The Healthcare Medicine Institute presents

Influenza, Asthma, Bronchitis

a continuing education course

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Contents

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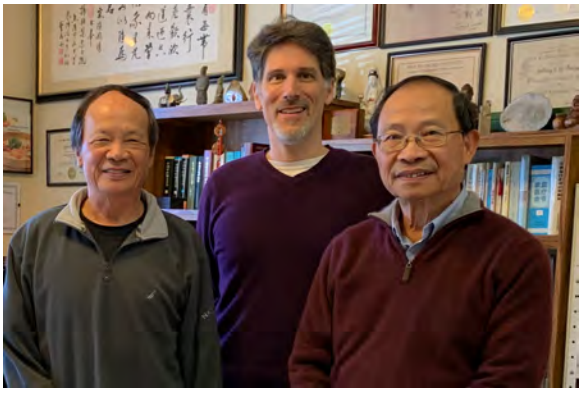
Authors

For many years, the Pang family has practiced and taught Chinese medicine. In this continuing education series, we explore the treatments informed by Ken and Jeffrey Pang's decades of experience combined with generations of Pang family wisdom.

Ken Pang, L.Ac. received his degree in TCM from the Guangzhou University of Chinese Medicine. He practiced as a licensed acupuncturist and herbalist in China, Hong Kong, and California. Retiring after 50 years of clinical practice, Ken Pang, L.Ac. now focuses on publishing the venerated Pang family secrets of TCM at the Healthcare Medicine Institute.

Prof. Jeffrey Pang, L.Ac. received his MD in western medicine and TCM from Sun Yat Sen University of Medical Science in Guangzhou. He practiced as a licensed acupuncturist for ten years in Guangzhou and Hong Kong prior to becoming a licensed acupuncturist in California, where has maintained a private practice for decades. Since 1984, Prof. Pang has served as the department chair for the theory and herbology departments at Five Branches University. In addition, Prof. Pang is a principle author at the Healthcare Medicine Institute.

Adam White, L.Ac., Dipl.Ac. has served as a faculty member and as the continuing education director for Five Branches University. His publications cover a variety of topics including Chinese medicine dietetics, the treatment of pelvic inflammatory disorder, and herb-drug interactions. He currently works at the Healthcare Medicine Institute and maintains a private practice in California.



Ken Pang, Adam White, Jeffrey Pang *(from left to right)*

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Influenza

Biomedicine

The term flu is an abbreviation of influenza, which is "a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs."[1] The US Centers for Disease Control and Prevention (CDC) notes the following:

> **Flu Symptoms**
> Flu can cause mild to severe illness, and at times can lead to death. Flu is different from a cold. Flu usually comes on suddenly. People who have flu often feel some or all of these symptoms:
>
> - fever*
> - cough
> - sore throat
> - runny or stuffy nose
> - body aches
> - headache
> - chills
> - fatigue
> - sometimes diarrhea and vomiting
>
> **It's important to note that not everyone with flu will have a fever.*
>
> **How Flu Spreads**
> Most experts believe that flu viruses spread mainly by tiny droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people

1. www.cdc.gov/flu/keyfacts.htm

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who are nearby. Less often, a person might get flu by touching a surface or object that has flu virus on it and then touching their own mouth, nose or possibly their eyes.

Period of Contagiousness
You may be able to pass on flu to someone else before you know you are sick, as well as while you are sick.

- People with flu are most contagious in the first 3-4 days after their illness begins.
- Some otherwise healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick.
- Some people, especially young children and people with weakened immune systems, might be able to infect others with flu viruses for an even longer time.

Onset of Symptoms
The time from when a person is exposed and infected with flu to when symptoms begin is about 2 days, but can range from about 1 to 4 days.[2]

The CDC provides diagnostic information:

How do I know if I have the flu?
Your respiratory illness might be the flu if you have fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may have vomiting and diarrhea. People may be infected with the flu and have respiratory symptoms without a fever. Flu viruses usually cause the most illness during the colder months of the year. However, influenza can also occur outside of the typical flu season. In addition, other viruses can also cause respiratory illness similar to the flu. So, it is impossible to

2. www.cdc.gov/flu/keyfacts.htm

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tell for sure if you have the flu based on symptoms alone. If your doctor needs to know for sure whether you have the flu, there are laboratory tests that can be done.

What kinds of flu tests are there?

A number of flu tests are available to detect influenza viruses in respiratory specimens. The most common are called “rapid influenza diagnostic tests (RIDTs).” RIDTs work by detecting the parts of the virus (antigens) that stimulate an immune response. These tests can provide results within approximately 10-15 minutes, but are not as accurate as other flu tests. Therefore, you could still have the flu, even though your rapid test result is negative. Other flu tests are called “rapid molecular assays” that detect genetic material of the virus. Rapid molecular assays produce results in 15-20 minutes and are more accurate than RIDTs. In addition, there are several more-accurate and sensitive flu tests available that must be performed in specialized laboratories, such as those found in hospitals or state public health laboratories. All of these tests require that a health care provider swipe the inside of your nose or the back of your throat with a swab and then send the swab for testing. Results may take one hour or several hours.

How well can rapid tests detect the flu?

During an influenza outbreak, a positive rapid flu test is likely to indicate influenza infection. However, rapid tests vary in their ability to detect flu viruses, depending on the type of rapid test used, and on the type of flu viruses circulating. Also, rapid tests appear to be better at detecting flu in children than adults. This variation in ability to detect viruses can result in some people who are infected with the flu having a negative rapid test result. (This situation is called a false negative test result.) Despite a negative rapid test result, your health care

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provider may diagnose you with flu based on your symptoms and their clinical judgment.[3]

The CDC provides information on types of influenza viruses:

> There are four types of influenza viruses: A, B, C and D. Human influenza A and B viruses cause seasonal epidemics of disease almost every winter in the United States. The emergence of a new and very different influenza A virus to infect people can cause an influenza pandemic. Influenza type C infections generally cause a mild respiratory illness and are not thought to cause epidemics. Influenza D viruses primarily affect cattle and are not known to infect or cause illness in people. Influenza A viruses are divided into subtypes based on two proteins on the surface of the virus: the hemagglutinin (H) and the neuraminidase (N). There are 18 different hemagglutinin subtypes and 11 different neuraminidase subtypes. (H1 through H18 and N1 through N11 respectively.)
>
> Influenza A viruses can be further broken down into different strains. Current subtypes of influenza A viruses found in people are influenza A (H1N1) and influenza A (H3N2) viruses. In the spring of 2009, a new influenza A (H1N1) virus emerged to cause illness in people. This virus was very different from the human influenza A (H1N1) viruses circulating at that time. The new virus caused the first influenza pandemic in more than 40 years. That virus (often called “2009 H1N1”) has now replaced the H1N1 virus that was previously circulating in humans. Influenza B viruses are not divided into subtypes, but can be further broken down into lineages and strains. Currently circulating influenza B viruses belong to one of two lineages: B/Yamagata and B/Victoria.[4]

3. www.cdc.gov/flu/about/qa/testing.htm
4. www.cdc.gov/flu/about/viruses/types.htm

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The CDC provides antigenic characterization information:

> "Antigens" are molecular structures on the surface of viruses that are recognized by the immune system and are capable of triggering an immune response (antibody production). On influenza viruses, the major antigens are found on the virus' surface proteins (see Figure 1). When someone is exposed to an influenza virus (either through infection or vaccination) their immune system makes specific antibodies against the antigens (surface proteins) on that particular influenza virus. The term "antigenic properties" is used to describe the antibody or immune response triggered by the antigens on a particular virus. "Antigenic characterization" refers to the analysis of virus' antigenic properties to help assess how related it is to another virus.

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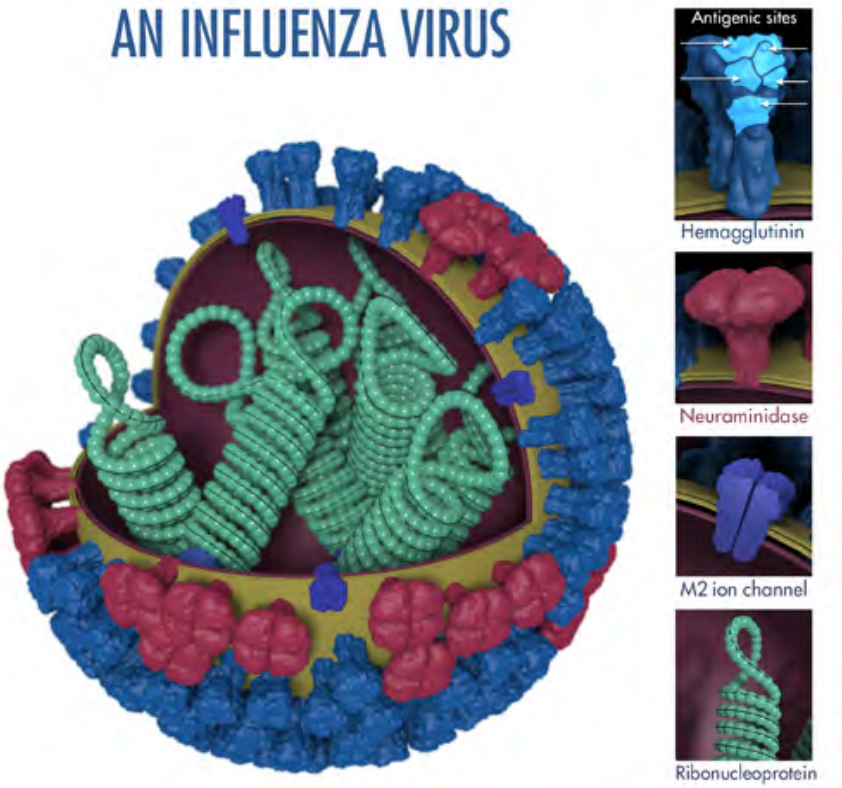

Figure 1

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The above image [figure 1] shows the different features of an influenza virus, including the surface proteins hemagglutinin (HA) and neuraminidase (NA). Following influenza infection or receipt of the influenza vaccine, the body's immune system develops antibodies that recognize and bind to "antigenic sites," which are regions found on an influenza virus' surface proteins. By binding to these antigenic sites, antibodies neutralize flu viruses, which prevents them from causing further infection.

CDC antigenically characterizes about 2,000 influenza viruses every year to compare how similar currently circulating influenza viruses are to those that were included in the influenza vaccine, and to monitor for changes in circulating influenza viruses. Antigenic characterization can give an indication of the flu vaccine's ability to produce an immune response against the influenza viruses circulating in people. This information also helps experts decide what viruses should be included in the upcoming season's influenza vaccine.

Other information that determines how similar a circulating virus is to a vaccine virus or another virus are the results of serology tests and genetic sequencing.[5]

5. www.cdc.gov/flu/professionals/laboratory/antigenic.htm

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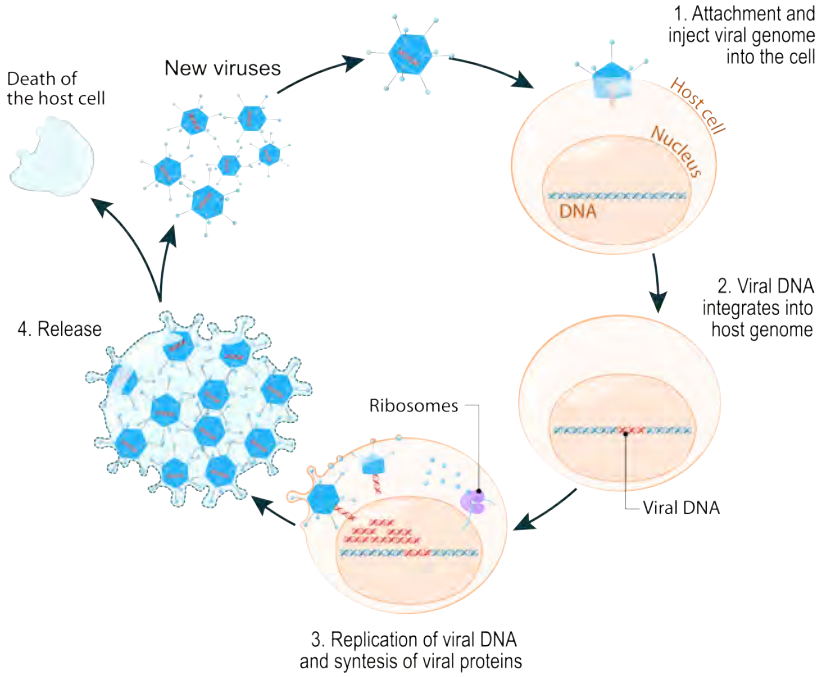
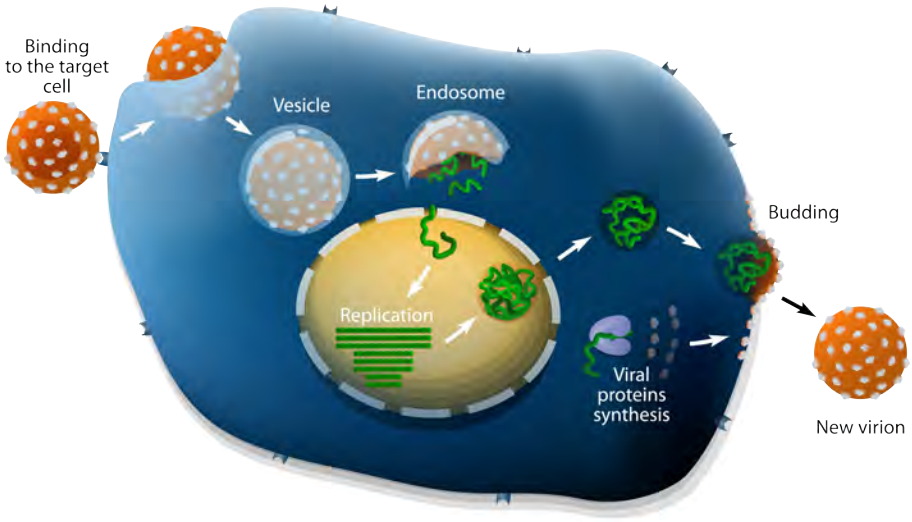
LIFE CYCLE OF VIRUSES



The following illustrates an influenza virus (depicted in orange) attacking a cell (depicted in blue) and using it for reproduction:

INFLUENZA VIRAL LIFE CYCLE



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Chinese Medicine

Wen Yi and Li Qi

- Wen Yi (瘟疫) – epidemic illnesses (highly contagious and spreads quickly)
- Li Qi (疠气) – a specific pathogen/evil (e.g., influenza)

4 Levels

Syndrome differentiation according to the 4 levels (wei, qi, ying, xue) applies to many febrile diseases. As we will explore later, influenza is a special category of the 4 levels called Spring Warm. Qing Dynasty physician Ye Tian-shi developed the system of the 4 levels in the Wen-re Lun.

