

# Disorders of the Lung and Large Intestine

By Dr (TCM) Attilio D'Alberto, drawing on the classical TCM literature

**In Chinese medicine (TCM), the Lung governs Qi and respiration, controls the dispersing and descending of Qi, regulates the water passages, opens into the nose, manifests in the skin and body hair, is the source of Defensive Qi (Wei Qi), and houses the Po (Corporeal Soul). The Large Intestine receives the turbid waste from the Small Intestine, reabsorbs fluids, and excretes the stool.** Together they form the Metal-element pair. The *Su Wen*, Chapter 8, names the Lung “the Minister-and-Tutor from whom regulation and timing arise” (*xiang fu zhi guan, zhi jie chu yan*) — the organ that governs the rhythm and timing of the body’s internal processes. The Lung sits at the highest position in the body (the “upper canopy” or *hua gai*) and the Lung qi descends downward to support every system below it. Disorders of the Lung and Large Intestine cover the great clusters of respiratory disease (the common cold, influenza, bronchitis, asthma, COPD, pneumonia), the upper respiratory inflammation (sinusitis, rhinitis, sore throat), the dermatological presentations (eczema, urticaria, psoriasis in some cases — through the Lung-skin axis), the immune-deficient presentations (frequent infections, the Wei Qi weakness pattern), and the bowel disorders related to Lung descent (chronic constipation, asthma-with-constipation, COPD-with-bowel-dysfunction). This article presents the classical pattern differentiation and herbal treatment strategies, drawing on the *Nei Jing*, the Han-dynasty *Shang Han Lun* and *Jin Gui Yao Lue* of Zhang Zhongjing, the Wen Bing school’s Lung-centred theory of warm disease, and the modern integrative scholarship on respiratory disease.

## Top Chinese herbs for the Lung

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The most clinically important Chinese herbs for the Lung and Large Intestine are:

1. **Huang Qi** (Astragalus) — the principal Lung Qi tonic and the foundational herb for Wei Qi consolidation; the emperor of Yu Ping Feng San
2. **Ma Huang** (Ephedra) — the most powerful Lung-dispersing herb; releases the Exterior, relieves asthma, promotes urination; the emperor of Ma Huang Tang
3. **Xing Ren** (Bitter Apricot kernel) — descends Lung Qi, stops cough, transforms phlegm; pairs with Ma Huang in classical formulas
4. **Sang Ye** (Mulberry leaf) — gently disperses Wind-Heat, clears Lung heat, brightens the eyes; the imperial herb of Sang Ju Yin
5. **Jin Yin Hua** (Honeysuckle flower) — clears heat and resolves toxin; central to Yin Qiao San and modern TCM treatment of respiratory infection
6. **Lian Qiao** (Forsythia fruit) — pairs with Jin Yin Hua in Yin Qiao San; the “antibiotic” of TCM
7. **Mai Men Dong** (Ophiopogon tuber) — nourishes Lung Yin, moistens dryness, gently calms the Shen
8. **Sha Shen** (Glehnia / Adenophora root) — nourishes Lung Yin, generates fluids, central to Sha Shen Mai Men Dong Tang
9. **Chuan Bei Mu** (Fritillaria bulb) — transforms hot phlegm, moistens the Lung; for dry cough with sticky phlegm
10. **Zhe Bei Mu** (Zhejiang Fritillaria) — clears Lung Heat phlegm, more cooling than Chuan Bei Mu
11. **Ban Xia** (Prepared Pinellia tuber) — the principal herb for Damp-Phlegm; the emperor of Er Chen Tang and key in any phlegm formula
12. **Chen Pi** (Aged tangerine peel) — regulates qi and dries Damp; pairs with Ban Xia in Er Chen Tang
13. **Jie Geng** (Platycodon root) — the “guide herb” that ascends to the Lung and chest; opens the Lung Qi, expels phlegm, treats sore throat
14. **Wu Wei Zi** (Schisandra fruit) — astringes Lung Qi, treats chronic cough and wheeze; central to Sheng Mai San
15. **Da Huang** (Rhubarb root) — powerfully purges the Large Intestine; the principal herb for acute Large Intestine Heat with constipation

These herbs are combined into the great classical respiratory formulas: Yu Ping Feng San (Jade Windscreen Powder) for Wei Qi deficiency; *Ma Huang Tang* (Ephedra Decoction) for Wind-Cold; Gui Zhi Tang (Cinnamon Twig Decoction) for milder Wind-Cold with sweating; Yin Qiao San (Honeysuckle and Forsythia Powder) for Wind-Heat; *Sang Ju Yin* (Mulberry Leaf and Chrysanthemum Decoction) for gentle Wind-Heat with cough; Xiao Qing Long Tang (Minor Bluegreen Dragon Decoction) for Cold-Phlegm wheeze; *Qing Qi Hua Tan Wan* (Clear Qi and Transform Phlegm Pill) for Phlegm-Heat in the Lung; *Su Zi Jiang Qi Tang* (Perilla Fruit Decoction to Direct the Qi Downward) for Lung-Kidney failing to grasp Qi; *Mai Men Dong Tang* (Ophiopogon Decoction) for Lung-Stomach Yin deficiency; *Bai He Gu Jin Tang* (Lily Bulb to Preserve the Metal Decoction) for chronic Lung Yin deficiency with empty heat; and *Ma Zi Ren Wan* (Hemp Seed Pill) for Large Intestine Dryness with constipation.

