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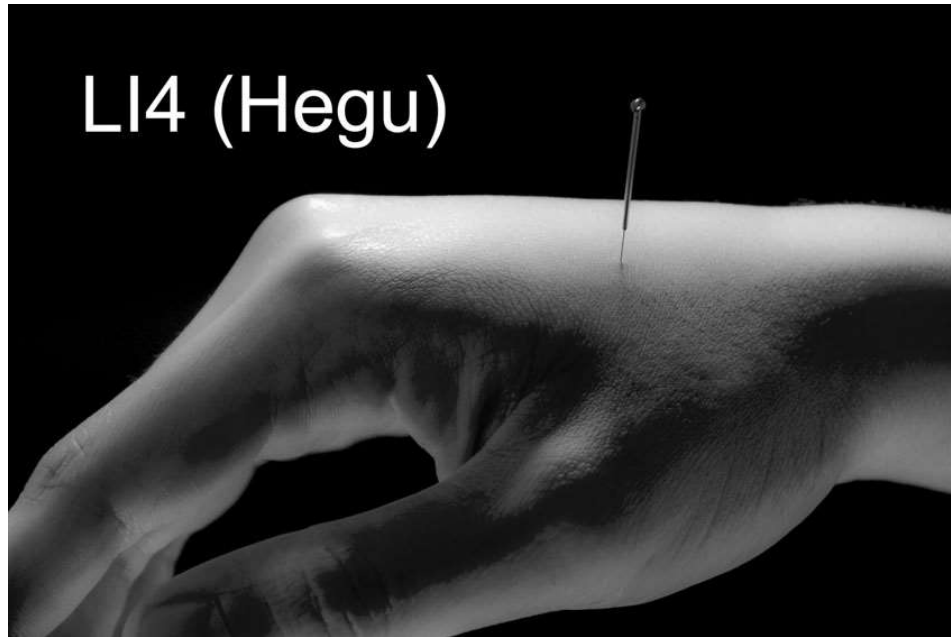
## Acupuncture Results For COVID-19 (coronavirus) Treatment

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Acupuncture, herbs, and moxibustion are effective for the treatment of COVID-19 (coronavirus). Investigators determined that acupuncture plus herbal medicine produces significant patient outcomes for patients with COVID-19. In another independent clinical trial, moxibustion relieved diarrhea in COVID-19 patients and reduced the occurrence of positive nucleic acid results for coronavirus. Let's take a look at both investigations.

Yueyang Integrative Medicine Hospital (a Shanghai University of Traditional Chinese Medicine affiliate) researchers tested the benefits of acupuncture and herbal medicine for the treatment of COVID-19. The results of this National Natural Science Foundation of China (NSFC) funded research were published in *Chinese Acupuncture and Moxibustion*. [1] A total of 33 patients from Wuhan Leishenshan Hospital participated in the study. All patients in the study were diagnosed with COVID-19 using real-time fluorescent RT-PCR from February to March, 2020. There were 8 males and 25 females. The average age was 59.4 years. A total of 28 patients were diagnosed with moderate COVID-19 and 5 with severe COVID-19. The following discharge criteria were applied:

- *Body temperature returned to normal for more than 3 days*
- *Respiratory symptoms improved significantly*
- *Pulmonary imaging results showed significant reabsorption of acute exudative lesions*
- *The nucleic acid test results were negative for two consecutive times (sampling intervals at least 24 hours apart)*

After treatment, all 33 patients were cured and discharged, with the average length of stay reaching 9.24 ( $\pm 5.57$ ) days. Among them, 28 moderate cases were discharged with a total discharge rate of 100%, and the average length of stay was 7.04 ( $\pm 1.71$ ) days. The 5 severe cases were also discharged with a total discharge rate of 100%

and the average length of stay was 21.60 ( $\pm 2.07$ ) days. Relevant symptoms (tightness, chest pain, fatigue, panic, anxiety, anorexia, insomnia, etc.) significantly improved. In addition, acupuncture plus herbs did not produce any severe adverse effects. The primary acupoints chosen for this investigation were the following:

- LU7 (Lique)
- LI4 (Hegu)
- PC6 (Neiguan)
- LI11 (Quchi)
- ST36 (Zusanli)

For patients with insomnia, the following acupoints were also added:

- BL62 (Shenmai)
- KD6 (Zhaohai)

A review of the acupoint choices reveals the use of two luo-connecting points: LU7, PC6. In addition, one yuan primary point was selected: LI4. In addition, one lower he-sea point of the stomach was selected: ST36. LI11 was chosen, which is a he-sea and Ma dan-yang heavenly star point. Of the secondary points, BL62 is a yangqiao (yang heel) vessel point and KD6 is yinqiao (yin heel) vessel point. KD6 is paired within the confluent point system with LU7 for the treatment of throat, chest, and lung disorders. Overall, a review of the point selection is consistent with Traditional Chinese Medicine (TCM) principles and the results of empirical investigations.