> The Wen re lun (On Epidemic Warm Diseases), written by Ye Tian-shi, a famous physician of epidemic warm diseases in the Qing dynasty, was originally a teaching record between the tutors and disciples. The book was originally anonymous, and there were two different circulated versions compiled by two different scholars. The Wen zheng lun zhi (Treatment of Warm Syndromes) was arranged by Tang Da-lie, and its first edition was Wu yi hui jiang (Collected Discourses of Physicians in Wu Region), an xylographic edition of Tang's Wenxin Thatched Cottage in Wu region block-printed in the 57th year of Qianlong (1792). The Wen re lun (On Epidemic Warm Diseases) was arranged by Hua Xiu-yun, and its first edition was Weisheng Tang edition probably in the 42nd year of Qianlong of the Qing dynasty (1777) with disordered book names, which should be unified and marked. Hua Xiu-yun wasn't Ye's follower, and he looked for and arranged Ye's

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> medical cases because of the adoration to Ye Tian-shi. The texts of these two editions were the same, while the academic style differed substantially.[6]

Each of the 4 levels are categories of pathological presentations of febrile diseases. As a group, they represent stages of development of those diseases, starting with the most superficial stage (wei) and progressing through to the deepest and severe stage (xue). The following is a very brief review of the 4 levels. Each of the four levels can be broken down into numerous subcategories with extensive differentiations.

Wei Level

Pathogenic heat injures the lungs, muscles, and skin and obstructs the wei (defensive) qi. Parameters of illness: external, excess, heat.

- Symptoms: fever, slight aversion to wind and cold, headaches, coughing, mild sweating or no sweating, mild thirst, pain or swelling of the throat
- Tongue: rep tip and sides, thin-white coating
- Pulse: superficial, rapid

Qi Level

Pathogenic heat moves more deeply into the interior from the exterior to the lungs, stomach, and intestines. Parameters of illness: internal and external, excess, heat.

- Symptoms: high fever, no chills, aversion to heat and no aversion to cold, mental restlessness, thirst, deep-yellow urine, cough, thick yellow sputum, asthmatic breathing, thirst, profuse sweating, diarrhea or constipation, concentrated yellow urine
- There are many subcategories of qi level heat. In one subcategory, heat transfers to the large intestine (very similar to Yangming fu

6. Zhang, Z. B. "Textual research on circulated versions of Wen re lun (On epidemic warm diseases) and its related problems." Zhonghua yi shi za zhi (Beijing, China: 1980) 37, no. 4 (2007): 230-233.

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organ syndrome) and causes the following: constipation, tidal fever, abdominal pain, foul odor of the stool.

- Tongue: red with yellow coating
- Pulse: rapid, slippery

Ying Level

Heat moves more deeply into the heart and pericardium. Parameters of illness: internal, deficiency, heat.

- Symptoms: fever that is worse at night, mouth dryness but no strong desire to drink, mental restlessness, insomnia, skin rashes, delirium
- Tongue: deep-red, thorny (strawberries)
- Pulse: thin, rapid

Xue Level

The heat drives deeper into the body, disturbing the blood, heart, liver, and kidneys. Parameters of illness: internal, deficiency, heat.

- Symptoms: significant skin rashes with bleeding, burning heat of the entire body, mania, delirium, loss of consciousness (coma), vomiting of blood (hematemesis), coughing up blood (hemoptysis), nosebleeds (epistaxis), blood in urine (hematuria), and bloody stools
- Tongue: dark, deep-red
- Pulse: wiry, weak, or small

Spring Warm

In our discussion, influenza is a warm disease special category of the 4 levels called spring warm. Spring warm begins like the wei or qi level. In cases of spring warm, the disease quickly declines to a more serious condition. Usually, the presentation of the wei or qi levels lasts for up to approximately 1–2 days, followed by a rapid decline in the patient's

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condition. Spring warm is most common during the winter and spring. The warm pathogenic influence (evil) transfers to the pericardium. It is characterized by a very strong fever. Spring warm often applies to cases of influenza and meningitis.

Epidemic Disease

Because influenza is Wen Yi (epidemic disease), patients require isolation from other people so that the Li Qi (pathogen) does not spread. Moreover, children and the elderly are susceptible to pneumonia due to influenza or COVID-19.

Influenza and COVID-19 (coronavirus) both have different categorizations than diagnoses based on the six exogenous pernicious influences (six evils) or seven emotional factors. Influenza and COVID-19 are caused by pathogens, the Li Qi. Disease may spread rapidly throughout populations regardless of an individual's emotional status, seasonal trends, or levels of exposure to wind, cold, dampness, heat, summer heat, or dry external pernicious influences. Even if an individual's immune system is healthy, these viruses may overpower one's resistance to the illness. This course focuses on influenza, but according to TCM principles, if the differential diagnostics match correctly, then the herbal medicine and acupoints in this course are applicable for patients with COVID-19.

Very High Fever and Contagious

Influenza is a highly contagious febrile disease. **One distinction is that a standard case of 4 level (i.e., wei, qi, ying, xue) illness is not as contagious as influenza.** The 4 levels related illnesses are characterized by fever, but influenza spreads very quickly, patients decline rapidly, and it may cause very high temperatures. It is a special case of the 4 levels characterized by sudden higher temperatures and contagiousness.

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Milder presentations may occur that are similar to the common cold and therefore standard 4 levels or 6 stages theory may apply to those presentations. For example, in some cases, no fever is present. Even in cases of mild fever, the course of the disease tends to decline rapidly, and if untreated, may lead to pneumonia and lasting illness.

The following is an interesting commentary on Wen Yi and Li Qi. Dominique Buchillet (Medical Anthropolist, IRD-French Institute of Research for Development) notes:

> Prior to the Ming Dynasty (1638–1644), epidemic diseases (yi 疫 or wen yi 温疫, literally "warm epidemics") or also pestilence (li 疠) were credited to abnormal climatic conditions, in particular to excessive or unseasonable cold. In the late Ming Dynasty and early Qing Dynasty (1644–1911), a new conception of epidemic febrile diseases emerged: they are ascribed to heterogeneous pestilential qi (li qi 疠气) or to warm epidemic toxins (wen du 温毒) which exist in the environment and whose emergence is favoured by abnormal climatic and environmental conditions and/or social turbulences.[7]

Influenza Symptoms

Sudden high fever, epidemic, chills, body aches, headache, fatigue, easy to develop pneumonia

Treatment Principles

- Release the surface
- Dispel the Wen Yi pernicious influence
- Clear heat and toxins from the Wei and Qi levels

7. Buchillet, Dominique. "Climate, Environment and Epidemic Febrile Diseases: A View from Chinese Medicine." In Socio-Ecological Dimensions of Infectious Diseases in Southeast Asia, pp. 9-25. Springer, Singapore, 2015.

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Herbs

Pang's herbal formula is based on a modification of both Yin Qiao San and Sang Ju Yin, enriched with an antiviral function. This specific treatment strategy focuses on eliminating influenza where there is a strong heat presentation (e.g., high fever).

Pang family formula for influenza

Jin Yin Hua	(Flos Lonicerae Japonicae, 金银花)	15g
Lian Qiao	(Fructus Forsythiae Suspensae, 连翘)	15g
Dan Zhu Ye	(Herba Lophatheri Gracilis, 淡竹叶)	30g
Jing Jie	(Herba Schizonepetae, 荆芥)	10g
Niu Bang Zi	(Fructus Arctii Lappae, 牛旁子)	10g
Sang Ye	(Folium Mori Albae, 桑叶)	15g
Ju Hua	(Flos Chrysanthemi Morifolii, 菊花)	15g
Ku Xing Ren	(Semen Pruni Armeniacae, 杏仁)	9g
Huang Qin	(Radix Scutellariae Baicalensis, 黄芩)	12g
Ban Lan Gen	(Radix Isatidis, 板蓝根)	30g
Sheng Gan Cao	(Radix Glycyrrhizae, 甘草)	10g
Yu Xing Cao	(Herba Houttuyniae, 鱼腥草)	30g
San Ya Hu	(San Cha Hu Gen, San Cha Ku, Evodia Lepta, 三叉虎根)	30g
Gui Yu Jian	(Herba Buchneriae, 鬼見羽)	30g
Lu Gen	(Rhizoma Phragmitis Communis, 芦根)	20g

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San Ya Hu

Herb Formula Secrets

In this section, we highlight and clarify important points:

- This formula uses San Ya Hu (San Cha Hu Gen) for high fever. San Ya Hu is bitter, cold, and clears heat and toxins. This herb treats lung heat coughing and swelling and pain of the throat. It is indicated for use for patients with fever, lung abscess, meningitis, encephalitis, and influenza. San Ya Hu clears wind dampness and is indicated for the treatment of dampness with itching (including topical applications), rheumatoid arthritis, sciatica, and low back pain (cooling, clear heat and toxins, wind damp bi pain). **In a comparison of herbs, San Ya Hua is especially useful for clearing high fever temperatures whereas Gui Yu Jian is especially useful for clearing the influenza virus from the system.**
- Gui Yu Jian is used for its antiviral actions. Gui Yu Jian, also known as Cruciate Blueheart, is bitter and cold. It clears heat and

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toxins, cools the blood, and is used for the treatment of skin eruptions (e.g., measles) and other wind-toxin rashes.

Gui Yu Jian is contraindicated during pregnancy because it is strong. Evaluate strength of the herb versus the needs of the pregnant mother to heal from the virus. In other words, a dangerous virus may present significantly more danger to a fetus than the strength of the herb. If this is the case, it is recommended to reduce the dosage to 1/3 of the normal dosage if used during pregnancy.

- Yu Xing Cao is used for lung heat, especially coughing. Also, it dissolves hot phlegm and benefits the breathing system.
- Note: the dosage is heavy for San Ya Hu, Gui Yu Jian, and Yu Xing Cao (up to 30g).

Directions

Cover the herbs with water and leave approximately 3 cun of water above the herb line and then boil. One bag of this herbal formula is cooked 3 times.

During the acute phase of the disease, patients are instructed to drink one cup each time, 45 minutes to one hour after each meal: drink one cup, three times per day. The use of one cup, three times per day, is to maintain herb levels in the bloodstream during the acute phase. Use the herbs less frequently each day as the patient enters the recovery phase.

Another standard technique to boil herbs is to boil the first batch and set it aside. Next, add more water and decoct again with the same herbs. Combine the two decoctions and then split into one cup doses. This creates an even potency for decoctions.

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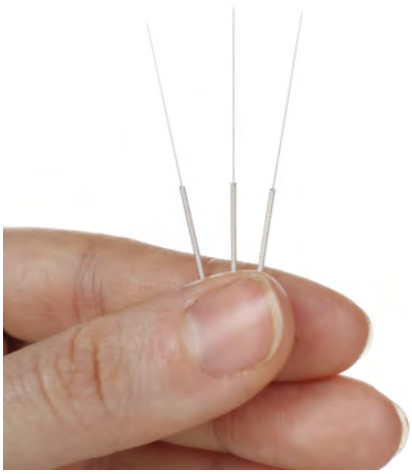
Acupuncture



- **Lieque, LU7 (Broken Sequence)**
  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, the point is in the depression right under the tip of the index finger.

  LU7 is a Luo-connecting point of the lung channel (the Luo-connecting channel separates from the primary channel at LU7 and connects to LI4), Gao Wu command point, Ma Dan-yang heavenly star point, exit point, and a confluent point of the Conception Vessel (Ren Mai).

  LU7 opens the lungs, disperses wind, and clears and regulates the Conception Vessel (Ren Mai). As a confluent point of the Conception Vessel, LU7 is paired with KD6, which is the confluent point of the Yinqiao meridian. Together, LU7 and KD6 are indicated for the treatment of throat, chest, and lung disorders. As a Gao Wu command point, LU7 is used for the the treatment of the back and

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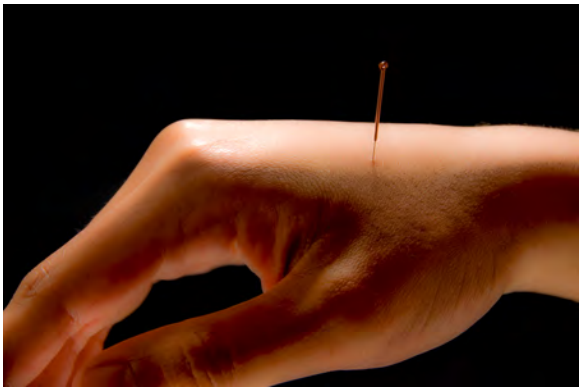
neck. Indications include headache, stiff neck, coughing, asthma, sore throat, swelling of the pharynx, facial paralysis, and wrist disorders. A recommended pairing is LU7 with KD7 to treat lung conditions and to benefit body fluids.