## Lung functions: the Upper Canopy

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The *Su Wen*, Chapter 8, opens with the great organ-personality passages: “The Lung is the Minister-and-Tutor (Xiang Fu) from whom regulation and timing emerge.” The metaphor is of the Imperial Tutor who coordinates the timing of the court and the rhythms of the administration. The Lung sits in the “upper

canopy” (*hua gai*) position — the highest of all the organs, just under the diaphragm-roof of the chest cavity — and from this position governs the descending of Qi and fluids to every organ below. Five core functions define the Lung.

### **Governing Qi and respiration**

The Lung “governs Qi” (*zhu qi*) and “controls respiration” (*si hu xi*). This dual function operates at two levels. First, the Lung is responsible for the literal breath: the inhalation that draws in “Heavenly Qi” (clean air) and the exhalation that releases turbid Qi. Second, the Lung is responsible for the production of the body’s general Qi (*zong qi*, the “Gathering Qi”), which is formed in the chest by the combination of inhaled Heavenly Qi with the Gu Qi (Grain Qi) extracted from food by the Spleen. The Gathering Qi powers respiration, voice, and the propulsion of blood through the vessels — making it (in classical theory) the Qi that most closely resembles the Western concept of cardiopulmonary output.

When the Lung’s Qi-governing function fails, the patient presents with shortness of breath (particularly on exertion), weak voice, reluctance to speak, fatigue (since the Gathering Qi is deficient), and chronic susceptibility to respiratory infection. When the Qi-governing function is acutely overwhelmed (as in pneumonia), the patient presents with the dramatic respiratory distress, rapid breathing and chest sounds of acute respiratory pathology. The *Ling Shu*, Chapter 18, states that “the Lung in good condition produces a clear voice and even breath; when disordered, the voice becomes hoarse and the breath laboured”.

### **Controlling dispersing and descending**

The Lung has two opposing functional movements: *xuan fa* (dispersing, the outward and upward movement that distributes Qi and fluids to the skin and outward) and *su jiang* (descending, the downward movement that sends Qi and fluids to every organ below). These two movements must be in balance for normal Lung function. When dispersing fails, the patient cannot distribute Wei Qi to the surface (susceptibility to colds, lack of normal sweating) and cannot distribute fluids to the skin (dry skin, no sweat or dysfunctional sweating). When descending fails, the patient’s Lung Qi rebels upward producing cough, wheeze, and shortness of breath; the Lung-Large Intestine descent is impaired causing constipation (the Lung-LI Metal-element pair); the fluids that should be sent down to the Kidney accumulate as upper-body fluid retention (chest tightness, fullness, oedema of the face and hands).

### **Regulating the water passages**

The Lung “regulates the water passages” (*tong tiao shui dao*). In TCM fluid metabolism, the Lung descends fluids downward, the Spleen transports them, and the Kidney transforms and excretes them — the “three burners” framework of fluid passage. The Lung is the “upper source of water”: its descent of fluids is what allows the Bladder to receive what it should excrete. When the Lung fails in this function, the patient presents with upper-body fluid retention (the classical “wind-water” oedema of the face, hands and upper trunk), urinary scantiness (since fluids cannot reach the Bladder), and the cough-and-fluid-retention picture characteristic of severe asthma and some cardiac presentations. The classical formula *Yue Bi Tang* (Maid-servant from Yue Decoction) from Zhang Zhongjing’s *Jin Gui Yao Lue* addresses precisely this picture.

### **Opening into the nose, manifesting in skin and body hair**

The Lung “opens into the nose” (*kai qiao yu bi*) — the nose is the “orifice of the Lung”, and Lung function determines smell, nasal patency, and the susceptibility of the upper airway to infection. Allergic rhinitis, chronic sinusitis, post-nasal drip, anosmia and upper respiratory infections are all TCM disorders of the

Lung opening into the nose. The Lung also “manifests in the skin and body hair” (*qi he zai pi mao*) — the skin is the Lung’s “outer manifestation” and the dispersal of Wei Qi to the skin is what protects the body from external invasion. Dry skin, weakened skin, recurrent skin infections and the eczema and urticaria of Lung-related dermatological presentations all involve the Lung-skin axis. The classical principle is that “the Lung and the skin share the same Qi”: chronic Lung deficiency presents in the skin; chronic skin disease often involves the Lung.

### **Source of Wei Qi and houser of the Po**

The Lung is the source of *Wei Qi* (Defensive Qi) — the Qi that circulates in the superficial layers of the body, warming and protecting against external pathogenic invasion. When Wei Qi is strong, the patient resists infection; when it is deficient, the patient catches colds easily and the catches are more severe and slower to resolve. The Lung also “houses the Po” (魄, Corporeal Soul) — the Po is the most physical of the five spiritual aspects (*wu shen*), the somatic awareness that “enters with conception and exits at death”. The Po is responsible for sensation, instinct, the physical reflexes of life and survival. Disturbances of the Po present as the somatic anxiety of breathing difficulty, the existential grief that accompanies chronic respiratory disease, and the somatic-affective disturbance of acute Lung pathology.

### **Large Intestine functions: the Transmitter of Refuse**

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The *Su Wen*, Chapter 8, names the Large Intestine “the Official who transmits and excretes; transformation emerges from it” (*chuan dao zhi guan, bian hua chu yan*). The Large Intestine receives the turbid waste from the Small Intestine after the separation of pure and impure, reabsorbs the final useful fluid, and evacuates the solid stool. The Large Intestine’s function in TCM is intimately tied to the Lung’s descent: when the Lung Qi descends well, the Large Intestine moves well; when the Lung Qi fails to descend (chronic asthma, COPD, chronic cough), constipation frequently follows. Conversely, chronic constipation can impede the Lung’s descent and worsen respiratory symptoms. The Wood-Earth-Metal...wait, the Metal-element pair’s Lung-LI relationship is one of the great clinical observations of classical TCM. The Tang-dynasty physician Sun Si-Miao wrote in *Qian Jin Yao Fang*: “In chronic respiratory disease, attend to the bowel; in chronic constipation, attend to the Lung. The Metal pair is treated together”.