After disinfection of the acupoint sites, a 0.25 mm x 40 mm disposable filiform needle was inserted into each acupoint with a high needle entry speed. For Hegu, Neiguan, Quchi, Zusanli, Taichong, Shenmai, and Zhaohai, the needles were inserted perpendicularly, reaching a depth of 12–33 mm. For Lique, the needle was inserted obliquely towards the source of the acupuncture channel to a depth of 12 mm (approximately an angle of 30 degrees to the skin).

For all acupoints, a deqi sensation was obtained and the needles were manually stimulated with the Ping Bu Ping Xie (mild attenuating and tonifying) manipulation techniques during the 30-minute needle retention time. Each side of acupuncture points was applied alternatively in a contralateral application of the acupuncture needles. One acupuncture session was administered every two days until discharge. The herbal formula given to the patients was Shanghai Leishen Formula No.1, which was comprised of the following herbs:

- Huang Qi 15 g
- Tai Zi Shen 15 g
- Fu Ling 15 g
- Chen Pi 9 g
- Pei Lan 9 g
- Fang Feng 9 g
- Gui Zhi 12 g
- Jin Yin Hua 9 g
- Huang Qin 9 g
- Chao Bai Shao 15 g
- Yu Jin 12 g
- Chai Hu 9 g
- Dang Gui 15 g

Additional herbs were prescribed according to individual symptoms. For constipation, the following herbs were added:

- Jue Ming Zi 15 g
- Huo Ma Ren 30 g

For tidal fever with perspiration, the following herbs were added:

- Huang Bai 15 g

- Zhi Mu 15 g

For loose stools, the following herbs were added:

- Shan Yao 30 g
- Bai Bian Dou 30 g

For abdominal distention, the following herbs were added:

- Da Fu Pi 15 g
- Mu Xiang 9 g

For poor appetite, the following herb was added:

- Ji Nei Jin 15 g

For a dark or purple tongue, the following herbs were added:

- Dan Shen 15 g
- Tao Ren 9 g

For a red tongue with a scanty coating, Chen Pi, Ban Xia, Gui Zhi, and Pei Lan were removed and the following herbs were added instead:

- Nan Sha Shen 30 g
- Bei Sha Shen 30 g
- Mai Men Dong 15 g

Dong et al. had similar results in their independent investigation, published in the *Chinese Acupuncture and Moxibustion Journal*. [2] The researchers determined that moxibustion is effective for relief of diarrhea in COVID-19 patients. Moreover, they found that moxibustion reduced the number of COVID-19 positive nucleic acid results after application of treatment. The acupoints were selected for specific diagnostic considerations. For damp cold invading the spleen, the following acupuncture points were selected:

- ST36 (Zusanli)
- ST40 (Fenglong)

For spleen and stomach deficiency-cold, the following acupuncture points were selected:

- ST36 (Zusanli)
- CV12 (Zhongwan)

For kidney yang deficiency, the following acupuncture points were selected:

- GV4 (Mingmen)
- CV4 (Guanyuan)

For liver-qi stagnation, the following acupuncture points were selected:

- LV14 (Qimen)
- LV3 (Taichong)

All patients received moxibustion at the above acupoints with 1.8 cm diameter, 20 cm length moxa sticks. The Xuan Zhi (suspended moxibustion) technique was used. The moxa stick was ignited and placed perpendicularly above the acupoint. The patients should feel warm at the moxibustion site with heat radiating to the tissue underneath the skin. Each side of the acupoints were selected for treatment, alternatively, every day. Each point was treated for 20 minutes. The moxibustion treatment was conducted twice per day, seven days as one treatment course, for a total of one treatment course.

Moxibustion produced a total effective rate of 97.2% and a complete recovery rate of 69.4%. In addition, it reduced coronavirus positive nucleic acid results by 86.1%. Both studies reviewed in this article demonstrate that TCM is an effective therapy for the

relief of COVID-19. Given the data, acupuncture, moxibustion, and herbal medicine are recommended as viable treatment options for COVID-19 treatment.

In related news, the Chinese government sent 100,000 boxes of the herbal patent medicine Lianhua Qingwen capsules in an assistance package to Italy. Used in China to help COVID-19 patients, researchers conclude that Lianhua Qingwen “exerts anti-viral and anti-inflammatory activity against novel coronavirus (SARS-CoV-2).” [3] The researchers note that Lianhua Qingwen (LH) “significantly inhibits the SARS-COV-2 replication, affects virus morphology and exerts anti-inflammatory activity in vitro. These findings indicate that LH protects against the virus attack.” [4] Prior research found Lianhua Qingwen capsules similarly effective as oseltamivir (brand name Tamiflu) for the H1N1 influenza A virus. Lianhua Qingwen reduced the duration of illness and the duration of viral shedding. [5] One common thread across research is that botanical medicines found effective against influenza are tested for efficacy against coronavirus.

**References:**

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