- **Hegu, LI4 (Joining Valley)**
  This point is on the dorsum of the hand, between the 1st and 2nd metacarpal bones, approximately in the middle of the 2nd metacarpal bone on the radial side.

  LI4 is a source point and entry point. LI4 disperses wind, releases exterior conditions, suppresses pain, and clears the channels. Indications include headaches, eye pain, epistaxis, toothache, deafness, facial edema, facial paralysis, sore throat, trismus (lock jaw), fever, delayed labor, and pain.



- **Fuliu, KD7 (Returning Current)**
  KD7 is located 2 cun above KD3, on the anterior border of tendocalcaneous.

  KD7 is a jing river (traversing), metal, and mother point. KD7 regulates kidney qi, and clears and cools damp-heat. Indications include febrile diseases, night sweating, spontaneous sweating, abdominal distention, edema, and diarrhea with pus and blood. Special combinations for KD7 including using it with LI4 to producing sweating and with HT6 for the treatment of night

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sweating. **A recommended pairing is LU7 with KD7 to treat lung conditions and to benefit body fluids.**

- **Dazhui, GV14 (Great Vertebra)**
  GV14 (DU14) is located below the spinous process of C-7, the seventh cervical vertebra. Caution: the spinal canal is approximately 1.25–1.75 cun below the skin surface; deep needling is contraindicated. A needle that has incorrectly entered the spinal canal may elicit a response of an electric or numb sensation to the limbs; remove the needle immediately. Perpendicular-oblique superior needling from 0.5–1.0 cun is applied. **GV14 is the main point for high fever.**

  GV14 is a Sea of Qi point and is the meeting point of the Governing Vessel with all six yang channels. GV14 relieves exterior conditions, opens the yang, clears the brain, and calms the spirit. GV14 strongly clears heat and expels wind.

  Indications include neck and shoulder rigidity, back pain, malaria, febrile diseases, influenza, seizures, epilepsy, cough, bronchitis, paralysis, mental diseases, and asthma. GV14 is effective for the treatment of fevers including tidal, afternoon, and yin deficient types. GV14 is used for yin deficiency recurrent fevers with a hot sensation in the bones (steaming bone).

- **Neiting, ST44 (Inner Courtyard)**
  ST44 is 0.5 cun proximal to the margin of the web between the second and third toes.

  ST44 is a ying-spring, water, and Ma Da-yang heavenly star point. ST44 clears heat and calms the spirit. ST44 is especially useful for clearing and draining stomach heat or intestinal damp-heat. ST44 regulates qi and suppresses pain. This point is special for heat in the upper jiao (burner), including yangming fevers. **This point has a strong cooling effect and is especially effective for yangming channel forehead headaches.**

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This point treats stomach pain, diarrhea, jaw pain, tinnitus, toothaches, trigeminal neuralgia, febrile diseases, tonsillitis, sore throat, mouth paralysis, epistaxis, gastric pain, dysentery, foot pain, and blood or pus in the stool.

- **Quchi, LI11 (Pool at the Crook)**
  When the elbow is flexed, this point is in the depression at the lateral end of the transverse cubital crease, midway between LU5 and the lateral epicondyle of the humerus.

  LI11 is a He Sea, earth, mother, Ma Dan-yang heavenly star, and Sun Si-Miao Ghost Point. LI11 regulates the blood, drains dampness, cools heat in the blood, clears exterior heat, and eliminates wind. LI11 is indicated for the treatment of hypertension, sore throat, toothaches, red and painful eyes, scrofula, goiter, neck nodules, urticaria, skin diseases, upper limb paralysis, febrile diseases, and chest oppression.

Dietetic Recommendations

Encourage the replenishment of bodily fluids by using herbs during normal dietary intake that have a very mild flavor. Use Ge Gen, Bai Mao Gen, and Lu Gen as ingredients to make a tasty soup. Another preparation is to make a rice porridge (mi zhou) with these ingredients. Either the soup or porridge (congee) help to replenish fluids (Jin Ye), which are depleted by the disorder. This helps to counteract the depletion of yin by sweating and benefits digestion. A usual care equivalent is to replace bodily fluids with an IV drip or electrolyte supplement.

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Ge Gen

Lu Gen

Comments

The Pang family has treated over 1,000 patients with this approach to patient care. The fever usually reduces within three days, without the need for medications.

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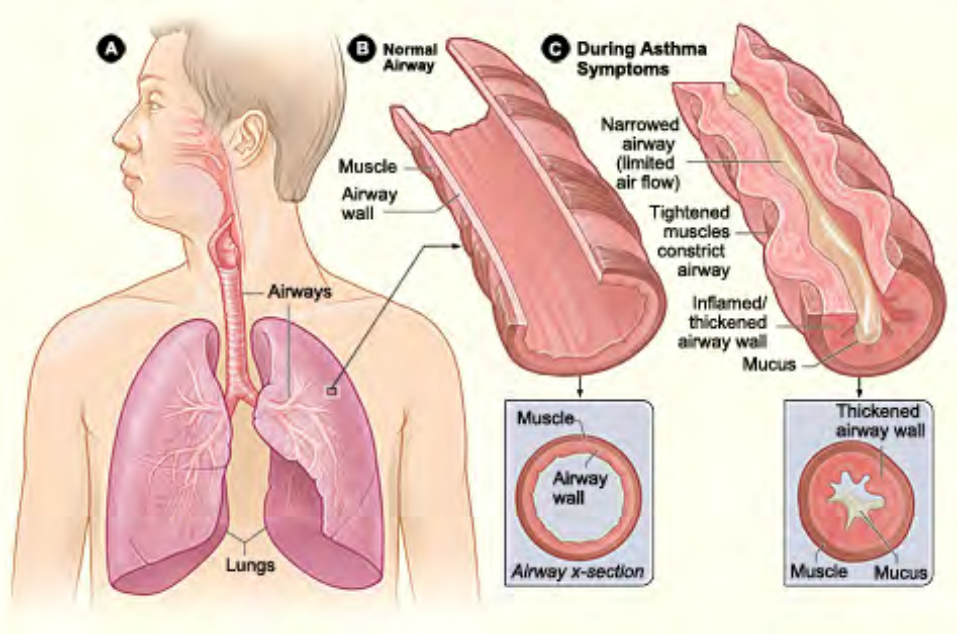
Allergic Asthma



Biomedicine

The following is allergic asthma (also referred to as extrinsic asthma) information published by the National Institutes of Health:

> Asthma is a breathing disorder characterized by inflammation of the airways and recurrent episodes of breathing difficulty. These episodes, sometimes referred to as asthma attacks, are triggered by irritation of the inflamed airways. In allergic asthma, the attacks occur when substances known as allergens are inhaled, causing an allergic reaction. Allergens are harmless substances that the body's immune system mistakenly reacts to as though they are harmful. Common allergens include pollen, dust, animal dander, and mold. The immune response

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leads to the symptoms of asthma. Allergic asthma is the most common form of the disorder.

A hallmark of asthma is bronchial hyperresponsiveness, which means the airways are especially sensitive to irritants and respond excessively. Because of this hyperresponsiveness, attacks can be triggered by irritants other than allergens, such as physical activity, respiratory infections, or exposure to tobacco smoke, in people with allergic asthma.

An asthma attack is characterized by tightening of the muscles around the airways (bronchoconstriction), which narrows the airway and makes breathing difficult. Additionally, the immune reaction can lead to swelling of the airways and overproduction of mucus. During an attack, an affected individual can experience chest tightness, wheezing, shortness of breath, and coughing. Over time, the muscles around the airways can become enlarged (hypertrophied), further narrowing the airways.

Some people with allergic asthma have another allergic disorder, such as hay fever (allergic rhinitis) or food allergies. Asthma is sometimes part of a series of allergic disorders, referred to as the atopic march. Development of these conditions typically follows a pattern, beginning with eczema (atopic dermatitis), followed by food allergies, then hay fever, and finally asthma. However, not all individuals with asthma have progressed through the atopic march, and not all individuals with one allergic disease will develop others.

Frequency

Approximately 235 million people worldwide have asthma. In the United States, the condition affects an estimated 8 percent of the population. In nearly 90 percent of children and 50 percent of adults with asthma, the condition is classified as allergic asthma.

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Causes

The cause of allergic asthma is complex. It is likely that a combination of multiple genetic and environmental factors contribute to development of the condition. Doctors believe genes are involved because having a family member with allergic asthma or another allergic disorder increases a person's risk of developing asthma.

Studies suggest that more than 100 genes may be associated with allergic asthma, but each seems to be a factor in only one or a few populations. Many of the associated genes are involved in the body's immune response. Others play a role in lung and airway function.

There is evidence that an unbalanced immune response underlies allergic asthma. While there is normally a balance between type 1 (or Th1) and type 2 (or Th2) immune reactions in the body, many individuals with allergic asthma predominantly have type 2 reactions. Type 2 reactions lead to the production of immune proteins called IgE antibodies and the generation of other factors that predispose to bronchial hyperresponsiveness. Normally, the body produces IgE antibodies in response to foreign invaders, particularly parasitic worms. For unknown reasons, in susceptible individuals, the body reacts to an allergen as if it is harmful, producing IgE antibodies specific to it. Upon later encounters with the allergen, IgE antibodies recognize it, which stimulates an immune response, causing bronchoconstriction, airway swelling, and mucus production.

Not everyone with a variation in one of the allergic asthma-associated genes develops the condition; exposure to certain environmental factors also contributes to its development. Studies suggest that these exposures trigger epigenetic changes to the DNA. Epigenetic changes modify DNA without changing the DNA sequence. They can affect gene activity and regulate the production of

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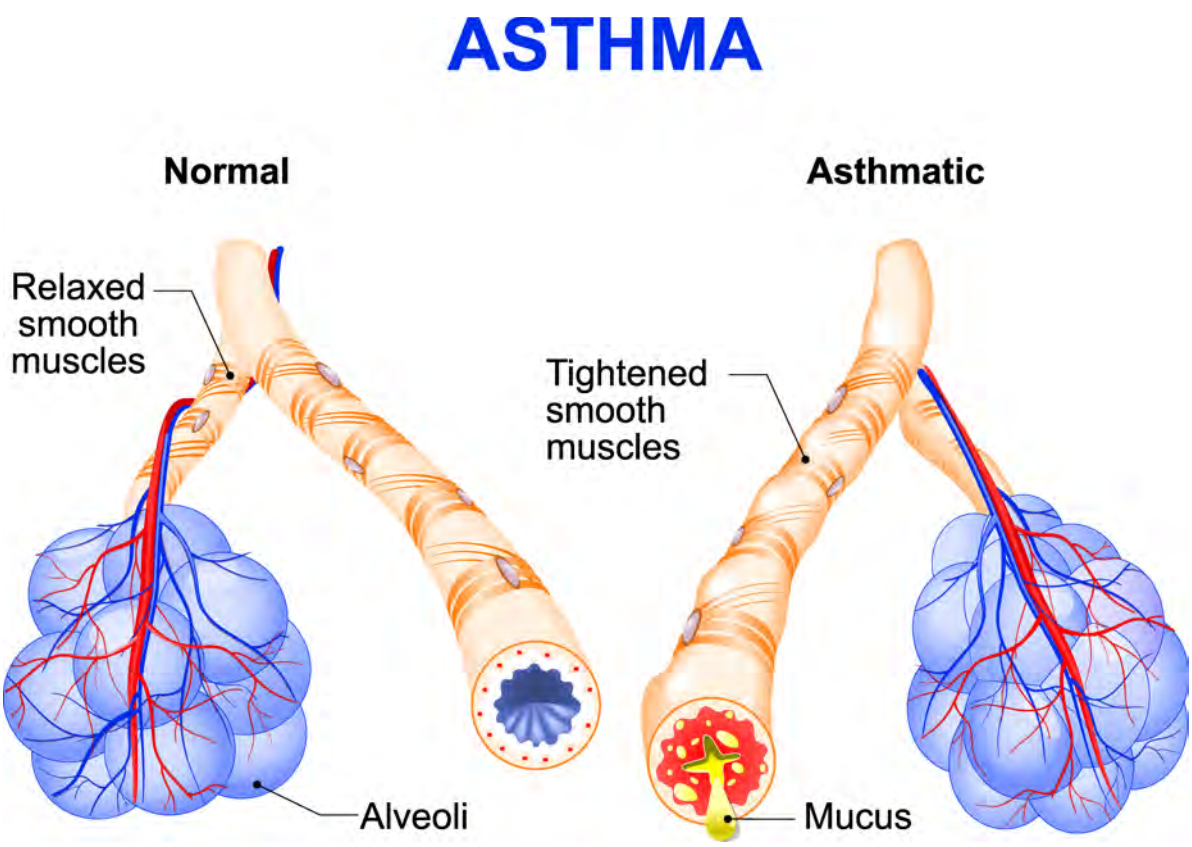
proteins, which may influence the development of allergies in susceptible individuals.[8]



Next: Chinese medicine and asthma

8. ghr.nlm.nih.gov/condition/allergic-asthma#

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Chinese Medicine

Asthma is characterized by paroxysmal dyspnea (difficult or labored breathing) and wheezing. Excess conditions leading to asthma include wind-cold and hot-phlegm. Deficiency causes of asthma include lung and kidney deficiency; the kidney qi must be strong enough to grasp the lung qi.

Allergic asthma is seasonal or living in specific areas stimulates an allergy to something specific. Allergies are mostly related to wind evil (suddenly happens and disappears). All cases of asthma have general underlying lung and kidney deficiency. For allergic asthma, any of the six evils (exogenous pernicious influences) may stimulate an attack. Long term, by benefiting the kidney qi, the root of the disorder is addressed and may ultimately resolve the condition.