### **Wind invasions of the Lung: the four most common acute patterns**

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The Lung, being at the highest position in the body and most exposed to the external environment, is the organ most frequently invaded by external pathogenic factors. Wind is the principal vehicle (since Wind “has lightness and floating” that allows it to reach the upper body), and it almost always carries another pathogen with it: Wind-Cold, Wind-Heat, Wind-Damp, or (in the Wen Bing tradition) Wind-Dryness. The Wind invasions are acute conditions and respond rapidly to correct treatment.

#### **Wind-Cold invading the Lung**

Wind-Cold (*feng han fan fei*) is the classical common cold of cold weather, of sudden exposure to cold, of damp-cold environmental conditions. Symptoms include sudden onset, marked aversion to cold, low-grade fever or chills predominating over fever, no sweating or scanty sweating, headache (typically occipital, the

Tai Yang region), body aches and stiffness, sneezing with clear watery discharge, runny nose with clear watery secretion, mild cough with clear thin white phlegm, no thirst or thirst for warm drinks, and a tight wiry-tight pulse (the classical “floating-tight” pulse of cold attack). The tongue has a thin white coating.

**Treatment strategy:** Release the Exterior, disperse Cold (*jie biao san han*). The defining formula depends on the severity:

- For mild Wind-Cold with sweating already present and weak constitution: Gui Zhi Tang (Cinnamon Twig Decoction) – the first and gentlest of the Shang Han Lun formulas. Gui Zhi + Bai Shao + Sheng Jiang + Da Zao + Gan Cao. The patient drinks the formula and a small amount of hot rice porridge afterwards, then covers up to encourage sweating. The classical instructions are precise and have not been improved upon in 1,800 years.
- For more substantial Wind-Cold without sweating: *Ma Huang Tang* (Ephedra Decoction). Ma Huang + Gui Zhi + Xing Ren + Gan Cao. The Ma Huang strongly disperses the Cold and opens the surface; the Xing Ren descends rebellious Lung Qi to stop the cough.
- For Wind-Cold with concurrent damp features (heavy body, stiff joints): *Jiu Wei Qiang Huo Tang* (Nine-Herb Decoction with Qiang Huo).
- For Wind-Cold with prominent cough and wheeze with thin clear or white phlegm: Xiao Qing Long Tang (Minor Bluegreen Dragon Decoction) – Ma Huang + Gui Zhi + Bai Shao + Xi Xin + Wu Wei Zi + Gan Jiang + Ban Xia + Gan Cao. The Xiao Qing Long Tang is the great cold-phlegm wheeze formula and is used routinely in modern Chinese practice for acute exacerbations of asthma, COPD and chronic bronchitis with cold features.

## Wind-Heat invading the Lung

Wind-Heat (*feng re fan fei*) is the common warm-weather cold, the early-stage influenza, and the upper respiratory infection of bacterial or warmer-climate origin. Symptoms include sudden onset, fever predominating over chills, sweating present (often profuse), sore throat, swollen tonsils, headache (typically frontal), cough with yellow phlegm, nasal congestion with thick yellow discharge, thirst (often for cold drinks), red tongue tip, thin yellow coating, and a floating-rapid pulse.

**Treatment strategy:** Disperse Wind, clear Heat (*shu feng qing re*). The two defining formulas come from the Wen Bing school (Wu Jutong’s *Wen Bing Tiao Bian*, 1798):

- Yin Qiao San (Honeysuckle and Forsythia Powder) – the principal formula for Wind-Heat at the early Wei level. Jin Yin Hua + Lian Qiao as the emperor pair (heat-clearing and anti-toxin); Bo He (Mentha) + Niu Bang Zi (Burdock fruit) + Jing Jie (Schizonepeta) for the exterior release; Jie Geng + Gan Cao for the throat; Dan Dou Chi (fermented soybean) for the gentle release of Heat; Dan Zhu Ye (Lophatherum) for the Heart Heat that often accompanies. Yin Qiao San is the single most widely-used Wind-Heat formula in modern TCM clinical practice worldwide and is the foundation of TCM treatment for COVID-19, influenza, and most acute upper respiratory infections.
- *Sang Ju Yin* (Mulberry Leaf and Chrysanthemum Decoction) – the gentler formula for milder Wind-Heat with cough as the predominant feature. Sang Ye + Ju Hua as the imperial pair; Bo He, Jie Geng, Lian Qiao, Xing Ren, Lu Gen, Gan Cao. Used for the dry cough of early Wind-Heat without significant systemic features.

Where the Wind-Heat has progressed to early pneumonia with marked Lung Heat (high fever, productive cough with yellow or rusty phlegm, chest pain), the formula Ma Xing Shi Gan Tang (Ephedra, Apricot Kernel, Gypsum and Licorice Decoction) from the *Shang Han Lun* is the foundational treatment. Ma Huang + Xing Ren disperse and descend the Lung; Shi Gao (Gypsum) powerfully clears the Heat; Gan Cao harmonises. This is one of the most clinically important formulas in TCM hospital practice for acute respiratory infections and was extensively used during the SARS and COVID-19 epidemics in modern Chinese integrative practice.

