JADE WINDSCREEN FORMULA  YU PING FENG SAN

The three ingredients composing Jade Windscreen Formula (Yu Ping Feng San) have been combined in various proportions for over 800 years. Zhu Dan-xi’s book, Essential Teachings of Dan-xi, is usually cited as the origin of the formula, but a text from the Ming Dynasty claims that the formula actually can be traced to a now lost text from 1213 called Researching Original Formulas.

GENERAL SIGNS/SYMPTOMS
All patients for whom Jade Windscreen Formula is appropriate will be deficient. They will exhibit spontaneous sweating, a tendency to recurrent infection from external wind invasion, chronic weak immune response, aversion to wind, possibly a pale, white, shiny complexion, and seasonal or food allergies. The patient may have moist skin and be prone to edema. The pulse will often be soft, deficient, or floating. The tongue will tend to be puffy and pale, with a thin, white coat.

CLASSICAL APPLICATIONS

<table>
<thead>
<tr>
<th>1. Supplements wei qi, stabilizes the exterior</th>
<th>2. Stops spontaneous sweating from qi deficiency</th>
<th>3. Disperses external wind pathogen</th>
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</thead>
<tbody>
<tr>
<td>• recurrent invasion by external pathogens</td>
<td>• spontaneous sweating</td>
<td>• aversion to wind</td>
</tr>
</tbody>
</table>

INGREDIENTS

<table>
<thead>
<tr>
<th>PINYIN</th>
<th>LATIN</th>
<th>ENGLISH</th>
<th>PERCENT OF FORMULA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bai Zhu</td>
<td>Atractylodes macrocephala (rhizome)</td>
<td>White atractylodes rhizome, ovate atractylodes</td>
<td>40%</td>
</tr>
<tr>
<td>Fang Feng</td>
<td>Saposhnikovia divaricata (root)</td>
<td>Saposhnikovia root, ledebouriella root, siler</td>
<td>40%</td>
</tr>
<tr>
<td>Huang Qi</td>
<td>Astragalus membranaceus (root)</td>
<td>Astragalus root, milk-vetch root</td>
<td>20%</td>
</tr>
</tbody>
</table>

GENERAL INDICATIONS / MODERN APPLICATIONS

• AIDS/HIV, adjuvant therapy for
• Allergies, food or seasonal
• Asthma
• Bronchitis, chronic
• Chronic Fatigue Syndrome
• Common colds, recurrent
• Cough, chronic or recurring
• Dermatitis, allergic
• Emotional Boundary Issues
• Environmental Sensitivities
• Facial Paralysis – Bell’s Palsy
• Fibromyalgia
• Glomerulonephritis
• Hay Fever
• Meniere’s Syndrome
• Nephritis, chronic
• Rhinitis, allergic
• Sweating, spontaneous
• Urticaria/Hives
• Viral infection, protection from threat of

SYNERGY OF INGREDIENTS

Though both atractylodes (bai zhu) and astragalus (huang qi) can be used alone to supplement qi, stop spontaneous sweating, promote urination, generate fluids and reduce edema, they achieve these results through different, yet complimentary, actions. Huang qi is sweet and slightly warm; it transforms dampness by supplementing the spleen. Atractylodes (bai zhu) is bitter, sweet, mildly aromatic, and warm; it actively dries dampness as well as supplements the spleen. Astragalus (huang qi) enters the spleen and lung and raises yang, while atractylodes (bai zhu) enters the spleen and stomach and supplements spleen yang. Therefore, astragalus (huang qi) directly firms up the exterior because it enters the lung and raises the yang qi. It also engenders fluids, which replenishes the jin fluid in the interstitial zones. Atractylodes (bai zhu) is said to engender fluids, but accomplishes this action indirectly by rescuing the spleen from damp encumbrance and restoring its transformation and transportation function. Together, atractylodes (bai zhu) and astragalus (huang qi) are the strongest known combination in the Chinese materia medica for supplementing wei qi and firming up the exterior.

Siler (fang feng) has the unique ability to expel either interior or exterior wind, and works equally well for wind-cold or wind-heat patterns. Siler (fang feng) has a remarkable affinity for muscle tissue and the tissues governed by the wei qi. It can treat pain from bi syndrome, chronic diarrhea with blood (“intestinal wind”), wind-heat or wind-cold body aches or headaches, and even tetany, spasms, and chorea. When combined with schizonepeta (jing jie), siler (fang feng) increases the former’s ability to induce sweating, but when combined with astragalus (huang qi), siler (fang feng) stops sweating. Because it is both sweet and acrid, siler (fang feng) can expel without causing dryness. The sweet sapor produces mild fluid generation that somewhat compensates for the drying that is a natural consequence of moving and expelling. Astragalus (huang qi) and siler (fang feng) both have an ascending property. By itself, the ascending property of siler (fang feng) guides it to the exterior, to the upper body, and to the muscle layer. When combined with astragalus (huang qi) the
**Formula Actions**
- Supplements the wei qi and stabilizes the exterior
- Stops spontaneous sweating due to qi deficiency
- Disperses external wind pathogen