Herbs

The following is the Pang family herbal formula for allergic asthma.

Hou Po (Cortex Magnoliae Officinalis, 厚朴) 12g
This herb regulates qi to facilitate breathing and transforms dampness. This herb is paired with Wu Yao and must be combined with Wu Yao for it to be effective.

Wu Yao (Radix Linderae Strychnifoliae, 乌药) 5g
This herb regulates qi and is essential for the treatment of asthma because of its ability to transform dampness to regulate the lungs.

Fang Feng (Radix Ledebouriellae Divaricatae, 防风) 10g
Jing Jie (Herba Schizonepetae Tenuifoliae, 荆芥) 6g

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Fang Feng and Jing Jie are an important set of paired herbs for the treatment of asthma. Together, they expel the wind.

Bai Jie Zi (Semen Sinapis Albae, 白芥子) 3g
This herb is effective for the treatment of chronic asthma and coughing.

Di Fu Zi (Fructus Kochiae Scopariae, 地肤子) 6g
Although commonly used for the treatment of skin disorders, it is also for used for the treatment of allergies.

Wu Wei Zi (Fructus Schisandrae Chinensis, 五味子) 9g
This is an important herb for the treatment of asthma, particularly for its astringent qualities and its ability to combat allergies.

Sang Bai Pi (Cortex Radicis Mori Albae, 桑白皮) 12g
This is an important herb for the treatment of asthma that is valued for its ability to resolve hot phlegm.

Cang Er Zi (Fructus Xanthii Siberici, 苍耳子) 10g
This is is commonly used for skin disorders but is also very effective for nasal allergies, hay fever, and asthma.

Jie Geng (Platycodi Radix, 桔梗) 12g
This herb leads the herbal formula to the lung channel.

Mu Li (Concha Ostreae, 牡蛎) 30g

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This herb is essential to descend the qi so that the kidneys may grasp the lung qi. The sinking quality of this herb helps guide the qi downward.

Long Gu (Os Draconis, 龙骨) 15g
Like Mu Li, this herb descends the qi to treat asthma rebellious qi. The astringent property of this herb helps to shrink the phlegm.

Xu Chang Qing (Radix Cynanchi Paniculati, 徐長卿) 9g
This herb is special for clearing lung heat in patients with asthma. It is also used for wind damp bi (joint) pain and injuries (die da).

Fu Hai Shi (Pumice, 浮海石) 12g
This herb dissolves hot phlegm.

Gan Cao (Radix Glycyrrhizae, 甘草) 6g
This herb helps to harmonize the formula.

Xin Hui Chen Pi (Pericarpium Citri Reticulatae, 陈皮) 6g
Xin Hui Chen Pi is high quality Chen Pi. Note that it has a black color. Use only the high quality variety. This herb dries dampness, transforms phlegm, and benefits the spleen qi.

Bai Zhi (Radix Angelicae Dahuricae, 白芷) 3g
Xi Yi Hua (Flos Magnoliae Lilliflorae, 辛夷) 9g
Use these herbs together to benefit the sinuses.

Huang Qin (Radix Scutellariae Baicalensis, 黄芩) 8g

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This herbs is optional and is added for the treatment of heat and damp heat.

Bo He (Herba Menthae Haplocalycis, 薄荷) 3g
This herb is optional and is used to open the chest qi and descend the qi.

Ma Huang (Herba Ephedrae, 麻黄) 1g
Use a low dose of Ma Huang to benefit the lungs.

Instructions
Cover the herbs with water plus about 3 cun of water on top. Add Wu Yao, Bo He, and Xin Yi Hua during the last five minutes of boiling the decoction.

Use each bag two times and mix together. To do this, decoct the first batch and set it aside. Decoct another batch with the same herbs and combine both decoctions. Drink one or two cups per day (one cup, 2 times per day). If the case of asthma is mild, use one cup per day.

Jie Geng

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Acupuncture

The following are general acupuncture points recommended for this condition.

- **Jianjing, GB21 (Shoulder Well)**
  GB21 is located directly above the nipple midway between GV14 and the acromion at the highest point of the shoulder, at the crest of the trapezium muscle. GB21 is an intersection (meeting) point of the triple burner (San Jiao), stomach, and Yang Linking channels. GB21 is indicated for the treatment of vertigo, coughing due to rebellious qi, back and shoulder pain, apoplexy and hemiplegia due to stroke, mastitis, difficult labor, breast pain, scrofula, stiff neck, and cervicalgia. This point is contraindicated for use during pregnancy.

  Texts vary on needling depths and angles of insertion. The text *Chinese Acupuncture and Moxibustion* (Foreign Language Press, Beijing) notes that this point is needled perpendicularly 0.3 to 0.5 inches. Note the shallow insertion recommendation. The text does not mention the pinching-grabbing needle technique to the skin and muscle often taught in acupuncture schools as a precautionary measure. Needling techniques are beyond the scope of this course and are generally taught in live seminars or interactive environments. However, a discussion of needling methods from an academic perspective is important given that there is a high risk of pneumothorax if this acupuncture point is needled perpendicularly or deeply.

  The text *Acupuncture, A Comprehensive Text* (Eastland Press) notes that the needling method for GB21 is “Straight insertion, 0.5–1 unit. Sensation: dissension and soreness extending to shoulder region. CAUTION: Care should be taken not to insert needle too deeply, to avoid puncturing the lung.” GB21 is at the apex of the lungs. In some individuals, the apex is less than 1 cun under GB21 and a perpendicular insertion of 1 inch, cun, or unit

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would cause pneumothorax. Therefore, the needle depth limit set in *Chinese Acupuncture and Moxibustion* is significantly safer and notably prohibits needling deeper than 0.5 inches.

A final comparison is taken from another respected acupuncture text, *A Manual of Acupuncture* (Deadman, Al-Khafaji, Baker; Journal of Chinese Medicine Publications). The needling method is described by the following: "Posterior oblique insertion, 0.5–1 cun. Caution: i. perpendicular insertion, especially in thin patients, carries a substantial risk of inducing a pneumothorax; ii. contraindicated in pregnancy." Here, the posterior oblique insertion angle is a more cautious approach than the perpendicular needling method suggested in *Chinese Acupuncture and Moxibustion* but the needling length is longer. Given the varying methods mentioned in each text, it is important to note that no one should attempt needling this point without having been trained in a professional acupuncture school or approved tutorial program. This point is common in clinical practice and requires extreme caution.

- **Dazhui, GV14**
  GV14 (DU14) is located below the spinous process of C-7, the seventh cervical vertebra. Caution: the spinal canal is approximately 1.25–1.75 cun below the skin surface; deep needling is contraindicated. Needling that has incorrectly entered the spinal canal may elicit a response of an electric or numb sensation to the limbs; remove the needle immediately. Perpendicular-oblique superior needling from 0.5–1.0 cun is applied.

  GV14 is a Sea of Qi point and is the meeting point of the Governing Vessel with all six yang channels. GV14 relieves exterior conditions, opens the yang, clears the brain, and calms the spirit. GV14 strongly clears heat and expels wind.

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Indications include neck and shoulder rigidity, back pain, malaria, febrile diseases, influenza, seizures, epilepsy, cough, bronchitis, paralysis, mental diseases, and asthma. GV14 is effective for the treatment of fevers including tidal, afternoon, and yin deficient types. GV14 is used for yin deficiency recurrent fevers with a hot sensation in the bones (steaming bone).

- **Dingchuan, M-BW-1 (Calm Dyspnea, Stop Wheezing)**
  This acupoint is located 0.5–1 cun lateral to the depression below the spinous process of the 7th cervical vertebra, level with GV14. A perpendicular-oblique insertion towards the spine to a depth of 0.5–1 cun is recommended by many texts.

  A cutaneous branch of the dorsal ramus of the 7th cervical nerve is located at Dingchuan. Deeply, this point is innervated by the medial branch of the dorsal ramus of the 8th cervical nerve.

  This extra point is used for calming dyspnea and stopping both coughing and wheezing. Indications include asthma, coughing, bronchitis, stiff neck, rubella, urticaria, local pain.

- **Fengmen, BL12 (Wind Gate)**
  BL12 is 1.5 cun lateral to T-2, at the level of the lower border of the spinous process of the vertebra. It is a meeting point of the bladder channel with the governing vessel (Du Mai). BL12 opens the lungs, disperses wind, and regulates qi. Indications include headaches, neck stiffness, common cold, influenza, cough, fever, and neck or back pain.

  Deep insertion may injure blood vessels or may cause pneumothorax. An oblique or transverse-oblique insertion towards the spine (0.5–0.7 cun) is standard.

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- **Feishu, BL13 (Lung Shu)**
  BL13 is 1.5 cun lateral to T-3, at the level of the lower border of the spinous process of the vertebra. BL13 is the lung back shu point. BL13 benefits lung qi, regulates lung qi, releases the exterior, and reduces fevers. Indications include asthma, dyspnea, coughing, chest pain, spontaneous or night sweating, afternoon fevers, and local pain.

  Deep insertion may injure blood vessels or may cause pneumothorax. An oblique or transverse-oblique insertion towards the spine (0.5–0.7 cun) is standard.

- **Geshu, BL17 (Diaphragm Shu)**
  This acupoint is 1.5 cun lateral to T-7, at the level of the lower border of the spinous process. BL17 is the diaphram back shu (beishu) point and the influential point of blood (Hui meeting point of blood). BL17 regulates blood, transforms congealed blood, cools heat in the blood, expands the chest and diaphragm, and strengthens deficient conditions.

  Common indications for usage include chest oppression, night sweating, steaming bone disorder, tidal fever, vomiting, mania, depression, afternoon fevers, night sweats, coughing with blood, epigastric pain, and hiccups.

- **Gongsun, SP4 (Grandfather Grandson)**
  This acupoint is located in the depression distal and inferior to the base of the first metatarsal bone, at the junction of the red and white skin.

  SP4 is the luo-connecting point of the spleen channel. SP4 is the confluent point of the penetrating vessel (Chong Mai). SP4 regulates the spleen and stomach, regulates the Chong vessel, and is indicated for the treatment of gastric pain, vomiting, abdominal pain and distention, and diarrhea. Additional indications

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include local pain, irregular menstruation, insomnia, mental restlessness, swelling of the head and face, jaundice, and malaria.

- **Neiguan, PC6 (Inner Pass)**
  This point is 2 cun above the transverse wrist crease, on the line connecting PC3 and PC7, between the tendons of the palmaris longus and flexor carpi radialis.

  PC6 is the luo (connecting) point of the pericardium channel. It is the confluent point of the Yinwei vessel (Yin Linking Vessel). PC6 regulates the heart, calms the spirit, regulates qi, suppresses pain, and harmonizes the stomach. Common indications for use include: nausea, vomiting, hiccups, pain (cardiac, chest, elbow, upper arm, head, neck, stomach), mental illness, seizures due to epilepsy, insomnia, fever, palpitations, irregular menstruation, dysuria, postpartum dizziness.

  As a confluent point of the Yinwei vessel, PC6 is paired with SP4, which is the confluent point of the Chong (thoroughfare) vessel. Together, PC6 and SP4 are indicated for the treatment of heart, chest, and stomach disorders.

Tian Jiu Topical Herbs

Make a topical powder from the following:

- Bai Jie Zi (Semen Sinapis Albae, 白芥子)
- Xi Xin (Herba Asari Cum Radic, 细辛)
- Gan Sui (Radix Euphorbiae Kansu, 甘遂)

This can be mixed with garlic juice, vinegar, or ginger juice. You may want to test the skin (leave on for about one hour or more) to see which is the best medium for a paste. Check for reactions. Slight redness to the skin indicates irritation, but is safe. Anything beyond slight redness

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to the medium for the paste or the entire mixture indicates that it is not acceptable for the patient. The paste is especially good in the winter. Apply it in the summer or other seasons to prevent attacks in the winter. Affix with a bandaid (adhesive bandage).

Mix the powder with ginger juice (or other medium listed above) to apply the tian jiu mixture to the aforementioned back shu points (BL12, BL13, BL17) and Ding Chuan. Total retention time for the paste is up to a few hours, until the skin feels a mild burning sensation. The use of tian jiu for the treatment of asthma was highlighted in research by Chan et al.:[9]

> *Tian jiu* therapy is an ancient technique for treating asthma and allergic rhinitis. For this therapy, Chinese herbal medicine is used in conjunction with acupuncture theory to achieve the treatment effect, but no needle is involved. Asthma is considered a "winter" disease in Traditional Chinese Medicine (TCM), and the acute attacks are more likely to happen in winter. According to the TCM theory of "treating winter disease in summer" and "breeding *yang qi* in spring and summer," applying *tian jiu* in the three hottest days of the year—*san fu tian*—could help reduce the incidence rate of asthma attacks in winter.[10]
>
> The mechanism of *tian jiu* is straightforward. Carefully selected stimulating Chinese herbs that are in hot in nature are ground into powder and mixed with ginger extract to form pellets, which are then pasted onto specific acupoints. During the hottest days of summer, pores open up, blood flows more freely, and the *yang qi* in the body is at its peak. The medication acts on the acupoints, causing redness, congestion, or even blister at the local area, thereby stimulating the related meridians and harmonizing the targeted visceral system.

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9. Chan, Clara WC, Sau Chun Lee, Kwai Ching Lo, Hei Kiu Wong, and Lei Li. "Tian Jiu Therapy for the Treatment of Asthma in Adult Patients: A Meta-Analysis." The Journal of Alternative and Complementary Medicine 21, no. 4 (2015): 200-207.

10. Hong Kong Hospital Authority. Hong Kong Hospital Authority Online. July 2011. Online document at: http://hk.news.yahoo.com/blogs/haonline. November 30, 2013.

