

《午夜警醒在主前》 頁8–25摘要

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(一位中醫師在西醫急診病房經歷神醫的見證)

中文綜合文章在前；English summary follows. Based on the supplied booklet pages 8–25.



第一部分：中文摘要文章

在病痛中的警醒、禱告與康復：從《午夜警醒在主前》頁8至25看作者的住院經歷

一、從一包魚腥草開始：作者如何看見上帝的安排

本段從作者對一次肺炎住院經歷的回顧開始。作者指出，人的生活看似由日常選擇和偶發事件組成，但他相信自己的住院過程也在上帝的計劃之中。起初，作者咳嗽時發現痰中帶有血絲，因而擔心病情可能進一步發展成肺炎，遂主動前往急診室。檢查結果證實患有肺炎，醫院隨即安排住院治療，並進一步尋找感染源；然而，即使進行多種掃描和化驗，醫療團隊仍未能確定是哪一種細菌造成感染。

作者特別回憶，2026年9月6日主日崇拜前，一位姊妹送給他一大包新鮮魚腥草。作者本身熟悉中醫，知道魚腥草常被用於肺部相關的中藥調理，但當時自覺沒有肺病，心想應把這包草藥留給真正需要的人。約兩星期後，他卻被診斷出肺炎。回頭看這件事，作者把它視為上帝以幽默的方式預先提醒他：「你將來就會需要用到這包魚腥草了！」。出院後，他果然需要煮這包魚腥草飲用，他以箴言16章9節作為這段經歷的信仰總結：「人心籌算自己的道路；惟耶和華指引他的腳步。」

二、講論「被提」的信息與屬靈爭戰

作者接著描述自己在2026年9月開始於CABC教會講授「認識教會被提的奧秘」系列信息，計劃一共講三堂。9月13日講完第二篇後，他感到好像是經歷了一場爭戰，內心沉重，尤其因為信息談到「神的審判要從教會起首」，使他感到講員自己也需要更加警醒。9月15日，作者與洛杉磯華人宣道會的教牧同工聚餐時，一位年長牧者提醒他：「你的恩賜太多，要特別小心。」作者感謝這個提醒，但也開始反覆思想，自己將會面對什麼事情呢？是否會面臨特殊的屬靈爭戰呢？以及能否順利完成第三篇講道呢？

作者引用啟示錄3章11節：「我必快來，你要持守你所有的，免得奪去你的冠冕。」這節經文成為作者堅持忠心、守住所領受之託付的提醒。這個背景也連接到他隨後的身體病況：作者把講道前後的掙扎視為一場屬靈爭戰，並在病中仍希望完成自己已預備好的信息。

三、游泳後的症狀：身體不適逐步加重

作者每星期都會到健身中心運動。9月15日晚上，他去游泳，與一位陌生人交談後，入水時忘記戴耳塞，水進入耳內；此外，腳趾因指甲問題而有小傷口，游泳後也開始疼痛。接著幾天，他發現心跳加快，9月17日心率達到每分鐘102次，並持續到9月19日前後。他同時出現輕微發燒、食慾不振、難以入睡、頭痛、頭暈，以及忽冷忽熱的感覺。

作者還描述了反覆出現、內容逐漸清晰的循環夢境。他感到夢境像是一份份關於未來的檔案，彷彿被某種力量推著進入自己不願觀看的情境，因此十分恐懼。這些夢境和強烈的疲憊感，使他覺得對周遭事物失去興趣與動力。他嘗試中藥和針灸，但效果只維持短時間，症狀很快又回到忽冷忽熱的循環。最後，他服用一片「泰諾」，勉強睡了一會兒，以便預備星期日的講道。

作者在半醒半睡之間，彷彿聽到一個聲音質問他是否仍要繼續講「被提」，並暗示他可能在完成第三篇講道後不但沒有「被提」的事發生，而且自己就要被主接走了。清晨醒來後，他向上帝禱告，求主賜他力量踏上講台，把已預備好的第三篇信息講完，並把講完之後的命運交託給主。

9月20日主日，作者戴著口罩到教會，並且像平常一樣有精神地完成第三篇講道。他在講道中告訴會眾，自己正在打一場仗，但外表看來仍有信心和力量。當時除了妻子和女兒，會眾並不知道他的身體狀況。

這段經歷突顯作者希望履行講道的決心，也顯示他的身體雖然極度不適，卻在外表上仍然顯出宗氣十足，甚至會眾也不察覺出他有什麼病況。作者引用了：「主耶和華啊，求你眷念我。神啊，求你賜我這一次的力量」（士師記 16:28）說明他當時完全是靠著神所賜的力量才能夠完成所要講的道！

四、先到緊急護理中心，再轉往醫院急診室

講道結束後，作者帶著疲憊的身軀回家。妻子詢問他是否想散步，或直接前往緊急護理中心。由於心率已連續幾天高於每分鐘100次，他決定先接受檢查。當時中心沒有其他病人，醫生很快替他檢查，發現左耳發炎，於是開了七天的消炎藥及外用耳滴。作者回家服藥休息，但兩天後症狀不但沒有改善，反而開始咳嗽，痰中出現許多血絲，顏色深褐；其中一次劇烈咳嗽甚至引發嘔吐。

