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"#1 – 11" True Meaning of Lung Acupoints

by Prof. Richard Liao, L.Ac.

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Prof. Liao has spent decades studying Taoism and the roots of Chinese medicine. For the last two decades, Prof. Liao has taken an annual retreat to China to study with Master Wang Li Ping. He translated the Ling Bao Tong Zhi Neng Nei Gong Shu for Wang Li Ping, which is a guide for meditation in the way of the Taoist Dragon Gate Sect (Long Men Pai). Wang Li Ping is an 18th generation Taoist Master of Long Men Pai. The Ling Bao Tong Zhi Neng Nei Gong Shu includes Taoist secrets of the golden flower and five souls that was delivered by the ancient masters Zhong and Lu. This text includes methods of practice and theory.

Prof. Liao's extensive experience in Taoist theory and meditation practice inform an understanding of the acupuncture points included in this course, according to both ancient and modern Chinese medicine.



Prof. Richard Liao, L.Ac.

Lung Arm Greater Yin Channel

The lungs have yang and yin characteristics. The yang character of the lungs is due to the fact they are on the upper portion of the body and are connected to and control the surface; the lungs control the breathing and skin. According to Chinese medicine principles, the lungs are associated with metal, tiger, and autumn, which are all associated with yang. Because of the yang characteristics, we say that yang embraces yin.

The yang of the lungs helps to shower yin nourishment to the lower portions of the body; the lungs descend the qi. The roots of this are in the ancient Chinese medicine conceptualization that the lungs shower nourishment with its yang power to the rest of the body. For example, the nutritive qi (ying qi) from the spleen is assisted by the lungs for distribution to the body. The function of the lung yang (the qi of the lungs) distributes the nutritive qi. This is the meaning of yang embraces yin.

The lung yang character is the metal tiger and autumn. For a tree to survive the winter, it loses all of its leaves in autumn. In a similar manner, the lungs must be clear. Not even a little bit of phlegm or foreign object can remain. The strong personality of the lungs (a shouting tiger) can then use its protective wei qi to prevent external evils (pernicious influences) to enter.

The lungs are on the upper portion of the body and act like an umbrella for both protection and nourishment. The lungs are also like a teapot, for regulation of the bodily organs. The body looks like a teapot inside and the lungs are the lid on the teapot. The umbrella and teapot conceptualizations of the lungs are ancient Chinese medicine principles.

The surface of the umbrella protects the surface of the body and fights external evil invasion. In a slightly different view of an umbrella, the

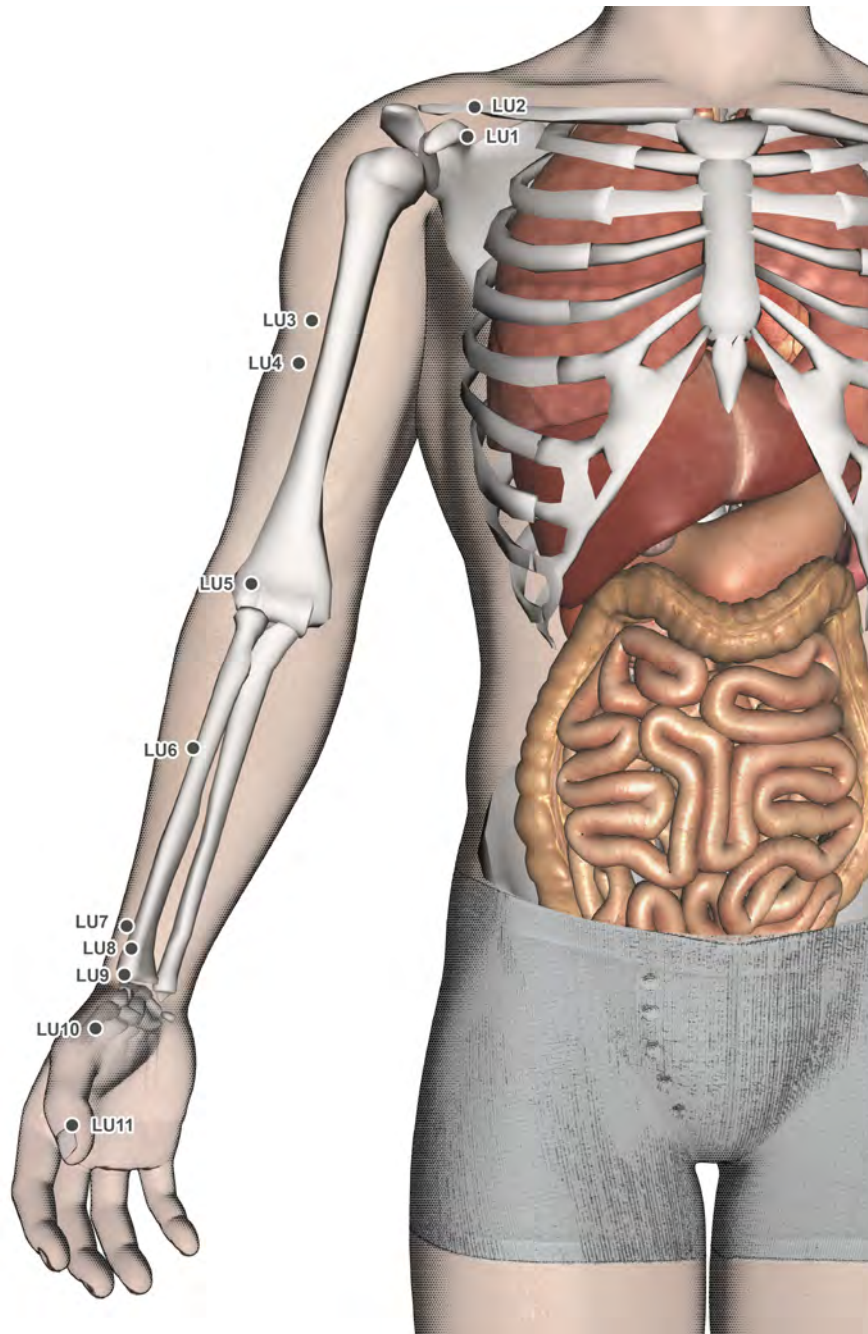
interior of the umbrella showers nutritive qi to the rest of the body. The lungs bring primordial qi to the body, including the distribution of air (oxygen) and nutritive qi from the spleen. The air is a type of prenatal qi that the lungs distribute to the body with the spleen's nutritive qi that is postnatal qi. The lungs combine the air and spleen qi and distribute the nourishment to the body.

The lungs act like the lid of a teapot and the teapot is the body. The lid is the valve for the pressure in the body. The lid regulates the body gate to let it open or close at the right time. The lid provides force to open and close the pores and regulate breathing, the speed of the heartbeat, the up and down motion of the stomach and intestines. The lid also helps to control the kidney and urination bladder to restrain leakage but also to prevent edema or the inability to urinate. The power of the lungs helps the kidneys and urination bladder contract and expand to allow for urination.

Thinking about teapot, if there is asthma, the lid is leaking so the lung qi is not strong enough to control the body. The lung qi is not enough to maintain the pressure inside the body. For example, a male patient of twenty-five years of age had both asthma and premature ejaculation. From a five element perspective, the metal cannot support the water. The premature ejaculation is not due to kidney deficiency; the patient is young and relatively healthy. The lung metal does not have enough pressure to control the kidney water. After treating the patient for lung deficiency, the premature ejaculation improved.

The lid/valve does not have enough pressure in asthma patients and there is shortness of breath, which may force the heartbeat to go faster. In the case of edema, the pressure power of the lungs cannot support the kidneys to maintain a water balance in the body and there can be asthma, emphysema, or other breathing issues. The yang pressure power of the lung valve helps the skin to remain tight and not loose. This helps to regulate the opening and closing of pores and prevents exterior illness from invading.

The lungs are the metal tiger, which yells loudly. This means that healthy lungs have the yang to protect the body from exterior illness and provide pressure within the body. The tiger is also compassionate. This yin characteristic of the lungs supports nutritive yin throughout the body.



Primary Channel

The lung hand-taiyin channel begins in the area of the stomach or middle jiao (burner) and passes downward then connecting with the large intestine. The course of the channel returns upwards and crosses the diaphragm and enters the lungs. Next, the primary channel emerges transversely from an area between the lungs and the throat and descends along the anterior aspect of the upper arm. After reaching the elbow, the channel continues along the anterior aspect of the forearm to the anterior margin of the styloid process of the wrist. Next, the channel crosses the radial artery at the pulse and extends over the thenar eminence to the radial side of the tip of the thumb. In addition, a branch splits from the main channel above the styloid process of the wrist and travels directly to the radial side of the tip of the thumb.

The primary channel connects with the large intestine, crosses the diaphragm and joins with the stomach, kidneys, and other internal organs.

Luo-Connecting Channel

This luo-connecting channel separates from the primary channel at LU7 and travels to LI4 (Hegu). Another branch of the luo-connecting channel follows the lung channel into the palm of the hand, where it spreads throughout the thenar eminence.

Divergent Channel

The divergent channel diverges from the main channel at the axilla and travels to the pericardium channel and chest. Next, the divergent channel connects with the lungs and then disperses in the large intestine. A branch travels upwards from the lungs and emerges at the clavicle. Next, this branch ascends across the throat and converges with the large intestine channel.

Lung Organ Symptoms

Coughing, asthma, shortness of breath, dry throat, fullness of the chest, urine color changes, irritability, blood in the sputum (hemoptysis), heat in the palms

External Channel Symptoms

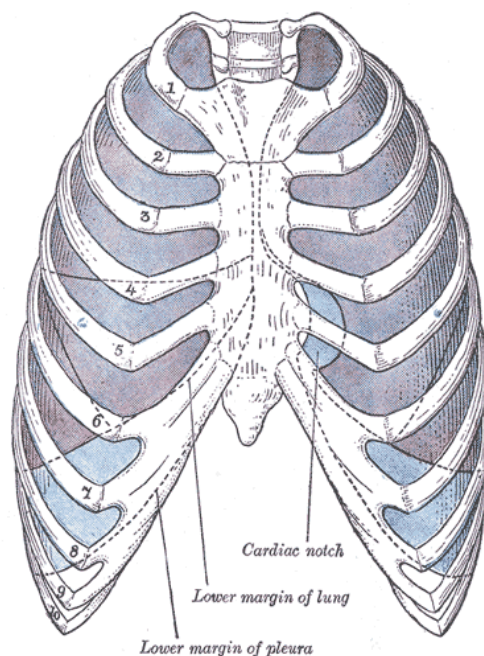
Fever, chills, sensitivity to cold, nasal congestion, headaches, and pain along the channel areas: chest, clavicle, shoulder, back, arm.

Crossing Point

The spleen channel connects to acupoint LU1.

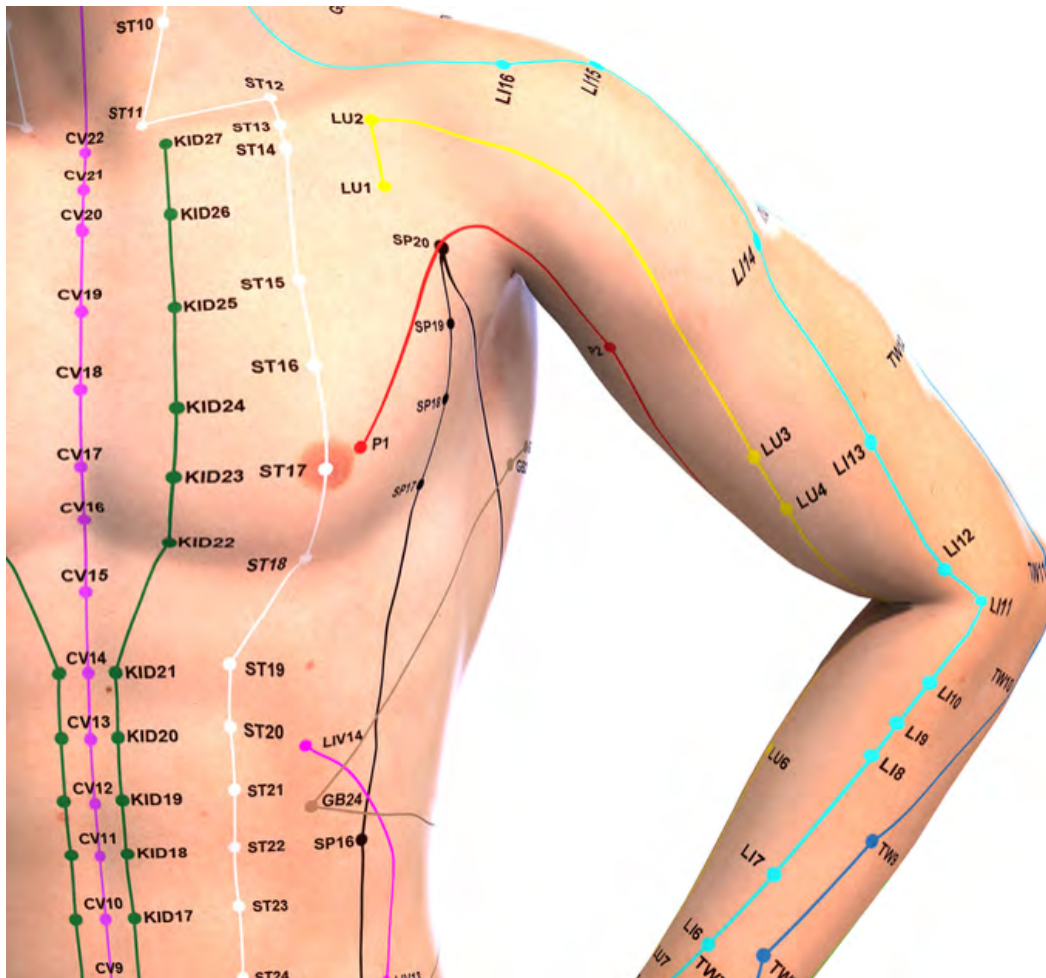
Point Combination Examples

In the following review of acupoints, point combinations for clinical application are recommended. For the purposes of this course, primarily different combinations of lung channel points are used as examples to illustrate different qualities of lung channel points.



LU1 (Zhongfu, Central Mansion) 中府

LU1 is lateral and superior to the sternum at the lateral side of the first intercostal space, 6 cun lateral to the Conception Vessel (Ren Mai). LU1 is needed 0.5 to 0.8 inches obliquely and laterally. Avoid the lungs by avoiding a medial or deep insertion to prevent pneumothorax.



Zhongfu is translated as central mansion. It is the front mu point of the lungs and is the meeting point of the lung and spleen channels. Primary uses are for the treatment of coughing, asthma, and respiratory conditions.

LU1 is the Emergence

Zhongfu is the central mansion and is located over the lungs and the upper portion of the body, above all the major zang-fu organs. The lung channel is where the flow of qi through the channels starts, the lung time of day is 3–5 am, it is the beginning of a new day. LU1 is the first point on the lung channel. This point is the first major acupoint where the qi emerges from a channel. This is akin to the emergence of the sun from the horizon in the early morning and the beginning of the universe from nothing. This is the emergence of yin to yang, from dark to light, and is akin to a newborn human from prenatal to postnatal form. As the sunshine rises up (the qi emerging at the point), it illuminates the surface of the wei (protective) qi and the internal organs.