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In 1695, the classic TCM monograph *General Medicine According to Master Zhang*[11] had already recorded the medicine and acupoints to be used for treating asthma with *tian jiu*. Numerous recent studies have also assessed the clinical efficacy of *tian jiu* in China.[12]

Auricular Acupoints

- Shenmen
- Lung
- Large Intestine
- Trachea
- Ping Chuan

Dietetics and Lifestyle

- Use Ge Jie (gecko, 蛤蚧) and equal amounts of Ren Shen (Radix Ginseng, 人参): make into a powder.

  For Ge Jie, get one pair (one male, one female gecko) for the powder. Remove the head, hands, and feet. Keep the tail. The main function is in the tail. Break them up into pieces and put in a coffee grinder or herbal medicine grinder.

  Use Korean red ginseng. If there is yin deficiency (xu), use Chinese white ginseng. Take morning and night: 9 grams of Ge Jie + 9 grams of ginseng. Dissolve in hot water and drink.

- Take 5 whole walnuts (Hu Tao Ren, Semen Juglandis Regiae, 胡桃仁), 2 times per day. Raw or lightly toasted is good but deep

11. Zhang L. General Medicine According to Master Zhang. Shanxi Science and Technology Publishing House, 2010.

12. Chan, Clara WC, Sau Chun Lee, Kwai Ching Lo, Hei Kiu Wong, and Lei Li. "Tian Jiu Therapy for the Treatment of Asthma in Adult Patients: A Meta-Analysis." The Journal of Alternative and Complementary Medicine 21, no. 4 (2015): 200-207.

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friend walnuts are not good.

- Make a soup with the following: Shan Yao (Radix Dioscoreae Oppositae, 山药), Chuan Bei Mu (Bulbus Fritillariae Cirrhosae, 川贝母), and dried crocodile/alligator meat (optional). Crush Chuan Bei Mu (9 grams) so that one can eat it in the soup.

  Herb stores sell dried alligator meat. Some Chinese markets have alligator meat in the frozen section. The alligator meat is for the treatment of skin diseases and asthma. Alligator meat strengthens lung Qi. The five element association is that the skin and lungs are connected (metal element).

  One can add lean pork meat, chicken, or pork spare spare ribs to add flavor, if wanted. It is a tea without meat and call it a soup if it is with meat.

- Sip hot tea made from the following: ginkgo nut (Bai Guo, Semen Ginkgonis Bilobae, 白果), loquat leaf (Pi Pa Ye, Folium Eriobotryae Japonicae, 枇杷叶), honey (Feng Mi, Mel, 蜂蜜). Use fresh or dried Pi Pa Ye. Do not use honey if the patient has diabetes. Honey provides a function of moistening the lungs.

- Avoid cold drinks and foods. Avoid Fa foods (e.g. alcohol, chili)—exacerbates the asthma condition.

- Exercise: engage in mild, controlled exercises like Taijiquan (T'ai Chi). Avoid depletion from intense exercise.

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Case history

Mr. Chen
Date of birth: 1954
First office visit: 2006
Major complaint: allergic asthma

He emigrated to the USA 30 years prior to the first office visit in 2006. Five years after arrival, he developed asthma. Onset of asthma attacks began every springtime. He required an inhaler, five times daily, to control the asthma attacks. He presented with cold phlegm signs; the facial complexion was pale, white, and with slightly puffiness.

Tongue: pale body with a thin, white, and greasy coating
Pulse: floating, slippery, slightly rapid, no root. The pulse indicates that the condition is both excess and deficient.

Treatment Principles

Expel wind-dampness, support the body's zheng (upright) qi to open up the chest

Acupuncture points

- **Yintang (M-HN-3, Hall of Impression)**
  This extra point is located at the midpoint between the medial extremities of the eyebrows at the glabella. Yintang calms the spirit, and benefits the nose and face. Indications include insomnia, anxiety, nasal congestion, sinus pain, and infantile convulsions.

- **Hegu, LI4 (Joining Valley)**
  This point is on the dorsum of the hand, between the 1st and 2nd metacarpal bones, approximately in the middle of the 2nd metacarpal bone on the radial side. LI4 is a source point and entry point. LI4 disperses wind, releases exterior conditions, suppresses pain, and clears the channels. Indications include headaches, eye

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pain, epistaxis, toothaches, deafness, facial edema, facial paralysis, sore throat, trismus (lock jaw), fever, delayed labor, and pain. This point is especially useful for pollen allergies with coughing, including strong presentations such as springtime hay fever.

- **Shangqihai, CV17 (Upper Sea of Qi)**
  This acupoint is located on the midline of the sternum, in a depression level with the junction of the fourth intercostal space and the sternum (midway between the nipples). CV17 is the front mu point of the pericardium, Sea of Qi point, and the influential point of qi. The spleen, kidney, small intestine, and sanjiao (three burners) meet at this acupoint. CV17 regulates and suppresses rebellious qi, expands the chest, and benefits the diaphragm. Common indications for usage include chest oppression, shortness of breath, breast disorders, asthma, chest pain, insufficient lactation, difficulty swallowing, and palpitations.

- **Fenglong, ST40 (Abundant Bulge)**
  This point is 8 cun superior to the external malleolus, about 1 finger-breadth lateral to ST38. ST40 is a luo-connecting point. ST40 transforms dampness and phlegm, benefits the lungs, chest and heart, and calms the spirit. Indications for use include hypertension, headaches, vertigo, cough, excess sputum, chest pain (especially when combined with GB40, Qiuxu), and swelling of the lower limbs.

Occasionally, provide back treatments to the patient for cases such as this:

- **Fengmen, BL12 (Wind Gate)**
  BL12 is 1.5 cun lateral to T-2, at the level of the lower border of the spinous process of the vertebra. It is a meeting point of the bladder channel with the Governing vessel. BL12 opens the lungs, disperses wind, and regulates qi. Indications include headaches,

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neck stiffness, common cold, influenza, cough, fever, and neck or back pain. Deep insertion may injure blood vessels or may cause pneumothorax. An oblique or transverse-oblique insertion towards the spine (0.5–0.7 cun) is standard.

- **Feishu, BL13 (Lung Shu)**
  BL13 is 1.5 cun lateral to T-3, at the level of the lower border of the spinous process of the vertebra. BL13 is the lung back shu point. BL13 benefits lung qi, regulates lung qi, releases the exterior, and reduces fevers. Indications include asthma, dyspnea, coughing, chest pain, spontaneous or night sweating, afternoon fevers, and local pain. Deep insertion may injure blood vessels or may cause pneumothorax. An oblique or transverse-oblique insertion towards the spine (0.5–0.7 cun) is standard.

- **Dingchuan, M-BW-1 (Calm Dyspnea, Stop Wheezing)**
  This acupoint is located 0.5–1 cun lateral to the depression below the spinous process of the 7th cervical vertebra, level with GV14. A perpendicular-oblique insertion towards the spine to a depth of 0.5–1 cun is recommended by many texts.

  A cutaneous branch of the dorsal ramus of the 7th cervical nerve is located at Dingchuan. Deeply, this point is innervated by the medial branch of the dorsal ramus of the 8th cervical nerve.

  This extra point is used for calming dyspnea and stopping both coughing and wheezing. Indications include asthma, coughing, bronchitis, stiff neck, rubella, urticaria, local pain.

- **Moxibustion**
  Occasionally, add moxa to the back shu points mentioned above (i.e., BL12, BL13).

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- **Auricular points**
  Ping Chuan
  Shenmen
  Large intestine
  Lung (paired with Large Intestine)

Treatment Regimen

Use Pang's herbal formula for allergic asthma, have the patient follow dietetics recommendations, and recommend Taijiquan exercises plus tian jiu topical herbs.

Efficacy

The patient routinely had asthma attacks from March to June. At the first first acupuncture visit, he received 9 bags of herbs. He took the herbs and had several acupuncture treatments. The asthma stopped entirely and the treatments were discontinued.

The patient was advised to return seasonally prior to springtime. He returned in February (as advised) and was given an additional 7 bags of herbs. He returned the next two recurrences of February for a total follow-up time of three years and received 7 bags of herbs each time. The asthma never returned.

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Chronic Bronchiectasis

Biomedicine

The following is a definition of the condition: “Bronchiectasis is defined by permanent and abnormal widening of the bronchi. This process occurs in the context of chronic airway infection and inflammation. It is usually diagnosed using computed tomography scanning to visualize the larger bronchi. Bronchiectasis is also characterized by mild to moderate airflow obstruction.”[13]

The National Heart, Lung, and Blood Institute (a division of the NIH) notes the following about bronchiectasis:

> Bronchiectasis (brong-ke-EK-ta-sis) is a condition in which damage to the airways causes them to widen and become flabby and scarred. The airways are tubes that carry air in and out of your lungs.
>
> Bronchiectasis usually is the result of an infection or other condition that injures the walls of your airways or prevents the airways from clearing mucus. Mucus is a slimy substance that the airways produce to help remove inhaled dust, bacteria, and other small particles.
>
> In bronchiectasis, your airways slowly lose their ability to clear out mucus. When mucus can't be cleared, it builds up and creates an environment in which bacteria can grow. This leads to repeated, serious lung infections.
>
> Each infection causes more damage to your airways. Over time, the airways lose their ability to move air in and out.

13. King, Paul T. "The pathophysiology of bronchiectasis." International journal of chronic obstructive pulmonary disease 4 (2009): 411.

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This can prevent enough oxygen from reaching your vital organs.

Bronchiectasis can lead to serious health problems, such as respiratory failure, atelectasis (at-eh-LEK-tah-sis), and heart failure.

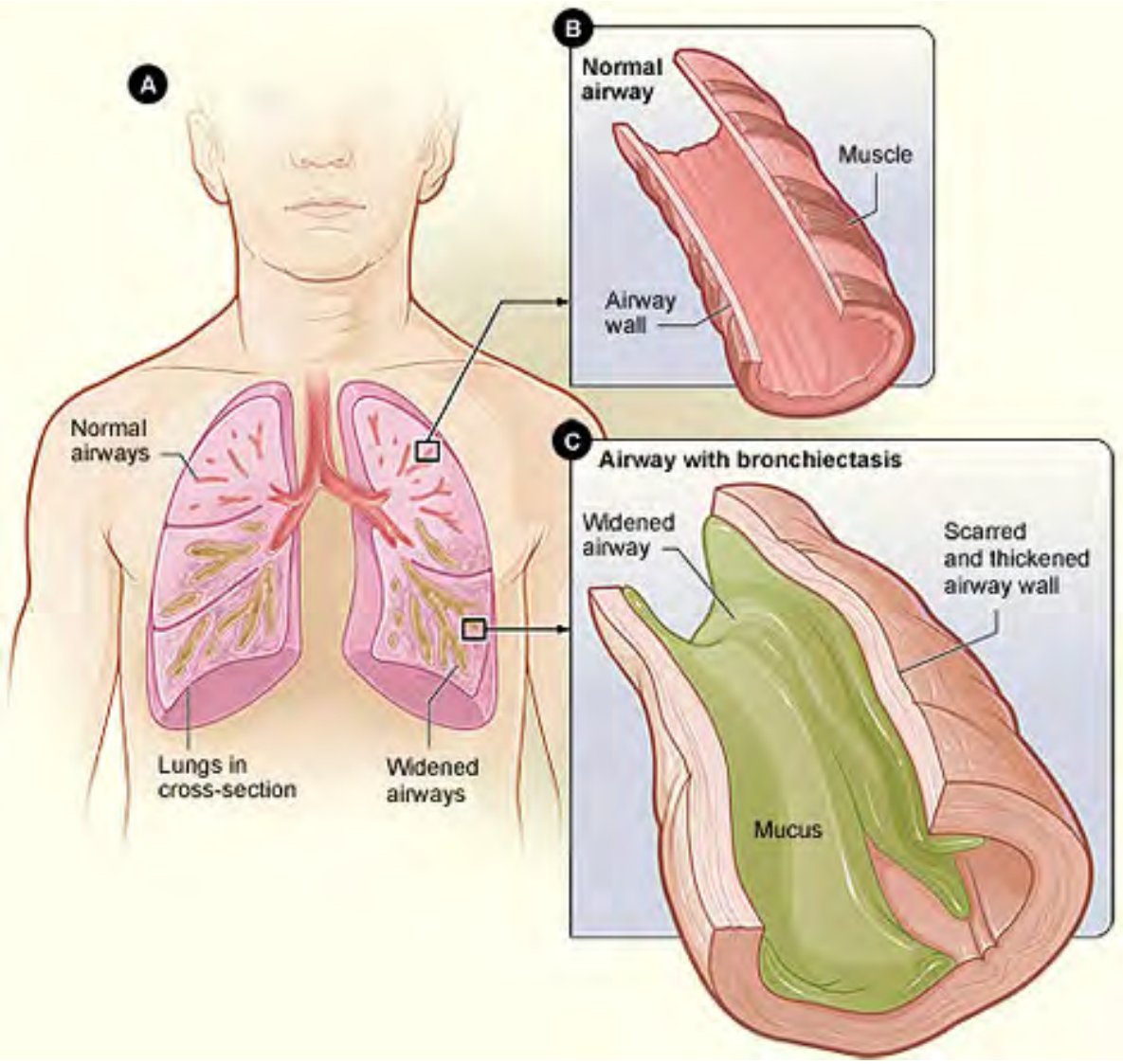

Figure A shows a cross-section of the lungs with normal airways and with widened airways. Figure B shows a cross-section of a normal airway. Figure C shows a cross-section of an airway with bronchiectasis.

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Overview
Bronchiectasis can affect just one section of one of your lungs or many sections of both lungs.

The initial lung damage that leads to bronchiectasis often begins in childhood. However, symptoms may not occur until months or even years after you start having repeated lung infections.

