

PUBLIC HEALTH

TCM Herbal Treatment for COVID: History, Current Research & Action Steps

Lloyd Wright, DNBAO, LAc, AP, BA

Editor's Note: With the fall season approaching, bringing a potential uptick in COVID cases with it, this article reviews the history and research support for herbal therapy; and next steps you and every member of the profession can take.

Since 2020, the world has been gripped by a pandemic generated by a flu-like virus. Management of this crisis has been fraught with controversy and some degree of hysteria. However, treatment resources have been largely ignored in favor of a vaccination policy. Several treatment options have been suggested by medical doctors treating large numbers of patients, resulting in much scientific debate and sadly, a dangerous amount of censorship.

One area that is largely ignored is the potential contribution of traditional Chinese medicine; specifically, the application of various herbal formulations to treat COVID-19 and other viral conditions.

A Long History of Treating Epidemics With TCM



Traditional Chinese medicine has an extensive history of treating epidemics and particularly respiratory infections. Over the past 2,000 years, China has experienced hundreds of documented

epidemics.¹ The earliest theories on the treatment of communicable disease began with *Shang Han*

Lun (Treatise on Cold Disease), written by Zhang Zhongjing circa 150-219 CE.² *Shang Han Lun* was written during and after a widespread epidemic had swept through the Han area of China, with an estimated fatality rate of two-thirds of the population including many of Zhang's family members over a 10-year period. It remains a textbook taught and referenced in traditional Asian medicine schools even today.

Although *Shang Han Lun* made great strides in controlling infectious disease, there were more advances to be made. *Wen Bing (Treatise on Febrile Epidemics)* was written in 1642 CE by Wu You-Xing to address epidemics that were not responding to the classical *Shang Han Lun* protocol. Dr. Wu began to question the premise of the treatment approach of *Shang Han Lun*. Wu discovered

that epidemics were more consistent with heat conditions and required an adaptation.¹

The introduction of modern medicine and the development of the understanding that pathogenic causes are related to bacteria, viruses, fungi, and parasites changed the concepts of ancient Chinese medicine. However, herbal formulas remained an effective treatment for a variety of infectious diseases.

Furthermore, modern research reveals that many of the herbs used in the classical formulas have direct antiviral effects. These include *Jin Yin Hua*, commonly known as honeysuckle,³ and *Ban Lan Gen* (*Rx Isatidis*).⁴ Honeysuckle has been demonstrated to directly interfere with the viral reproductive process for in vitro (petri dish) experiments.

What can we conclude from nearly 1,800 years of clinical practice and new supporting scientific

evidence indicating traditional Chinese herbs have antiviral effects? Are there modern research studies that support the effectiveness of Chinese herbs on viral infections? If so, can that be applied to the current pandemic caused by the COVID-19 virus?

Herbal Medicine in the Modern World

In a systemic review of research that combined herbs with allopathic medicine compared to allopathic medicine alone for the treatment of SARS, the combination group fared better for decreasing symptoms, including body temperature, cough and breathing difficulties, reducing

dosages of corticosteroids, and improving absorption of pulmonary infiltration,⁵ concluding that combining traditional Chinese herbs with allopathic medications produced improved results. Additional studies with more stringent controls were recommended.

Multiple resources have focused on solving the COVID-19 pandemic, resulting in a plethora of research reviewing possible treatment options of this illness. China naturally led the way in terms of the application of TCM herbal applications.

Early reports and case studies translated and published on eLotus.com indicated success in

treating COVID-19 using TCM herbs with and without the combination of allopathic medication.⁶

Zheng, et al.,⁷ also reported on two case studies that were successfully treated with traditional Chinese herbs and whose hospital unit now routinely employs the use of Chinese herbal medicine in treating COVID-19 patients.

One of the fundamental insights these early reports provided was the nature of the COVID-19 virus in terms of a TCM diagnosis. The symptom assessment indicated a "damp and cold" pathogenic factor. Therefore, "warm and damp dispersing" herbs were applied. There were three herbs deemed essential to eliminating the COVID virus: *Ma Huang* (aka *Herba ephedra sinica*), fresh ginger and cinnamon twig. It is noteworthy that the virus became so widespread initially in Wuhan during the winter season with a prevalence of cold and damp weather. Larger studies, including a

meta study by Xiong, et al.,⁸ found that traditional Chinese herbs provided "improvements in several clinical parameters including lung CT, clinical cure rate, ranging from mild to critical cases, length of hospital stay, total score of clinical symptoms, fever reduction time, symptom score of fever, number of cough reduction cases, symptom score of cough, number of fatigue reduction cases, symptom score of fatigue."

China Daily also noted the impact of TCM on controlling the COVID-19 epidemic, citing senior TCM expert Zhang Boli at a recent press conference. Zhang noted the positive effects of utilizing a combination of Western pharmaceuticals with TCM herbs in an innovative approach to successfully

treat COVID cases and prevent fatalities and hospitalizations.⁹

A clinical trial is now underway through the University of California, San Diego, and University of California, Los Angeles, to study the effectiveness of the Chinese herb formula *Qing Fei Pai Du Wan* on COVID-19. This is an FDA-approved, double-blind, placebo-controlled, randomized study. This is the primary formula found to be most effective in China against COVID-19. The study is in

progress and results are expected soon.¹⁰

The Issue of Research Vs. Clinical Results

The approach to health care in the United States is different from that of the People's Republic of China. Apart from the obvious economics of the hybrid socialist-capitalist system of China versus

the more market-driven approach that dominates health care and business in general in the U.S., health care policy in the U.S. changed in one distinct manner in the year 2000 with the introduction of a commitment to the practice of evidence-based medical practice.

This began to seep into public policy and third-party reimbursement decisions. The gradual result was a longer time to bring medical products and strategies into clinical practice, since product development may require years of research and randomized, controlled trials (RCTs) to be completed and approved.

It is quite clear that the Chinese government chose not to wait for the benefits of a RCT to implement a strategy that works based on clinical reports at the front line of the COVID pandemic. That strategy appears to have worked, as China began to "flatten the curve" of infection by late

spring 2020 and were moving back into normal operations by late summer 2022.¹¹

We need to ask ourselves if substantial clinical results, reported by health care providers, is enough to change public policy in an emergency epidemic? Or is it still necessary to require years of research to prove safety and effectiveness? Furthermore, what part should the professionally trained acupuncturist play in current research in the U.S.?

Three Action Steps

This data and progress strongly indicate that TCM herbal medicine can be an asset in the arsenal of tools to combat COVID-19 and quite possibly post-COVID-19 syndrome. However, more rigorous research is needed to move this tool into common clinical practice.

It is up to licensed acupuncturists to step up and get involved in the research process. No profession in the U.S. health care system is better qualified to translate the essence of the ancient medical practices into the modern world. Action in this regard needs to occur on several levels.

First and foremost, licensed acupuncturists need to understand the thinking of the scientific process while maintaining a deep understanding of the theories and practices of TCM that remain effective treatment tools. *Action step: take CEU on research and subscribe to our peer-reviewed journals.*

Second, support fellow acupuncturists who are inclined to participate in conducting and organizing quality research. Action step: join the Society for Acupuncture Research and make donations. Join your local state professional organization.

Third, reach out to other health care professionals to increase communication and mutual referrals.

The modern-day acupuncturist has the capacity – and opportunity – to stand tall with a foot in each world, uniquely positioned to help humanity find improved health and harmony.

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SEPTEMBER 2022

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