作者因此想到感染可能已經發展成肺炎，便於9月22日星期二下午請妻子帶他到附近醫院的急診室。他當時認為自己很可能需要住院，並表示把前途交託在主手中。這個決定呈現出他從最初處理耳部炎症，到因症狀惡化而尋求更完整醫療評估的過程。

作者也以詩篇139篇16至18節默想生命在上帝面前的意義，認為人的年日和道路都在上帝的看顧之中。這種交託並沒有使他放棄醫療，而是與求醫行動並行：他注意到警訊、尋求檢查，並接受醫院後續安排。

五、作者對中醫辨證的理解與決定求助西醫

作者說自己在美國生活多年，從小練武，也從事中醫工作，長期推廣養生運動，平日很少生病，並經常參與海外短宣、義診、佈道和探訪病人。因此，他原本沒有想到自己有一天也會需要住院。他也曾嘗試用中醫辨證法理解症狀，並以經絡理論描述疾病如何從腳趾和左耳開始，繼而影響脾、心、胃和肺等經絡，造成腹瀉、心跳加速、煩躁、失眠、忽冷忽熱、發燒、頭痛和食慾下降等表現。

這些說明反映作者自己的中醫理論框架和個人判斷，並沒有排除必須透過醫院進一步確定感染的途徑或現代醫學的診斷。作者同時表示，他感到病情可能已涉及腦部，不能只靠中醫處理，而是需要醫院進行掃描、化驗和必要的急救，因此他主動前往急診室。這是本段一個重要的實際訊息：即使一個人有健康知識、養生習慣或自我照護經驗，當症狀持續或惡化時，仍需接受現代醫學高科技的檢驗與及時的治療。

進入急診室後，作者遇到一位值班的醫師助理，對方恰巧是他兒子的中學同學，使他立即感到親切。醫院先排除新冠病毒與流感的感染，並抽血及進行其他檢查，也確定沒有任何傳染性疾病。作者住院期間每天都需要抽血，所以請家人帶來石榴汁，以補充營養。醫護人員在左手安置靜脈導管，為輸送營養液、抗生素及其他藥物。作者把這條導管比喻為病人的「命脈」，再進一步聯想到基督的救恩：正如患者康復後不再需要導管，信徒在基督裡得到赦免和釋放，也盼望脫離罪的綑綁，最後使全人都得救。

六、住院的艱難、檢查結果與未明的感染源

作者最初與其他急診病人同住一個病房，心裡為他們禱告，盼望大家早日康復。初步報告確認他患有肺炎，之後被安排進入特定病房。他形容病房設備像飛機頭等艙，有電動床、三餐和窗台，但病痛中的人並不會因此覺得像度假；真正令他擔憂的是病情可能進一步惡化。

他不容易找到能安睡的床位角度：床頭太低會咳嗽、喘促，太高又睡不著。他摸索出一種呼吸方式，吸氣約三秒，呼氣時發出「哦」或「嗚」的聲音，有助於入睡。住院另一項不便是行動受到限制；下床會觸發警報，需要按鈴請護士協助，連上廁所也要等待。有一次護士因安全理由不讓他關上廁所門，使他感到像囚犯一樣失去隱私。由於腹瀉，他還需要預備更換的內衣，避免意外造成不適。

醫院進一步檢查後，被診斷出嚴重膿毒症、低鈉血症，以及代謝性腦病，並有肺炎；但感染的具體病原體仍未查明。夜間儀器不時響起，身體忽冷忽熱、頭痛、頭暈，約每兩小時反覆一次，使他常常無法睡眠，只能坐在椅上禱告等天亮。雖然飢餓，他卻沒有胃口，醫院送來的多餐食物幾乎原封不動退回；維靠教會朋友煮的熱湯則讓他勉強攝取一些營養。

第二晚，他服用「泰諾」後終於睡了一個多小時，卻因靜脈注射部位腫脹而被護士叫醒。護士用靜脈觀察儀器指出手臂內側有其他可用的血管，建議換位置。作者同意重新穿刺，但新位置非常疼痛，情況也比原先更糟。另一位當職護士後來把注射位置換回，調整藥物流速，並拆除新的接頭。雖然手臂留下瘀青，額外痛苦總算減輕。這些細節讓讀者看到住院治療既有必要，也可能帶來不適、等待與心理的壓力。

七、反覆的病情與午夜中的祈禱

作者描述，某晚凌晨約三時十五分，他全身大汗醒來，卻感到精神稍好，於是向上帝感恩，因為自己終於睡了約三小時。他認為這次大量出汗可能是免疫細胞與病原體交戰的表現。星期四早上，他突然有胃口吃早餐，精神也有所改善，還有心情接待前來探望的朋友。