In the United States, common childhood infections—such as whooping cough and measles—used to cause many cases of bronchiectasis. However, these causes are now less common because of vaccines and antibiotics.

Now bronchiectasis usually is due to a medical condition that injures the airway walls or prevents the airways from clearing mucus. Examples of such conditions include cystic fibrosis and primary ciliary dyskinesia, or PCD.

Bronchiectasis that affects only one part of the lung may be caused by a blockage rather than a medical condition. Bronchiectasis can be congenital (kon-JEN-ih-tal) or acquired. Congenital bronchiectasis affects infants and children. It's the result of a problem with how the lungs form in a fetus.

Acquired bronchiectasis occurs as a result of another condition or factor. This type of bronchiectasis can affect adults and older children. Acquired bronchiectasis is more common than the congenital type.

Outlook
Currently, bronchiectasis has no cure. However, with proper care, most people who have it can enjoy a good quality of life.

Early diagnosis and treatment of bronchiectasis are important. The sooner your doctor starts treating

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bronchiectasis and any underlying conditions, the better your chances of preventing further lung damage.

Causes

Damage to the walls of the airways usually is the cause of bronchiectasis. A lung infection may cause this damage. Examples of lung infections that can lead to bronchiectasis include:

- Severe pneumonia
- Whooping cough or measles
- Tuberculosis
- Fungal infections

Conditions that damage the airways and raise the risk of lung infections also can lead to bronchiectasis. Examples of such conditions include:

- Cystic fibrosis. This disease leads to almost half of the cases of bronchiectasis in the United States.
- Immunodeficiency disorders, such as common variable immunodeficiency and, less often, HIV and AIDS.
- Allergic bronchopulmonary aspergillosis (AS-per-ji-LO-sis). This is an allergic reaction to a fungus called aspergillus. The reaction causes swelling in the airways.
- Disorders that affect cilia function, such as primary ciliary dyskinesia. Cilia are small, hair-like structures that line your airways. They help clear mucus (a slimy substance) out of your airways.
- Chronic (ongoing) pulmonary aspiration. This is a condition in which you inhale food, liquids, saliva, or vomited stomach contents into your lungs. Aspiration can inflame the airways, which can lead to bronchiectasis.

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- Connective tissue diseases, such as rheumatoid arthritis, Sjögren's syndrome, and Crohn's disease.

Other conditions, such as an airway blockage, also can lead to bronchiectasis. Many things can cause a blockage, such as a growth or a noncancerous tumor. An inhaled object, such as a piece of a toy or a peanut that you inhaled as a child, also can cause an airway blockage.

A problem with how the lungs form in a fetus may cause congenital bronchiectasis. This condition affects infants and children.[14]

Risk and Prevalence

The National Heat, Lung, and Blood institute notes that risk factors include cystic fibrosis, immunodeficiency disorders, allergic reactions to the fungus called aspergillus (allergic bronchopulmonary aspergillosis), and disorders affecting cilia function such as primary ciliary dyskinesia. They add that the disorder may occur at any age. Approximately two-thirds of all people with bronchiectasis are women; however, in children, it is more prevalent in boys than girls.

Bronchiectasis Prevention

Prevention often involves treating lung infections to avoid subsequent lung damage. The avoidance of toxic gases, fumes, and smoke are also important.

14. nhlbi.nih.gov/health-topics/bronchiectasis

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Signs and Symptoms

Signs and symptoms may occur months or years after the occurrence of repeated lung infections. The following are common signs and symptoms:

- Daily cough and production of copious amounts of sputum (often containing mucus)
- Shortness of breath
- Wheezing
- Chest Pain
- Clubbing (thickening) of the flesh under the fingernails or toenails

Diagnostic Testing

The presence of bronchiectasis can be confirmed with a chest CT (computed tomography) scan, which is more detailed than X-rays. Blood tests are often used to detect underlying pathologies leading to bronchiectasis. Sputum cultures may be used to determine whether or not bacteria or fungi are present. Lung function tests to test functional breathing capacity may also be utilized.

In unresponsive cases of bronchiectasis, a bronchoscopy may be ordered. This test uses a tube inserted into the nose or mouth with a video camera to examine the airways. The exam can spot blockages and areas of bleeding.

Bronchiectasis Usual Care

Standard treatment often involves the prescription of antibiotics, expectorants, bronchodilators, corticosteroids (including inhalers), medications to thin the mucus, and oxygen therapy. Sometimes,

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surgery is used to remove an affected airway region or a lung transplant is recommended.

One focus of usual care is to ensure hydration by encouraging patients to consume adequate fluids. The idea is to prevent mucus from thickening or from becoming sticky.

Physical therapy to the chest is also used in usual care settings. The National Heart, Lung, and Blood Institute notes the following:

> CPT also is called physiotherapy or chest clapping or percussion. This technique is generally performed by a respiratory therapist but can be done by a trained member of the family. It involves the therapist pounding your chest and back over and over with his or her hands or a device. Doing this helps loosen the mucus from your lungs so you can cough it up.
>
> You can sit with your head tilted down or lie on your stomach with your head down while you do CPT. Gravity and force help drain the mucus from your lungs.
>
> Some people find CPT hard or uncomfortable to do. Several devices can help with CPT, such as:
>
> - An electric chest clapper, known as a mechanical percussor.
> - An inflatable therapy vest that uses high-frequency air waves to force mucus toward your upper airways so you can cough it up.
> - A small handheld device that you breathe out through. It causes vibrations that dislodge the mucus.
> - A mask that creates vibrations to help break loose mucus from your airway walls.

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Some of these methods and devices are popular with patients and doctors, but little information is available on how well they actually work. Choice usually is based on convenience and cost.

Several breathing techniques also are used to help move mucus to the upper airway so it can be coughed up. These techniques include forced expiration technique (FET) and active cycle breathing (ACB).

FET involves forcing out a couple of breaths and then doing relaxed breathing. ACB is FET that involves deep breathing exercises.[15]

In the following pages, we will take a look at the Chinese medicine treatment strategy for patients with bronchiectasis. Clinical and ethical concerns include access and affordability of herbs needed for proper treatment. Another concern is that Xi Xin (Herba Asari Cum Radic, 细辛) is needed for topical treatment and it is currently illegal in some states, provinces, and countries. This topic is an ongoing concern since herbs come in and out of legal access on a routine basis.

15. nhlbi.nih.gov/health-topics/bronchiectasis

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Chinese Medicine

Chronic bronchiectasis is progressive with characteristic alternate periods of remission and attacks. We need to control the timing such that patients remain in extended periods of remission. As a result, **tonification of the true yang of the lung, spleen, and kidneys is necessary.** Results vary, dependent upon the seriousness of the condition at the commencement of treatment.

Dong Chong Xia Cao + Huang Qi

To accomplish this task, use the secret paired herb combination of Dong Chong Xia Cao and Huang Qi:

Dong Chong Xia Cao (Cordyceps Sinensis, 冬虫夏草)	raw powder 3g
Huang Qi (Radix Astragali Membranacei, 黄芪)	raw powder 6g

Dosage

Dissolve the raw powder combination in boiling water and consume two times per day, drink morning and evening. It is very mild, no reaction concerns are expected.

Substitutes

An alternate preparation technique is to decoct 15 grams of Huang Qi in water and add Dong Chong Xia Cao powder to the tea. Dong Chong Xia Cao is very expensive and there are substitutes based on the active ingredients within the herb that may provide similar benefits.

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Cs-4

One substitute product is called Cs-4. If using Cs-4 or any other type of replacement for real Dong Chong Xia Cao, follow the manufacturer's recommended dosage. The following is information on Cs-4:

> *Cordyceps sinensis* (Berk) Sacc is a natural herbal medicine that has been popular in China for centuries for invigoration, health preservation, and reduction of fatigue. Naturally occurring *Cordyceps sinensis* is a wild fungus found on the Qinghai-Tibetan Plateau of China at an altitude of about 10,000 feet. The fungus is parasitic and colonizes the larvae of moths until their inner body is filled with mycelium. Wild *Cordyceps* is a composite consisting of the stroma of the parasite together within the larva of the Hepialidae moths. Wild cordyceps is increasingly rare in its natural habitat, and the price is now completely out of reach for clinical practice. For this reason and because of the scarcity of natural sources, a refined standardized fermentation product, Cs-4,® was produced from the mycelial strain *Paecilomyces hepiali* Chen at Dai that was isolated from wild C. sinensis. A close similarity between this fermentation product and natural Cordyceps has been demonstrated with respect to their chemical constituents (Cs-4 contains not less than 0.14% adenosine and 5% mannitol) and pharmacologic properties.
>
> The mechanisms of action of *Cordyceps* and its fermentation product Cs-4 in improving general well-being and physical ability have yet to be fully investigated. Improvements in quality of life have been suggested in patients with chronic heart failure, renal failure, and chronic pulmonary disease. *Cordyceps* gained world attention in 1993 when Chinese female runners achieved records in 1500 m, 3000 m, and 10,000 m events. Their coach attributed their success to a diet containing *Cordyceps*. It was suggested that Cordyceps helped improve exercise capacity in these athletes via antioxidant effects. Despite

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> these reports, the ability of *Cordyceps* or Cs-4 to enhance aerobic capacity has not been tested objectively.[16]

The aforementioned information about Cs-4 was mentioned in a study examining the effects of Cs-4. The study concludes, "This pilot study suggests that supplementation with Cs-4 (Cordyceps sinensis) improves exercise performance and might contribute to wellness in healthy older subjects."[17] Note, Cs-4 is good for the environment because people don't dig up the earth to get real Dong Chong Xia Cao. According to the research, it appears that Cs-4 is almost as good a real Dong Chong Xia Cao, and it is better for the environment.

There is another replacement often found in Asian markets. This fungus is called Chong Cao Hua. The "hua" in the name is the word for flowers. It is not a flower, but is an attractive name for marketing purposes for this fungus. It is not as potent as real Dong Chong Xia Cao, so large quantities are required.

Case of chronic bronchiectasis

Mr. Wu, age 76 at first visit on 11/30/2003

Main complaint

Mr. Wu had measles when he just 2 years of age, but he did not get the adequate treatment at that time. Since that time, he has suffered from chronic bronchitis and asthma, characterized by periods of flare-ups.

Ten years prior to his first visit at the acupuncture clinic, he was diagnosed with bronchiectasis. He was given inhalers and antibiotics

---

16. Chen, Steve, Zhaoping Li, Robert Krochmal, Marlon Abrazado, Woosong Kim, and Christopher B. Cooper. "Effect of Cs-4®(Cordyceps sinensis) on exercise performance in healthy older subjects: A double-blind, placebo-controlled trial." The Journal of Alternative and Complementary Medicine 16, no. 5 (2010): 585-590.

17. Chen, Steve, Zhaoping Li, Robert Krochmal, Marlon Abrazado, Woosong Kim, and Christopher B. Cooper. "Effect of Cs-4®(Cordyceps sinensis) on exercise performance in healthy older subjects: A double-blind, placebo-controlled trial." The Journal of Alternative and Complementary Medicine 16, no. 5 (2010): 585-590.

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during different periods throughout his life to control the condition. He noted that the chronic disorder made him feel depressed.

- Pulse: big, floating, no root, occasionally knotted
- Tongue: pale, purple, thin white and yellow coat

Acupuncture
Treatment was was given to the patient over a one year period. The main acupuncture points used were the following:

- Dingchuan, M-BW-1 (Calm Dyspnea, Stop Wheezing)
- Feishu, BL13 (Lung Shu)
- Xinshu, BL15 (Heart Shu)
- Shenshu, BL23 (Kidney Shu)

Occasionally, the patient was given the Tian Jiu topical herb formula to use on the aforementioned acupuncture points:

- Bai Jie Zi (Semen Sinapis Albae, 白芥子)
- Xi Xin (Herba Asari Cum Radic, 细辛)
- Gan Sui (Radix Euphorbiae Kansu, 甘遂)

Herbs
The patient was prescribed the following herbs for oral intake:

- 9 grams of Cs-4 (Dong Chong Xia Cao substitute)
- 12 grams of raw Huang Qi powder

This mixture was added to hot water and was consumed two times per day. Long-term use of the herbal medicine was used. Occasionally, the patient was prescribed the Pang family asthma formula as needed, which was reviewed in detail in the asthma section.

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Exercise

The patient was encouraged to walk every day, engage in mild exercise, and practice Taijiquan (T'ai Chi).

Results

After one year, the condition resolved. Decades of a stubborn illness were successfully treated.

Taijiquan

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Chronic Bronchitis

The Pang family variation of the herbal formula Su Zi Jiang Qi Tang is used for cases of chronic bronchitis.

Original Formula

The following is a brief review of the original formula. Su Zi Jiang Qi Tang sinks rebellious qi, stops wheezing, and warms kidney yang to help receive the qi. The formula treats upper jiao (burner) excess and lower jiao deficiency. It is categorized as a dissolve cold phlegm formula to stop coughing and asthma.

Upper jiao excess is characterized by wheezing, shortness of breath, bloated chest, nausea, vomiting, difficulty upon inhalation (including a mixed deficiency pattern because the kidneys do not grasp the lung qi). Lower jiao deficiency is characterized by lower back pain, weakness of the knees, dizziness, blurry vision, leg edema, poor appetite, tinnitus.