As a point emerging from prenatal qi, its energy has a restorative function to reverse adverse affects associated with aging. Examples for use of the power of this aspect of LU1 include the treatment of loose and flacid skin with wrinkles (crepey skin), weakness of the lungs, seminal emission due to deficiency, and weakness in the regulation of the opening and closing of the pores to prevent the invasion of external evils that lead to the common cold or flu.

This is why LU1 pairs well with LU9 (Taiyuan, Great Abyss). The great abyss means that LU9 has a deep reserve of lung qi and essence. It is also because LU9 is a source point. As a result, this combination of acupoints infuses prenatal qi and essence into the postnatal form. Its restorative function reverses pathological effects due to aging.

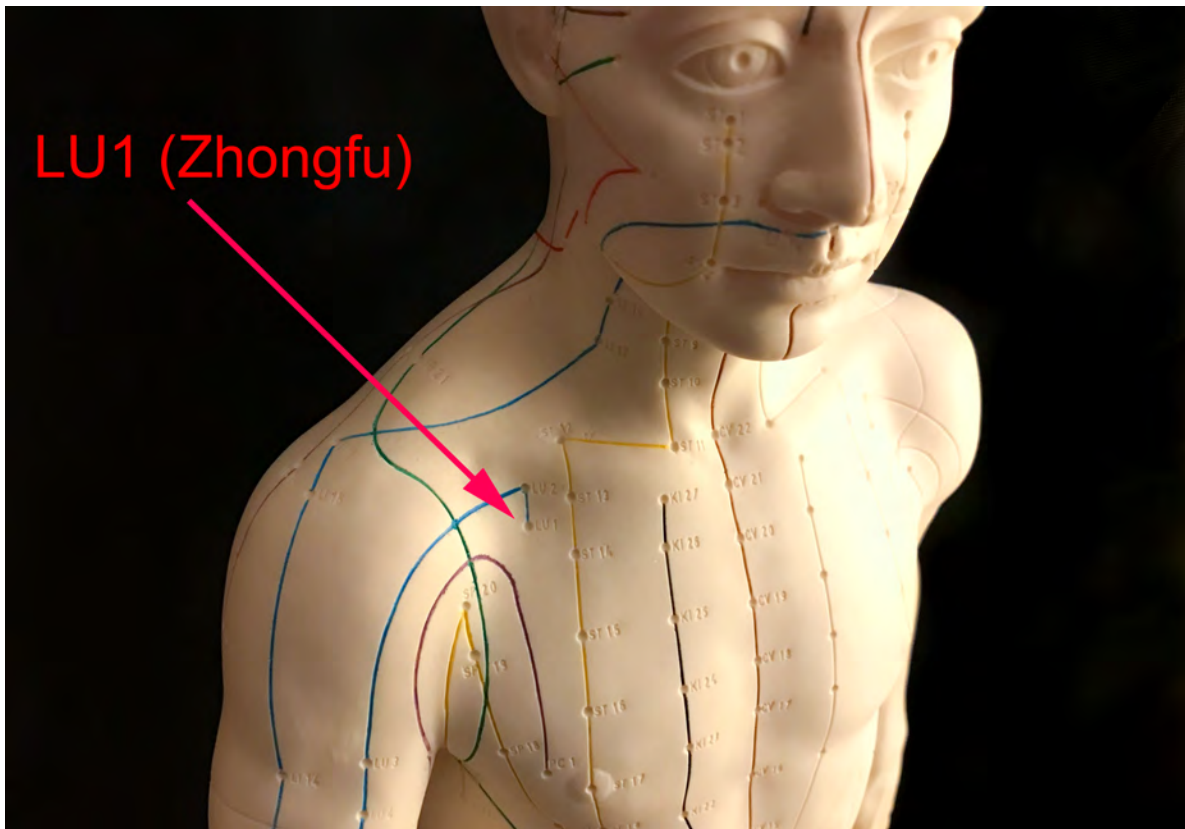
This includes the treatment of seminal emission. This combination prevents the kidney power from leaking. The lung teapot pressure is regulated and the lid of the teapot is controlled with this combination to preserve and restore power to the lungs. This applies to other treatments including wei qi deficiency, crepey skin, and asthma. LU1 increases the prenatal qi power and LU9 is the source point of the lung channel; the combination improves metal and water communication and

therefore is effective for the treatment of asthma by treating both the lung metal and kidney water.

LU1 for Excess Conditions

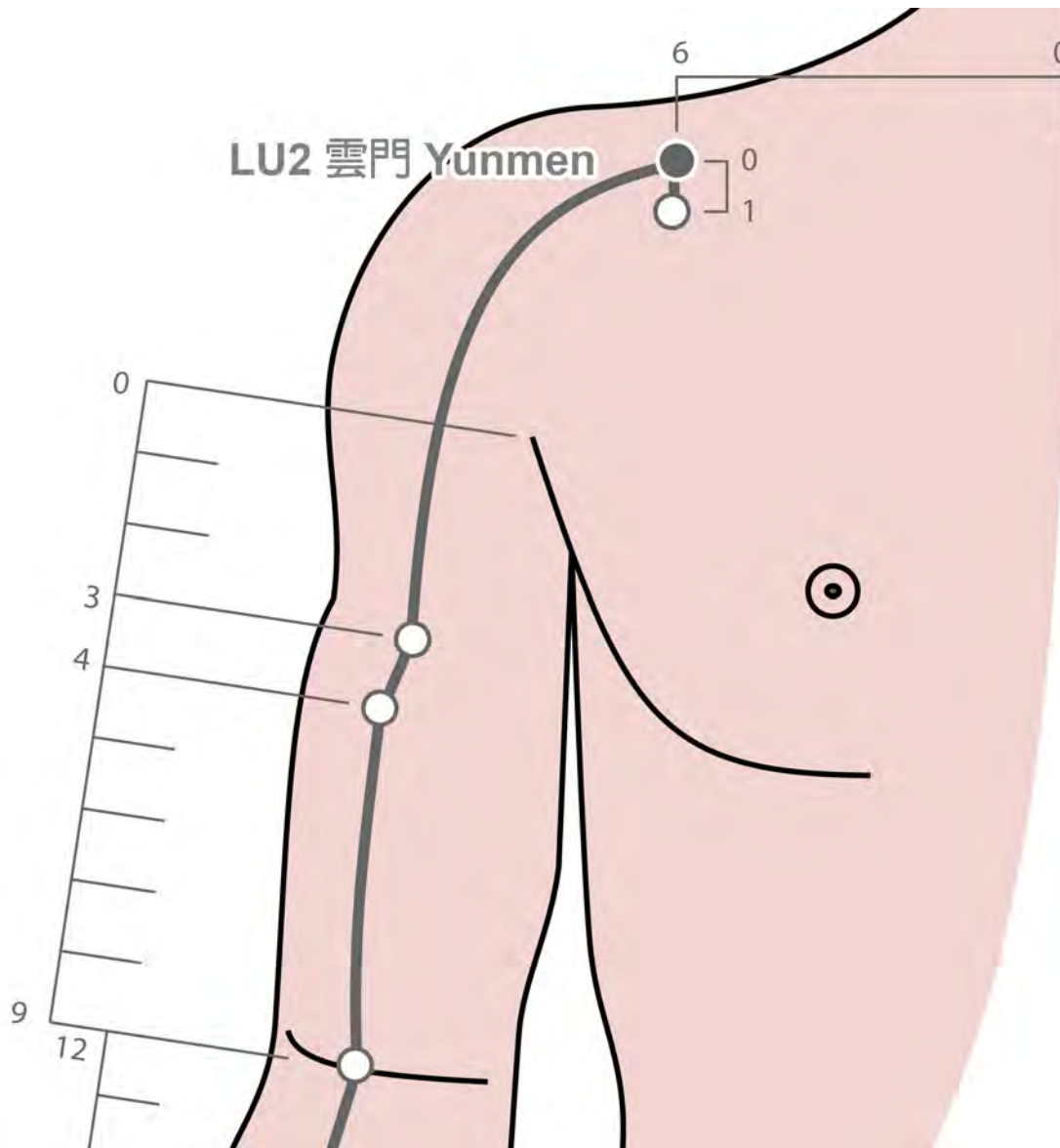
LU1 pairs well with LU5 (Chize, Cubit Marsh) and ST40 (Abundant Bulge). Specifically, these points work well with LU1 to treat dampness. LU5 helps treat the stagnation in the marsh, where dampness can accumulate. LU1 provides the energy to move qi through the stagnation in the marsh to clear the dampness. This clears the phlegm from the lungs. The same applies to ST40, a major point for the treatment of phlegm and dampness.

Note: For the purposes of this course, primarily different combinations of lung channel points are used for the examples to illustrate different qualities of lung channel points.



LU2 (Yunmen, Cloud Gate) 云门

LU2 is in the depression below the acromial extremity of the clavicle, 6 cun lateral to the Ren Meridian. This point is needed 0.5 to 0.8 inches laterally. Deep needling and medial needling is contraindicated and may cause pneumothorax.



LU2 is the cloud gate and is physically located above LU1. The qi rises like the morning sun from the central mansion (LU1) and illuminates the clouds above at LU2.

The heat of the sunshine brings the moisture to the sky and forms clouds. The idea is that the light of prenatal qi creates substance in the form of moisture in the clouds. Like the conceptualization of the umbrella for the lungs, the moisture can now descend to nourish the body.

Deficiency

Examples of this nourishment include the treatment of malnutrition. LU2 helps nourish the body when combined with LU3 (Sky Mansion) to restore substance and energy back towards prenatal vitality. LU3 is the next point on the channel and is located below on the upper arm. This is the misty energy of LU2 turning into substance at LU3. Needling both points prevents the misty nourishment from leaking and dispersing.

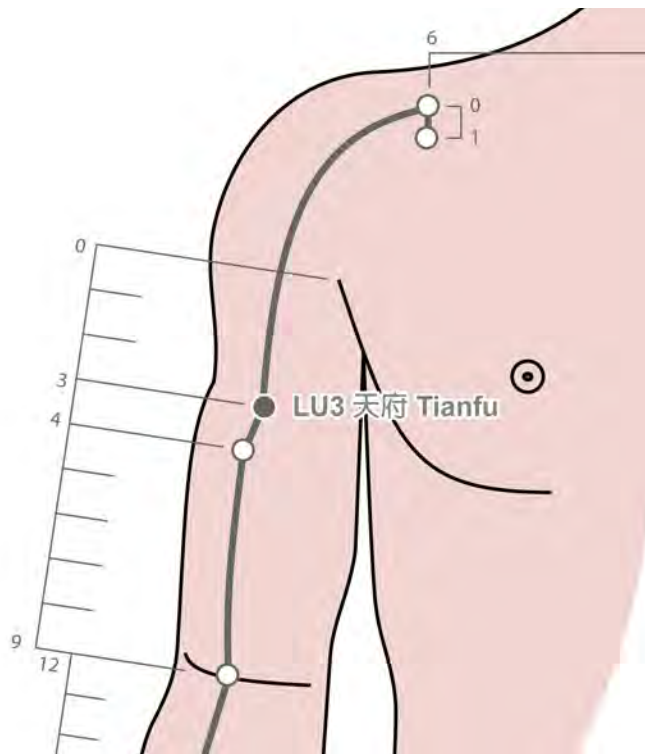
Excess

LU2 is helpful in the treatment of excess with LU7 (Lieque, Lightning Diversion) and LU5 (Chize, Cubit Marsh) to release the wind and stagnation. The energy of LU7's lightning diversion moves energy from one place to another. LU7 lightning expels the wind and allergies. LU5 moves the stagnation from the marsh of sticky phlegm.

Adding the moistening property of LU2 to the combination expels the wind and stagnation. The misty energy of LU2 moistens the lungs, throat, and the dryness. Think of a treatment room with a vaporizer to moisten the air. LU2 provides this type of moisture. When combined with LU5, it can moisten the lungs to loosen the stuck phlegm. LU5 dissolves the phlegm and LU2 moistens the lungs. LU7 helps provide lightning energy to provide movement from one place to another. This helps to expel wind, while LU2 moistens the dryness and loosens the stuck phlegm.

LU3 (Tianfu, Sky Mansion) 天府

On the medial aspect of the upper arm, 3 cun below the end of axillary fold, on the radial side of medial biceps brachii.

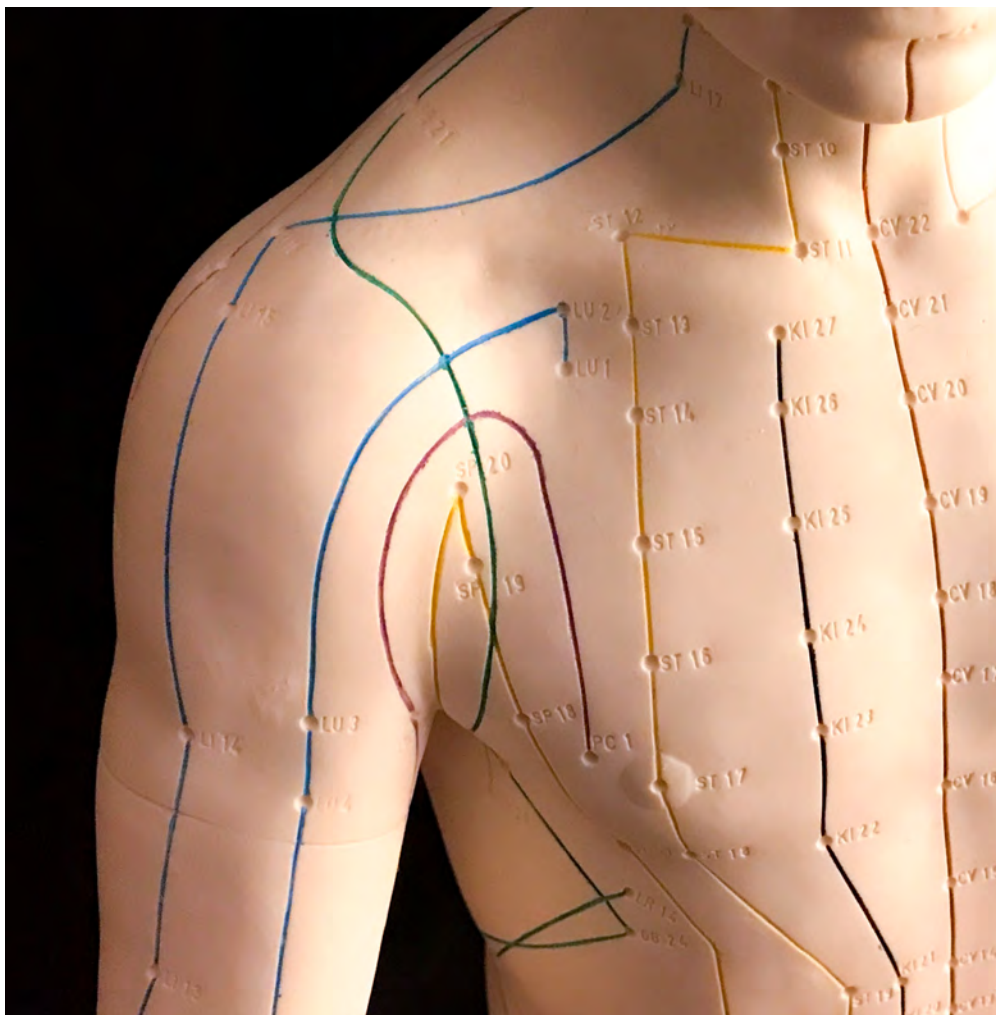


Tianfu is the sky mansion. The mansion is the body. It is a window of sky point. One is looking from the window below at the heavens above. The mist descends from the sky above to the window of the mansion/ house below. The moistening nourishment descends from the sky to the body.