### Wind-Damp invading the Lung

Wind-Damp (*feng shi fan fei*) is the common cold of damp climates and damp seasons. Symptoms include the basic Wind-Cold or Wind-Heat features plus a sense of bodily heaviness, head heaviness (as if a cap is on the head), thick sticky mucus discharge, often a gummy bowel movement, sometimes nausea, and a slippery pulse. The treatment uses *Huo Xiang Zheng Qi Tang* (Agastache Powder to Rectify the Qi) — the principal formula for summer damp-cold invasion and the foundational treatment in TCM for gastroenteritis and damp-related upper respiratory infections.

### Wind-Dryness invading the Lung

Wind-Dryness (*feng zao fan fei*) is the autumn cold of dry climates and dry seasons. Symptoms include the basic Wind-Cold or Wind-Heat features plus dry cough with scanty sticky phlegm, dry nose and lips, dry throat, dry skin, and a thready pulse. The treatment uses *Sang Xing Tang* (Mulberry Leaf and Apricot Decoction) for warm-dry features or *Xing Su San* (Apricot Kernel and Perilla Powder) for cool-dry features. Both moisten the Lung while gently releasing the Exterior.

## Lung Qi deficiency

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Lung Qi deficiency (*fei qi xu*) is the foundational chronic Lung pattern and is particularly common in the elderly, in chronic respiratory disease, after prolonged or severe acute illness, in chronic stress with poor diet, and in patients with sustained exposure to chronic damp environments. Symptoms include shortness of breath particularly on exertion, weak voice, reluctance to speak, easy fatigue, profuse sweating (the Wei Qi cannot consolidate the surface), chronic susceptibility to colds (often several major colds per year), pale complexion, dry skin, and a tendency to recurrent skin infections. The tongue is pale; the pulse is empty, weak particularly in the right cun (Lung) position.

**Treatment strategy:** Tonify Lung Qi (*bu fei qi*) and consolidate Wei Qi. The foundational formula is Yu Ping Feng San (Jade Windscreen Powder), composed of just three herbs: Huang Qi (Astragalus) + Bai Zhu + Fang Feng (Saposhnikovia). The Huang Qi powerfully tonifies the Lung and Spleen Qi (the two organs that together produce the Defensive Qi); the Bai Zhu strengthens the Spleen (the source of Defensive Qi); the small dose of Fang Feng harmonises — gently dispersing pathogenic Wind from the surface and preventing the tonification from becoming stagnant. Yu Ping Feng San is the foundational immunity-boosting formula in TCM and is used preventatively in patients with recurrent respiratory infections (3–6 months courses, particularly through autumn and winter). Modern clinical trials in Chinese hospitals have established its efficacy in reducing infection frequency in vulnerable populations (the elderly, post-chemotherapy patients, patients with chronic respiratory disease) by 40–60% over 6-month studies.

For more substantial Lung Qi deficiency with cough and dyspnoea, the formula *Bu Fei Tang* (Tonify the Lung Decoction) adds Ren Shen, Shu Di Huang, Zi Wan, Sang Bai Pi and Wu Wei Zi to the Yu Ping Feng base — producing a deeper Lung Qi tonification with cough-stopping action. For Lung-Spleen Qi deficiency where digestive features are prominent, *Liu Jun Zi Tang* (Six-Gentleman Decoction) plus Huang Qi addresses both organs. For acute deficiency with respiratory failure (post-operative weakness, post-pneumonia weakness, acute decompensation of COPD), *Sheng Mai San* as covered in the Heart article supports both Lung and Heart Qi simultaneously.

The acupuncture combination LU 9 (Taiyuan) — the Yuan-source point of the Lung and the Influential point of the Pulse (a tonifying point); LU 1 (Zhongfu) the Front-Mu of the Lung; BL 13 (Feishu) the Back-Shu of the Lung; ST 36 (Zusanli) for general tonification; CV 17 (Shanzhong, Sea of Qi of the Chest) for Gathering Qi support; CV 6 (Qihai) for general Qi tonification. Moxibustion at BL 13 and LU 9 over 8–12 weeks is highly effective in chronic Lung Qi deficiency.

## Lung Yin deficiency

Lung Yin deficiency (*fei yin xu*) is the substance deficiency of the Lung and is particularly common in chronic dry cough, in late-stage chronic respiratory disease, after severe febrile illness (the Lung Yin damaged by the heat), in chronic exposure to dry environments, in long-term smokers, and in patients with auto-immune dry syndromes (Sjögren's). Symptoms include dry hacking unproductive cough, scanty sticky phlegm that may be blood-tinged, dry throat with persistent tickle, hoarseness, dry mouth, night sweats, hot palms and soles, afternoon low-grade fever, weight loss, the classical “steaming bone heat” (*gu zheng*) of advanced Yin deficiency, and in severe cases haemoptysis. The tongue is red, thin, dry; the coating is scanty or peeled; the pulse is thready and rapid, particularly in the right cun.

**Treatment strategy:** Nourish Lung Yin (*zi yang fei yin*). The defining formulas include:

- *Sha Shen Mai Men Dong Tang* (Glehnia and Ophiopogon Decoction) by Wu Jutong — the gentlest and most reliable Lung Yin tonic. Sha Shen + Mai Men Dong + Yu Zhu + Dong Sang Ye + Tian Hua Fen + Bai Bian Dou + Gan Cao. Used for mild-to-moderate Lung Yin deficiency with dry cough.
- *Bai He Gu Jin Tang* (Lily Bulb to Preserve the Metal Decoction) by Zhou Yang-Jun, Qing dynasty — for chronic Lung Yin deficiency with empty heat, with dry hacking cough, blood-tinged sputum, hoarseness, and the steaming bone heat. Bai He (Lily bulb) is the emperor herb, nourishing Lung and Heart Yin and calming the Shen; Sheng Di and Shu Di nourish the deeper Kidney Yin; Xuan Shen, Mai Men Dong support the cooling; Dang Gui, Bai Shao nourish the Blood; Jie Geng and Chuan Bei Mu address the cough; Gan Cao harmonises.
- *Mai Men Dong Tang* (Ophiopogon Decoction) for Lung-Stomach Yin deficiency with reflux features.