**Tongue**
Pale or puffy body with a thin, white coat.

**Pulse**
Soft or floating and deficient, especially in the right cun position.

**Contraindications / Cautions**
When there is sweating with fever or when sweating is due to yin deficiency, Jade Windscreen is contraindicated. Jade Windscreen should be avoided during the acute phase of illness and when the condition can be classified as excess. Some patients may experience an increase in blood pressure when taking formulas with astragalus (huang qi).

**Dosage**
The standard dosage of 2 tabs, 3 times daily is appropriate for most adults. Children can be administered the formula every other day at a dosage appropriate to their weight. The patient should remain on the formula for 4-8 weeks in order to see the benefits. This formula can be continued long term.

A “spirit” dose of this formula may be appropriate when treating a patient that has weakened emotional boundaries, who may feel “invaded” by other people or by their environment.

two work in concert to stabilize the exterior. Most books caution the use of siler and astragalus during an acute wind attack because of the risk of trapping the pathogen in the body. One might think (erroneously) that with enough siler (fang feng) the wind could be expelled, but the action of expulsion is not achieved through pushing the pathogen out through the pores, as with ephedra (ma huang). Rather, siler (fang feng) is so effective at eliminating wind in the muscles and exterior because it cleans up the degraded qi that has accumulated there. It sweeps along the muscle layer, collecting and pushing the degraded qi as it goes. When the pores are closed, the siler (fang feng) makes its way to the spleen, where it is sent to the lower warmer to be eliminated as a turbid substance. When combined with astragalus (huang qi), the action of moving the degraded qi along the muscle layer allows the righteous (zheng) qi to fall into place behind it and fill the void. Siler (fang feng) is one of the most powerful and versatile of all substances that eliminate wind, while simultaneously being one of the most gentle.

**Formula Discussion**
Jade Windscreen Formula (Yu Ping Feng San) is always formulated with the same three herbs, but with variation in proportions. The version under discussion here is a respective 1:2:2 ratio of astragalus (huang qi), atractylodes (bai zhu), and siler (fang feng). Patients treated with this formula will display signs, in varying degrees, of most or all of the following: spontaneous or profuse sweating; susceptibility to frequent external wind invasions, a tendency to become edematous, scanty urine, pale or sallow complexion, and a floating and deficient pulse. The cause of all of the above signs is a combination of two deficiencies and two excesses. On the deficiency side of the equation, qi deficiency and a weakened ability to consolidate the exterior allow the two excesses to manifest: a penetration of external wind and an accumulation of dampness. The proportions used in the various formulations of Jade Windscreen Formula Yu Ping Feng San treat these four root problems with different emphases. With the acknowledgement that wei (defensive) qi is produced in middle warmer and distributed by the lung, this 1:2:2 ratio emphasizes, on the one hand, the supplementation of spleen qi over lung qi, and on the other hand, the need for eliminating the excesses that can interfere with the production and distribution of qi. Common alternate formulations today employ ratios of astragalus (huang qi), atractylodes (bai zhu), and siler (fang feng) in 2:2:1 or 1:2:1.

The first favors direct supplementation of the lung qi over the expulsion of trapped wind, the latter has the same supplementation priorities as the formula under this paper's discussion, but again downplays the expulsion of wind.

A useful definition for the pathogen “wind” in Chinese medicine is “degraded qi.” In an exterior invasion what this means is that some external factor has penetrated the body's exterior and altered the quality of the qi there. The resulting interference causes the qi to degrade rapidly. It is no longer wei qi, but wind. In response to the newly formed “wind,” the body will attempt to send fresh wei qi to expel the pathogenic factors. If the wei qi is stronger than the pathogenic factor, the wind and its contents will be expelled; if the pathogenic factor is stronger, there is simply a renewal of the process which degrades the qi.

Likewise, a useful definition for “dampness” is “degraded body fluid.” The specific fluid that degrades in the Jade Windscreen Formula patient is the jin that flows as interstitial fluid between the skin and muscles and between muscle layers. The relationship between wei qi and interstitial fluid is the same as the well understood relationship between qi and blood, where the qi “commands” the blood and moves it, while the blood carries (and is “the mother” of) the qi. The interstitial fluid provides nourishment for the wei qi and is the medium upon which the wei qi travels. The wei qi governs (“commands”) the pores and sweating and the amount of jin fluid in this zone. In the presence of pathogenic factors that have lodged in the interstitial zones, if the wei qi cannot move
the jin along and expel the pathogen, the fluid degrades into dampness. This is why an inability to consolidate the exterior (i.e. insufficient wei qi) always has both a wind and a dampness component.