The mist from the clouds at LU2 condenses into fluid onto the window of LU3. The mist from the cloud gate at LU2 descends to the upper arm. It condenses into fluid to let the body absorb yin essence more easily. This is similar to steam turning into liquid. LU1 has light, LU2 has the mist of the clouds, and LU3 is the condensation of the mist into fluid.

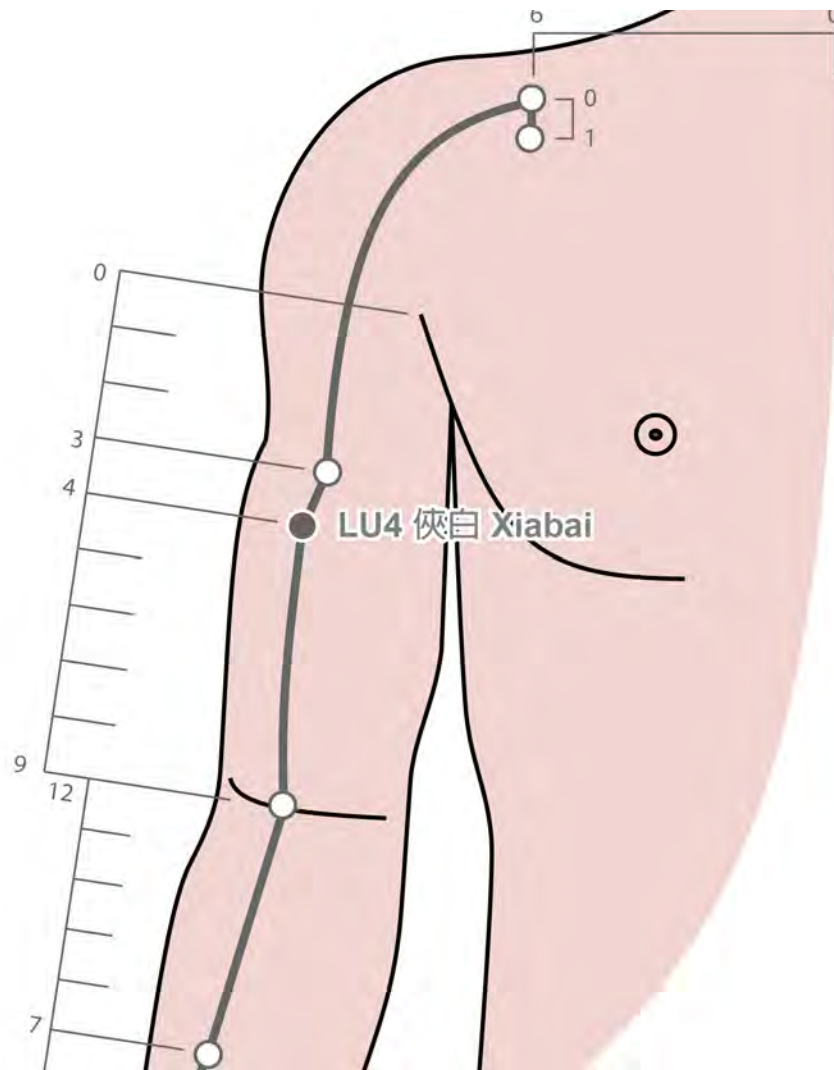
This is why LU3 is a good choice for the treatment of a dry cough or throat. Combine LU9 and LU2 to generate yin to reduce dryness. This is useful with dryness leading to dry cough, coughing blood, and epistaxis (nosebleed).

Combine LU3 with LU4 and LU5 for the treatment of upper arm pain due to wind-damp bi (joint) pain. LU4 has the power of the white tiger and LU5 releases the damp stagnation. Together, these points move the qi, release the stagnation, and nourish the upper arm.



LU4 (Xiabai, White Valley) 俠白

On the medial aspect of the upper arm, 1 cun below LU3, on the radial side of medial biceps brachii.

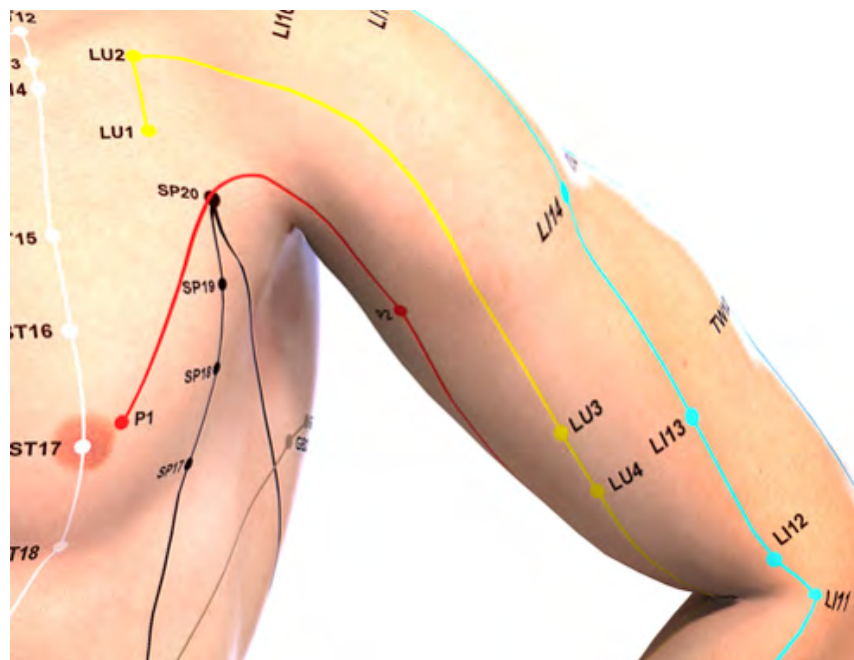


Xiabai is the white valley. The white represents the lung-metal element color of white and the location on the upper arm where the sun does not shine, it remains white. The valley is the narrow area where the point is located. The valley is between two hills/mountains (muscles) and the qi flows deeply into this narrow area.

The sky mansion lung fluid from LU3 flows into the white valley of LU4. It condenses the fluid from LU3 into a strong flowing stream. The lung qi flows powerfully through this narrow area and therefore this point helps in the treatment of conditions where there is stagnation in the lungs.

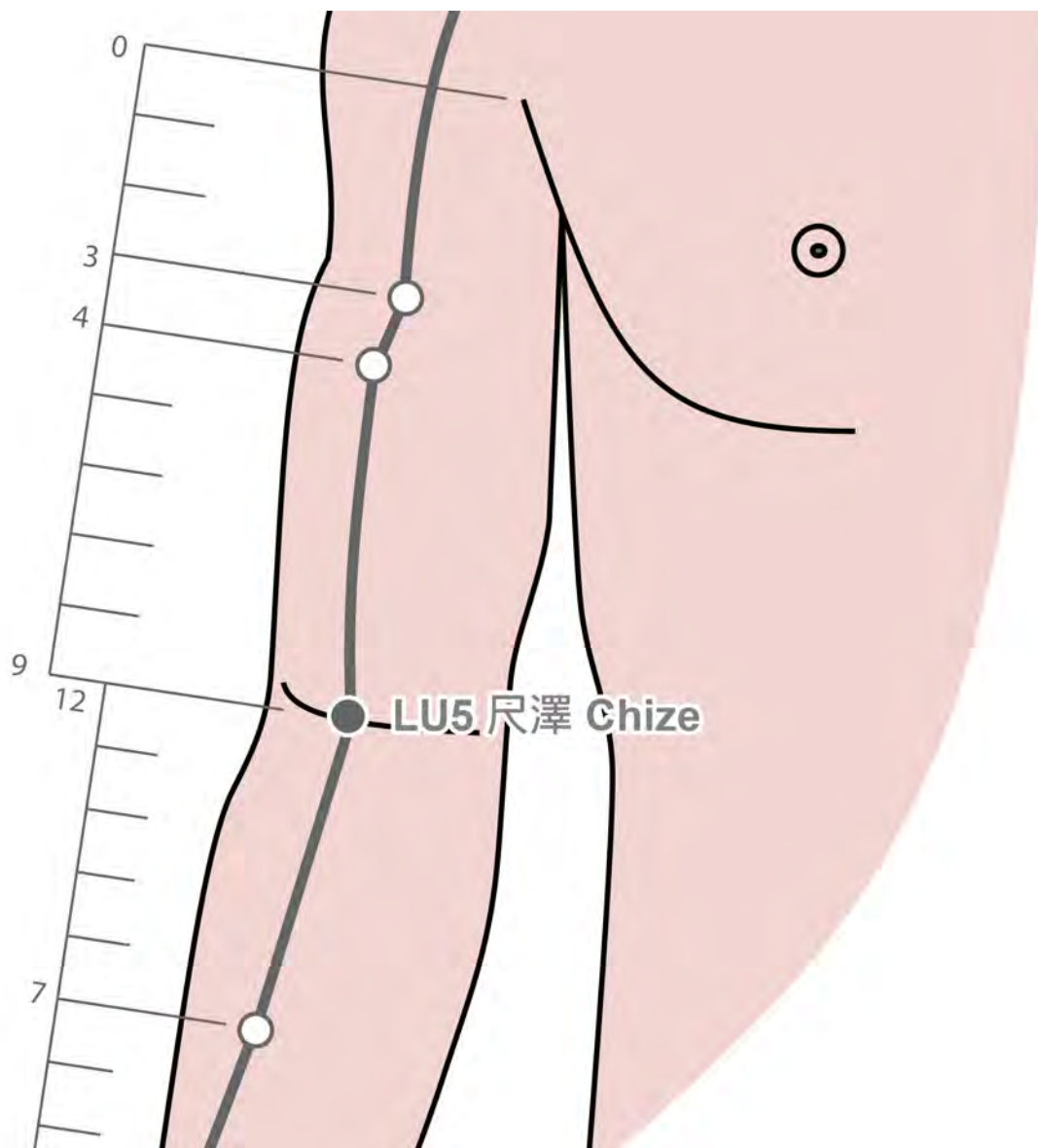
This point is narrow and the powerful force of the lungs must move through this area, which is why this point treats claustrophobia and deep emotional disturbances, especially when combined with LU6 (Kongzui, Gathering Orifice) to release the deep emotions. This point opens the qi through the area. For example, emotional issues preventing someone from talking are treated with LU4. It is combined with LU6 because it specializes in releasing emotions.

The strong white tiger personality of LU4 releases the emotions and if there is a physical problem with the lungs, the strong personality of the white tiger opens the lungs to release stagnation. This point opens the lung qi and treats asthma, coughing, and emphysema. If there is phlegm stagnation, add LU5 to clear the sticky phlegm and resolve coughing.



LU5 (Chize, Cubit's Marsh) 尺泽

On the cubital crease (elbow crease), on the radial side of the tendon of medial biceps brachii. This point is located with the elbow slightly bent. This point treats heat and phlegm. It is a he sea, water, and son point. It drains lung heat and suppresses rebellious qi. Traditional indications include coughing, asthma, hemoptysis, sore throat, and elbow & arm pain.



This point harmonizes the upper and lower and treats stagnation and phlegm. In addition, LU5 treats any stagnation symptoms, including emotional issues that cause lung problems.

LU5 treats stagnation at the elbow marsh, which is physically located in the corner at the elbow. It is the junction of the lower and upper arm and helps the qi communicate between these areas from down to up and from up to down, from yin to yang and from yang to yin. It helps the qi to communicate from one area to another and moves stagnation through the marsh at this area. If the marsh is stagnant there is phlegm, this point moves the qi through this area to remove stagnation.

The LU5 characteristic is to treat the whole body. It treats the stagnation of the body as if it were a stagnant marsh. The point moves qi from the upper to the lower portion of the body and vice versa; LU5 moves the qi of the entire body. LU5 helps the upper lung qi to communicate with the lower kidney qi. The upper and lower communication aspect of the location of this point helps treat any phlegm or stagnation, anywhere on the body, but especially on the lungs.

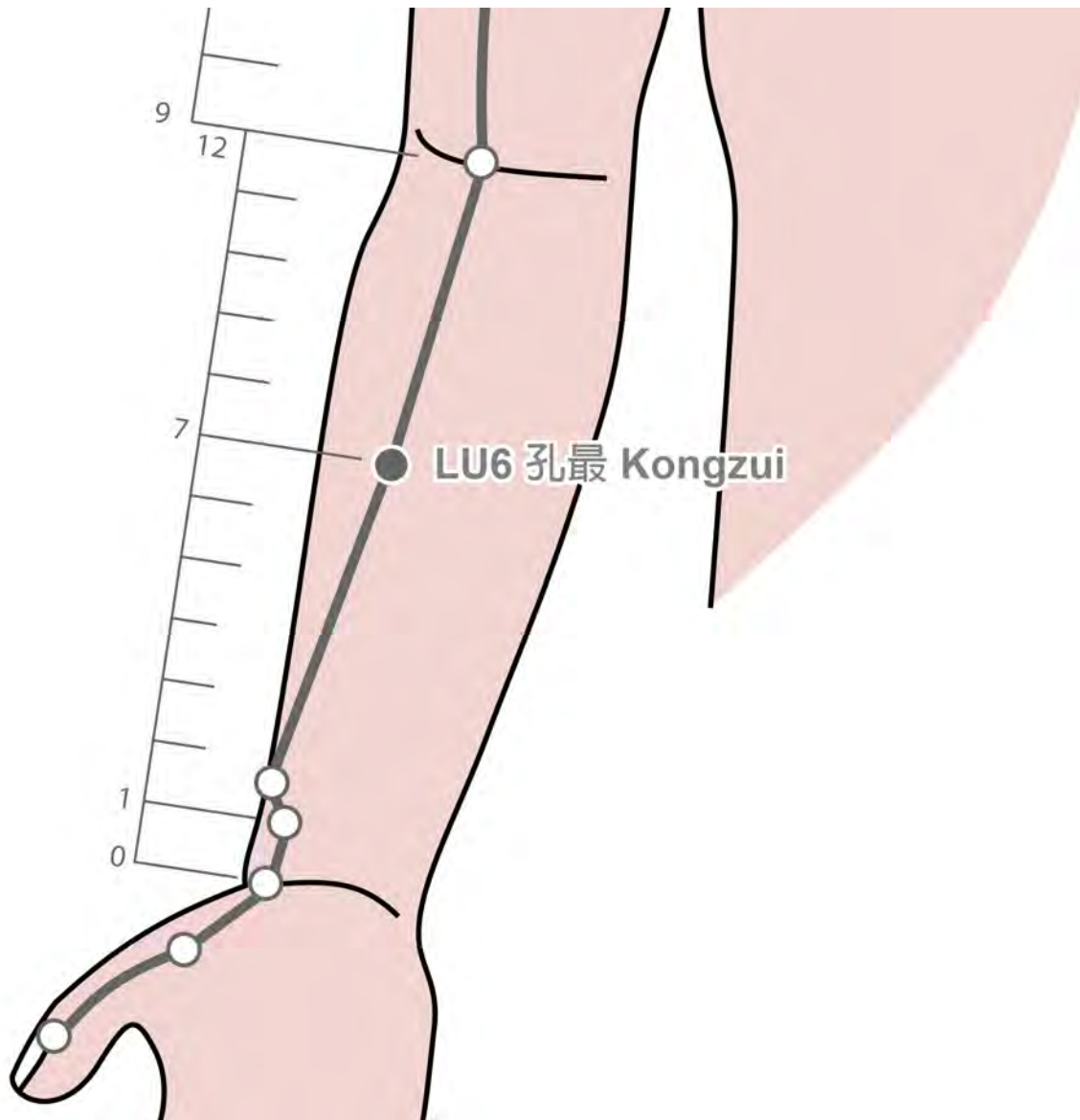
Combine LU5 with LU9 and LU2 for the treatment of sticky coughs, itching of the throat, and stagnant phlegm. This combination lubricates the dryness and stimulates lung qi.