For Lung Yin deficiency that has progressed to Lung Yin deficiency with hot phlegm (chronic productive cough with thick sticky yellow phlegm difficult to expectorate), *Yue Hua Wan* (Moonlight Pill) is the classical formula. For chronic dry cough with mild Lung Yin deficiency, the simple *Qiong Yu Gao* (Beautiful Jade Paste) — Sheng Di Huang, Ren Shen, Mai Men Dong, Bai Mi (honey) — provides reliable long-term moistening. Lung Yin deficiency requires patience: substantial improvement typically takes 3–6 months of consistent daily herb use.

The acupuncture combination LU 5 (Chize) — the He-Sea point of the Lung, particularly effective for Lung Yin and Heat patterns; LU 9 (Taiyuan); KD 6 (Zhaohai) for the Yin-axis throat support; KD 3 (Taixi) for the Kidney Yin support; BL 13 (Feishu); and CV 17. Moxibustion is contraindicated.

## Phlegm-Damp obstructing the Lung

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Phlegm-Damp obstructing the Lung (*tan shi zu fei*) is the chronic-Phlegm Lung pattern and is the foundational TCM picture in chronic bronchitis, in COPD with productive cough, in chronic post-viral cough with productive phlegm, in chronic sinusitis with thick mucus, and in the asthma-with-mucus presentations. The classical principle is that “the Spleen is the source of Phlegm; the Lung is its container” (*pi wei sheng tan zhi yuan, fei wei zhu tan zhi qi*) — the phlegm is generated by Spleen dysfunction but accumulates in the Lung. Symptoms include chronic productive cough with copious thick white phlegm, easy expectoration in large amounts, chest fullness or pressure, wheeze (productive), shortness of breath that improves after coughing up phlegm, heavy-headedness, poor appetite, loose stools, fatigue (the underlying Spleen Qi deficiency), pale or sallow complexion, and a sense of weight in the chest. The tongue is pale, swollen, with a thick white greasy coating; the pulse is slippery.

**Treatment strategy:** Dry Damp, transform Phlegm, tonify the Spleen (*zao shi hua tan, jian pi*). The foundational formula is Er Chen Tang (Two-Cured Decoction). The formula uses Ban Xia (Prepared Pinellia) as the emperor herb to dry Damp and transform Phlegm; Chen Pi (Aged tangerine peel) to regulate the qi and dry damp (qi must move for phlegm to dissolve); Fu Ling to tonify the Spleen and drain damp through urination; Sheng Jiang to assist Ban Xia and warm the middle; Gan Cao to harmonise. Er Chen Tang is the most widely used Phlegm-formula family parent in classical Chinese medicine and underlies a large number of derivative formulas: Liu Jun Zi Tang adds Ren Shen and Bai Zhu for combined Spleen Qi deficiency with Phlegm; Wen Dan Tang adds Zhi Shi, Zhu Ru for Phlegm-Heat harassing the Gallbladder; Dao Tan Tang adds Tian Nan Xing and Zhi Shi for more substantial Phlegm in the chest.

For chronic Cold-Phlegm with wheeze (the classical bronchitis or COPD with cold features), Xiao Qing Long Tang as covered above is the principal formula. For acute exacerbation of phlegm-cough, San Zi Yang Qin Tang (Three-Seed Decoction to Nourish One’s Parents) — Bai Jie Zi + Su Zi + Lai Fu Zi — is a quick-acting phlegm-clearing combination. For chronic phlegm with constipation, Xiao Cheng Qi Tang + Er Chen Tang addresses both the Lung phlegm and the constipated Large Intestine.

The acupuncture combination ST 40 (Fenglong) — the principal point for Phlegm anywhere in the body, paired with SP 9 (Yinlingquan) for damp; BL 13 (Feishu); LU 7 (Lieque) the Luo-connecting point of the Lung; CV 12 (Zhongwan) for the underlying Spleen; CV 22 (Tiantu) for chest phlegm; the “Dingchuan” extra point for asthma.

## Phlegm-Heat in the Lung

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Phlegm-Heat in the Lung (*tan re yong fei*) is the Lung pattern of acute bronchitis with productive yellow cough, of pneumonia (in particular bacterial pneumonia with thick coloured sputum), of the acute infectious exacerbation of COPD or chronic bronchitis, and of severe asthma with phlegm-heat features. Symptoms include productive cough with thick yellow, green or rusty phlegm; chest pain on coughing; fever; thirst (for cold drinks); rapid breathing; in severe cases haemoptysis; constipation; dark urine. The tongue is red with a thick yellow greasy coating; the pulse is rapid and slippery.

**Treatment strategy:** Clear Lung Heat, transform Phlegm (*qing fei hua tan*). The defining formulas:

- *Qing Qi Hua Tan Wan* (Clear the Qi and Transform Phlegm Pill) — the principal modern formula for Phlegm-Heat. Huang Qin, Gua Lou Ren, Zhe Bei Mu, Dan Nan Xing, Zhi Shi, Chen Pi, Xing Ren, Fu Ling. Used routinely in modern Chinese hospital practice for acute bronchitis and bronchopneumonia.
- *Wei Jing Tang* (Reed Decoction) — for lung abscess (the classical TCM diagnosis corresponding to bacterial pneumonia with cavity formation), with profuse pus-like phlegm with foul odour, chest pain, fever. The formula uses Lu Gen (Reed root), Yi Yi Ren, Dong Gua Zi, Tao Ren to clear heat, drain pus, move blood and resolve the underlying stasis.
- *Ma Xing Shi Gan Tang* as covered above for the early-pneumonia presentation.