然而，下午四時後症狀再度反覆，忽冷忽熱、頭痛、頭暈、腹瀉、食慾不振、煩躁和失眠重新出現，咳嗽時仍帶血痰。他整晚坐在椅上，做自己熟悉的經絡養生操、梳頭功、拍打穴位，並用磁性按摩器按摩身體，同時聽詩歌和禱告。他在禱告中求主幫助自己，並且奉主耶穌基督的名命令病菌離開他的身體。這些做法反映作者在醫院治療之外，自己也努力用熟悉的身體運動、詩歌和祈禱維持生命的盼望，樂觀地期待神蹟的發生！

病房還出現一段幽默感的插曲：清潔人員更換床單後，嘗試調整電動床，床頭調得太低時，機械部件會掉落並導致停電。護士趕來修理，作者坐在椅子上看著兩人忙亂如同演戲，最後大家都一起笑了。作者引用詩篇41篇3節：「他病重在榻，耶和華必扶持他；他在病中，你必給他鋪床。」在他眼中，連床鋪和醫護人員的日常工作，都能使作者在病痛中感受到上帝的扶持。

八、關鍵時刻的代禱與病況轉變

由於醫療團隊仍未找出感染源，醫院考慮安排腦脊液穿刺檢查，以進一步評估可能的神經系統問題。作者知道這種侵入性檢查是有風險的，因此與家人商量並共同面對是否接受檢查的抉擇。他也擔心病情又會在下午四時後惡化。於是，他們請陳道基牧師夫婦前來為他禱告，求主施行完全的醫治。

結果在陳牧師夫婦禱告後，作者發現反覆忽冷忽熱的狀況終於中止。他當晚有胃口吃晚餐，能夠安睡到天亮，整夜沒有發燒、頭痛或頭暈。女兒睡前替他泡腳、修剪腳趾甲，並帶來加濕器；作者也把這些照顧看作幫助康復的安排。星期六早上，他醒來時感到精神充足，也有胃口吃早餐，並向陳牧師夫婦、CABC教會弟兄姊妹的共同代禱表達感謝。作者確認自己病況的轉折是因著禱告帶來了直接醫治的結果，否則病況還不知道將會拖延多久，或是轉向更嚴重的結果。

九、準備出院：恢復服事他人的能力

病況改善後，作者開始扶著床邊活動，甚至因活動較積極而被醫院提醒可能需要使用病人走動警報器，但他卻相信自己很快就可以出院，也決定不再接受原先預定的腦脊液穿刺了；醫院則繼續觀察他的狀況，等待判斷是否適合出院。星期六是教會舉辦「香港美食節」的日子，作者雖不能親自參與，卻仍在病房中為活動禱告和祝福；原本計劃出席的晚宴也只能在心中祝福眾人。他從病榻上祝福他人的能力，成為他在面對身體限制時，依然與教會社群保持連結的一種方式。

到了星期日凌晨，他醒來後再次感謝主的醫治。在看完教會網上崇拜後，他開始關心隔壁床的病人。那是一位八十歲老人，他妻子說的語言其他人聽不懂；作者用手機翻譯辨認出她說的是巴基斯坦的烏爾都語，並透過手機上的耶穌圖像向她分享福音，徵得同意後為她的丈夫禱告。她深受感動。護士看見作者在隔壁床旁活動，還問這位「好動的病人」在做什麼？作者的妻子則回答說：「他是牧師，正在為別人禱告。」

這個事件對作者很有象徵意義：他不只是逐步恢復身體的活動，也重新能夠做自己熟悉的牧養工作。醫院最後通知他可以隨時出院。護士拆除左臂靜脈導管後，他感到好像從綑綁中得自由，深深吸了一口氣。他感謝上帝陪伴自己度過五個夜晚，也感謝醫生、護士和先進儀器提供的治療。他沒有忽略醫療團隊的角色，並且把醫護的智慧、科技和信徒禱告都視為上帝對自己病患經歷的周全安排。

十、出院後的調理、飲食與恢復

出院時，醫院開了按需要服用的抗生素、退燒藥和止咳藥，也建議作者完成先前治療耳炎的剩餘四天藥物。隔天他去看家庭醫生，醫生查看住院病歷後，建議安心休養，預期身體會逐漸恢復。作者表示，除了完成耳炎療程外，他沒有繼續服用其他西藥，而是採用營養飲食和中藥調理。

出院後前三天，他常在凌晨三時（肺經循行的時辰）醒來喝水和排尿，五時起床敬拜讚美，做完養生操後就外出快走，並練習深呼吸運動。由於偶爾仍有咳喘、痰中帶血，他就經常喝魚腥草茶，三餐配合銀耳、百合、淮山和雪梨煮成的湯，並喝石榴汁。他另提到如何服用補充劑如益生菌、維生素C、E、D3、K2、洋蔥素、綠茶萃取物、哪些營養粉與杏仁奶、雞蛋、蔬菜及粥等飲食或補充品。