Combine LU5 with LU7 to awaken and lift the shen. The lighting of LU7 stimulates the shen of the mind. Combine LU5 with LU6 to release deep emotions.

For metal and water communication disorders resulting in coughing, improve lung and kidney communication by combining LU5 with LU9 and LU1. This harmonizes the upper and lower, assists in lubrication of lung yin, and supports prenatal qi.

LU6 (Kongzui, Greatest Orifice) 孔最

On the palmar aspect of the forearm, on the line joining LU9 and LU5, 7 cun above the transverse crease of the wrist. LU6 is a xi cleft (accumulating) point. LU6 regulates suppresses rebellious lung qi, cools the heat, and stops hemoptysis.



Kongzui is the greatest orifice. The lung qi flows to this xi cleft point. When the lung qi is stagnating like a marsh, this acupoints opens the nasal orifice area to treat stagnation in the bronchi, asthma, and emotions affecting breathing.

The orifices in Chinese medicine include the eyes, nose, mouth, ears, heart orifice (e.g., mind, emotions), tongue, skin, external genitals, and anus. LU6 opens the orifices, especially the nasal orifice, and specializes in the treatment of nose and breathing disorders due to emotional disturbances. LU6 also specializes in dispelling wind-phlegm affecting the nasal orifice.

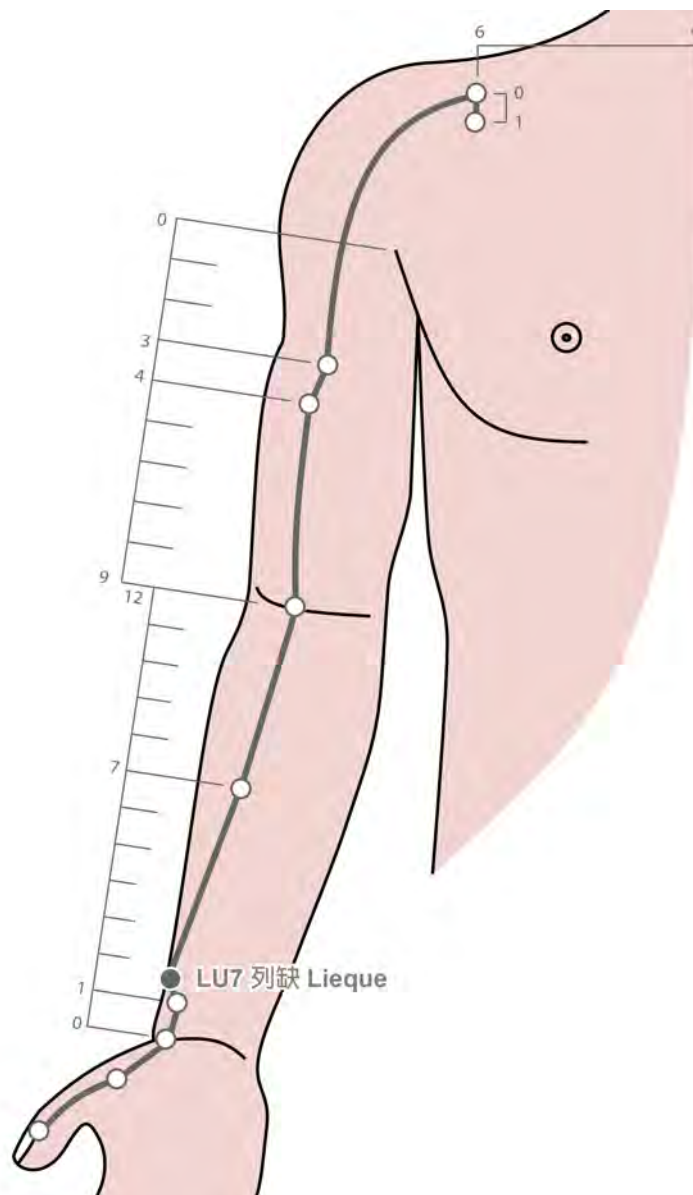
To highlight this point's ability to release emotions and benefit the body, let's take a look at a clinical example. A female (age 45) was emotionally distraught after the loss of her husband. The emotional state triggered the onset of asthma. She needed to release the emotions to benefit the lungs. In this case, LU6 opens the lungs and the heart orifice because LU6 has the general function opening the orifices. The depressed heart fire does not assist in opening the lung qi and LU6 helps to treat this condition.

LU6 opens the orifices when the lungs are involved. To assist in opening the orifices, LU6 combines well with LU5 and LU7. LU5 treats the stagnation, like a marsh. LU7 has the lightning diversion energy to transfer the power to the area that is needed. LU7 helps to wake up the orifices and stimulate the shen (spirit) with its lightning power. LU5 clears the muddy mind.

LU6 treats wind-phlegm pathogens stagnating in the nasal orifice causing asthma and coughing. LU6 combines well with LU5 to assist in moving the stagnation from the nasal orifice. LU5 helps to reduce the stagnation of the wind and phlegm.

LU7 (Lieque, Lightning Diversion) 列缺

The literal translation of lie (列) is sequence, line up, row, or series. The literal translation of que (缺) is incomplete, broken, imperfect, or lacking. Together, this means lightning diversion. The lightning is the line that breaks the sky, it is a crack through the sky. Another way of saying lightning is broken sky.



Lightning diversion is an ancient Chinese cultural understanding of the combination of these two characters: 列缺. In some ancient texts, these characters are translated as lightning, but diversion is not included in the meaning. The diversion of lightning refers to LU7's ability to connect the lung channel to the large intestine channel (it is a luo-connecting point). This also refers to LU7's ability to connect to KD6 as a confluent point. One final ancient meaning of Lieque is that when needling this point, there is an electric shooting sensation that is evoked.

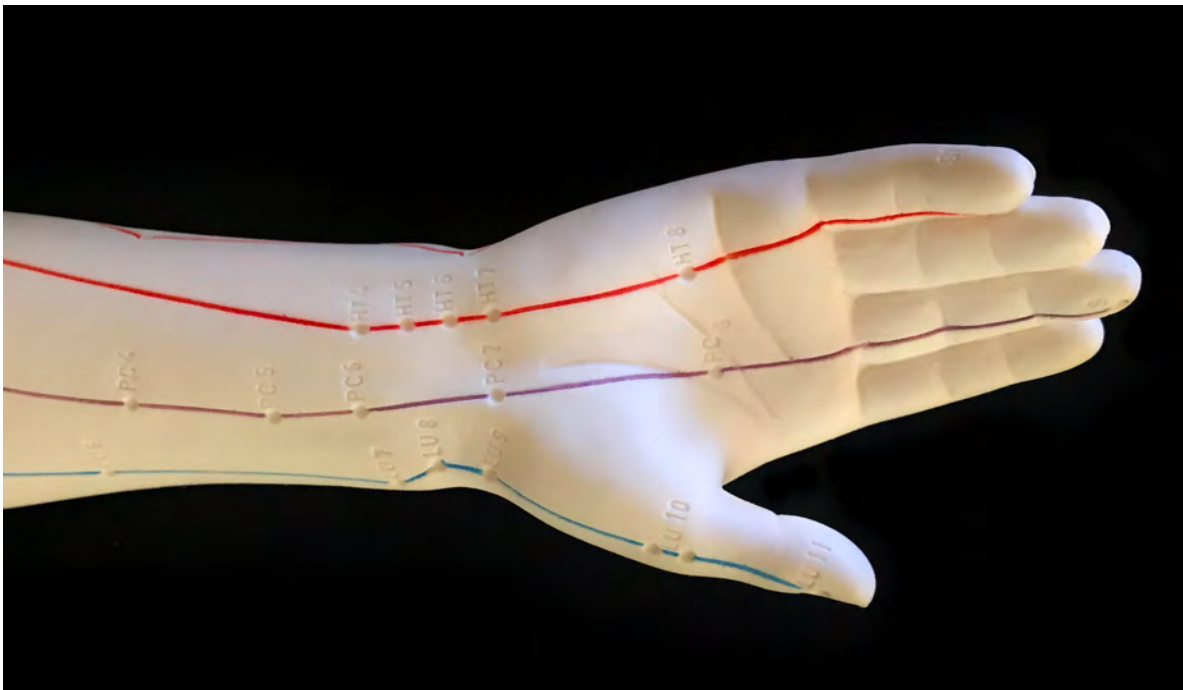
LU7 is superior to the styloid process of the radius, 1.5 cun above the transverse crease of the wrist. When the index fingers and thumbs of both hands are crossed with the index finger of one hand placed on the styloid process of the radius of the other, this point is in the depression right under the tip of the index finger.

LU7 is a luo-connecting point, a confluent point of the Conception Vessel, an exit point, and a command point of the head and neck. LU7 opens the lungs, disperses wind, and also clears and regulates the Conception Vessel (Ren Mai). Traditional indications include headaches, stiff neck, coughing, asthma, sore throat, swelling of the pharynx, facial paralysis and mouth awry, and wrist disorders.

This acupoint has three major characteristics. The first is that it has the power of the tiger and lightning. The tiger is associated with metal and the lungs, along with the tiger's strong and powerful character. This underscores the powerful ability of this point to release deep stagnation with a lightning sensation and the power of a tiger roaring. These characteristics affect the lungs and help LU7 to assist in smoking cessation and relaxing spasms of the bronchi.

The second major characteristic is that LU7 is a luo-connecting point to the large intestine. It regulates the contracting and expanding of the large intestine to regulate bowel movements.

The third major characteristic of LU7 is that it pairs with KD6. The lighting power of LU7 lights up KD6, which is translated as shining ocean. The shine in the ocean is from the lightning. LU7 is the Conception Vessel confluent point and KD6 is the Yinqiao Vessel confluent point. Together, they promote communication between lung metal and kidney water. In the clinic, this benefits patients that have a lack of kidney water to nourish the lungs that manifests in a dry cough. This pairing also assists the metal tiger power to assist the kidneys for the treatment of edema or frequency of urination.



LU8 (Jingqu, Through Canal) 经渠

LU8 is 1 cun above the transverse crease of the wrist in the depression on the lateral side of the radial artery. It is a jing-river and metal point. Traditional indications include coughing, bronchitis, asthma, and chest pain.

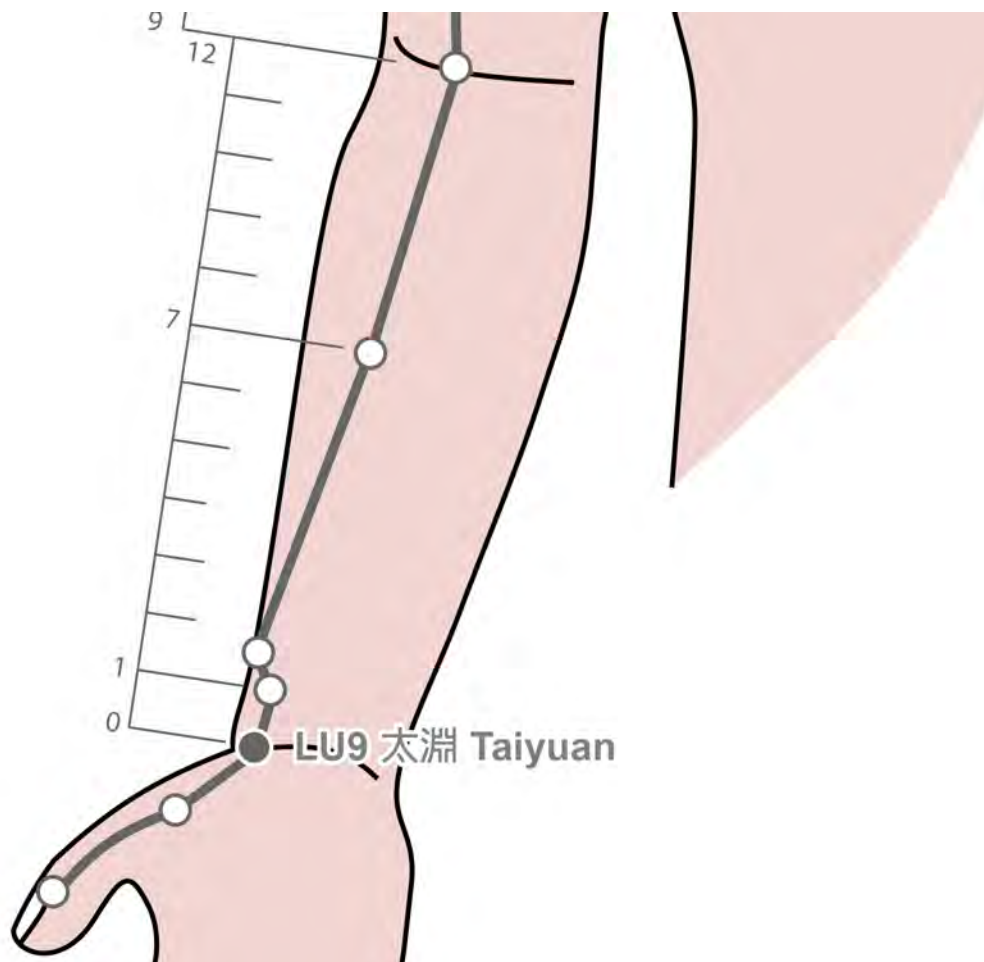


The strong power of lung qi transforms into substance in this canal. It mixes metal yang power with yin essence. This is why this point treats weakness of lung qi with presentations including emphysema. The lightning yang power of LU7 passes through the canal of LU8. The canal implies the idea of fluid, which in this case, is yin essence. This is because the transition from LU7 to LU9 is from the lightning yang of LU7 to the essence nourishment in LU9. LU8 is the transition between these points.

LU8 combines well with LU5 for the treatment of lung qi deficiency emphysema patients. LU8 emphasizes increasing the metal lung qi and LU5 emphasizes moving the stagnation of dampness in the marsh.