In its original form, Su Zi Jiang Qi Tang is often used for patients with asthma, emphysema, and COPD (chronic obstructive pulmonary disease). The formula is contraindicated, in its original form, for patients with lung and kidney yin deficiency because it is too warm and drying. The original formula contains the following herbs:

- Zi Su Zi
- Ban Xia
- Hou Po
- Qian Hu
- Rou Gui
- Dang Gui
- Sheng Jiang
- Zi Su Ye

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- Gan Cao
- Da Zao

Pang Family Variation For Chronic Bronchitis

The Pang family variation of Su Zi Jiang Qi Tang emphasizes treatment of upper jiao excess more than the original formula. The only herbs primarily focused on treating deficiency are Gan Cao and Dang Gui. The following are the ingredients:

Zi Su Zi	(Fructus Perillae Frutescentis, 紫苏子)	10 grams
Ju Hong	(Exocarpium Citri Rubrum, 橘红)	9 g
Fa Ban Xia	(Rhizoma Pinelliae Tematae, 半夏)	10 g
Dang Gui	(Radix Angelicae Sinensis, 当归)	9 g
Qian Hu	(Radix Peucedani, 前胡)	9 g
Hou Po	(Cortex Magnoliae Officinalis, 厚朴)	9 g
Xin Hui Chen Pi	(Pericarpium Citri Reticulatae, 陈皮)	5 g
Fu Ling	(Scierotium Poriae Cocos, 茯苓)	12 g
Bai Jie Zi	(Semen Sinapis Albae, 白芥子)	3 g
Ma Huang	(Herba Ephedrae, 麻黄)	2 g
	(add Ma Huang last 5 minutes of boiling)	
Gan Cao	(Radix Glycyrrhizae, 甘草)	4 g

Explanation

Usually, the etiology of chronic bronchitis is wind, cold, damp, and phlegm. This formula strengthens the spleen (similar function as in Er Chen Tang and Su Zi Jiang Qi Tang), warms the lungs, expels wind damp evil, and soothes the chest. For cases of chronic bronchitis, this modification is often more effective than standard Su Zi Jiang Qi Tang.

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Chronic bronchitis patient record

Mr. S., age 70
First visit: 12/09/83

He had chronic bronchitis for 4 years, continuously. The patient experienced frequent coughing and could not lie flat without having a coughing fit (even at night to sleep). He suffered from shortness of breath and his hands and feet were cold (4 limbs cold). He had many rounds of antibiotic treatments without results.

Tongue: pale, teethmarks, greasy white and yellow coating

Pulse: lung position was deep and weak, the other positions had no root and were floating

Diagnosis: Damp phlegm obstructing the lungs

He was given the *Pang Family Variation For Chronic Bronchitis* formula. It was a good choice because the patient did not have much hot phlegm. In addition, his acupuncture, dietetics, and exercise regimen were similar to the asthma treatment outlined in this course material. This included the use of tian jiu topical herbs. This regimen was adhered to for two months and the patient completely recovered.

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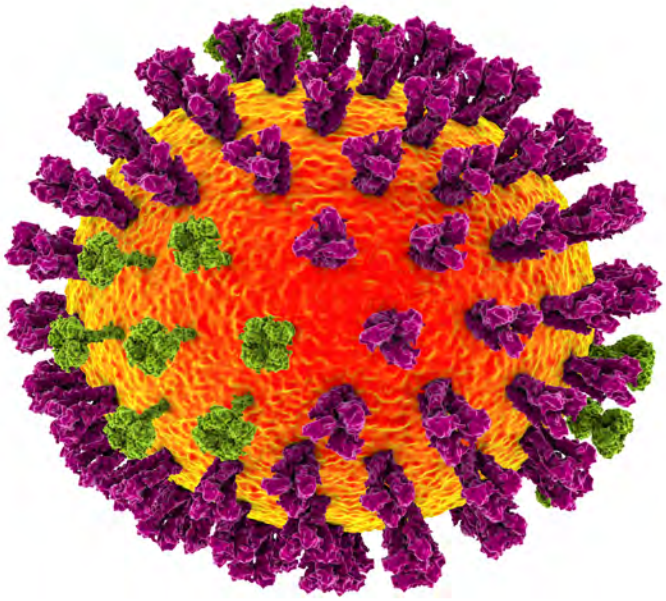
Research

This section of the course materials covers relevant research items.

Influenza



Influenza virus illustration

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.

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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

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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

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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

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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 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 lower

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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.

References:

[1] Lang BX, Jin LQ, Liu SN, Liu XR. Clinical observation on the effect of acupuncture combined with conventional therapy on influenza H1N1 [J]. Chinese Archives of Traditional Chinese Medicine, 2011, 29(2):411-412.

[2] Chou YF, Cao YM, Wang JL, Yang ZM, Qiu ML. Protective effect of acupuncture on mice infected with influenza virus [J]. China Journal of Traditional Chinese Medicine and Pharmacy, 1990(2):16-18.

[3] Wenjing Li, Bruno Moltedo, Thomas M. Moran. Type I Interferon Induction during Influenza Virus Infection Increases Susceptibility to Secondary Streptococcus pneumoniae Infection by Negative Regulation of T Cells [J]. Journal of Virology, Oct 2012, 86 (22) 12304-12312.

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Acupuncture & Herbs Alleviate Asthma

Acupuncture, herbs, moxibustion and cupping have been proven effective for the treatment of asthma. Acupuncture continuing education researchers from Hebei's People's Hospital of Xinglong County and Chengde Municipal Sanitary Agency investigated two separate approaches to patient care. One group received only acupuncture and the other study group received a combination of acupuncture, cupping, moxibustion and herbal medicine. Cupping is the use of suction cups on the surface of the skin applied to achieve medical benefits. Back shu points are shown in this image with 1.5mm filiform needles at BL13. Moxibustion, also known as moxa, is the burning of herbs near the skin to produce a medicinal warming effect. Both groups showed significant improvements, however, the group receiving a combination of Traditional Chinese Medicine (TCM) therapies demonstrated clinically superior patient outcomes. As a result, the researchers conclude that combining acupuncture with cupping, moxibustion and herbal medicine is more effective than using only acupuncture.

A total patient sample size of 110 patients with chronic asthma was randomly divided into two equal sized groups. Group #1 received only acupuncture therapy. Group #2 received acupuncture plus the addition of cupping, moxibustion and herbal medicine. The acupuncture only group had a total effective rate of 58% and the acupuncture combined with herbs, moxibustion and cupping group had a total effective rate of 98%.

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Group #1 received acupuncture stimulation at acupoints Dazhu (BL11), Fengmen (BL12), Feishu (BL13), Huatoujiaji points and Zusanli (ST36). Acupuncture needling was applied once daily with even reinforcing and reducing manual manipulation techniques. The retention of needling was 30 minutes. One course of treatment consisted of 10 days and there was a two day break after each course of care. The patient outcomes were analyzed after the completion of three courses of care.

Group #2 received acupuncture stimulation at acupoints Dazhu (BL11), Fengmen (BL12) and Feishu (BL13). Following a standard session of acupuncture, the bleeding technique was applied allowing 2 - 5 ml of blood to release from the acupoints along with cupping.

An example of back shu points with moxa are shown in this image. The treatment was applied once daily. A special external herbal application was applied to acupoints Dingchuan (EX-B1), BL13, Xiabailao (EX-HN15) and Yongquan (KI1). The ingredients used in the external application were Bai Ding Xiang, Rou Gui, Ma Huang, Cang Er Zi, Bai Jie Zi and Ban Xia. The herbs were ground into a fine powder and made into portions weighing approximately 2 mg each. After the herbal application, moxibustion was applied to the same acupoints for 10 minutes. The treatment was applied once daily with 10 days comprising one course of care. The clinical outcomes were evaluated after 30 days.

The overall cure rate and total effective rate for group #1 that received acupuncture as a standalone therapy was 18% and 58% respectively. The overall cure rate and total effective rate for group #2 receiving a combination of TCM care was 78% and 98% respectively. Based on the clinical outcomes, the researchers conclude that acupuncture combined with moxa, cupping and herbs is superior to using acupuncture as a standalone procedure.

Reference: Li, Xianjun, Jianjun Chen, Hongpeng Ma. "Clinical observation on Traditional Chinese Medicine's treating bronchial asthma in the chronic phase." Hebei Medicine 20.6 (2014): 1025-1027.

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Acupuncture & Herbs Reduce Childhood Asthma Emergencies

Children with asthma receiving a combination of acupuncture, herbal medicine and conventional medications have superior patient outcomes, less visits to emergency rooms, and fewer hospitalizations than children receiving only conventional medications. Researchers investigated 12,580 children receiving asthma medical care across 15 multi-hospitals in a 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. Childhood asthma is treated with acupuncture. The integrative medicine approach, TCM plus conventional drugs, 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 suggests that integrating TCM into conventional protocols benefits children with asthma.

Single-Payer Investigation

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The Bureau of National Health Insurance (BNHI) of Taiwan established a single-payer healthcare system in 1995 called the Taiwan National Health Insurance (NHI). Under this system, an examination of 1 million patient records yielded a sample size of 12,580 asthmatic children for investigation. The BNHI paid for all of the medical visits and examined the cost-effectiveness of combining TCM therapies (acupuncture, herbs, Tuina massage) and conventional pharmaceutical care. 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. The findings demonstrate that adding acupuncture, herbal medicine and other TCM procedures to conventional protocols provides a cost-effective approach for asthmatic children while producing superior patient outcomes.

Traditional Chinese Medicine (TCM) treatment combined with conventional treatment provided additional benefits. There was a reduction in school absenteeism. The children's parents had less disruption of their work schedules. There was less of a burden on families to provide caregivers. The government shouldered lower overall costs and responsibilities associated with asthmatic care. The study demonstrates that combining TCM with conventional medicine for asthmatic children "may have a substantial impact" in reducing the severity of asthma, frequency of emergency services, hospitalizations and costs of providing care by parents.

The study documents several herbal formulas and acupuncture points found effective for the treatment of asthma by modern research. The herbal formula Xiao Qing Long Tang is effective for treating asthma with white sputum and a nocturnal cough. Additional research demonstrates Xiao Qing Long Tang's ability to "attenuate allergic airway inflammation" and to "prevent asthma through neurotropin regulation." The herbal formula Ding Chuan Tang demonstrates effectiveness for treating asthma with yellow sputum. Additional research shows that Ding Chuan Tang "may improve airway hyper-responsiveness in stabilized asthmatic children."

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Two important acupuncture points were highlighted in the research. LU10 (Yuji) and ST36 (Zusanli) were shown to "regulate cardiopulmonary function, Fas and Bcl-2 mRNA expression, and promote eosinophil apoptosis in the asthmatic state…." Chinese therapeutic massage, Tuina, at the DU and Bladder Foot-Taiyang channels on the back improved "key pulmonary functions in asthmatic children." Herbal pastes applied to acupuncture points BL13 (Feishu), BL12 (Fengmen) and DU14 (Dazhui) demonstrated the ability to help asthmatics. The herbal pastes consisted of:

- Bai Jie (Sinapis alba L., white mustard)
- Xi Xin (Asarum heterotropoides, wild ginger)
- Gan Sui (Euphorbia kansui)
- Yanhusuo (Corydalis yanhusuo)
- Bing Pian (Dryobalanops aromatica, borneol)
- Gan Jiang (Zingiber officinale, dried ginger)

Doctors treat asthma. Two additional key observations were made. The incidence of children with asthma is increasing over time and those unresponsive to conventional therapies may benefit from adding Traditional Chinese Medicine to the regime of care. The researchers note, "Our findings suggest that asthmatic children at partly controlled level(s) under conventional therapy may benefit from adjuvant treatment with integrated TCM." This study and its recommendations demonstrates the inherent impetus within a single-payer healthcare system to support improved patient outcomes and cost-effective care.

Reference:
Hung, Yu-Chiang, I-Ling Hung, Mao-Feng Sun, Chih-Hsin Muo, Bei-Yu Wu, Ying-Jung Tseng, and Wen-Long Hu. "Integrated traditional Chinese medicine for childhood asthma in Taiwan: a Nationwide cohort study." BMC complementary and alternative medicine 14, no. 1 (2014): 389.

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Acupuncture Enhances Usual Care Against Asthma Attacks

Researchers find acupuncture effective for the alleviation of acute asthma attacks. In a controlled clinical study, researchers determined that acupuncture plus moxibustion increases the effectiveness of usual care by 18.75%. Two groups were compared. Both groups received drug therapy, consisting of anti-inflammatory and antispasmodic pharmaceutical medications. One group, however, received Traditional Chinese Medicine (TCM) therapies (acupuncture and moxibustion) in addition to drug therapy. The drug therapy group achieved a 79.17% total effective rate and the TCM plus drug therapy group achieved a 97.92% total effective rate.

Clinical effectiveness was confirmed using several metrics including fractional exhaled nitric oxide (FeNO), peak expiratory flow (PEF), and serum IgE levels. The asthma control test (ACT) was included in the evaluation parameters, with measurements taken before treatment and one month after treatment. The TCM treatment group outperformed the drug only group in all parameters. Based on the results, the researchers conclude that acupuncture plus moxibustion increases positive outcome rates for patients suffering from acute asthma attacks.

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Four tiers of effectiveness were derived from the data. Clinical results were categorized as cured, significantly improved, improved, and no significant improvement. The drug only group produced 11 cured, 13 significantly improved, 14 improved, and 10 with no improvement. The acupuncture plus drug therapy group produced 24 cured patients, 12 significantly improved, 11 improved, and 1 with no improvement. The researchers conclusively find acupuncture plus moxibustion effective for enhancing clinical efficacy across multiple improvement tiers.

Jiangmen Wuyi Traditional Chinese Medicine hospital researchers (Song et al.) used the following study design. A total of 96 patients were randomly distributed into a control group and a treatment group, each consisting of 48 cases. The control group received drug therapy. The treatment group received acupuncture plus the same drug therapy administered to the control group. All patients were diagnosed with acute asthma between December 2014 and September 2015.

The statistical breakdown for each randomized group was as follows. The treatment group was comprised of 24 males and 24 females. The average age in the TCM treatment group was 47.61 (±8.13) years. The average course of disease in the treatment group was 4.81 (±2.74) years.

