

Long COVID Treatment Strategies

by Yamaoka Denichiro

I received an email from my beloved friend Merlin Young in Birmingham, England. In it he summarized his “thoughts around Long COVID and potential moxa therapy.” He specifically mentioned four Long COVID patterns for treatment, as follows:

1. Those with clear chronic respiratory issues and chest pain as the key problem.
2. Those with chronic fatigue and muscle pain as the dominant symptoms.
3. Those who we will allocate into a group with a protocol specifically designed to help reduce systemic inflammation (assuming that chronic inflammation is a key component of the condition left behind by the virus.)
4. Perhaps a group with a protocol that is designed to engage the vagus nerve.

In my own work, I am examining Long COVID-patients at the General Medical Department Outpatient Clinic and the Kanpo Internal Medicine Outpatient Clinic. Many are referrals from infectious disease physicians. The four types of Long COVID described by Merlin clearly mirror my patients’ presenting characteristics, so I would like to introduce a treatment strategy here, based on my own clinical experience and a review of the literature. I also welcome comments from as many people as possible. In the future, I would like to classify actual cases into these four types and discuss them in NAJOM.

1. Chronic respiratory symptoms with chest pain (Chai Hu type)

In the past, when starting treatment for tuberculosis patients using Isoniazid or Rifampentine I have often noticed that the tuberculosis was temporarily aggravated, as revealed in x-rays and reports of chest pain. In such cases, traditional Kanpo medicine might use *Chai Xian Tang* (a combination of *Xiao Chai Hu Tang* and *Xiao Chai Xian Tang*) to achieve good results. I also used it in a few cases. The results are very good compared to patients receiving only NSAIDs, and I remember that the evaluation on patients with tuberculosis was good. Although the *Chai Hu* formula is sometimes used after general viral infections, I estimate that in COVID-19 infections, there are many cases where *Chai Xian Tang* is indicated in

patients with chronic respiratory symptoms with chest pain. The reason for this is that SARS-CoV2 has a high affinity with respiratory-centered ACE receptors.

When treated with acupuncture and moxibustion, acupuncture points on the back will probably be used.

Tenso (SI-11)

Tenso is mainly used to treat chest pain. BL-13, SI-11 and SI-10 are almost in a straight line and sensitivity can be expected to appear in this vicinity.

Kakuyu (BL-17)

This is a reflex point on the back for chest pain, so is consistent with the indication of the *Chai Hu* formula. BL-17 is also an acupuncture point that can treat neurosis and is equivalent to a *Chai Hu* formula used for neurosis.

2. General malaise and muscle-pain type (Shen Qi type)

It may take several days for any infections to fully resolve, and general malaise and muscle pain may be present while symptoms persist. *Chai Hu* might also be administered for this sort of disease state, and if symptoms still did not improve, I would sometimes add *Bu Zhong Yi Qi Tang* which includes *Ren Shen* and *Huang Qi* (the *Shen Qi* formula). Furthermore, if exhaustion continues, I use formulas such as *Shi Quan Da Bu Tang* or *Ren Shen Yang Rong Tang* that include *Sheng Di Huang*. In addition to the malaise, there may be muscle aches and in that case, it will not improve with NSAIDs and basically will require more than three weeks to recover.

With acupuncture and moxibustion use:

Katsunikumon (ST-24)

Daiko (ST-27)

I often do moxibustion bilaterally on both ST-24 and ST-27. Sawada Ken Sensei called this “Shiten-Zaisen” [同天・在泉] (he called ST-24 Shiten and ST-27 Zaisen. This was based on *Su Wen* chapter 66). These points make patients feel comfortable and promote healing when used with warming needles (kyutoshin) and can be used even when flu-like symptoms persist.

3. Chronic inflammation and ‘easy-heat generation’ type (Shi Yin type)

Unlike where there are flu-like symptoms, in this case SARS-CoV2 can cause potentially lethal

cytokine storms. Characterised by inflammation, this stage of the disease resembles the quickly caught infections of the elderly. Elderly people are prone to UTIs and respiratory infections. Are these equivalent to the yin deficiency patterns of Oriental medicine? COVID-19 is said to have a high fatality rate among the elderly because they typically exhibit yin deficiency patterns. As a representative prescription, the most relevant is *Zi Yin Jiang Huo Tang*. In addition, where there are also detoxification patterns, use the following prescriptions according to age:

Infancy: *Chai Hu Qing Gan Tang*

Adolescence: *Jing Jie Lian Qiao Tang*

Old age: *Long Dan Xie Gan Tang*

I will go into more detail concerning yin deficiency patterns in the next issue.