LU9 (Taiyuan, Great Abyss) 太淵

LU9 is at the radial end of the transverse crease of the wrist, in the depression on the lateral side of the radial artery. It is a shu-stream, earth, mother, and yuan-source point. It is also an influential point of the blood vessels (Hui-meeting point of the vessels). LU9 eliminates wind, transforms phlegm, regulates the lungs, and stops coughing. Traditional indications include coughing, bronchitis, asthma, hemoptysis, and wrist & chest pain.

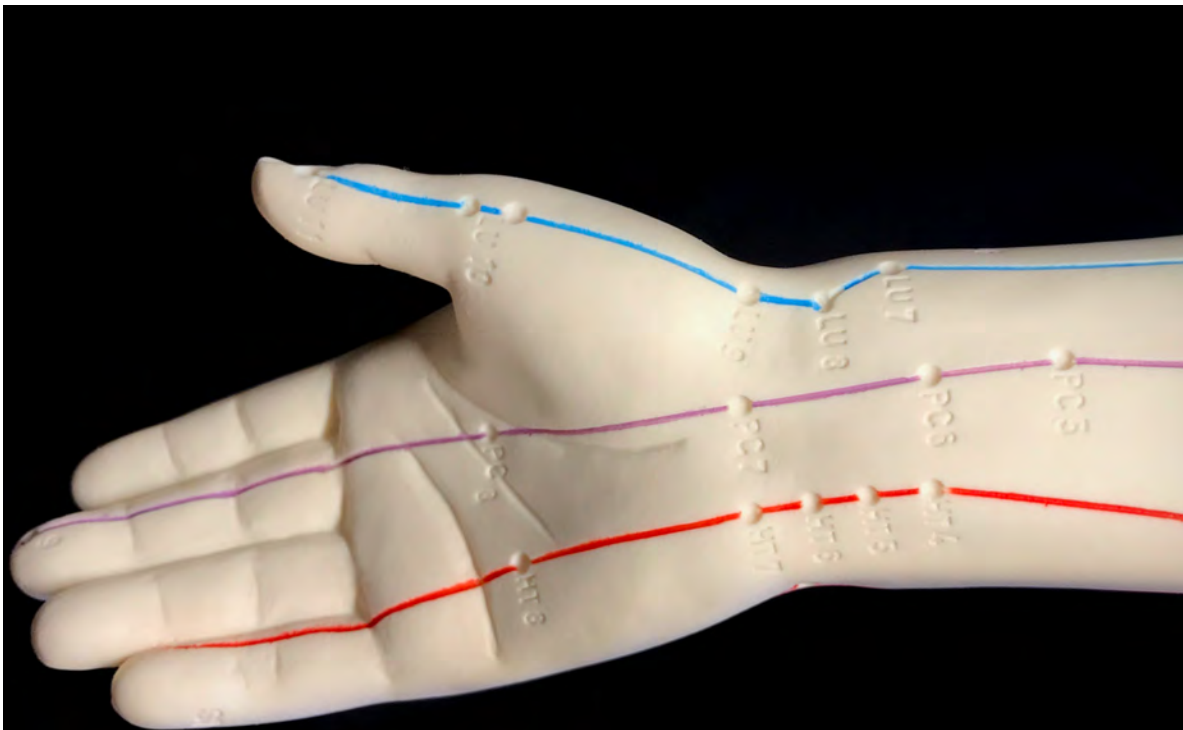


The LU9 great abyss is a deep pool of lung qi power and essence. Here, the lung qi power transforms into an abundance of essence in this pool. As a result, LU9 helps to treat dryness and supports patients with

yin and blood deficiency. LU9 helps the lung qi to regenerate the blood and yin. It moves the energy so that blood, fluid, and essence can regenerate.

For example, tuberculosis patients have a dry cough, coughing of blood, and stagnation of phlegm in the lungs. LU9 helps to regenerate yin and lubricate the lungs while also restoring qi. For these patients, combine LU9 with LU1 to waken the source qi.

Another example is how LU9 helps patients with anemia. LU9 regulates the lung source energy. Lungs circulate nutrition to the body, like the inside of the umbrella showering nutrients to the body. The lungs help support the substance of the blood. LU9 treats blood deficiency by strengthening lung qi, which helps in the distribution of nutrients. It provides substance by supporting qi.



LU10 (Yuji, Fish Belly) 鱼际

Yu means fish and ji means border. Together, the combination of the characters emphasizes the meaning of fish belly, because the area of LU10 looks like a fish belly.



LU10 is on the radial aspect of the midpoint of the first metacarpal bone, on the junction of the red and white skin (i.e., the junction of the dorsum and palm of the hand). It is a ying-spring and fire point. LU10 cools the lung heat and benefits the throat. Traditional indications include coughing, hemoptysis, sore throat, larynopharyngitis, loss of voice, and fever.

Here are two major characteristics of LU10. The first is that this point is the second to last point on the lung channel. This is a crescendo of power before the end of the channel. The second is the location of LU10 at a high peak on the fish belly area, giving it power as it rises up to the high peak. Both characteristics indicate that LU10 is appropriate for the treatment of acute syndromes and excess.

For example, LU10 combined with LU7 and LU11 is effective for the treatment of excess coughing, coughing of blood, fever with dry throat, and anxiety. LU7 wakens the lung qi and LU11 has a fast effective action for releasing excess syndromes.

LU11 (Shaoshang, Little Shang) 少商

LU11 is on the radial side of the thumb, about 0.1 cun posterior to the corner of the nail. It is a jing-well, wood, and ghost point. LU11 cools the lungs, benefits the pharynx, and revives the patient after fainting. Traditional indications include parotitis, sore and swollen throat, tonsillitis, loss of consciousness, and apoplectic delirium.



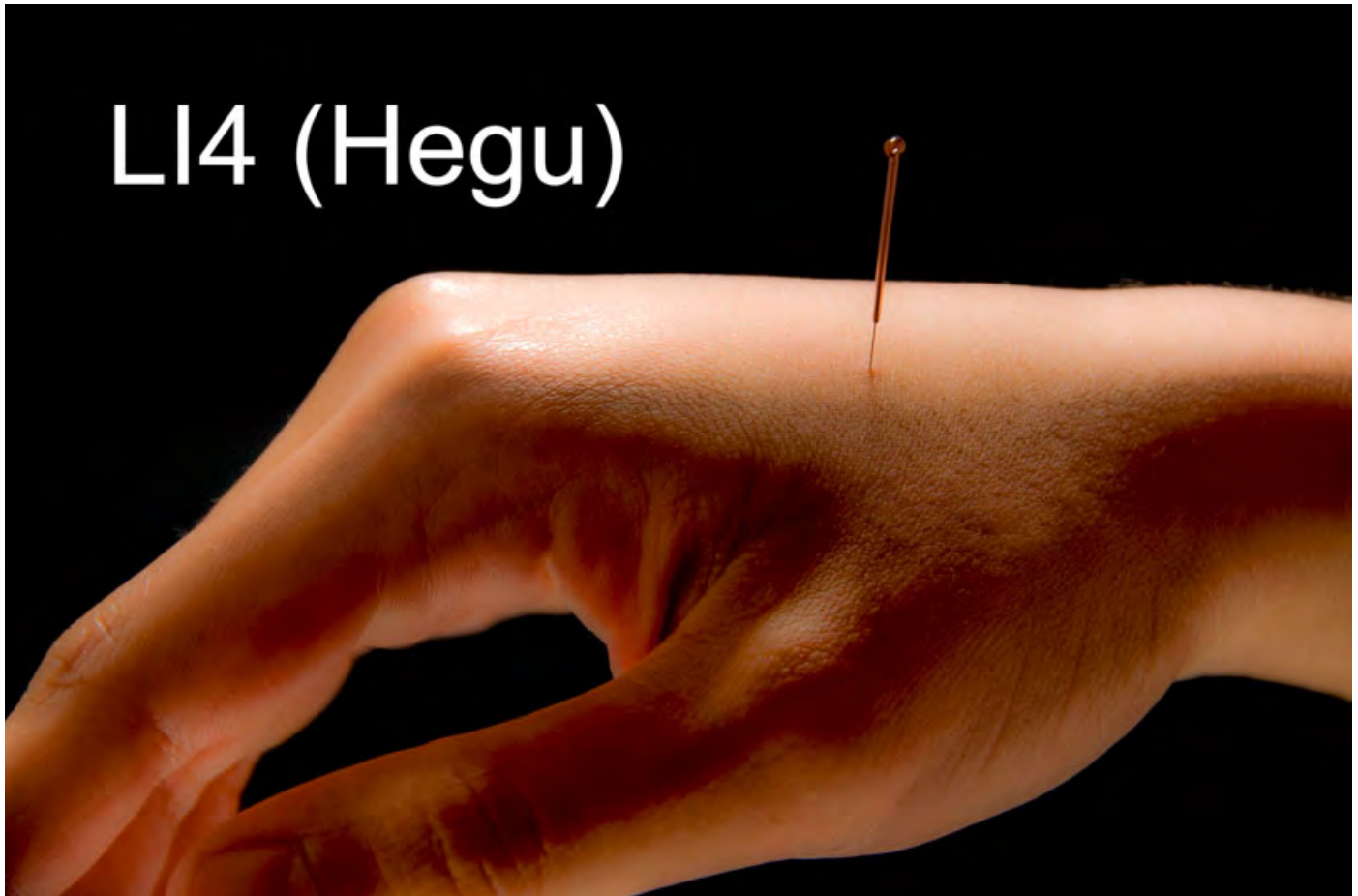
Shang is the sound of lung-metal in the five element system. Shao refers to little, in the sense of a child or teenager with a lot of power and speed. This point has a strong lung character to quickly reduce acute syndromes. As a result, this point quickly treats acute disorders with fever, sore throat, and mania—especially when combined with LU7's lightning qi power or LU5's ability to release damp stagnation from the marsh. This point is also used for the treatment of acute stroke causing loss of consciousness, hemorrhaging, or blood clots.

Research

The following section presents research prepared or translated by the staff at the HealthCMi news desk. This is presented to familiarize us with modern research and how Lung Channel acupoints are used in combinations with other points. The following are the titles presented in the research section:

- **Acupuncture Results For COVID-19 (coronavirus) Treatment**
- **Acupuncture Fights Influenza, Decreases Mortality Rate**
- **Acupuncture Found Effective For Bronchitis Relief**
- **Acupuncture Relieves Asthma Attacks**
- **Acupuncture And Herbs COVID-19 (Coronavirus) Findings**
- **Acupuncture Prevents Radiation Induced Dry Mouth**
- **Acupuncture For Diabetes Confirmed**
- **Acupuncture Beats Antihistamines For Allergic Rhinitis**

Acupuncture Results For COVID-19 (coronavirus) Treatment



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 (± 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 (± 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 (± 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 (Lieque)
- 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 Lieque, 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.

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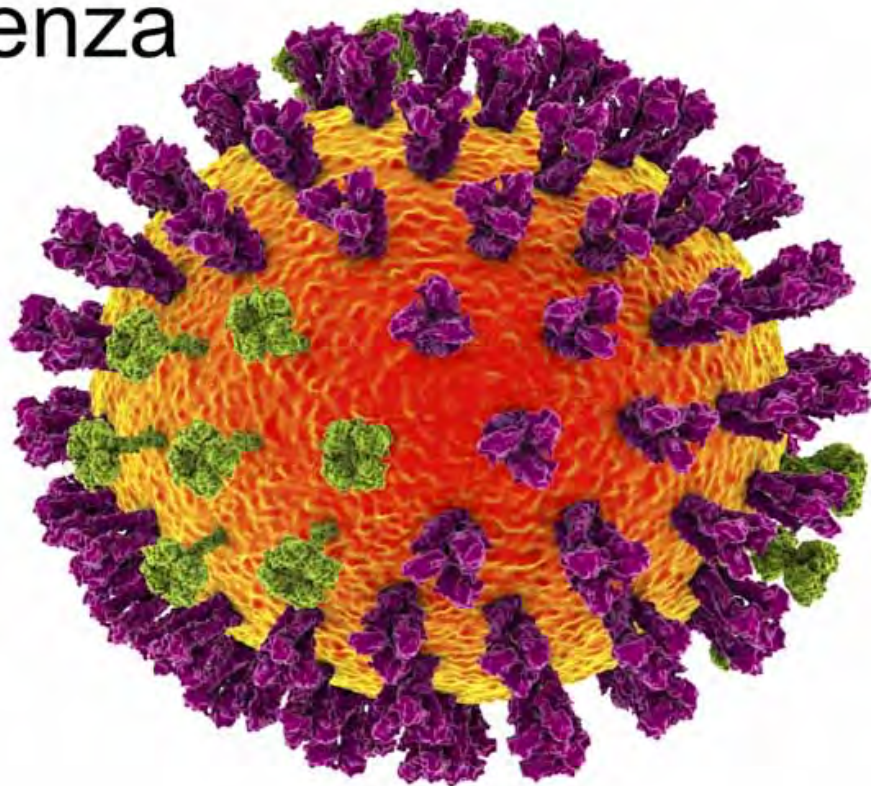
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Acupuncture Fights Influenza, Decreases Mortality Rate

Influenza



Acupuncture is effective for the treatment of influenza. Two independent investigations confirm acupuncture's efficacy for fighting influenza. One laboratory investigation tested acupuncture as a monotherapy and determined that acupuncture lowers mortality rates, increases serum interferon levels, and improves the phagocytosis of viruses. Another investigation finds acupuncture effective for enhancing the clinical efficaciousness of anti-viral drugs. Let's start with the integrative investigation and we'll look at the acupuncture monotherapy next.

Researchers from the Taizhou Municipal Hospital combined acupuncture with standard drug therapy. Patients receiving both oseltamivir and acupuncture in a combined treatment protocol had superior patient outcomes compared with patients receiving only oseltamivir. [1] In an independent laboratory experiment, the researchers proved that acupuncture exerts an antiviral effect by increasing the serum level of interferon (IFN) and improves phagocyte function in rats with influenza virus infections. [2]

The research team of Lang et al. compared a control group receiving only oseltamivir (an antiviral drug, also known by the brand-name Tamiflu) and a treatment group receiving both acupuncture and oseltamivir. The treatment group patients had significantly shorter recovery times for relieving fever, pharyngodynia (pharynx pain), and coughing. The researchers conclude that the addition of acupuncture to an oseltamivir treatment regimen increases the effective rate of oseltamivir for the treatment of influenza. Furthermore, the researchers conclude that acupuncture is both effective and safe; acupuncture did not produce any severe adverse effects.

Results

Following treatment, the average recovery time from fever was 63.80 hours in the drug monotherapy control group and 57.05 hours in the acupuncture plus drug treatment group. On average, acupuncture reduced fevers by 6.75 hours.

The average recovery time from pharyngodynia was 80.35 hours in the control group and 71.25 hours in the treatment group. Acupuncture improved the pharynx pain recovery time by 9.1 hours.

The average recovery time from coughing and other symptoms was 115.20 hours in the drug monotherapy control group and 104.70 hours in the

acupuncture plus drug treatment group; acupuncture produced an improvement of 10.5 hours. The recovery time refers to the time it takes to completely relieve symptoms (including body temperature ≤ 37.4 degrees Celsius) for at least 24 hours from the start of treatment. The results showed that acupuncture significantly increases the total effective rate of oseltamivir and the combined therapy shortens the development course of H1N1 influenza.