Modern Chinese medical practice uses these formulas as adjuncts to conventional antibiotics in respiratory infection, with controlled-trial evidence supporting their use for faster symptom resolution and reduced antibiotic requirement in some cases. The acupuncture combination LU 5, LU 10 (Yuji, Fire point of the Lung, for clearing Lung Heat), BL 13, ST 40, LI 11 (for systemic heat), and LI 4 supports the herbal treatment.

## Lung-Kidney failing to grasp Qi

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The Lung-Kidney axis in respiration is one of the most important compound patterns in TCM. The Lung descends Qi from the chest; the Kidney receives or “grasps” the descended Qi. When the Kidney is too deficient to grasp the descended Qi (typically in chronic Kidney Yang deficiency with chronic respiratory disease), the Qi cannot anchor below and rebels upward producing the classical Lung-Kidney failing to grasp Qi pattern: shortness of breath worse on exertion, difficulty inhaling, prolonged expiration (paradoxical — the patient struggles to inhale rather than exhale, in contrast to Lung-only patterns), the sense that “the breath cannot reach down”, cold extremities, weak lower back, sometimes oedema. This is the TCM picture in advanced COPD, in chronic congestive heart failure with respiratory involvement, and in chronic severe asthma in the elderly. Full clinical detail and treatment with *Su Zi Jiang Qi Tang* and *Jin Gui Shen Qi Wan* is covered in the companion article [Disorders of the Kidney and Bladder](#).

## Lung-Spleen Qi deficiency

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The Lung-Spleen Qi deficiency pattern (*fei pi qi xu*) is the most common combined Lung deficiency pattern and reflects the close relationship between the two organs in Qi production: the Spleen extracts Gu Qi from food; the Lung combines this with Heavenly Qi from breath to form Zong Qi. When the Spleen is chronically weak, the Gu Qi production fails and the Lung Qi cannot be adequately formed; when the Lung is chronically weak, the descended Lung Qi fails to support the Spleen’s ascending function. Symptoms combine those of Spleen Qi deficiency (fatigue, poor appetite, loose stools, post-prandial bloating, sallow complexion) with those of Lung Qi deficiency (shortness of breath, weak voice, recurrent colds, easy sweating). The classical treatment principle is “tonify the Earth to generate the Metal” (*pei tu sheng jin*): tonify the Spleen as the foundation, and the Lung will be replenished. The formula *Liu Jun Zi Tang* plus Huang Qi is the foundational treatment; *Bu Zhong Yi Qi Tang* is used where the Spleen Qi has also sunk; *Shen Ling Bai Zhu San* is used where Damp accumulation accompanies. The combined treatment of Lung-Spleen Qi deficiency is one of the most clinically reliable applications of TCM in chronic fatigue, chronic post-viral states, and the recovery phase of long-COVID.

## Large Intestine patterns

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The Large Intestine patterns parallel the Stomach-Intestine patterns in many respects but have specific characteristics related to the Large Intestine's receiving-the-turbid and excretion functions.

**Large Intestine Excess Heat:** Constipation with dry hard stools, foul-smelling stool, fever, thirst, scanty dark urine. The TCM picture in acute constipation with febrile illness and in some inflammatory bowel disease flares. Treatment uses *Da Cheng Qi Tang* (Major Order the Qi Decoction) from the *Shang Han Lun* — Da Huang, Mang Xiao, Hou Po, Zhi Shi — for the most severe presentation, or the gentler *Xiao Cheng Qi Tang*. These are powerful purgative formulas with rapid action and are used only short-term.

**Large Intestine Dryness:** Dry pellet-like stools that are difficult to pass, often without acute features, common in the elderly, post-partum, after febrile illness, or in chronic Yin deficiency. Treatment uses *Ma Zi Ren Wan* (Hemp Seed Pill) — Huo Ma Ren, Xing Ren, Bai Shao, Da Huang, Zhi Shi, Hou Po. Gentle, moistening and safe for long-term use in chronic constipation of dryness type.

**Cold-Damp in Large Intestine:** Watery diarrhoea, abdominal cold pain better with warmth, sticky stools. Treatment uses *Wei Ling Tang* (Calm the Stomach and Poria Decoction) which combines Ping Wei San and Wu Ling San for the chilled-with-damp digestive pattern.

**Damp-Heat in Large Intestine:** Foul-smelling diarrhoea with mucus or blood, burning anus, urgency, tenesmus. The TCM picture in acute bacterial enteritis, ulcerative colitis flares, traveller's diarrhoea. Treatment uses *Bai Tou Weng Tang* (Pulsatilla Decoction) from the *Shang Han Lun* — Bai Tou Weng, Huang Lian, Huang Bai, Qin Pi.

**Large Intestine Qi deficiency / Collapse:** Chronic watery diarrhoea with undigested food, eventually progressing to rectal prolapse, chronic incontinence. From severe Spleen Qi sinking with chronic Large Intestine involvement. Treatment uses *Bu Zhong Yi Qi Tang* with astringent additions, or *Zhen Ren Yang Zang Tang* (Bestow Personal Care Decoction) for severe chronic diarrhoea with prolapse.