在中藥方面，他先服用幾種特別的止咳化痰的中成藥，之後使用百合固金湯、清燥救肺湯和二陳湯等方劑。他記錄腹瀉約在兩天後停止，痰量逐漸減少；第四天不再咳喘，第六天痰大幅減少，較大的血塊消失，只偶爾仍有細血絲。作者其後繼續服用部分方劑，並稱出院後第七天腎氣和體力恢復，可以回到教會作見證，也可以再次講道，他預計再休養約兩週便可逐步恢復正常的講道了。

這部分介紹了作者結合醫院治療、出院後的飲食、中藥傳統保健療法、營養補充品、養生運動的個人康復方案以及堅定的信仰。作者認為自己的康復迅速，也證實了醫院急診室健全的護理與隨後中醫調養的雙重價值。

十一、脆弱的生命與感恩的結語

作者在幾頁的結尾提醒讀者：即使平日自覺身體強健，也不應誇耀自己的健康，因為任何感染都可能迅速造成嚴重的後果。他引用使徒行傳12章23節中希律不歸榮耀給上帝、被擊打而死的記載，藉此表達人不應忘記生命的有限與對上帝的依靠。作者回顧住院時病況隨時變化、感染源始終未明、醫療團隊曾考慮進一步穿刺檢查等情況，認為這些經歷都讓他更深體會自己需要耶穌基督的恩典。

整體而言，這是一篇個人信仰見證與住院的回憶錄。它把肺炎、嚴重膿毒症、低鈉血症、代謝性腦病、反覆發燒和住院的不便，與講道責任、屬靈警醒、醫治的禱告、教會的支持、家庭照顧及出院後的調理連在一起。作者強調上帝的引導和醫治，並感謝家人、教會朋友、牧者、醫生和護士。文章也表現出一個重要張力：作者以信仰及中醫理解病情，但同時確實尋求醫院急診、接受檢查和藥物治療。另一方面，作者雖以現代中醫的經驗與判斷，並沒有排除西醫的急救與神醫的介入，而且在中醫養生保健的調養之下，能夠迅速恢復健康！

因此，這段見證是作者對自己經歷的神學詮釋，以他對中醫、西醫及神醫過程中共同經歷的見證，它所傳達的主要信息包括：不要因為自己平日的健康而忽視警訊；任何人都有可能遭遇意外與意想不到的疾病，在病況惡化時一定要及時求醫；人在病痛中可以透過向主的祈禱、詩歌、家人陪伴和教會群體獲得安慰；康復的過程需要感恩，也需要謙卑面對生命的脆弱，有信心繼續依靠神的大能與耶穌基督的恩典。作者最後以「唯有愛是永恆常存的」（林前13:8）總結自己對上帝、家人、教會和醫護人員的感激。

中文總結要點

- 作者將魚腥草、疾病發生的時間和講道的壓力，視為上帝的引導與屬靈警醒的信仰見證。
- 身體症狀在游泳後由耳部不適、腳趾傷口疼痛、心率加快、發燒與失眠，進展到咳血痰和肺炎，最終需要住院。
- 住院檢查記錄了嚴重膿毒症、低鈉血症和代謝性腦病；感染源未能確定，醫院曾考慮腦脊液穿刺。
- 作者在住院期間經歷不適、睡眠中斷、腹瀉、靜脈注射部位疼痛及床具故障，也從中記下幽默與信仰反思，並且在午夜經歷神的安慰。
- 作者特別感謝陳道基牧師夫婦及CABC會眾的代禱，並將其後症狀的轉變確認是上帝醫治的作為。
- 出院後作者依照醫囑完成耳炎藥物療程，並自行採用中藥、飲食、補充品和運動調理；以致在一週後能夠迅速地恢復健康。
- 全文的主要勸勉是珍惜健康、及時求醫、在苦難中堅持對基督的信仰盼望，並感謝家人、教會和醫護人員。

資料來源：本摘要基於所提供手冊的第 8 至 25 頁。摘要遵循作者的敘事順序與框架，請閱讀原版書籍以獲得更多細節與整全的內容。



Part Two: English Summary Article

A Summary of Pages 8–25 of “A Divine Midnight Awakening”

Author: Rev.Dr. Timothy Tin

"A Traditional Chinese Medicine Doctor's Witness of a Miracle Healing in a Western Medicine Emergency Room"

1. The Houttuynia Gift and the Meaning of Providence

The account begins with the author looking back on his hospitalization for pneumonia and interpreting the experience through his Christian faith. He believes that human life, including unexpected illness, remains within God's providential care. The immediate reason he sought medical attention was a warning sign: when he coughed, he noticed blood-streaked sputum and became concerned that his condition might develop into pneumonia. He went to the emergency department, where pneumonia was diagnosed and inpatient treatment was arranged. The hospital conducted scans and laboratory tests in an effort to identify the source of the infection, but the specific bacterial pathogen was not identified in the account.