With acupuncture and moxibustion use:

Kangen (CV-4)

In the *Jin Gui Shen Qi Wan* abdominal pattern, there is an area below the umbilicus which corresponds to kidney deficiency. There is no longer resilience under the navel to palpation and it becomes easy to touch the midline. CV-4, which is 3 cun from the umbilicus, is often the treatment point for the area below the umbilicus.

Shimada Ryuji Sensei recommended a lot of direct moxa for diarrhea and indirect moxa for constipation on CV-4.

4. Parasympathetic nerve related type (Ling Zhu and Fu Zi types)

In recent years, the number of people with autonomic nervous disturbances has increased. Due to people exercising less, working more on computers, and being exposed to blue light at night, the duration of sympathetic nervous activity has increased, and the number of people with continuing parasympathetic superiority during the day has correspondingly increased. These people typically experience dizziness and lightheadedness and cannot work well in the morning. Water tends to accumulate in the body, especially in the ‘third space’ (non-functional extracellular fluid), and there is achiness around the xiphoid process of the sternum. It is said that this is an epigastric obstruction or epigastric obstruction resistance in abdominal diagnosis. In Chinese medicine, we use *Ling Gui Zhu Gan Tang*. Dr Yamamoto Iwao named someone with a constitution responding to this formula as an “owl type,” and the opposite as a “lark type,” where *Fang Feng*

Tong Sheng San should be used. It is expected that the parasympathetic related type will respond to *Ling Gui Zhu Gan Tang*, but as the condition progresses a little, it may be required to use a formula containing *Fu Zi*, such as *Zhen Wu Tang*.

With acupuncture and moxibustion use:

Shinchu (GV-12)

In Japan, GV-12 has long been used to treat children and for health promotion. This is a moxibustion point frequently used by Shirota Bunshi for moxibustion on school children. When using it to treat dizziness, it is important to keep in mind Fukaya Isaburo's recommendation that you find the point accurately because it reacts not only below the spinous process of the third thoracic vertebra, but also horizontally and diagonally up and down. By the way, it is called the "CV-12 fluctuation point."

I have mentioned acupuncture points that I think can be used with the aforementioned four types of Long Covid, but I would like finally to emphasize the following points:

Ashi Sanri (ST-36)

Kyokuchi (LI-11)

These two points should be used in all types. In the Sawada style, it is the basis of taikyoku therapy. Given the repeated mutations in Covid-19, there is a concern about re-infection, especially breakthrough infection after vaccination, so as a preventive measure, ST-36 and LI-11 are necessary.

On top of that, exercise, rest and nutrition are necessary. I think it's essential to frequently contact family and friends that live away from you, and to imagine how fun it would be to see them again someday.

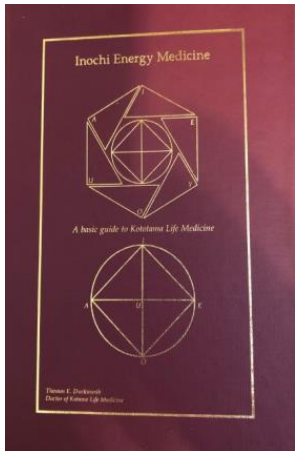
Thank you to NAJOM for allowing me this space in your journal, and to respond to my dear friend Merlin Young.

Translated by Emily Kiba

References

- Fukaya Isaburo. 1972. *The Story of Curing Illnesses by Moxibustion*. Shinkyu no Sekai-sha. [Japanese]
- Shimada Ryuji. 2001. *Compilation of writings (vol. 1 and vol. 2)*. Japan Neijin Society. [Japanese]
- Shirota Bunshi. 1940. *Basic Study of Acupuncture and Moxibustion Treatment* (revised by Sawada Ken) p265, Ido no Nippon-sha. [Japanese]
- Shirota Bunshi. 1941. *Notes of Sawada-ryu: The Essence of Acupuncture and Moxibustion*. Ido no Nippon-sha. [Japanese]

Yamaoka Denichiro graduated from the Ehime University School of Medicine in 1983. He is executive director of the East Asian Traditional Medicine Center at Ehime Prefectural Central Hospital and clinical professor at the Ehime University School of Medicine.



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