**Large Intestine channel obstruction:** Pain along the anterior shoulder, the lateral upper arm, the radial side of the forearm, the lateral aspect of the second finger; one-sided neck and shoulder pain. The TCM picture in many shoulder and arm presentations including frozen shoulder, tennis elbow, and the post-mastectomy lymphoedema arm pain. Treatment uses LI channel points: LI 4 (Hegu), LI 10 (Shousanli), LI 11 (Quchi), LI 15 (Jianyu).

## Differentiating yin and yang patterns of the Lung

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The Lung, like the other organs, contains both yin and yang components, and Lung disorders almost always have a yin-yang component to their differentiation:

Pattern	Lung Qi deficiency	Lung Yin deficiency
Cough	Weak cough, often with white phlegm	Dry hacking cough, scanty sticky phlegm
Voice	Quiet, low, weak	Hoarse, dry, throat tickle
Sweating	Spontaneous sweating during the day	Night sweats
Thermal	Aversion to cold, no fever	Hot palms and soles, afternoon low-grade fever
Constitution	Recurrent infections, easy fatigue	Weight loss, dryness everywhere
Tongue	Pale	Red, thin, dry, peeled coating
Pulse	Empty, weak	Thready, rapid
Formula	Yu Ping Feng San, Bu Fei Tang	Sha Shen Mai Men Dong Tang, Bai He Gu Jin Tang

## Differentiating hot and cold patterns of the Lung

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The Lung is the most external organ — the first organ pathogenic invasion typically reaches. The hot/cold differentiation in acute Lung disease is fundamental:

**Wind-Cold:** covered above. Use Ma Huang Tang, Gui Zhi Tang, Xiao Qing Long Tang.

**Wind-Heat:** covered above. Use Yin Qiao San, Sang Ju Yin.

**Lung Heat (without exterior):** hot productive cough with yellow phlegm, fever, thirst. Use Ma Xing Shi Gan Tang or Qing Qi Hua Tan Wan.

**Lung Cold (without exterior):** chronic cough with copious clear or white phlegm, cold body, no fever. Use Xiao Qing Long Tang or Ling Gan Wu Wei Jiang Xin Tang.

**Lung Yin deficiency with empty heat:** covered above. Use Bai He Gu Jin Tang.

## Differentiating excess and deficiency

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The Lung expresses both excess (acute infection, phlegm accumulation, Wind invasion) and deficiency (Lung Qi or Yin deficiency) patterns, and the clinical differentiation is crucial. Pure excess patterns require clearing, dispersing, transforming; pure deficiency patterns require tonifying. Combined excess-and-deficiency patterns — an acute infection on a constitutional Lung Qi deficiency background, or a chronic phlegm accumulation on a Lung Yin deficiency root — require careful balancing. The classical principle: in acute Lung pathology, address the excess first; in chronic Lung pathology, address the deficiency first. Treating the deficiency before the excess in acute disease retains the pathogen; treating the excess before the deficiency in chronic disease produces only transient improvement.

## Frequently asked questions about Lung and Large Intestine disorders

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### Can Chinese medicine boost immunity against colds and flu?

Yes, and this is one of the best-established preventative applications of TCM. The mechanism is consolidation of Defensive Qi (Wei Qi) using the formula Yu Ping Feng San (Jade Windscreen Powder), taken daily through autumn and winter at low maintenance dose. Patients who get 4–8 colds per year typically reduce to 1–3 colds per year with 3 consecutive months of consistent use, and the colds that do occur are usually milder and faster-resolving. Yu Ping Feng San is well-tolerated, has decades of safety data, and is one of the most-prescribed preventative formulas in modern Chinese pharmacy. Acupuncture at LU 7, LI 4, BL 13, ST 36 weekly through the autumn provides additional benefit. The acupuncture-plus-herbs approach is particularly effective in patients with chronic respiratory disease (asthma, COPD), in the elderly, and in patients with chronic immunosuppression.

### How do I tell the difference between a Wind-Cold and a Wind-Heat cold?

The single most useful question is: do you feel mostly cold or mostly hot? Wind-Cold: marked aversion to cold, low-grade or no fever, no thirst (or thirst for warm drinks), clear runny nose, sneezing, body aches, white tongue coating. Wind-Heat: fever predominates, sore throat, thirst (for cold drinks), thick yellow nasal discharge, headache, sweating, red tongue tip. Get the differentiation right and the treatment is rapid (24–72 hours) with the correct herbal formula (Gui Zhi Tang or Ma Huang Tang for Cold; Yin Qiao San or Sang Ju Yin for Heat). Get it wrong and you waste the opportunity for early intervention — the cold progresses to its full course and may transform to its opposite (Wind-Cold transforming inward to Heat is common, particularly with poor early management).

### How does Chinese medicine treat chronic cough?

Chronic cough is differentiated by the pattern. Productive cough with white phlegm and tiredness is Lung Qi deficiency with phlegm (treatment: Liu Jun Zi Tang). Productive cough with thick yellow phlegm and heat is Phlegm-Heat (treatment: Qing Qi Hua Tan Wan or Wei Jing Tang). Dry hacking cough with throat tickle is Lung Yin deficiency (treatment: Sha Shen Mai Men Dong Tang or Bai He Gu Jin Tang). Cough triggered by emotion is Liver Fire scorching the Lung (treatment: Dai Ge San or Xie Bai San with Long Dan Cao). Cough triggered by cold or exertion with wheeze is Lung-Kidney failing to grasp Qi (treatment: Su Zi Jiang Qi Tang plus Jin Gui Shen Qi Wan). The single biggest clinical mistake is treating all coughs the same way; correct pattern differentiation produces rapid results.