The author connects this illness with an event that had occurred earlier in September 2026. Before a Sunday worship service on September 6, a church sister gave him a large bag of freshly picked Houttuynia cordata, commonly called fish mint. As someone familiar with traditional Chinese medicine, he knew that the herb was often used in Chinese herbal practice for lung-related complaints. At the time, however, he believed he had no lung disease and wondered whether the herb might be more useful to someone else. About two weeks later, he was diagnosed with pneumonia.

In retrospect, the author saw the gift as a humorous advance provision from God. He imagined that God knew he would later need the herb and had arranged for it to be given to him beforehand. After leaving the hospital, he began drinking tea made from that same bag of Houttuynia most of the days. He concludes this reflection by quoting Proverbs 16:9: "A man's heart plans his way, But the Lord directs his steps."

2. Preaching on the Rapture and the Spiritual Warfare

In September 2026, the author planned a three-sermon series at CABC, his church, on "Understanding the Mystery of the Rapture." After preaching the second sermon on September 13, he felt emotionally burdened, as though he had been through a battle. The message had included the theme that God's judgment begins with the church, a subject that caused him to consider his own need for vigilance as a preacher. Two days later, while sharing a meal with pastoral coworkers of the Chinese Christian and Missionary Alliance in Los Angeles, he received a warning from an older pastor: "You had many gifts and therefore needed to be especially careful."

The author was grateful for the advice, but it prompted questions. What lay ahead? Would I face a

spiritual battle ? Would I be able to complete the third sermon? He turned to Revelation 3:11: "Behold, I come quickly: hold that fast which thou hast, that no man take thy crown." In the author's understanding, the verse calls believers to remain faithful and to hold firmly to what they have received.

This spiritual background becomes important in the following account of his illness. the author interprets the struggles surrounding his preaching within the framework of spiritual warfare, and even while ill, he still hopes to complete the message he has already prepared.

3. Symptoms After Swimming and a Disturbing Night-Time Experience

The author regularly exercised at a fitness center. On the evening of September 15, he went swimming. After talking with a stranger, he forgot to put in his earplugs, and water entered his ears. He also had small wounds around his toes associated with his toenails. After swimming, his toes began to hurt. During the following days, he noticed a racing heartbeat. By September 17, his heart rate had reached 102 beats per minute, and the elevated rate continued for several days. He also experienced a slight fever, poor appetite, difficulty sleeping, headaches, dizziness, and alternating sensations of heat and cold.

He describes a series of recurring dreams that seemed to become more vivid each time. In his subjective experience, the dreams felt like files about his future being opened one after another. He was frightened by the impression that he was being pushed into scenes he did not want to see. The dreams, sleeplessness, and physical discomfort contributed to a profound loss of motivation and interest in his surroundings. He tried traditional Chinese medicine and acupuncture, but he felt that the relief was brief and the symptoms soon returned. Eventually, he took one Tylenol tablet to get some sleep before the Sunday sermon.

While half awake and half asleep, the author seemed to hear a voice questioning him as to whether he still intended to continue preaching on the "Rapture," and implying that after he finished the third sermon, not only might the Rapture fail to take place, but he himself would be taken by the Lord. After waking in the morning, he prayed to God, asking the Lord to give him strength to step onto the pulpit, finish delivering the third message he had already prepared, placing whatever happened afterward in God's hands.

On Sunday, September 20, he went to church wearing a mask and completed the sermon with the energy and confidence that the congregation normally saw in him. During the message, he told the congregation that he was fighting a battle. Apart from his wife and daughter, people did not know how unwell he had been. This experience highlights the author's determination to fulfill his preaching responsibilities. It also shows that although his body was extremely unwell, he still appeared full of energy and vigor on the outside, to the extent that the congregation did not even notice he was ill. The author quoted, *'O Lord God, remember me, I pray thee, and strengthen me, I pray thee, only this once, O God'* (Judges 16:28), illustrating that at that moment, he relied entirely on the strength given by God to complete the sermon he was meant to deliver!

4. From Urgent Care to the Hospital Emergency Department

After the sermon, the author returned home exhausted. His wife asked how he felt and whether he would prefer to take a walk or go to an urgent care center. Because his heart rate had remained above 100 beats per minute for several days, he decided to be examined. The center was quiet, and a doctor saw him promptly. The doctor found inflammation in his left ear and prescribed a seven-day course of anti-inflammatory medication, along with ear drops for external use.

The author went home to rest, but two days later his condition had not improved. He began coughing, with many blood streaks in his sputum, which was dark brown. One episode of severe coughing led to vomiting. He then suspected that the infection might have progressed to pneumonia and asked his wife to take him to the local hospital emergency department on the afternoon of Tuesday, September 22. He thought that hospitalization was likely and entrusted the outcome to the Lord.

The author reflects on Psalm 139:16–18, which describes God's knowledge of a person's days before they unfold. For him, the passage affirms that human life is held within God's care. His faith, however, did not prevent him from seeking medical assistance. He responded to warning signs, went for evaluation, and accepted the hospital's further assessment. The narrative therefore combines spiritual surrender with practical action: trust in God and the decision to seek professional care are presented as compatible rather than contradictory.