The direction of wei qi is always outward—either up and out, as with sweating, or down and out, as with peristalsis. Degraded wei qi cannot move inward, therefore, the wind in the interstitial zones of the Jade Windscreen patient cannot reach the zang. Dampness, on the other hand, is different. Persistent dampness that is lodged in the flesh can travel to the governing organ of the flesh: the spleen. The spleen becomes wrapped in dampness and its ability to produce clear qi and blood becomes impaired. The inhibited ability to transform fluids also means that not as much urine is made, because more untransformed fluid remains in suspension. This plus the sinking dampness results in scanty urine.

Jade Windscreen Formula patients are a constitutional type. Their wei qi is insufficient to protect the exterior from common threats of wind and they therefore have a chronic issue with dampness and wind in the exterior. The 1:2:2 formulation is stronger to eliminate dampness and wind than those with a higher proportion of astragalus (huang qi) and lower proportion of siber (fang feng). It is, therefore, safer than the alternate versions to administer while lingering symptoms are present. (But it is not appropriate for acute conditions!)

**Modern Applications**

**Allergic Rhinitis, Hay Fever, Seasonal Allergies**

Treating allergies is possibly the most common use of Jade Windscreen Formula in modern times. This formula treats the root condition that predisposes an individual to react to certain foods or environmental factors. These individuals tend to start with one or a few allergies, and as their defensive qi weakens and wind accumulates, the number of allergic triggers can grow. Modern medicine often describes an allergic response as a sign of a hyperactive immune system. When the term “hyperactive” is used, we tend to think in terms of excess, but a more accurate description employed by modern medicine, is an “over-reactive” immune system. This over-reaction is not a sign of too much strength, but the consequence of over-stimulation. Over-stimulation breaks down defenses over time, resulting in increased sensitivity to stimuli that previously did not bother the individual. The sensitivity looks like an excess, but it can only occur when there has been a breakdown in the zheng (righteous qi) or the wei (defensive qi) or both. The origin of the weakness is either hereditary—yuan (source qi) unable to support zheng (righteous qi)—an excessive lifestyle, a consistent bombarding of stress-inducing factors (chemical, mental, radiological, etc.) or a single major assault from the exterior.

Whatever the origin of the weakness, when a response becomes habitual—as with an allergy—it has become part of the constitution. When a tissue or system of the body develops a habitual reaction to a particular stimulus or pathogen, it is because the body, unable to expel the wind, stores it in the channel divergences. It is in the channel divergences where yuan qi and wei qi influence one another in a deep way. Yuan qi is constitutional; wei qi is responsive/reactive. Only wei qi and wind fill the channel divergences, but the fact that the wind is there rather than remaining in the interstices makes it part of the constitution, and therefore a yuan qi matter as well. Constitutional (habitual) reactions to stimulants express themselves as allergies.

As described above, the weakened zheng and/or wei qi allows the accumulation of degraded qi (wind). This degraded qi is stored as wind in the channel divergences that infuse specific zones of reaction: muscles, interstices, bronchial tubes, sinuses, eustachian tubes, alimentary canal, eyes, skin, etc. When the sensitized (reactive) area or tissue comes in contact with a substance (allergen) that interacts with the wind trapped there, the constitutional response is to once again deploy the wei qi for defense. This response fails because the wei qi that is deployed is corrupted by the wind that shares residence in the channel divergence. It cannot expel the external pathogen (allergen) because the wind caused by the pathogen is kin to and mingles with the wind from the channel divergence. The attempt to expel fails and when the allergic reaction calms down, the wind settles back into the channel divergence. Taking Jade Windscreen Formula consistently for a few months can help to sweep some of the accumulated wind and firm up the exterior so that pathogenic factors and stimulation from the exterior do not get the chance to engage the wind at the deeper levels.

**Asthma and Chronic Bronchitis**

The condition commonly referred to as asthma is comprised of several different stages according to western medical diagnosis, and many possible patterns in oriental medicine. For an individual suffering from chronic asthma or bronchitis who has a Jade Windscreen type of constitution: weak wei qi, soft, floating pulse, pale, moist tongue with a white coat, this formula is appropriate during the remission stage. Jade Windscreen Formula can boost the wei qi and consolidate the exterior to prevent the invasion of exterior wind, heat, and damp which may trigger an acute asthmatic reaction. This formula can also boost lung qi that is often compromised by chronic asthma, thus reducing the number of acute flare-ups and preventing further damage to lung qi.

