. A residual pathogenic factor is formed usually at the Qi Level of an upper respiratory infection. This is the level following the Exterior stage of an invasion of Wind. An invasion of Wind at the Exterior level is characterized by the simultaneous presence of a subjective feeling of cold ("aversion to cold") and an objective feeling of heat of the forehead to the touch (or an actual fever).

If the pathogenic factor penetrates into the Interior, this usually is the Qi Level (in serious infections it may be the Ying level). At this level, the child usually recovers. He or she develops a productive cough and, with proper treatment, the Phlegm is eventually resolved and the child recovers.

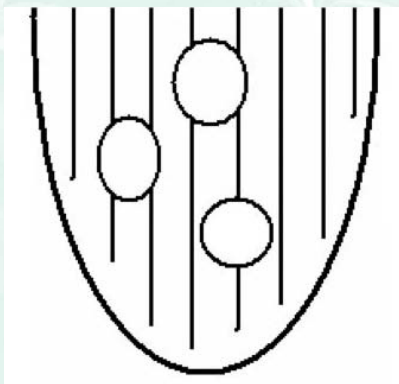
In many cases however, the child appears to recover but a residual Phlegm stays in the Lungs, usually combined with Heat. This is due to various factors such as a weak constitution of the child, improper care, improper diet during the infection, and the use of antibiotics.

In fact, antibiotics frequently favour the formation of a residual pathogenic factor in the form of Phlegm. This is because they eliminate the bacteria, but they do not clear Heat or resolve Phlegm: they therefore give the parents the impression that the child is better (the fever abates) while, in fact, a residual Phlegm is settling in the Lungs.

Dr JFH Shen used to compare the action of antibiotics to shooting a burglar. Suppose we hear a noise from a burglar entering our house during the night. In this analogy, the "burglar" is the exterior pathogenic factor. We have two options: we may get up, make some noise and induce the burglar to leave (hopefully). This is the way of acting of Chinese medicine when it expels pathogenic factors, i.e. they are expelled without leaving a trace. The second option would be to arm ourselves, confront the burglar and shoot him: this also solves the problem of preventing a theft but we are left with a

dead burglar in the house and we may face the law ourselves. This is the way of acting of antibiotics: they "shoot" the bacteria (the burglar) but they leave a pathogenic factor behind (the dead burglar).

Antibiotics tend to favour the formation of Phlegm also because they injure Stomach-Qi and Stomach-Yin: we can see this observing the effects of antibiotics on the tongue.



They frequently (not always) caused the coating to fall off in patches: this indicates that they have injured Stomach-Qi and Stomach-Yin. The tongue goes back to normal after a few weeks. Thus, when I see a child with a geographic tongue (i.e. with the coating missing in patches), I always ask whether they are on antibiotics or have been on them recently (within a few weeks).

The formation of a residual pathogenic factor is very common in children, especially when antibiotics are used for an upper respiratory infection. A residual pathogenic factor may be retained in the lungs, sinuses, ears and throat: in this case, it is in the Lungs and it gives rise to a cough that persists for weeks or months.

The residual pathogenic factor also predisposes the child to further upper respiratory infections and if he or she is given antibiotics again, these will only reinforce the residual pathogenic factor giving rise to a vicious circle and an aggravation of the situation. In many cases, the child will then be (wrongly, in my opinion) diagnosed with "asthma" and given bronchodilators and inhaled steroids: this happens especially if the child coughs at night. This is a great pity as it will condemn the child to years of inhaled steroid use for something that is not really "asthma" but simply an obstruction of the lung's airways by phlegm. Chinese medicine is very effective in these cases and it may save the child from years of inhaled steroids use.

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