5. Traditional Chinese Medicine, Self-Assessment, and the Decision to Seek Hospital Care

The author had lived in the United States for decades, trained in martial arts from childhood, practiced traditional Chinese medicine, and promoted health-preserving exercise. He rarely became ill and was frequently involved in short-term mission trips, free clinics, evangelism, church service, and visits to hospitalized or elderly people. He had not expected to become a hospital patient himself.

Before going to the emergency department, he had tried to understand his symptoms through the diagnostic framework of traditional Chinese medicine. He describes the illness in terms of meridians and the movement of a pathogenic factor through channels associated with the toes and left ear, followed by effects involving the spleen, heart, stomach, and lungs. In his interpretation, this pattern could explain diarrhea, a racing heart, restlessness, insomnia, alternating chills and fever, headache, loss of appetite, and respiratory symptoms.

These explanations reflect the author's own theoretical framework of Traditional Chinese Medicine (TCM) and personal judgment, and do not rule out the necessity of further confirming the transmission route or obtaining a modern medical diagnosis through a hospital. At the same time, the author stated that he felt his condition might have involved his brain and could not be managed by TCM alone, but rather required hospital scans, laboratory tests, and necessary emergency care; therefore, he proactively went to the emergency room. This is an important practical message in this section: even if a person possesses health knowledge, wellness habits, or self-care experience, when symptoms persist or worsen, they still need to undergo high-tech testing and timely treatment provided by modern medicine.

At the hospital, a physician assistant on duty happened to be a former classmate of the author's son, which gave him an immediate sense of familiarity. The medical team first ruled out COVID-19 and influenza, or any contagious disease, then performed blood tests and other examinations. Blood was drawn daily during the stay. He asked his family brought pomegranate juice, hoping to help him replenish nutrition. Staff inserted an intravenous catheter into his left hand to administer fluids, antibiotics, and other medication.

The author compares the IV line to a lifeline, then draws a spiritual analogy to Christ's salvation. Just as a patient no longer needs the catheter after recovering, he says, a sinner who receives Christ's forgiveness can be released from the bondage of sin. This metaphor is a central feature of the booklet: a practical element of hospital care becomes a prompt for reflection on salvation and spiritual freedom.

6. Hospitalization: Tests, Uncertainty, and Daily Difficulties

After initial testing confirmed pneumonia, the author was assigned to an inpatient room. He describes the room as somewhat like an airplane's first-class cabin because it had an electric bed, regular meals, and a pleasant windowsill. Yet he emphasizes that hospitalization did not feel like a holiday. The dominant concern was the possibility that his illness could become more dangerous.

He struggled to find a comfortable position in the electric bed. If the head of the bed was too low, he coughed and became short of breath; if it was too high, he could not sleep. He discovered that inhaling for about three seconds and then exhaling with an "oh" or "woo" sound seemed to help him settle and fall asleep. He also found the restrictions on movement difficult. Getting out of bed triggered an alarm, so he had to press the call button and wait for a nurse to assist him. On one occasion, a nurse did not allow him to close the bathroom door because staff were responsible for his safety. He felt deprived of privacy and likened the experience to being a prisoner.

Diarrhea added to the discomfort. He needed to prepare spare underwear and sometimes experienced the embarrassing mismatch of intending to urinate but having a bowel movement instead. Over time, he adopted a routine of attending to both needs at once, changing his clothes, washing, and returning to bed as cleanly and comfortably as possible. He later appreciated that other nurses allowed him to close the door, while acknowledging that safety concerns for dizzy or weak patients are real.

Further tests documented severe sepsis, hyponatremia, and metabolic encephalopathy, alongside pneumonia. Nevertheless, the specific infectious organism remained unknown. The author's account repeatedly emphasizes uncertainty: clinicians were treating the condition and monitoring him, but the precise pathogen had not been identified. During the first nights, hospital instruments beeped at irregular intervals, and help did not always arrive immediately. His temperature sensations alternated between cold and hot, and headaches and dizziness recurred approximately every two hours. He often sat in a chair praying until morning.

Although he sometimes felt hungry, he lacked the appetite to eat and sent back several hospital meals untouched. Friends from church brought hot soup, which he found easier to consume. These details show the physical and emotional burdens of inpatient treatment, including discomfort, interrupted sleep, dependence on staff, and the challenge of maintaining nutrition while ill.

7. The IV Complication, Recurrent Symptoms, and Prayer in the Night

After taking Tylenol on the second night, the author managed to sleep for a little more than an hour before a nurse woke him because the IV site in his left hand appeared swollen. The nurse used a vein-viewing device to show him other possible sites along the inner arm and suggested moving the IV. Trusting her experience, he agreed, but the new needle insertion was extremely painful and the situation seemed worse. When another nurse came on duty, the author asked her to return the IV to the original site, adjust the flow, and remove the newly added connector. A bruise remained, but the extra discomfort was reduced.