**Fibromyalgia and Chronic Fatigue Syndrome**

Chronic Fatigue Immuno-Deficiency Syndrome (CFIDS or CFS) and Fibromyalgia Syndrome (FMS) are often diagnosed in the same individual along with other “functional” disorders such as Irritable Bowel Syndrome.

In Oriental Medicine theory, CFS is as complicated as it is in modern medicine and the patterns are manifold. They include spleen qi deficiency, liver qi stagnation, liver qi depression, liver/spleen disharmony, kidney and liver yin deficiency leading to blood not nourishing the sinews, kidney yang qi deficiency, as well as phlegm-damp obstruction and heat toxicity. All patterns seem to have some presence of wei qi deficiency since the immune system is compromised and the patient is likely to be sensitive to their environment and easily invaded by pathogens. The unique combination of herbs in Jade Windscreen Formula strengthens the immune system, tonifies the middle warmer to
enhance transformation and transportation functions, augments qi, and unblocks obstruction due to wind and damp to alleviate pain in the muscles and joints. Also, by strengthening the wei qi, this formula can assist those with environmental sensitivities. Jade Windscreen Formula can certainly be combined with other formulas that treat other constitutional patterns.

Glomerulonephritis
There is clinical evidence that Jade Windscreen Formula with slight modifications can be successful in treating chronic glomerulonephritis. This formula would be appropriate for a patient with underlying kidney, lung, and spleen qi deficiency leading to a chronic pattern of nephritis. Symptoms may include: facial edema, swollen limbs, sallow complexion, scanty urination, fatigue, low back pain, pale tongue with thin, white coat, and a fine weak pulse.

Clinical studies have shown that Jade Windscreen Formula can reduce creatinine levels but did not show a significant effect on proteinuria in the same subjects. (There is clinical evidence that Polyporus Formula (Zhu Ling Tang) could be added to reduce the proteinuria.ii)

Immunodeficiency adjunctive therapy
A study by scientists at the UCLA AIDS Institute has shown that the use of astragalus (huang qi) could be useful in treating HIV disease, immunodeficiency, and increased susceptibility to other viral infections associated with chronic diseases and aging.viii In the case of HIV, the body's ability to sustain healthy and numerous killer T-cells is impaired. New research has shown that astragalus derived TAT2 can slow the shortening of the telomeres by stimulating the telomerase production and boosting T-lymphocyte production, thus boosting the immune response significantly. viii

Jade Windscreen Formula not only includes astragalus (huang qi), but the companion herbs too have been shown to boost the body's immune response and expel pathogens from the body. HIV/AIDS patients, cancer patients in chemotherapy, the elderly, and patients with any form of chronic immunodeficiency may benefit from the ability of this formula to support one's immune response.

USEFUL COMBINATIONS

<table>
<thead>
<tr>
<th>For the patient with weak wei qi who presents with chronic asthma or bronchitis.</th>
<th>Use Jade Windscreen Formula in between flare ups, and Ling Zhi Lung Formula when symptomatic.</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reduce the severity and frequency of allergic sinusitis, rhinitis, nasal congestion, and wind-cold headache due to allergic sinusitis.</td>
<td>Use with Xanthium and Magnolia Formula.</td>
</tr>
<tr>
<td>Rhinitis and sinusitis, and nasal congestion with heat symptoms, such as flushing, yellow or green nasal discharge, raspy cough, and red eyes.</td>
<td>Use with Xanthium Nasal Formula.</td>
</tr>
<tr>
<td>For symptoms of menopause when accompanied a sense of feeling overwhelmed, feeling one's boundaries are continually invaded by others and by extreme sensitivities to one's environment.</td>
<td>Use with Two Immortals Formula.</td>
</tr>
<tr>
<td>To treat hypotension as suggested in the modifications section of Chinese Herbal Medicine Formulas and Strategies.</td>
<td>Use with Sheng Mai Formula.</td>
</tr>
</tbody>
</table>

ENDNOTES

ii. Though known for its ability to expel wind from both the interior and exterior, siler (fang feng) cannot treat all types of internal wind. In fact, because of its ascending property, it is contraindicated for headaches due to liver wind, or headaches due to liver yang rising. It is quite versatile in treating external wind, but its application for treating internal wind is restricted to those types of wind directly affecting the skeletal muscles or intestines.
This author cites: Fauci, S. et al, Telomerase-Based Pharmacologic Enhancement of Antiviral Function of Human CD8+ T Lymphocytes, Journal of Immunology, 2008; 181; 7400-7406
vii. Ibid.