Design

Researchers (Lang et al.) used the following study design. A total of 80 patients diagnosed with H1N1 influenza were treated and evaluated. They were randomly divided into an acupuncture plus drug treatment group and a drug monotherapy control group, with 40 patients in each group. Inclusion criteria were established and included the following:

- *H1N1 influenza diagnosis*
- *Body temperature ≥ 38 degrees Celsius*
- *At least two indicative symptoms (e.g., sore throat, coughing)*

The statistical breakdown for each randomized group entering the study was as follows. The control group was comprised of 22 males and 18 females. The average age in the control group was 22.55 years. The average course of disease in the control group was 21.73 hours. The body temperature in the control group was 38.59. The treatment group was comprised of 19 males and 21 females. The average age in the treatment group was 24.05 years. The average course of disease in the treatment group was 20.89 hours. The body temperature in the treatment group was 38.71. There were no significant statistical differences in gender, age, course of disease, and body temperature relevant to patient outcome measures for patients initially admitted to the study.

Treatment Procedure

Both groups were given identical drug therapy. A total of 75 mg of oseltamivir was administered twice daily, for a total of 5 days as one treatment course. Symptomatic treatment (antipyretic analgesics, antitussives, or expectorants) were also given if necessary.

The treatment group received acupuncture treatment. The following primary acupoints were selected bilaterally for the treatment group:

- LI11 (Quchi)
- TB5 (Waiguan)
- LI4 (Hegu)
- LU5 (Chize)

Additional secondary acupoints were added based on symptom presentation:

- High fever: GV14 (Dazhui)
- Severe cough: LU6 (Kongzui)
- Sore throat: LU10 (Yuji), LU11 (Shaoshang)

After insertion, needles were manipulated with the attenuation (xie) technique for 2–3 times during a 10–15 minute needle retention time. For Yuji and Shaoshang (used for sore throat patients), the bleeding technique was applied instead of using the attenuation technique. The acupuncture treatment was administered daily, for a total of 5 days as one treatment course.

The Taizhou Municipal Hospital researchers determined that acupuncture improves outcomes for influenza patients taking oseltamivir. This includes reductions of fevers and symptomatic relief. Overall, the total recovery time improves when acupuncture is added to the drug therapy treatment

regimen.

Nanjing University

In another investigation, Nanjing University of Traditional Chinese Medicine (TCM) researchers investigated the effect of acupuncture and moxibustion on rats infected with influenza virus. They found that both acupuncture and moxibustion decrease the mortality rate and increase the average survival time. In addition, they document that both TCM therapies significantly increase the serum level of IFN and improve phagocytosis of viruses.

Interferon (IFN) plays a major role in defective neutrophil recruitment and influenza virus killing. [3] The researchers conclude that both acupuncture and moxibustion are effective for the treatment of influenza. Notably, acupuncture produced superior outcomes over moxibustion therapy.

Three groups were compared. The first group received acupuncture. The second group received moxibustion. The third group was a control. For the acupuncture treatment group, a needle was inserted into one single point (Dazhui, GV14) and was manipulated with the twisting technique with a frequency of 30–50 times per minute. For the moxibustion treatment group, 10–15 mg of moxa cigar cuttings were applied upon the acupoint Guanyuan (CV4). A total of 4 cuttings were used in one treatment session. The above treatments were conducted daily, for 3 consecutive days in total. The control group received no treatment.

The mortality rate of the acupuncture treatment group was 63.5% and was 78.6% for the moxibustion group. The control group mortality rate was 96.4%. In addition, overall survival times improves in the acupuncture and moxibustion groups.

The serum IFN level of the acupuncture treatment group was 5.35 log IU/mL and that of the moxibustion treatment group was 4.22. The serum IFN level

of both treatment groups was significantly higher than that of the control group 2.63. The phagocytosis rate of virus infected cells for the acupuncture treatment group was 62.67% and was 50.58% for the moxibustion treatment group. Both were significantly higher than that of the control group, which was only 20.34%. Overall, acupuncture lowers the mortality rate, increases serum interferon levels, and improves phagocytosis of viruses.

Summary

The aforementioned independent investigations indicate that acupuncture is an important treatment option for the treatment of influenza.

Acupuncture improves the serum level of IFN and improves phagocytosis of viruses. Patients are encouraged to contact local licensed acupuncturists to consult about treatment options.

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Acupuncture Found Effective For Bronchitis Relief

Researchers find acupuncture effective for the treatment of chronic bronchitis. Shijiazhuang Hospital of Traditional Chinese Medicine researchers determined that acupuncture increases immunoglobulin production and stabilizes overall health for elderly patients suffering from chronic bronchitis. Immunoglobulins function as antibodies, which are immune system proteins in the blood that counteract antigens (e.g., viruses, bacteria, toxins, foreign substances). The researchers subjectively and objectively determined that a specific combination of acupuncture points alleviates chronic bronchitis. The acupuncture point prescription employed in the study relieves symptoms and clinical improvements are quantifiable with blood assays.



Liang et al. (Shijiazhuang Hospital of Traditional Chinese Medicine) conducted a protocolized investigation on the clinical efficacy of Feishu (BL13) and Sihua (Four Flower) acupuncture for elderly patients with chronic bronchitis. Sihua (four flower) acupuncture refers to the application of acupoints Geshu (BL17) and Danshu (BL19) during an acupuncture session. Liang et al. determined that acupuncture enhanced immunoglobulin levels while simultaneously providing significant clinical improvements.

The researchers chose three classic acupuncture points used for the treatment of respiratory disorders. All three are Beishu (Back Shu) acupuncture points. BL13 is the back shu point of the lungs and is indicated for the treatment of bronchitis. In many ways, the modern research at the Shijiazhuang Hospital of Traditional Chinese Medicine is a continuing acupuncture education investigation building on Traditional Chinese

Medicine (TCM) classics.

The term Four Flowers, referring to the combination of acupoints BL17 and BL19, was used by Gao Wu in the 13th century work, *The Classic of Supplementing Life with Acupuncture and Moxibustion*. This study refers to this Four Flower combination and not the earlier Master Cui combination of BL43 (Gaohuangshu), Yaoyan, Zhoujian, Qizhumanxue, and Sanjiaojiu. Yang Jizhou (1522–1620), author of *Zhengjiu Dacheng (The Great Success of Acupuncture and Moxibustion)*, wrote that the Four Flowers combination of BL17 and BL19 treats coughing. He noted several other uses including the treatment of qi and blood deficiency, intractable diseases, emaciation, tidal fever, and steaming bone syndrome.

BL17 is the diaphragm back shu point and the hui-meeting point of the blood. Its traditional uses include the treatment of coughing with blood. BL19 is the back shu point of the gallbladder and is indicated for clearing pathogenic factors from the shaoyang channel.

The study compared patients taking conventional medications in two groups. Group 1 received drug therapy plus acupuncture and group 2 received drug therapy and an herbal cough syrup. Chronic bronchitis patients who received acupuncture therapy showed higher levels of IgA, IgM and IgG after treatment compared with patients who ingested the herbal cough syrup.

Before treatment, IgA, , and IgG levels of acupuncture patients were 1.82 (\pm 0.19) g/L, 1.59 (\pm 0.18) g/L and 10.65 (\pm 0.36) g/L respectively. The corresponding values for cough syrup patients were 1.56 (\pm 0.67) g/L, 1.58 (\pm 0.19) g/L, and 10.67 (\pm 0.38) g/L. After treatment, acupuncture patients showed increased IgA, IgM, and IgG levels of 2.11 (\pm 0.06) g/L, 1.89 (\pm 0.21) g/L, and 12.23 (\pm 0.15) g/L respectively. After treatment with cough syrup,

patients showed increased IgA, IgM, and IgG levels of 0.93 (\pm 0.41) g/L, 1.62 (\pm 0.22) g/L, and 10.74 (\pm 0.38) g/L respectively.

A total of 60 Shijiazhuang Hospital of Traditional Chinese Medicine patients with a mean age of 68 years with chronic bronchitis were treated and evaluated in the study. These patients were diagnosed with chronic bronchitis between April 2012 and December 2012. They were divided into the acupuncture treatment group and the herbal cough syrup control group, with 30 patients in each group. Both groups received identical drug therapy. The primary acupoints selected for the acupuncture treatment group were the following:

- **Feishu (BL13)**
- **Geshu (BL17)**
- **Danshu (BL19)**

Upon disinfection, a 0.30 mm x 40 mm filiform acupuncture needle was inserted into each acupoint and manipulated with mild reinforcing and attenuating (Ping Bu Ping Xie) techniques. Thereafter, the needles were retained in position for 20 minutes. One 20 minute acupuncture session was conducted daily, for a total of one month. For the herbal cough syrup control group, the Chinese herbal cough syrup Nin Jiom Mi Lian Chuan Bei Pi Pa Gao was administered. Patients ingested 10 ml of cough syrup each time, thrice per day, for a total of one month.

Drug therapy for both groups was identical. All patients received ambroxol, aminophylline, and cefuroxime. Ambroxol is mucolytic and is an expectorant. Aminophylline is a xanthine derivative that relaxes smooth muscles surrounding bronchial tubes, thereby easing breathing. Cefuroxime is an antibiotic.

The researchers compared results. Acupuncture significantly produced

greater positive patient outcomes than the herbal cough syrup. Patients consistently had less symptoms and blood assays demonstrated enhanced immunological responses to therapy. The researchers conclude that acupuncture is safe and effective for the treatment of chronic bronchitis in the elderly as part of a comprehensive treatment protocol.

Li and Shi had similar results in their investigation. Li and Shi tested the efficacy of acupuncture compared with methoxyphenamine, a β -sympathomimetic bronchodilator. Acupuncture produced a 90% total treatment effective rate and drug therapy produced an 80% total treatment effective rate. The researchers concluded that acupuncture is more effective for the treatment of post-infectious chronic coughing than methoxyphenamine.

A total of 90 patients were randomly divided into the 3 groups. Treatment group 1 received acupuncture on both lung-taiyin and stomach-yangming acupoints. Treatment group 2 received acupuncture on lung-taiyin acupoints and treatment group 3 received drug therapy. The group treated with lung-taiyin and stomach-yangming channel acupoints had a 90% total effective rate. Using only lung-taiyin acupoints produced an 83.3% total effective rate. Drug therapy produced an 80% total effective rate. The primary acupoints selected for treatment group 1 were the following:

- **Yuji (LU10)**
- **Chize (LU5)**
- **Kongzui (LU6)**
- **Lieque (LU7)**
- **Tianshu (ST25)**
- **Zusanli (ST36)**
- **Fenglong (ST40)**

The Ping Bu Ping Xie manipulation technique was applied to the acupoints. Upon arrival of a deqi sensation, the needle retention time was 30 minutes. One 30 minute acupuncture treatment was conducted daily. The entire course of acupuncture treatments consisted of 10 sessions. The acupuncture points for treatment group 2 were the following:

- **Yuji (LU10)**
- **Xiabai (LU4)**
- **Zhongfu (LU1)**
- **Chize (LU5)**
- **Kongzui (LU6)**
- **Lieque (LU7)**

Methoxyphenamine capsules for treatment group 3 were taken orally, 3 times per day, 2 capsules each time, for a total of 10 consecutive days. Cough symptoms were scored before and after treatments. The researchers concluded that acupuncture is more effective for the treatment of post-infectious chronic coughing than methoxyphenamine. In addition, the combination of lung and stomach channel acupuncture points produces greater positive patient outcomes than using only lung channel acupoints.

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Acupuncture Relieves Asthma Attacks



Researchers find acupuncture effective for relieving allergic asthma, a type of asthma triggered by allergens (e.g., dust mites, mold, pollen, foods). Symptoms include wheezing, difficulty breathing, itchy eyes, sinusitis, rhinitis, a general feeling of malaise, and sneezing. In a randomized controlled trial of 1,445 patients, acupuncture provided lasting relief for six months.

Acupuncture was provided for a maximum of 15 treatments over a three month period. Patients receiving acupuncture demonstrated significant

relief from allergic asthma at all data points, including the six month post-treatment follow-up data point. Only manual acupuncture was administered. Laser acupuncture, electroacupuncture, and moxibustion were not permitted for the purposes of eliminating variables in the investigation. Healthcare costs for acupuncture treatment were covered by a cooperative agreement between insurance companies and the university researchers conducting the study.

Patients receiving acupuncture had marked reductions of allergic asthma during strenuous and moderate exercise, work and social activities, and during sleep. The overall quality of life scores for patients receiving acupuncture were significantly higher than patients in the control group receiving no acupuncture.

All patients were allowed usual care and acupuncture was an additional treatment modality for patients in the the acupuncture groups. The researchers note, "study results reveal that the use of acupuncture as adjunct to the routine care of allergic bronchial asthma was superior to routine care alone in improving both specific symptoms and general quality of life." [1] Secondary outcome measures document that patients were satisfied with acupuncture treatment results.

The study allowed for real life clinical applications of acupuncture, except for the limitation to manual acupuncture. The acupuncture point prescriptions, including the number of acupoints used, were individualized for each patient. This differs from many research designs wherein a primary acupuncture point prescription is designated for all patients. Secondary acupuncture points are often allowed for specific medical considerations. In this study, the researchers allowed for complete customization of all acupuncture points based upon clinical presentations with no limitations to

primary and secondary acupoint protocols.

The researchers note that after the three months of acupuncture treatments, patients had significant improvements in global quality of life scores and individual parameters such as symptoms, activities, emotions, physicality, and mental function. An important finding, the durability of acupuncture was confirmed by a six month follow-up. Despite not having any acupuncture for three months following the completion of the study's treatment regimen, the six month data point measured improvements "comparable to the 3 months' improvements."

The researchers note, "In this pragmatic randomized trial, allergic asthma patients treated with acupuncture in addition to routine care showed clinically significant improvements in disease specific and general quality of life compared to patients who received routine care alone." [2] The researchers indicate that the findings demonstrate that acupuncture is safe, effective, and is an appropriate referral recommendation. The researchers note, "This study provides further evidence for the safety of acupuncture as an intervention. This conclusion is consistent with findings in large, previously published surveys and trials."

The researchers were from Charité – Universitätsmedizin Berlin, Universität Freiburg, and University of Zurich. They provided basic statistics on the prevalence of asthma. Incidence varies between countries, with a range of 4–32%. They add that corticosteroids are standard in usual care. They note that in China, "herbal medicine and acupuncture have traditionally been utilized in the treatment of lung disease, including asthma." In addition, "A reasonable estimate is that about 30% of adults and 60% of children in the U.S. use some form of complementary and integrative medicine (CIM) therapy for their asthma."

Research from Anyang General Hospital confirms the results of the aforementioned European research. [3] Acupuncture was determined safe and effective as an adjunct to usual care for the treatment of asthma. In the two week study, patients receiving only drug therapy were compared with patients receiving treatment with both drug therapy and acupuncture. The data indicates that acupuncture greatly improves treatment outcomes. [4]

The acupuncture treatment and drugs-only groups received drug therapy with beclometasone dipropionate and theophylline. Beclometasone dipropionate (a steroid) was provided in the form of an inhaler, 250 µg each dose, one time per day. Theophylline (a bronchodilator) was taken once per day in the form of 0.2 gram sustained-release tablets.