Later, at about 3:15 in the morning, he woke covered in sweat. He felt more energetic afterward and thanked God that he had been able to sleep for roughly three hours. He speculated that the sweating might reflect a struggle between immune cells and pathogens. On Thursday morning, he regained some appetite and felt better. He was able to receive visitors and had more energy, but the improvement did not last throughout the day.

After four o'clock in the afternoon, the cycle returned: chills and heat, headache, dizziness, diarrhea, lack of appetite, restlessness, insomnia, and blood in his sputum. He spent much of the night sitting in a chair. He continued his familiar meridian exercises, combed his hair frequently, tapped acupuncture points, and used a magnetic massager while listening to hymns and praying. In his prayer, he asked the Lord to help him and commanded the pathogens to leave his body in the name of Jesus. These practices show how he tried to combine spiritual devotion with familiar self-care routines while remaining under hospital supervision.

A small comic incident offered a moment of relief. A cleaner changed his bed sheets and then attempted to adjust the electric bed. When the head of the bed was lowered too far, a mechanical part dropped and the power went out. A nurse rushed in to repair the bed. The author watched from his chair as the staff struggled with the equipment, and the situation ended in shared laughter. The author quoted Psalm 41:3: *'The Lord will sustain him on his sickbed; in his illness, you restore him to health.'* In his eyes, even the bedding and the daily care provided by the medical staff could become an experience of God's support during illness.

8. The Decision About a Lumbar Puncture and the Turning Point After Intercessory Prayer

Because the doctors had not identified the source of the infection and were concerned about possible neurological involvement, the hospital considered a lumbar puncture, a procedure used to examine cerebrospinal fluid. The test was scheduled for the following Monday, but the author understood that invasive procedures carry risks. He and his family therefore faced a difficult decision: proceed with additional testing or continue observing the improvement in his condition.

The author was especially anxious that his symptoms might again worsen after four o'clock in the afternoon. He invited Rev. Tokey Chan and his wife to visit and pray for complete healing. According to the

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account, after they prayed, the repeating cycle of chills and fever finally stopped. That evening he regained his appetite and slept peacefully through the night. His daughter helped him soak his feet and trim his toenails before bed, and she brought a humidifier. He had no fever, headache, or dizziness during the night, and he woke on Saturday feeling energetic.

The author gives particular thanks to Pastor Chan and his wife and to the CABC congregation for praying together on his behalf. He interprets the timing of the improvement as an answer to prayer and a direct act of divine healing. The author confirmed that the turning point in his condition was the direct result of healing brought about by prayer; otherwise, there is no telling how much longer his illness would have dragged on, or whether it might have taken a turn for the worse.

9. Preparing for Discharge and Returning to Ministry

As he felt better, the author began exercising while holding the side of the bed. Hospital staff noticed that he was unusually active and mentioned that he might need a patient-movement alarm. He believed discharge might be possible soon and decided that he did not wish to proceed with the planned lumbar puncture. The hospital continued to observe his condition before deciding whether he could leave on Sunday.

Saturday was the day of CABC's "Hong Kong Food Festival," a church fundraising event. Although he could not attend or taste the food, he prayed for the organizers and sent them his blessings. He also had to miss a birthday dinner he had expected to attend. His ability to bless others from his hospital bed became a way of remaining connected to his church community despite physical limitations.

On Sunday morning, after watching the church service online, he felt well enough to visit the neighboring patient. The man was about eighty years old, and his wife was speaking a language that others around her did not understand. Using a phone translation tool, the author identified it as Urdu, spoken in Pakistan. He showed her a picture of Jesus on his phone, shared the gospel, and asked permission to pray for her husband. She was deeply moved. A nurse later asked what the "restless patient" was doing beside the neighboring bed, and the author's wife explained that he was a pastor praying for another patient.

This episode is important to the author because it signals the return of his pastoral identity and capacity to serve. The hospital then told him that he could be discharged. When the nurse removed the IV connector from his left arm, he felt a sense of release and took a deep breath. He thanked God for accompanying him through five difficult nights and acknowledged the role of doctors, nurses, and medical technology in his treatment. He did not overlook the role of the medical team; rather, he viewed the medical staff's wisdom, technology, and the believers' prayers all as God's thoughtful provision throughout his experience with illness.

10. Recovery at Home: Medicines, Food, Traditional Remedies, and Exercise

At discharge, the hospital prescribed antibiotics, fever-reducing medicine, and cough medicine to be used as needed. The staff recommended that he finish the remaining four days of medicine previously prescribed for the ear infection. The next day, his family doctor reviewed the hospital records and advised him to rest and recuperate, expecting that his condition would gradually return to normal.