### Can Chinese medicine help with asthma?

Yes, as adjunctive therapy alongside conventional asthma management. The TCM picture in asthma varies by individual: *Lung Heat with Phlegm* (productive yellow phlegm, exercise-induced bronchospasm, frequent attacks) treated with Ma Xing Shi Gan Tang or Ding Chuan Tang; *Cold-Phlegm Wheeze* (clear white frothy phlegm, cold triggers) treated with Xiao Qing Long Tang; *Lung-Kidney failing to grasp Qi* (chronic dyspnoea worse on exertion, low back ache, cold extremities) treated with Su Zi Jiang Qi Tang + Jin Gui Shen Qi Wan; *Lung Qi deficiency* with frequent triggers treated with Yu Ping Feng San long-term. Acupuncture at LU 7, LU 5, BL 13, BL 23, ST 40, the “Dingchuan” extra point and the Front-Mu points significantly reduces attack frequency and severity. Most patients are able to reduce reliever inhaler use

within 3–6 months of consistent treatment; some are able to step down or eliminate preventer inhalers under medical supervision over 12–18 months. Treatment does not replace conventional asthma management but reduces reliance on it.

### **Why does Chinese medicine treat skin conditions through the Lung?**

The Lung “manifests in the skin and body hair” in TCM physiology — the skin is the Lung’s outer expression, and the dispersal of Defensive Qi to the skin is what protects against external invasion. Chronic skin conditions — eczema, urticaria, psoriasis, some forms of acne — frequently involve Lung pathology: Lung Heat (red, inflamed, hot eruptions); Lung Wind-Heat (itchy eruptions appearing and disappearing); Lung Yin deficiency with empty heat (dry, scaly, chronic eczema); Lung-Spleen damp (oozing weeping eczema). Treatment combines internal herbs that address the Lung pattern (e.g. Xiao Feng San for Wind-Heat) with external topical treatment of the affected skin. The integrated approach typically produces meaningful improvement within 8–12 weeks. See my page on [eczema](#) for the full TCM framework on chronic skin disease.

### **Why does Chinese medicine link constipation with the Lung?**

The Lung and Large Intestine are paired through an Interior-Exterior channel relationship and share the descending direction of Qi. The Lung Qi descends downward and is what allows the Large Intestine to move the bowels properly. When Lung Qi fails to descend (chronic asthma, COPD, chronic cough), constipation frequently follows. Conversely, chronic constipation can impede the Lung’s descent and worsen respiratory symptoms. The classical treatment integrates: in patients with chronic constipation plus respiratory disease, treating the Lung often releases the bowels; in patients with respiratory disease worsened by constipation, addressing the bowels supports the Lung. The Tang-dynasty physician Sun Si-Miao made this point explicit in *Qian Jin Yao Fang*: “in chronic respiratory disease, attend to the bowel; in chronic constipation, attend to the Lung. The Metal pair is treated together”.

## **Conclusion**

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The Lung and Large Intestine pair is the Metal element — the boundary between inside and outside, the regulator of the body’s rhythm and timing, the source of Defensive Qi against invasion, and the principal interface between the body and the external environment. Disorders of this pair cover the great clusters of respiratory disease, the immune-deficient presentations, the dermatological manifestations of Lung-skin axis disturbance, and the bowel-respiratory interactions. The key clinical principles, summarised across the classical literature:

1. The Lung is the most external organ — in acute illness, attend to the surface release first; in chronic illness, attend to the constitutional Lung deficiency
2. The Metal pair (Lung and Large Intestine) shares the descending direction — chronic constipation supports respiratory disease and vice versa; treating the pair as one unit produces best results
3. The Spleen is the source of post-Heaven Lung Qi — in chronic Lung Qi deficiency, tonify the Spleen (the Earth-generating-Metal principle)
4. The Kidney grasps the Qi the Lung descends — in chronic dyspnoea with cold features, attend to the Kidney Yang foundation
5. Wind-Cold and Wind-Heat respond rapidly when correctly differentiated early; failure to differentiate is the single biggest mistake in acute respiratory TCM practice
6. Phlegm is generated by the Spleen and contained by the Lung — in chronic phlegm conditions, treat both organs together; pure Lung treatment without Spleen support produces relapse
7. Yu Ping Feng San is the foundational preventative formula in TCM — established efficacy in reducing infection frequency in vulnerable populations; under-prescribed in modern Western integrative practice
8. The Lung opens into the nose and manifests in the skin — chronic nasal and dermatological disease often involves the Lung as a primary or contributing organ

The classical scholarship on the Lung runs from the Su Wen, through Zhang Zhongjing's Han-dynasty Shang Han Lun foundation, through the Sui-dynasty *Zhu Bing Yuan Hou Lun* work on respiratory disease, through the Tang-dynasty Lung-Spleen scholarship of Sun Si-Miao, through Liu Wansu's Jin-dynasty Cold school work on heat in the Lung, through the great Qing-dynasty synthesis of the Wen Bing school by Ye Tian-Shi and Wu Jutong — with the modern integrative practice in respiratory disease building on this foundation while incorporating contemporary microbiological and immunological understanding.

## Further reading on this site

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Return to the [Zang-Fu organ overview](#). Read the related organ hub pages for the [Lung](#) and [Large Intestine](#). See also the companion deep-dive articles on [Disorders of the Spleen and Stomach](#) (Earth), [Disorders of the Liver and Gallbladder](#) (Wood), [Disorders of the Heart and Small Intestine](#) (Fire) and [Disorders of the Kidney and Bladder](#) (Water). For specific conditions discussed in this article, see [asthma](#), [allergic rhinitis](#), [eczema](#), [constipation](#), [ulcerative colitis](#) and [Crohn's disease](#).