Acupuncture was applied twice per day if an acute asthma attack occurred and only once per day otherwise. Total treatment time for all patients was 14 days. The following acupuncture points were administered to patients in the acupuncture group:

- Feishu (BL13)
- Yuji (LU10)
- Lieque (LU7)
- Dingchuan (MBW1)
- Dazhui (GV14)

The following secondary acupoints were applied, varying for each patient according to Traditional Chinese Medicine (TCM) differential diagnostics:

- Ashi points
- Neiguan (PC6)
- Shanzhong (CV17)

- Fengmen (BL12)

Yuji (LU10) was inserted first to an insertion depth of 0.5–1 cun. The needle was manipulated with strong attenuation techniques and was retained for 25 minutes. During retention, the needle was manipulated every five minutes. Feishu (BL13) and Dazhui (GV14) received standard insertion with equal reinforcement and attention techniques with lifting, thrusting, and rotating. Feishu (BL13) and Dazhui (GV14) were retained for 15 minutes, followed by cupping or warm needle acupuncture. For the remaining acupoints, the needles were manipulated with attenuation techniques (moderate to strong stimulation) and were then retained for 25 minutes. The results demonstrate that acupuncture provides significant relief from asthma when added to a usual care regimen.

In a separate investigation, an examination of Taiwan's Bureau of National Health Insurance (BNHI) records yielded a sample size of 12,580 asthmatic children. Children with asthma receiving a combination of acupuncture, herbal medicine and drug therapy have superior patient outcomes, less visits to emergency rooms, and fewer hospitalizations than children receiving only drug therapy. In a 15 multi-hospital five year study, Traditional Chinese Medicine (acupuncture, herbal medicine, Chinese Tuina massage, herbal pastes) was combined with pharmaceutical drugs including inhaled bronchodilators and steroids in the study protocol.

The integrative medicine approach (TCM plus drug therapy) produced an astonishing result. Not a single child receiving integrative medicine during the study required an emergency room (ER) visit or hospitalization. The superior clinical outcomes and reduction of medical emergencies indicates that integrating TCM into conventional protocols benefits children with asthma. [5] The BNHI paid for all medical visits and examined the cost-

effectiveness of combining TCM therapies with drug therapy. It was found that there is an additional upfront cost to provide TCM therapies but there is a savings on the backend in reduced emergency room visits and hospitalizations. [6]

Notes

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Acupuncture And Herbs COVID-19 (Coronavirus) Findings



Acupuncture and herbal medicine are effective for the treatment of COVID-19 (coronavirus disease 19). The Beijing Health Commission notes that 87% of COVID-19 patients in Beijing received traditional Chinese medicine treatment (acupuncture and herbs). The commission documents that the total effective rate for patients receiving TCM (traditional Chinese medicine) treatment is 92%. [1]

Gao Xiaojun, spokesperson for the Beijing Health Commission, announced that Chinese medicine practitioners will determine Chinese medicine treatment plans for newly diagnosed, affected, severe, and critically ill

COVID-19 patients. In a formal announcement, Gao Xiojun cited a brief history of one COVID-19 patient suffering from fever. Three TCM experts from Dongzhimen Hospital and Ditan Hospital formulated and administered a TCM treatment plan. By the next morning, the patient's temperature dropped significantly to 37.2 degrees Celcius.

The spokesperson added that there are many similar cases and that Chinese medicine has "played an active role in improving the cure rate and reducing the mortality rate." [2] The Beijing Health Commission has established city, district, and hospital level TCM expert groups to establish treatment protocols for the prevention and treatment of COVID-19 patients.

The National Administration of Traditional Chinese Medicine (NATCM) reports significant results. Hong-Zhi et al. document that the herbal formula Qing Fei Pai Du Tang had a 90% response rate for 214 COVID-19 patients with pneumonia. [3] Out of the 90%, symptoms markedly improved in $\geq 60\%$ of patients and the remaining 30% stabilized.

According to Hong-Zhi et al., Chinese medicine physicians adjust treatments based on differential diagnostics dependent upon current presentations of pneumonia. Although Qing Fei Pai Du Tang is recommended by the NATCM, treatment protocols vary according to diagnostic considerations. [4]

Li Yu (Department of Science and Technology of the State Administration of Traditional Chinese Medicine director) notes that of 701 COVID-19 patients treated with Qing Fei Pai Du Tang, 130 patients were cured, symptoms including fever and coughing completely resolved in an additional 51 patients, symptom improvements occurred in an additional 268 patients, and stabilization occurred in 212 patients. [5]

In a detailed analysis of 351 patients, Li Yu notes that 112 patients had a

body temperature in excess of 37.3 degrees Celsius. After taking Qing Fei Pai Du Tang for one day, 51.8% of patients' body temperatures returned to normal. After 6 days, 94.6% returned to normal temperature.

Of the 351 patients, 214 had coughs. After one day of drinking Qing Fei Pai Du Tang, 46.7% of patients' coughs completely resolved. After 6 days, 80.6% had significant reductions in coughing. [6] In related findings from two independent investigations, the herbal medicine Lian Hua Qing Wen Capsule helped resolve COVID-19 symptoms and promoted recovery. [7, 8]

To have acupuncture help TCM practitioners battle the coronavirus outbreak, the China Association of Acupuncture and Moxibustion issued Acupuncture Treatment Guidelines for COVID-19 (Second Edition). [9] The guidelines have been divided into three stages: prevention, treatment, and recovery. For the prevention stage, acupuncture is administered to strengthen zheng qi (healthy energy) and to benefit lung and spleen functions to combat foreign pathogens. The primary acupoints selected for this stage are categorized into 3 groups; 1–2 acupoints are selected from each group during one acupuncture session:

- Group 1: BL12 (Fengmen), BL13 (Feishu), BL20 (Pishu)
- Group 2: LI4 (Hegu), LI11 (Quchi), LU5 (Chize), LU10 (Yuji)
- Group 3: CV6 (Qihai), ST36 (Zusanli), SP6 (Sanyinjiao)

A secondary set is added dependent upon individual symptoms. For fever, the following acupoints are added:

- GV14 (Dazhui)
- CV22 (Tiantu)
- LU6 (Kongzui)

For nausea, loose stools, enlarged tongue with greasy coating, and soft

(soggy) pulse, the following acupoints are added:

- GV14 (Zhongwan)
- ST25 (Tianshu)
- ST40 (Fenglong)

For fatigue and poor appetite, the following acupoints are added:

- CV12 (Zhongwan)
- CV9 (Shuifen), CV7 (Yinjiao), KI16 (Qizhousixue)
- BL20 (Pishu)

For clear nasal discharge, sore and painful back, pale tongue with white coating, and moderate pulse, the following acupoints are added:

- BL10 (Tianzhu)
- BL12 (Fengmen)
- GV14 (Dazhui)

In the treatment stage, acupuncture is applied to interrupt disease progress based on the Pei Tu Sheng Jin (bank up earth to engender metal) principle and to relieve low mood. The primary acupoints selected for this stage are categorized into 3 groups. For mild to moderate cases, 2–3 acupoints are selected from groups 1 and 2 during each acupuncture session. For severe cases, additional 2–3 acupoints are recommended from group 3.

- Group 1: LI4 (Hegu), LR3 (Taichong), CV22 (Tiantu), LU5 (Chize), LU6 (Kongzui), ST36 (Zusanli), SP6 (Sanyinjiao)
- Group 2: BL11 (Dashu), BL12 (Fengmen), BL13 (Feishu), BL15 (Xinshu), BL17 (Geshu)
- Group 3: LU1 (Zhongfu), CV17 (Danzhong), CV6 (Qihai), CV4 (Guanyuan), CV12 (Zhongwan)

A secondary set is added dependent upon individual symptoms. For persistent fever, the following acupoints are added:

- GV14 (Dazhui)
- LI11 (Quchi)
- EX-UE11 (Shixuan)
- EX-HN6 (Erjian)

For chest tightness and shortness of breath, the following acupoints are added:

- PC6 (Neiguan)
- LU7 (Lieque)
- CV14 (Juque)
- LR14 (Qimen)
- KI6 (Zhaohai)

For coughing with sputum, the following acupoints are added:

- LU7 (Lieque)
- ST40 (Fenglong)
- EX-B1 (Dingchuan)

For diarrhea with loose stools, the following acupoints are added:

- ST25 (Tianshu)
- ST37 (Shangjuxu)

For cough with yellow and sticky sputum and constipation, the following acupoints are added:

- CV22 (Tiantu)
- TB6 (Zhigou)

- ST25 (Tianshu)
- ST40 (Fenglong)

For low grade fever, nausea, loose stools, and a pale-red tongue with a white-greasy coating, the following acupoints are added:

- BL13 (Feishu)
- ST25 (Tianshu)
- SP14 (Fujie)
- PC6 (Neiguan)

In the recovery stage, acupuncture is applied to eliminate pathogens from the body and to recover lung and spleen functions. The following primary acupoints are recommended:

- P6 (Neiguan)
- ST36 (Zusanli)
- GV14 (Zhongwan)
- ST25 (Tianshu)
- CV6 (Qihai)

A secondary set of acupuncture points are added dependent upon individual symptoms. For lung and spleen qi deficiency, sets of points are added for specific conditions:

- If lung symptoms (e.g., chest tightness, shortness of breath) are pronounced, CV17 (Danzhong), BL13 (Feishu), and LU1 (Zhongfu) are added.
- If spleen symptoms (e.g., poor appetite, diarrhea) are pronounced, CV13 (Shangwan) and SP9 (Yinlingquan) are added.

For patients with qi and yin deficiency, the following acupoints are

recommended for specific presentations:

- If there is fatigue and shortness of breath, CV17 (Danzhong) and CV8 (Shenque) are added.
- If there is dry mouth and thirst, KI3 (Taixi) and TB4 (Yangchi) are added.
- If there are palpitations, BL15 (Xinshu) and BL14 (Jueyinshu) are added.
- If there is profuse sweating, LI4 (Hegu), KI7 (Fuliu), and ST36 (Zusanli) are added.
- If there is insomnia, HT7 (Shenmen), EX-HN3 (Yintang), EX-HN 19 (Anmian), and KI1 (Yongquan) are added.

Additional guidelines were published for patients with sputum and stasis blocking the channels with underlying lung and spleen deficiency:

- For patients with lung, spleen and heart symptoms (e.g., chest tightness, shortness of breath), BL13 (Feishu), BL20 (Pishu), BL15 (Xinshu), BL17 (Geshu), LU1 (Zhongfu), and CV17 (Danzhong) are added.
- If sputum is unproductive, ST40 (Fenglong) and EX-B1 (Dingchuan) are added.

The aforementioned acupoints can be stimulated with acupuncture, moxibustion, or massage. If acupuncture is used, needles should be manipulated with the mild reinforcement and attenuation (Ping Bu Ping Xie) technique during the 20–30 minute needle retention time. If moxibustion is applied, the moxa should warm the points for 10–15 minutes. Treatment is administered once daily.

Prior Research

Beijing Hospital of Traditional Chinese Medicine researchers, whose

research was published in the Chinese Acupuncture and Moxibustion Journal, concluded that acupuncture is effective for the treatment of the 2003 SARS coronavirus. [10] A total of 20 patients were evaluated in the study. They presented with fatigue, shortness of breath, chest tightness, and other symptoms. X-ray imaging was used in the process of determining improvements. Acupoints were selected for patients from the the following:

- BL11 (Dashu)
- BL12 (Fengmen)
- BL13 (Feishu)
- BL17 (Geshu)
- BL43 (Gaohuangshu)
- BL20 (Pishu)
- BL21 (Weishu)
- SI12 (bingfeng)
- SI13 (Quyuan)
- CV22 (Tiantu)
- CV17 (Danzhong)
- LU1 (Zhongfu)
- KI26 (Yuzhong)
- ST16 (Yingchuang)
- LU5 (Chize)
- PC7 (Daling)
- LI2 (Erjian)
- LI11 (Quchi)
- ST36 (Zusanli)

Beijing Guang'anmen Hospital of China Academy of Chinese Medical Sciences researchers had significant results in their 2003 SARS investigation. [11] Zhao et al. used the following acupuncture points for SARS patients in the recovery stage:

- GV14 (Dazhui)
- BL43 (Gaohuangshu)
- ST36 (Zusanli)

Moxibustion instead of acupuncture was applied on the acupoints. The frequency of treatment was once per day for a total of 7 days. All 9 patients had documented chest radiographic improvements, one of whom no longer had radiographic abnormalities. In addition, the percentage of CD4 among T-cell subgroups increased in 4 out of 9 patients, indicating that moxibustion assists the body's immune function against SARS coronavirus.

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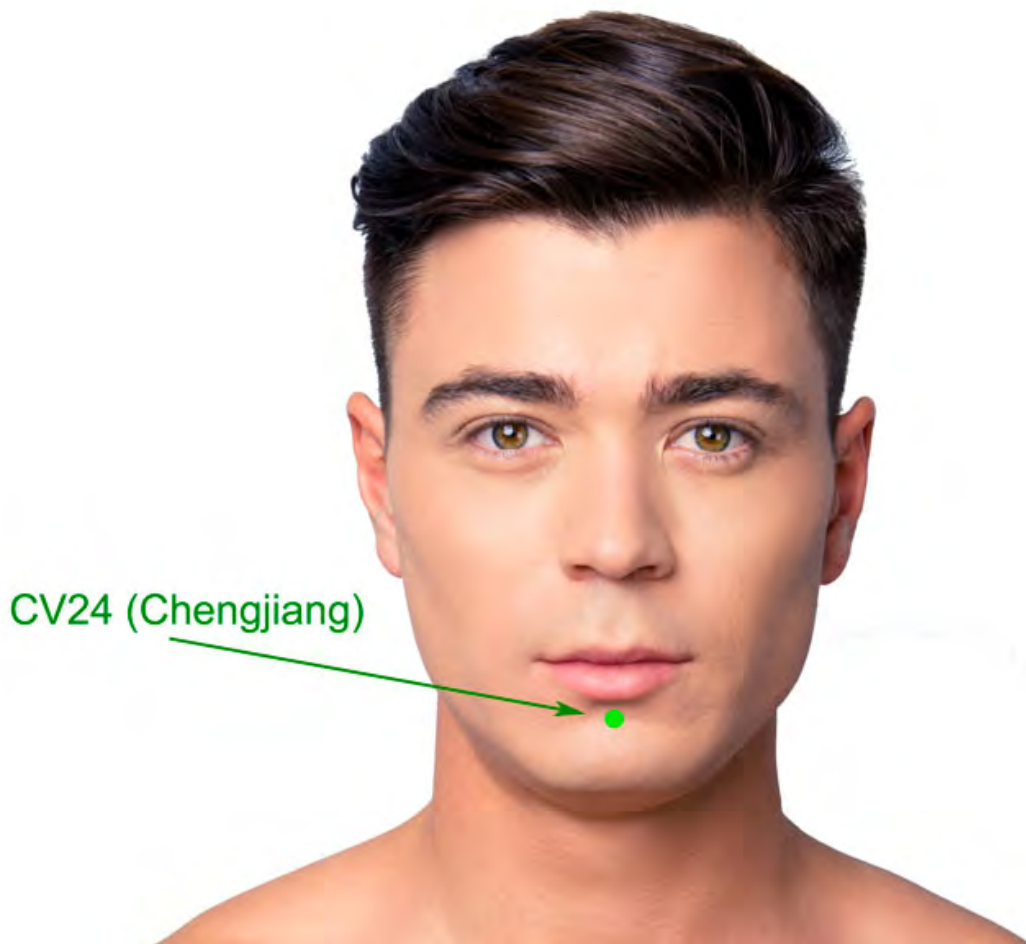
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Acupuncture Prevents Radiation Induced Dry Mouth



Acupuncture reduces the frequency and severity of xerostomia (dry mouth). University of Texas MD Anderson Cancer Center (Houston) and Fudan University Cancer Center (Shanghai) researchers conducted a randomized controlled clinical trial. The phase-three patient and assessor blinded investigation of acupuncture's effects on head and neck cancer patients receiving radiation therapy demonstrated groundbreaking results. The researchers concluded that acupuncture "resulted in significantly fewer and less severe RIX [radiation-induced xerostomia] symptoms 1 year after

treatment vs SCC [standard care control]." [1]

Salivary glands may be temporarily or permanently damaged by radiation therapy. There is a high-incidence of RIX, which may lead to complications including difficult or painful swallowing, impairment of the sense of taste (dysgeusia), and dental problems. Other RIX complications may include insomnia and difficulty speaking.