The author says that, apart from finishing the ear-infection medicine, he did not continue taking other Western medicines. Instead, he focused on nutritious food and traditional Chinese medicine. During the first three days after discharge, he often woke at about 3:00 a.m. (The meridian flow time of the Lung Meridian) to drink water and use the restroom, then got up at 5:00 a.m. to worship and praise God. After doing his health exercises, he went for brisk walks and practiced deep breathing exercise. He occasionally still had coughing and wheezing, and his sputum sometimes contained blood.

He began drinking Houttuynia tea frequently. With meals, he had soup made from tremella, Chinese yam, and Snow pear, Dried Lily Bulb, along with pomegranate juice. He also listed in the book about the probiotics, vitamins C, E, D3, and K2, quercetin, green-tea extract, nutritional powder mixed with almond milk, eggs, vegetables, and porridge among the foods or supplements he used.

For traditional Chinese medicine, he first used several cough-and-phlegm products and then took formulas including Bai He Gu Jin Tang, Qing Zao Jiu Fei Tang, and Er Chen Tang. The book also lists reference items, herbal formula ingredients, and a magnetic meridian-clearing tool invented by the author for readers' reference. He reports that diarrhea stopped after about two days and phlegm decreased. By the fourth day he no longer had coughing or wheezing; by the sixth day, there was very little phlegm and the larger blood clots had disappeared, although occasional thin streaks of blood remained. He continued some formulas and felt his strength returning by the seventh day. He returned to church to share his testimony and could be preaching again, while expecting to rest for about two more weeks before fully resuming his preaching schedule.

This section introduces the author's personal recovery plan, which combines hospital treatment, post-discharge diet, traditional Chinese herbal health therapies, nutritional supplements, wellness exercises, and steadfast faith. The author believes that his rapid recovery confirms the dual value of sound care in the hospital emergency room followed by Traditional Chinese Medicine (TCM) conditioning.

11. The Fragility of Health and the Closing Message of Gratitude

The author closes these pages by reminding readers that health is fragile. Even a person who feels as strong as iron should not boast of invulnerability, because an infection or other illness can become life-threatening. He quotes Acts 12:23, where Herod is struck after failing to give glory to God. The passage serves in his reflection as a warning about human pride and the limits of human strength.

Looking back on the hospital stay, the author remembers how quickly his condition changed, how the infection source remained unknown, and how clinicians considered further invasive testing. He believes that these events helped him understand more deeply his need for the grace of Jesus Christ. He expresses gratitude for the healing he believes he received, as well as for the companionship of his wife and daughter, the prayers of church members and fellow pastors, and the careful treatment of the medical team.

Overall, this is a personal faith testimony and hospital memoir. It connects pneumonia, severe sepsis, hyponatremia, metabolic encephalopathy, recurrent fevers, and the inconveniences of hospitalization with preaching responsibilities, spiritual vigilance, prayer, church support, family care, and post-discharge recovery. The author emphasizes God's guidance and healing, expressing gratitude to his family, church friends, pastors, doctors, and nurses. The text also illustrates an important tension: while the author understands his illness through the lens of faith, he simultaneously sought hospital emergency care, underwent examinations, and accepted medical treatment.

On the other hand, drawing from modern Traditional Chinese Medicine (TCM) experience and judgment, the author did not exclude emergency care from Western medicine or the intervention of divine healing, and under the conditioning of TCM health cultivation and care, he was able to recover his health rapidly!

Therefore, this testimony is the author's theological interpretation of his own experience, serving as a witness to his combined experience of TCM, Western medicine, and divine healing. The main messages it conveys include: do not ignore warning signs simply because of your usual good health; anyone can encounter unexpected accidents or illnesses, and one must seek timely medical attention when a condition worsens; in times of sickness and pain, a person can find comfort through prayer, hymns, family companionship, and the church community; the recovery process requires gratitude as well as humility in facing human vulnerability, along with faith to continue relying on God's power and the grace of Jesus Christ. Finally, the author concludes his gratitude toward God, his family, the church, and the medical staff with the words, 'Only love endures forever.' (1Co 13:8)

Key Takeaways

- The author interprets the illness and the earlier gift of Houuttuynia as part of God's providential care.
- Symptoms worsened over several days, prompting a move from urgent care to hospital emergency evaluation and admission.
- The booklet reports pneumonia, severe sepsis, hyponatremia, and metabolic encephalopathy, while noting that the infectious source remained unidentified.
- Prayer, Scripture, family support, church fellowship, medical treatment, and the author's own recovery practices all appear in the narrative.
- The author attributes a major turning point to intercessory prayer;
- After being discharged from the hospital, the author completed the prescribed ear infection medication regimen in accordance with medical advice, while also incorporating traditional Chinese herbal medicine, dietary adjustments, supplements, and wellness exercises on his own, resulting in a rapid recovery within a week.
- The primary exhortations of the entire text are to cherish health, seek timely medical attention, persevere in the hope of faith in Christ amidst suffering, and express gratitude to family, the church, and medical personnel.

Source note: This summary is based on pages 8–25 of the supplied booklet . It follows the author's sequence and framing. Please refer to the original book for more details and comprehensive content.