The drug control group was comprised of 26 males and 22 females. The average age in the control group was 45.59 (±8.72) years. The average course of disease was 4.79 (±2.53) years. There were no significant statistical differences in terms of age, gender, and course of disease relevant to patient outcome measures. Interestingly, all patients involved in the study were diagnosed with coly type asthma, according to Traditional Chinese Medicine differential diagnostic pattern definitions.

Both groups received conventional anti-inflammatory and antispasmodic therapies. The TCM treatment group also received

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acupuncture and ginger moxibustion. The acupoints used were the following:

- CV22 (Tiantu)
- Dingchuan (Extra)

For Tiantu, patients were instructed to rest in a seated position. Upon disinfection of the acupoint site, a 0.30 mm x 40 mm filiform acupuncture needle was inserted into the acupoint. First, the needle was inserted perpendicularly to a depth of 0.1—0.2 cun (units). Next, the needle was slanted downward toward the manubrium of the sternum, to a maximum depth of 0.4—0.6 cun.

For Dingchuan, patients were instructed to rest in a seated position. Upon disinfection of the acupoint site, a 0.30 mm x 40 mm filiform acupuncture needle was inserted perpendicularly, to a maximum depth of 0.5—0.8 cun. A 15 minute needle retention time was observed. After insertion, the needle remained motionless and was not rotated, lifted, or thrust.

Tiantu is a hui-meeting point of the Ren channel and Yinwei (Yin Linking) channels. It is also a window of sky point, which indicates that this acupoint is beneficial for the treatment of rebellious qi (inversion qi). This acupoint descends rebellious qi and is effective for alleviating coughing, asthma, and wheezing. Tiantu (CV22) is also indicated for benefitting the throat and voice. The researchers cited an independent investigation finding this acupoint effective for relaxing the smooth muscles of the bronchi and inhibiting airway mucus hypersecretion.

Tiantu (Heavenly Prominence) is located on one of the main fourteen channels. Dingchuan is not located on a main channel and is an extra point, numerically designated as M-BW-1. Dingchuan is located 0.5–1 cun lateral to the lower border of the spinous process of the 7th cervical vertebra, in line with the Huatuojiaji points located inferiorly. Dingchuan, translated as calm dyspnea, is indicated for diffusing lung qi,

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transforming phlegm, and alleviating asthma and wheezing. The researchers note that Dingchuan provides an immediate effect for increasing the secretion of endogenous adrenocortical steroid hormones effective for alleviating allergic reactions and dyspnea caused by asthma. After acupuncture treatment, ginger moxibustion was applied to the following acupoints:

- GV14 (Dazhui)
- BL12 (Fengmen)
- BL13 (Feishu)
- CV17 (Danzhong)

Ginger was cut into slices, 2—3 cm across and 0.3 cm thick. Next, moxa cigar cuttings were attached to each slice and placed on the acupoints. Acupuncture plus moxa treatments were administered once daily for 7 consecutive days. Song et al. cite prior research determining that moxa reduces airway resistance and benefits the immune system. From a TCM perspective, Song et al. note that ginger moxibustion is effective for warming the channels and dispersing the cold.

The researchers conclude that ginger moxibustion and acupuncture benefits patients with acute asthma. The data shows that acupuncture and moxibustion increase the efficaciousness of drug therapy by 18.75%. As a result, integration of acupuncture and moxibustion into usual care will increase the rate of positive patient outcomes.

Reference

Song et al. Clinical Observation of Acupuncture Combined with Ginger Moxibustion on Bronchial Asthma of Acute Attack [J]. Journal of Emergency in Traditional Chinese Medicine, 2016, 25(3):512—514.

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European Asthma Research

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

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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

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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 from 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:

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- 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.

Notes

[1] Brinkhaus, Benno, Stephanie Roll, Susanne Jena, Katja Icke, Daniela Adam, Sylvia Binting, Fabian Lotz, Stefan N. Willich, and Claudia M. Witt. "Acupuncture in patients with allergic asthma: a randomized pragmatic trial." The Journal of Alternative and Complementary Medicine 23, no. 4 (2017): 268-277.

[2] Ibid.

[3] Wu JH. Effective observation on treating 68 cases of bronchial asthma by acupuncture plus medicine [J]. Clinical Journal of Chinese Medicine, 2016, 8(13): 109-111.

[4] Ibid.

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Acupuncture 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.

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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 (± 0.19) g/L, 1.59 (± 0.18) g/L and 10.65 (± 0.36) g/L respectively.

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The corresponding values for cough syrup patients were 1.56 (± 0.67) g/L, 1.58 (± 0.19) g/L, and 10.67 (± 0.38) g/L. After treatment, acupuncture patients showed increased IgA, IgM, and IgG levels of 2.11 (± 0.06) g/L, 1.89 (± 0.21) g/L, and 12.23 (± 0.15) g/L respectively. After treatment with cough syrup, patients showed increased IgA, IgM, and IgG levels of 0.93 (± 0.41) g/L, 1.62 (± 0.22) g/L, and 10.74 (± 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.

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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.

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Herbal Plasters For Chronic Coughing

Acupuncture and acupoint herbal plaster therapy increase positive patient outcomes for patients with chronic coughing.

In a controlled investigation, acupuncture outperformed drug therapy for the treatment of chronic coughing following the acute stage of a respiratory infection. Another investigation finds acupoint herbal plaster therapy effective for improving patient outcomes for children with chronic coughing. In an integrative approach to patient care, acupoint herbal plaster therapy enhanced patient outcomes for children receiving standard drug therapy.

An investigation by Li and Shi finds acupuncture more effective for the treatment of chronic coughing than drug therapy. Li and Shi conducted their controlled trial in Tangshan (China). They tested the efficacy of acupuncture versus methoxyphenamine, a bronchodilator that is a β-sympathomimetic agent. The acupuncture points tested were limited to the Lung-Taiyin and Stomach-Yangming acupuncture channels. The results tabulated, acupuncture produced significantly greater patient outcomes. As a result, researchers conclude that acupuncture is more effective for the treatment of post-infectious chronic coughing than methoxyphenamine. Acupuncture produced a 90% total treatment effective rate and drug therapy produced an 80% total treatment effective rate.

The clinical trial investigated chronic coughing in humans that was initially caused by an acute phase of a respiratory infection. Chronic symptoms include dry coughing, throat irritation, scanty white phlegm or no phlegm, etc. Biomedical treatments include antitussive, antihistamine, decongestant, and antibiotic medications. According to Traditional Chinese Medicine (TCM) theory, a persistent post-infectious cough is in the scope of Wan Ke (persistent cough) or Jiu Ke (prolonged cough).

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Chronic coughing TCM treatment principles often focus on expelling wind and dredging the lungs, dependent upon differential diagnostic pattern differentiations. While expelling the wind sounds archaic or unscientific to the western mind, it is simply another lexicon describing specific biophysical events. As an example, the sweating (Han Fa) technique is one of the expel wind modalities. According to TCM, using diaphoretic acupuncture techniques or herbal medicines expels wind to release pathogenic influences. Expelling wind is semantically external to conventional biomedical terminology yet refers to biomedically definable processes. The principles of expelling wind are correlated with specific, quantifiable biomedical phenomena. The same holds true for dredging the lungs, which often refers to clearing toxins and phlegm from the respiratory system.

Li and Shi chose a protocolized set of acupuncture points for the research based on Lung-Taiyin and Stomach-Yangming channel principles. They note that, in TCM, acupuncture on these channels benefits the lung and stomach organs. Citing the research of Duan, Zhou, and Gao, they add that lung-stomach theory postulates Ju Yu Wei, Guan Yu Fei (accumulation in the stomach gathers in the lungs).

Three treatment groups were compared. Ninety patients were randomly divided into the three groups. Treatment group 1 received acupuncture on both Lung-Taiyin and Stomach-Yang channel acupoints. Treatment group 2 received acupuncture on Lung-Taiyin acupoints and treatment group 3 received drug therapy (methoxyphenamine capsules). The group treated with Lung-Taiyin and Stomach-Yang channel acupoints had a 90% total effective rate. Using only Lung-Taiyin acupoints yielded 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)**

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- **Lieque (LU7)**
- **Tianshu (ST25)**
- **Zusanli (ST36)**
- **Fenglong (ST40)**

After standard disinfection, a 0.30 mm × 40 mm filiform needle was inserted into each acupoint, and the Ping Bu Ping Xie manipulation technique was applied. Upon arrival of a deqi response, the needle was left in position for a needle retention time of 30 minutes. One 30 minute acupuncture session was conducted per day. The entire course of treatment comprised 10 sessions. The primary acupoints selected for treatment group 2 were the following:

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

The Zhongfu, Chize, Kongzui, Taiyuan and Yuji acupoints are located along the lung meridian. According to TCM principles, administering acupuncture to these acupoints improves qi and blood circulation, heals coughing and asthma, and improves lung health (Xu, 2007). Signature acupoints needled along the stomach meridian are Tianshu, Zusanli, and Fenglong. The acupuncture protocol for treatment group 2 was identical to treatment group 1. One 30 minute acupuncture session was conducted per day. The entire course of treatment comprised 10 sessions. Methoxyphenamine capsules for treatment group 3 were taken orally, 3 times per day, 2 capsules each time, for 10 consecutive days.

Patients' cough symptoms were scored before and after treatment according to the *Cough Diagnosis and Treatment Guidelines* of 2009. A

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score of 0 – 3 was given to patients based on the severity of cough symptoms. The treatment effective rate after the full treatment course was calculated based on changes in the score before and after treatments. Treatment efficacy for each patient was categorized into 4 tiers:

- *Recovery: No cough symptoms. Treatment effective rate ≥95%.*
- *Significantly effective: Very few cough symptoms. Treatment effective rate between 70% – 90%.*
- *Effective: Significant improvement in symptoms. Treatment effective rate between 30% – 69%.*
- *Ineffective: No improvement in symptoms. Treatment effective rate ≤30%.*

Based on the clinical data of Li and Shi's study, acupuncture based on the lung-stomach theory produces excellent patient outcomes in the treatment of post-infectious coughing. Also, acupuncture outperformed drug therapy. Based on TCM principles, the researchers note that the lung-stomach theory does not target coughing as an isolated symptom, but rather promotes overall bodily health to achieve clinical efficacy.

In another related study, researchers Chen et al. from Chancheng Central Hospital (Foshan, China) find Yongquan and Feishu acupoints useful in treating pediatric coughing in conjunction with standard drug therapy. In this research, Chen et al. explored the efficacy of applying the Yuan Hong Wai antitussive plaster to both Yongquan and Feishu. They found that acupuncture on both acupoints produced better patient outcomes than only on Feishu. The pediatric coughing examined in this study is a common disease equivalent to bronchitis. According to TCM principles, infantile coughing arises due to impacted lung functioning, either by external pernicious influences or internal organ dysfunction.

Yuan Hong Wai antitussive plasters are an experimental treatment method in TCM that displays varying treatment efficacies when applied on different acupoints. The antitussive plaster treatment method

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combines the medicinal effects of TCM, acupoints, and meridians. Its focus is to stimulate acupoints and improves qi and blood circulation. Upon external application, the TCM medicinal components in the plaster are absorbed through the skin and subsequently delivered to afflicted body tissues, effectively treating diseases by restoring normal organ function. The action of this treatment method is classified under the "external treatment of internal disease" TCM treatment concept.

Two additional studies have also investigated Yuan Hong Wai antitussive plasters and their effect on coughing in children. Zhang applied plasters on the Yongquan acupoint combined with an acupoint injection. Yu et al. applied plasters on the Yongquan acupoint as well. Both studies achieved significant positive patient outcomes. In the Chen et al. study, patients receiving the Yuan Hong Wai plater on Feishu and Yongquan reported a total treatment effective rate of 92%. Patients receiving the Yuan Hong Wai plaster on only Feishu reported a total treatment effective rate of 81%.

The Yuan Hong Wai plaster study involved a sample size of 400 cough patients, ages 1 – 7 years. They were randomly divided into two equal groups: two acupoint treatment group, single acupoint treatment group. Both groups received antibiotics and other standard medications for coughing, phlegm, and asthma. Both groups then received application the Yuan Hong Wai antitussive plaster on the following acupoints.

For the two acupoint group:

- **Feishu (BL13)**
- **Yongquan (KD1)**

For the single acupoint group:

- **Feishu (BL13)**

Both groups followed the same treatment protocol. For each acupoint, the area around the acupoint was cleaned using a warm and damp towel. Next, the protective film on the plaster was removed. The plaster

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was then adhered to the acupoint firmly. If required, an additional medicinal plaster was used to affix and secure the plaster. A new plaster was freshly applied once per day, for 4 – 6 hours each time, for 3 consecutive days. The combined protocol of drug therapy with the plaster therapy is part of an integrative medicine approach to care. The researchers investigated the plasters to determine additional non-invasive treatment modalities that improve patient outcomes for children receiving standard care.

Treatment efficacy was categorized into 3 tiers:

- *Recovery: No cough. No sign of dry or phlegmy wheezing upon stethoscopy.*
- *Improvement: Cough mitigated. Clear breathing sound. Decrease in phlegm.*
- *Ineffective: No improvement in cough, or symptoms worsened.*

Chen at al. conclude that the double acupoint application is superior to the single acupoint application of the plaster. As a result, Chen at al. formally recommend the double acupoint protocol. Additionally, Chen at al. recommend more research into other possible acupoints that may increase the positive patient outcomes for children receiving the herbal plaster therapy.

The aforementioned studies indicate that acupuncture and acupoint plaster therapy are effective. Plaster therapy enhances standard care outcomes. Acupuncture outperformed drug therapy. Overall, the investigators find that Traditional Chinese Medicine approaches to patient care benefit patients with chronic coughing related conditions.

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