The study compared true acupuncture, sham acupuncture, and standard care control groups. True acupuncture produced significantly greater positive patient outcomes than the other groups. Outcome measures were based on a questionnaire, salivary flow, incidence of xerostomia, salivary contents, and quality of life scores. One year after completion of all acupuncture treatments, the true acupuncture group maintained significantly higher patient outcome rates over the standard care and sham groups.

All acupuncture treatments were provided by credentialed acupuncturists. The researchers note that their findings are consistent with several prior investigations. True acupuncture patients that received acupuncture three times per week during their six to seven week course of radiation therapy had significantly less dry mouth a year after completion of treatments than standard care control patients. No adverse effects occurred at University of Texas MD Anderson. One adverse effect was reported at the Fudan study location.

The researchers find that acupuncture is superior to standard care for the relief of radiation induced xerostomia. They comment that acupuncture is "minimally invasive" and "has a very low incidence of adverse effects." [2] Based on the evidence, further research is warranted.

All participants in the study were at least 18 years of age, provided informed

consent, had a diagnosis of head and neck carcinoma, and were scheduled for radiation therapy at a mean dose of 24 Gy to a minimum of one parotid gland. An extensive list of exclusion criteria was used to prevent variables created by comorbidity.

All acupuncturists providing treatment during the course of the study were licensed and were prepared and trained at the University of Texas MD Anderson Cancer Center. The acupuncture point prescription chosen for the study was the following:

- **CV24**
- **LU7**
- **KD6**
- **Auricular: Shenmen, Point Zero, Salivary Gland 2 Prime, Larynx**

Standard needle depths were used and the elicitation of deqi at the acupoints was at the discretion of treating acupuncturists. Notably, once deqi was elicited, needles were no longer manually stimulated (with the exception of displaced needles). Electroacupuncture was not used at any point.

Body-style acupuncture needles were of 0.25 mm diameter and 40 mm length. Auricular acupuncture needles were of 0.16 diameter and 15 mm length. Acupuncture treatments were provided a total of three times per week for the duration of the 6-7 week radiation treatment period.

The researchers chose to avoid the use of local points other than CV24 with the intent of preventing disturbance of tissues damaged by radiation. All patients were treated on the day of radiation therapy in a semisupine or supine position. Acupuncture was applied either before or after radiation therapy. Based on the data, the researchers note that acupuncture "should be considered for the prevention of radiation-induced xerostomia." [3]

The investigators note that prior research indicates that acupuncture regulates blood flow at the parotid glands. In addition, a variety of other studies find acupuncture effective for the treatment of xerostomia. One of the studies cited in the investigation finds acupuncture effective for up to three years after treatment. Two pilot studies by the research group prior to this phase three clinical trial find acupuncture effective for the prevention of RIX if provided with radiation therapy.

The study employed strict controls and researchers monitored treatment facilities and licensed acupuncturists during the investigation. Further research will help to support standardization of acupuncture protocols for the prevention and treatment of RIX for inpatient and outpatient settings.

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Acupuncture For Diabetes Confirmed



Acupuncture aids weight loss and reduces blood sugar levels in type 2 diabetes patients. Sanming County Hospital of Integrated Medicine researchers (Fujian) conducted a clinical trial of obese patients newly diagnosed with type 2 diabetes. They conclude that acupuncture treatment in addition to routine care is more effective in promoting healthy weight loss and improved blood chemistry than routine care monotherapy. [1]

A total of 124 patients newly diagnosed with type 2 diabetes were randomly assigned to receive either acupuncture plus routine care or routine care alone. The acupuncture group was comprised of 36 male and 26 female

patients with a mean age of 60.8 years and a mean BMI (body mass index) of 29.8. The control group was comprised of 38 male and 24 female patients with a mean age of 61.5 and a mean BMI of 29.7.

For inclusion in the study, patients were required to meet the WHO (World Health Organization) diagnostic guidelines for type 2 diabetes, have been diagnosed within the past month, have received no other treatments for diabetes, and have a BMI over 28. Exclusion criteria were stress related complications, serious kidney or liver dysfunction, blood pressure over 160/100 mmHg, glycated hemoglobin levels over 8.6%, and fasting glucose levels over 10 mmol/L. All patients were approved for the study by the hospital ethics committee and gave informed consent to participate.

Routine Care

All participants received routine care for diabetic patients including the first-line antidiabetic drug metformin (one tablet daily) and lifestyle advice. Recommended lifestyle changes included reducing calorie intake by approximately half, over the course of three months. Food intake was reduced gradually by approximately one fifth during the first month, and another one fifth during the second and third months.

Patients were encouraged to increase their physical activity levels, beginning with 15 minutes of walking, three times each week during the first month. During the second and third months, this was increased to 30 minutes of walking, twice a day, five times each week.

Acupuncture

Participants allocated to the acupuncture group received routine care plus acupuncture treatments, with acupoints selected according to each patient's individual situation. Acupoints were selected from the following list:

- Zhongwan (CV12)
- Taixi (KD3)
- Taiyuan (LU9)
- Shenshu (BL23)
- Yishu (extra point)
- Pishu (BL20)
- Ganshu (BL18)
- Geshu (BL17)
- Sanyinjiao (SP6)
- Zusanli (ST36)
- Hegu (LI4)
- Dazhui (GV14)

The researchers chose one extra point (Yishu), shown in the list above. Yishu (Weiguanshu) is the back shu point of the pancreas and is located 1.5 cun lateral to the midline between the eighth and ninth thoracic vertebrae. This compliments other back shu point selections used in the study.

With patients in a supine position, 1.5 cun (28 gauge) needles were selected for Sanyinjiao, Zusanli, and Zhongwan and 1.5 cun (30 gauge) needles were selected for Taixi and Taiyuan. Needles were inserted and manipulated using a lifting and thrusting technique to obtain deqi, before twisting and rotating using a balanced reinforcing-reducing technique for two minutes. Needles were retained for 30 minutes, with further stimulation administered once or twice during that period.

Patients then changed to a prone position and 1.5 cun (30 gauge) needles were selected for the remaining acupoints. Needles were inserted obliquely toward the spine at a 45-degree angle and, after obtaining deqi, were manipulated using a twisting-rotating, balanced reinforcing-reducing technique for two minutes. Needles were retained for 30 minutes, with

further stimulation administered once or twice during that period. Treatment was administered daily, with 20 days making up one course of care. A total of three courses were administered, separated by a ten-day break each time.

Results

Outcome measures for the study included total weight loss and blood chemistry assays, including fasting glucose, glycated hemoglobin, and fasting insulin levels. The total efficacy rate was calculated for each group.

Mean baseline BMI was 29.8 in the acupuncture group and 29.7 in the control group. By the end of the study, both groups saw reductions in BMI to 24.67 in the acupuncture group and 28.17 in the control group. Although weight loss was statistically significant for both groups ($p < 0.05$), reductions were significantly greater in the acupuncture group ($p < 0.05$).

Mean baseline fasting glucose was 8.3 mmol/L in the acupuncture group and 8.2 mmol/L in the control group. At the end of the study, both groups' fasting glucose levels reduced, to 6.2 mmol/L in the acupuncture group and 7.5 mmol/L in the control group. Both groups saw significant improvements ($p < 0.05$), but these were significantly greater in the acupuncture group ($p < 0.05$).

Mean baseline glycated hemoglobin was 7.6% in both groups. By the end of the study, both groups' fasting glycated hemoglobin levels decreased, to 6.4% in the acupuncture group and 7.0% in the control group. Both groups saw significant improvements ($p < 0.05$), but these were significantly greater in the acupuncture group ($p < 0.05$).

Mean baseline fasting insulin was 19.8 mIU/L in the acupuncture group and 19.2 mIU/L in the control group. Following treatment, fasting insulin levels fell in both groups, to 10.3 mIU/L in the acupuncture group and 16.4 mIU/L in

the control group. Both groups saw significant improvements ($p < 0.05$) and these were significantly greater in the acupuncture group ($p < 0.05$).

The total efficacy rate was calculated for each group. Patients with fasting glucose levels under 7 mmol/L and glycated hemoglobin under 7% were classified as cured. In patients with fasting glucose levels of 7–10 mmol/L and glycated hemoglobin levels of 7–8%, the treatment was classified as effective. For patients with no change in their condition, the treatment was classified as ineffective. The cured and effective rates were added together to give the total effective rates.

In the acupuncture group, there were 30 cured, 28 effective, and 4 ineffective cases, giving a total effective rate of 58 (93.55%). In the control group, there were 22 cured, 26 effective, and 14 ineffective cases, giving a total effective rate of 48 (77.42%). Acupuncture was found significantly more effective than routine care monotherapy ($p < 0.05$).

The results of this study indicates that acupuncture not only increases weight loss in obese diabetes patients, but also stabilizes blood glucose and insulin levels. This indicates that acupuncture is a valuable adjunct to routine care for patients newly diagnosed with type 2 diabetes.

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Acupuncture Beats Antihistamines For Allergic Rhinitis



German researchers confirm the effectiveness of acupuncture for the treatment of allergies and sinus disorders. In an eight week clinical trial, patients receiving acupuncture required less medications and had fewer seasonal allergic rhinitis symptoms than control groups. Likewise, quality of life scores were significantly better in the acupuncture group than in either control group. Based on the evidence, the Charité – Universitätsmedizin Berlin researchers conclude that “acupuncture treatment was more effective than the symptomatic drug intervention.”

The researchers screened 1,588 patients and accepted 414. Eligibility was determined at the outset of the local pollen season (i.e., March–May). All patients had seasonal allergic rhinitis for a least two years. The inclusion age range was limited (16–45 years). Participants in both the verum acupuncture treatment group and the sham acupuncture control group were blinded to treatment group allocation. The patients did not know whether they received real or sham acupuncture. An additional control group received only antihistamine medication (i.e., cetirizine). Two patients also took methylprednisolone.

A total of 60% of acupuncture patients self-administered antihistamine medications during the eight week treatment intervention period. A total of 71% of patients in the sham control group self-administered antihistamines and 82% self-administered antihistamines in the drug-only group. Patients in the acupuncture group used antihistamines 8.92 days on average during the intervention period. Sham acupuncture group patients used antihistamines for an average of 13.41 days and the drugs-only group for an average of 18.07 days.

Acupuncture patients did not increase use of drugs from onset to the peak of pollen season. Patients in the other control groups increased antihistamine consumption. The researchers add, seasonal allergic rhinitis “symptoms decreased significantly in the acupuncture group compared with the other study groups.” Patients receiving verum acupuncture were needed at the following acupuncture points:

- LI4 (Hegu)
- LI11 (Quchi)
- LI20 (Yingxiang)
- Yintang (extra)

At a minimum, three of the following eight acupuncture points were added during each treatment session:

- Bitong (extra)
- GB20 (Fengchi)
- LV3 (Taichong)
- LU7 (Lieque)
- ST36 (Zusanli)
- SP6 (Sanyinjiao)
- TB17 (Yifeng)
- BL13 (Feishu)

In addition, at least three more acupuncture points were added per each acupuncture session. The acupuncture treatment group received eight weeks of true acupuncture treatment. In summary, patients receiving acupuncture had less drug intake and less symptoms than patients in the medication-only or sham acupuncture control groups.

The researchers provided a general background. They note that allergic rhinitis (inflammation of the nasal mucous membranes) is common, affecting approximately 23% of European adults. Allergic rhinitis usually presents with other symptoms triggered by allergens including sneezing, itching, nasal obstruction, or rhinorrhea (i.e., runny nose). The antihistamine cetirizine was chosen because it is "one of the most prescribed antihistamines" in Germany. Possible cetirizine adverse effects include drowsiness, headaches, dizziness, fatigue, or sore throat.

The researchers reference a report by Schäfer et al. noting that 18% of seasonal allergy patients in Germany have had acupuncture for the treatment of the condition. The results of the current investigation "showed significant changes in favour of acupuncture treatment, including improvements in RQoL [rhinitis-specific quality of life] and SAR [seasonal allergic rhinitis] symptoms scores." The research team notes that 38% of

patients receiving acupuncture did not use any antihistamines and only 16% of patients in the drugs-only group did not use antihistamines. They add that acupuncture reduces antihistamine use and “can therefore be considered a valuable, additional treatment option for patients with SAR.” Prior research by Reinhold et al. is consistent with these findings, concluding that “Acupuncture is an effective intervention that results in improved quality of life in patients with SAR.” An investigation by Brinkhaus et al. produced similar findings, “In patients with allergic asthma, additional acupuncture treatment to routine care was associated with increased disease-specific and health-related quality of life compared to treatment with routine care alone.”

Zheng et al. tested the efficacy of acupuncture for the treatment of allergic rhinitis with a different approach. They chose a laboratory investigation. Acupuncture was applied for a total of one minute, once per day, for 10 days. They conclude, “Warm acupuncture can improve the symptoms of AR [allergic rhinitis] rats, which may be associated to its effect in inhibiting the expression of serum IgE, IL-1 β and TNF- α .” The acupuncture intervention was the application of warm needle acupuncture to the following acupoints:

- GB 20 (Fengchi)
- Yintang (extra)
- LI 20 (Yingxiang)

Acupuncture outperformed the control group and the medication group (fluticasone propionate) for both reduction of symptoms and downregulation of serum IgE, IL-1 β , and TNF- α . These substances are proinflammatory mediators. IgE is an antibody that functions in immunity but is also involved in hypersensitivity related to asthma, sinusitis, and allergic rhinitis. IL-1 β is a proinflammatory cytokine with pyrogenic (fever producing) properties. TNF- α is another cell signaling protein (cytokine)

with proinflammatory actions. It is involved in systemic inflammation, acute reactions, and is an endogenous pyrogen. Results were confirmed with enzyme linked immunosorbent assays.

Modern research supports the use of acupuncture for the treatment of allergic rhinitis. Patients interested in learning more about acupuncture as a treatment option are encouraged to contact local licensed acupuncturists to learn more.

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