

Acupuncture Treatment the Feasibility of New Coronavirus Pneumonia (COVID-19) during Rehabilitation

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Abstract

Acupuncture has rich experience in the treatment of epidemic diseases, and also has special advantages in disease prevention and health care. Novel coronavirus pneumonia (COVID-19) is being cured novel coronavirus pneumonia, and there are varying degrees of lung function impairment, interstitial pneumonia and even pulmonary fibrosis in patients with convalescence. Novel coronavirus pneumonia is a new method for treating convalescent pneumonia. It is aimed at the feasibility of acupuncture intervention therapy in order to achieve better rehabilitation effect.

Keywords: Acupuncture; Novel coronavirus pneumonia (COVID-19); Rehabilitation; Feasibility

Introduction

The history of acupuncture and moxibustion in the treatment of infectious diseases is almost as long as that of acupuncture and moxibustion, which has been found in medical works of all dynasties in China. New coronavirus pneumonia belongs to the epidemic disease of traditional Chinese medicine. Acupuncture for the treatment of epidemic disease was first seen in the book of Internal Canon. There are many monographs on the treatment of epidemic diseases by Acupuncture and moxibustion. Su Wen put forward basic principles of acupuncture treatment and specific prescriptions for acupoint selection, which provide theoretical guidance for the treatment of epidemic diseases by Acupuncture.

At present, the epidemic has spread all over the world. With the gradual control of the epidemic in China, the combination of Chinese and Western medicine has become more effective, the isolation has been removed and the number of patients discharged from hospital has increased. Many patients who have recovered from serious diseases have not recovered from their illness and their quality of life has not yet returned to normal. Therefore, it is crucial to prevent and recover from illness. Modern clinical and experimental studies have shown that acupuncture and moxibustion can regulate human immune function, have anti-inflammatory and anti-infective effects, and play a better role in the prevention and treatment of infectious diseases. At the same time, the advantages of acupuncture, such as simple operation, low price and minimal side effects, have been widely recognized by the majority of patients.

Cognition of COVID-19 patients in recovery period

New coronavirus pneumonia (COVID-19) refers to the acute respiratory infectious disease caused by infection with a new coronavirus (2019-nCov), characterized by fever, fatigue, dry cough, and a few patients with nasal obstruction, runny nose, sore throat and diarrhea [1]. Because of exogenous pathogens, or the weakness of the lung itself, lung dysfunction can occur. Through the follow-up study, it

was found that some patients still had the manifestations of weakness, poor appetite, Qi deficiency, emotional abnormalities, and abnormal biochemical and imaging examinations after discharge. The patients mainly suffered from deficiency of lung and spleen qi and deficiency of both qi and yin. The main purpose of acupuncture and moxibustion is to restore vital energy and restore lung and spleen function.

Application of Acupuncture and Moxibustion in COVID-19 Treatment in Rehabilitation Period

Focus on "supplement" and discuss feasibility

In combination with the Guiding Recommendations for Traditional Chinese Medicine Rehabilitation in the Recovery Period of New Coronavirus Pneumonia (Trial) issued by China, it is mentioned that clinical symptoms such as shortness of breath, fatigue, poor appetite, dry mouth and thirst are obvious in patients in the recovery period. The treatment is to enrich qi, remove solid and nourish yin. Studies have confirmed that acupuncture can regulate the function of macrophages, natural killer cells, lymphocytes; immunoglobulin and the activity of complement [2]. Therefore, acupuncture can improve the recovery of body function by stimulating the activity of cells. Choose Qihai, Guanyuan and Mingmen acupoints for tonic effect.

The study showed that moxibustion could improve the symptoms of low fever, fatigue, chest tightness and so on in patients with severe acute respiratory syndrome (SARS) rehabilitation [3]. Therefore, warm-heat therapy has a good therapeutic effect on "epidemic disease". For patients in the rehabilitation period, Baihui, Shenzhu, Taichong, Rangu and other acupoints can be selected to enhance Yang Qi, nourish Yin and nourish Yang, while Deficiency-heat will disappear. Although complement is used, it has the special function of both supplement and attack. According to the clinical symptoms of COVID-19 patients in the recovery period, different acupoints are selected to achieve the goal of strengthening the foundation and cultivating the yuan.

Pulmonary and Spleen Supplement and Removing Redundant Toxicity

The patient is in the recovery period, the overall condition is often relatively stable, but the body is mostly the lung and spleen of the Qi injury, visceral function attenuation, the residual toxicity of the epidemic has not been eliminated. Acupuncture and moxibustion intervention can be combined with patient's physical condition and recovery state, and given differently according to different conditions, but it needs to be mainly nourished. The main symptoms of TCM patients with lung qi deficiency are shortness of breath, asthma, chest tightness and occasional phlegm clearance. When the spleen is deficient, it will affect digestion and absorption, cause loss of appetite, abdominal distension, poor digestion, and easily cause diarrhea and loose stool symptoms. Acupuncture and moxibustion intervention will select Feishu, Zhongfu, Chize, Shazhong, Qihai, Zusanli, Zhongwan, Neiguan, Tianshu and Pishu points to supplement the Qi of the lung and spleen and enhance the physiological function of the lung and spleen.

At the same time, it was found that the inhibitory effect of electroacupuncture at Neiguan on nausea and vomiting was exerted by inhibiting the expression of c-fos in the last area of the brainstem and by activating the subdiaphragmatic vagal transmission [4]. Studies showed that ear acupuncture and electroacupuncture Zusanli could inhibit the content of serum proinflammatory factors TNF- α and IL-6 in endotoxemia model rats through cholinergic anti-inflammatory pathway [5]. These studies have confirmed to some extent that acupuncture has a significant effect on the treatment of symptoms during the recovery period of new coronary pneumonia. Acupuncture and moxibustion at the above acupoints are recommended according to the condition, and moxibustion or combination of acupuncture and moxibustion.

Acupuncture should be used for smoothing, tonifying and purging, and leave needles at each acupoint for 20-30 min; moxibustion at each acupoint for 10-20 min. Treat once a day. The location of specific acupoints refers to international standards on acupoint maps.

Conclusion

Acupuncture and moxibustion, as an important part of traditional Chinese medicine, has long been recognized for its role in epidemic prevention. It has the characteristics of simplicity, convenience, speed and effectiveness, and can be used as an effective supplement for the treatment of rehabilitation period of traditional Chinese medicine. When applying acupuncture and moxibustion to treat patients with new coronary pneumonia in rehabilitation period, we should fully understand the particularity of acupuncture and moxibustion intervention and give full play to its unique role as far as possible. In the process of rehabilitation, scientific evaluation of patients, guidance

of patients to establish a good lifestyle, and formulation of reasonable drug, exercise, psychology, diet and other intervention programs for patients can achieve satisfactory rehabilitation treatment effect [6]. Up to now, the global epidemic has spread. The author believes that, with the joint efforts of the people of all countries, giving full play to the treatment of integrated traditional Chinese and Western medicine will eventually relieve the suffering of patients with new coronary pneumonia.

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Consent for publication

Not applicable

Competing interests

The authors declared that they have no competing interests.

Authors' contributions

Zeng Mengjie and Wu Zhiqian contributed equally to this work.

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